

Ciox Health - PAYMENTS ONLY

P.O. Box 409900
Atlanta, GA 30384-9900
Fed Tax ID 58 - 2659941
1-800-367-1500

Date

02/19/2025

<https://www.smartrequest.com/>

Ship To:

BOONE CABAL
CABAL, BOONE
1747 S 900 W
SALT LAKE CITY, UT 84104-1716

Requested By: CABAL, BOONE

Patient Name: CABAL BOONE

DOB : 02/28/1979

Records From:

MCKAY DEE HOSPITAL CENTER
4401 HARRISON BOULEVARD
OGDEN, UT 84403

Please Note:

Your medical record request has been delivered electronically to your Ciox eDelivery account.

0496095328

INVOICE NUMBER

Ciox Health - PAYMENTS ONLY

P.O. Box 409900
Atlanta, GA 30384-9900
Fed Tax ID 58 - 2659941
1-800-367-1500

Authorization to Use and Disclose Protected Health Information

Authorization to release the protected health information of:

Patient Name: <i>Boone Cabal</i>	MRN (office use Only):	EMPI#(office use Only):
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Current Address <i>1747 S 900 W</i>	City <i>SLC</i>	State <i>UT</i> Zip <i>84104</i>
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Phone Number (<i>385 548 3784</i>)	Date of Birth (<i>128/1979</i>)
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This authorization is to release the protected health information to:	
Name <i>Boone Cabal</i>	Phone <i>385 548 3784</i> Number ()

Address <i>1747 S 900 W</i>	City <i>SLC</i>	State <i>UT</i> Zip <i>84104</i>
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Deliver by:	<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> By Phone <input type="checkbox"/> Fax <input type="checkbox"/> Fax Number: <input checked="" type="checkbox"/> Secure Email Secure Email Address: <i>boone.cabal.dev@gmail.com</i> <input type="checkbox"/> Secure Audio/Video Connection:
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This authorization is to release the protected health information from: <i>McKay Dee Hospital</i>	
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Facility Name/Provider <i>McKay - Dee Hospital</i>	Phone Number ()
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The purpose of this disclosure is: <i>person</i>	
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Dates of service requested: <i>ALL</i>
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Release the following information:	
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Patient Health Information:	
<input type="checkbox"/> Discharge Summary <input type="checkbox"/> History & Physical <input type="checkbox"/> Consultation(s) <input type="checkbox"/> Operative report(s) <input type="checkbox"/> Progress notes <input type="checkbox"/> Other Protected Health Information as specified <u>ALL</u>	<input type="checkbox"/> Pathology report(s) <input type="checkbox"/> Radiology report(s) <input type="checkbox"/> Lab report(s) <input type="checkbox"/> Cardiology report(s) <input type="checkbox"/> Treatment Plan(s) <input type="checkbox"/> Contact Information for non-emergent transportation services <input type="checkbox"/> Behavioral Health Admitting Evaluation <input type="checkbox"/> Behavioral Health Discharge Summary <input type="checkbox"/> Mental Health Therapy Records <input type="checkbox"/> Substance Use Disorder Treatment Record(s) <input type="checkbox"/> Emergency record(s)

Financial:	
<input type="checkbox"/> Itemized Billing Statement	<input type="checkbox"/> Financial Information

This Authorization will remain in effect:	
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<input type="checkbox"/> From the date of this Authorization or until the following event occurs: Unless otherwise noted above this authorization will remain in effect 180 days from the date signed
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I understand that:

- Once "this facility" discloses my health information by my request, it cannot guarantee that the Recipient will not re-disclose my health information to a third party. The third party may not be required to abide by this Authorization or applicable federal and state law governing the use and disclosure of my health information.
- I may make a request in writing at any time to "this facility" to inspect and/or obtain a copy of my health information maintained at this facility as provided in the Federal Privacy Rule 45 CFR § 164.524.
- This Authorization will remain in effect until the Authorization expires or I provide a written notice of revocation to the Health Information Management/Medical Record Department. If I revoke this Authorization, Intermountain Healthcare may not be able to reverse the use of disclosure of my health information while the Authorization was in effect.
- I may refuse to sign or may revoke this Authorization at any time for any reason and that such refusal or revocation will not affect the commencement, continuation or quality of "this facility" treatment of me, enrollment in the health plan, or eligibility for benefits.
- Substance Use Disorder treatment records are protected by Federal Rule 42 CFR, part 2. Both a minor's and a parent guardian's signature must be obtained prior to disclosing the minor's Substance Abuse Disorder records.
- If I have questions about disclosure of my health information, I can contact the facility / clinic Medical Record Department, or call 844-442-1987.
- 我們將根據您的需求提供免費的口譯服務。請找尋工作人員協助;
- Si lo solicita, se le proveerá un servicio de interpretación gratis. Hable con un empleado del hospital para solicitarlo.
- If requested, we will provide you a free interpretation service. Talk to an employee of the hospital to apply.

Signature of Patient or Personal Representative: <i>[Signature]</i>	Date <i>2-19-25</i>
If Signed by Personal Representative, Relationship:	Signature of Witness (optional)

MK_McKay-Dee Hospital

4401 Harrison Blvd.

Ogden, UT 84403-3195

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1249862032

DOB: 2/28/1979 Age: 43 years Gender: Male



Admit Date: 5/4/2022

Discharge Date: 5/4/2022

Attending MD: GOCHNOUR,DO,JONATHAN J.

Patient Information

Patient Name: CABAL, BOONE
 Home Address: 1747 S 900 W
 SALT LAKE CTY, UT 84104-1716
 Home Phone: 3855603653
 Employer Name: RESERVE AT STONE CANYON
 Employer Phone:
 Race: White

Sex: Male
 DOB: 02/28/1979
 Age: 45 Years
 Religion: Other
 SSN: XXX-XX-
 Ethnicity: Not Hispanic, Latino, or Spanish Origin

Guarantor Information

Guarantor Name: CABAL, BOONE
 Patient's Reltn: Self
 Billing Address: 1747 S 900 W
 SALT LAKE CTY, UT 84104-1716
 Billing Phone: 3855603653
 Employer Name: RESERVE AT STONE CANYON
 Employer Phone:

Sex: Male
 DOB: 02/28/1979
 Age: 45 Years
 Religion: Other
 SSN: XXX-XX-

Contact Information

Emergency Contact
 Contact Name:
 Patient's Reltn:
 Sex:
 Home Phone:

Next of Kin
 Contact Name:
 Patient's Reltn:
 Sex:
 Home Phone:

Primary Insurance

Subscriber Name: CABAL, BOONE
 Patient's Reltn: Self
 Sex: Male
 DOB: 02/28/1979
 Age: 45 Years
 Employer Name: RESERVE AT STONE CAN
 Employer Phone:
 Financial Class: Medicaid

Insurance Name: Medicaid Utah Tradit
 Claim Address: Box 143106
 Salt Lake City, UT 841143106
 Insurance Phone:
 Policy Number: 0611527985
 Group Number:
 Authorization Number:
 Authorization Phone:
 Authorization Contact:

Secondary Insurance

Subscriber Name:
 Patient's Reltn:
 Sex:
 DOB:
 Age:
 Employer Name:
 Employer Phone:
 Financial Class:

Insurance Name:
 Claim Address:
 Insurance Phone:
 Policy Number:
 Group Number:
 Authorization Number:
 Authorization Phone:
 Authorization Contact:

Encounter Information

Reg Dt/Tm:	05/04/2022 00:42	Patient Type:	Outpatient in a Bed	Admit Type:	Emergency
Est Dt of Arrival:		Medical Service:	Behavioral Medicine	Admit Source:	Self (Non-HC Facility)
Inpt Adm Dt/Tm:		Location:	MK_AccssCntr	Advance Directive:	Clinical Process
Disch Dt/Tm:	05/04/2022 12:16	Room/Bed:	AC03/A	Reg Clerk:	CADMAN, JULIE
Observation Dt/Tm:		Isolation:		Admit Physician:	GOCHNOUR, DO, J
VIP Indicator:	Priva	Disease Alert:		Attend Physician:	GOCHNOUR, DO, J
Admit Reason:	crisis			PCP:	SCHEULLER, MD,

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1249862032**

Admit Date: **5/4/2022**

Discharge Date: **5/4/2022**

ED Note Physician

DOCUMENT NAME:

ED Note Physician

SERVICE DATE/TIME:

5/4/2022 07:01 MDT

RESULT STATUS:

Auth (Verified)

PERFORM INFORMATION:

STAGG,MD,G.NIEL (5/4/2022 07:01 MDT)

SIGN INFORMATION:

STAGG,MD,G.NIEL (5/4/2022 12:07 MDT)

MK_McKay-Dee Hospital

ED SUPERVISION / HANDOFF NOTE:

HISTORY OF PRESENT ILLNESS:

Patient is a 43-year-old male who is spent the night in the Axis Center please refer to previous physician's note. We are currently awaiting psychiatric evaluation

VITALS & MEASUREMENTS:

T: 37.5 °C (Temporal Artery) HR: 86(Peripheral) RR: 16
BP: 115/66 SpO₂: 96%
WT: 90.800 kg

DIAGNOSIS:

1. Anxiety disorder, unspecified

ED COURSE:

Patient was evaluated this a.m. by the crisis worker they did not feel he met criteria for hospitalization and will be discharged home.

This patient was evaluated in the context of the global COVID-19 pandemic, which necessitated consideration that the patient might be at risk for infection with the SARS-CoV-2 virus that causes COVID-19. Institutional protocols and algorithms that pertain to the evaluation of patients at risk for COVID-19 are in a state of rapid change based on information released by regulatory bodies, including the CDC and federal and state organizations. These policies and algorithms were followed during the patient's care in the ED

ADMINISTERED MEDICATIONS:

acetaminophen: 1,000 mg (05/04/22 05:14:00)

LAB RESULTS:

This is an incomplete list of lab results from this encounter. Refer to Results Review for all results.

Heme	Chemistries
WBC: 7.6 K/mcL	Sodium Level: 138
RBC: 4.43 x10 ⁶ /mcL Low	mmol/L
Hemoglobin: 12.9 g/dL Low	Potassium Level: 3.5 mmol/L
Hematocrit: 38.2 % Low	Chloride Level: 110 mmol/L
MCV: 86.2 fL	CO ₂ : 21 mmol/L
MCH: 29.1 pg	Anion Gap (Na Cl CO ₂): 7 mmol/L
MCHC: 33.8 g/dL	Glucose Level: 98 mg/dL
RDW SD: 43.7 fL	BUN: 13 mg/dL
RDW: 13.9 %	Creatinine Level: 0.9 mg/dL
Platelets: 205 K/mcL	CrCl (Ideal BW for dosing): 109.54 mL/min
MPV: 8.5 fL Low	Differential Type: Auto
Nucleated RBC Auto: 0 /100(WBCs)	Immature
Auto: 74.3 % High	Granulocytes: 0.4 %
Lymphocyte % Auto: 20.4 %	Neutrophil %
Monocyte % Auto: 4.1 %	Auto: 74.3 % High
Eosinophil % Auto: 0.5 %	Lymphocyte % Auto: 20.4 %
Basophil % Auto: 0.3 %	Monocyte % Auto: 4.1 %
Immature	Eosinophil % Auto: 0.5 %
Granulocyte, Abs: 0.03 K/mcL	Basophil % Auto: 0.3 %
Neutrophil, Abs: 5.7 K/mcL	Protein Total: 5.9 g/dL Low
Lymphocyte, Abs: 1.6	Albumin Level: 3.8 g/dL
	Bilirubin Total: 1 mg/dL
	Alk Phos: 43 unit/L

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1249862032

Admit Date: 5/4/2022

Discharge Date: 5/4/2022

ED Note Physician

K/mcL	AST: 30 unit/L	
Monocyte, Abs: 0.3	ALT: 24 unit/L	
K/mcL	Lactic Acid, Plasma	
Eosinophil, Abs: 0	(Venous): 1.4 mmol/L	
K/mcL	Lipase Level: 78	
Basophil, Abs: 0	unit/L High	
K/mcL		
UA	Infectious Disease	Toxicology
Collect Method, Ur:	Bordetella	Acetaminophen
Urine Clean Catch	Parapertussis, PCR:	Level: <1 Low
Color Urine: Normal	Not detected	Cmt1: Serum Drug
Appear: Normal	B. pertussis by PCR:	Screen: See
Specific Gravity,	Not detected	Comments
Urine: 1.01	Influenza A (no	Salicylate Level: <5.0
pH Urine: 6	subtype detected):	Cmt2: Serum Drug
Glucose Urine:	Not detected	Screen: See
Negative	Influenza A H1	Comments
UA Ketones: Negative	(2009): Not detected	Ethanol Level: <10
Nitrite: Negative	Influenza A H1	Methadone Screen
Hgb Urine: Negative	(Seasonal): Not	Ur: Negative
Protein Urine:	detected	Amphetamine Screen
Negative	Influenza A H3: Not	Ur: Preliminary
Leuk Esterase:	detected	Report Abnormal
Negative	Influenza B: Not	Barbiturate Screen Ur:
WBC Urine: 1 /HPF	detected	Negative
RBC Urine: 1 /HPF	Mycoplasma	Benzodiazepines Ur:
Epithelial Cells: 0	pneumoniae: Not	Negative
/HPF	detected	Cannabinoid Screen
Bacteria Urine:	Adenovirus: Not	Ur: Preliminary
Negative	detected	Report Abnormal
Urine Culture	Chlamydophila	Cocaine Screen Ur:
Ordered?: No	pneumoniae: Not	Negative
	detected	Opiate Screen Ur:
	Coronavirus 229E:	Negative
	Not detected	Synthetic Opioids:
	Coronavirus HKU1:	Negative
	Not detected	Buprenorphine Level:
	Coronavirus NL63:	Negative
	Not detected	Fentanyl Screen, Ur:
	Coronavirus OC43:	Negative
	Not detected	Cmt4: Drug Screen
	SARS-CoV-2 by PCR	Urine: See Comments
	(Biofire): Not	
	detected	
	Human	
	Metapneumovirus:	
	Not detected	
	Parainfluenza 1: Not	
	detected	
	Parainfluenza 2: Not	
	detected	
	Parainfluenza 3: Not	
	detected	
	Parainfluenza 4: Not	
	detected	
	Respiratory Syncytial	
	Virus: Not detected	
	Rhinovirus: Not	
	detected	
	Cmt8: SARS-CoV-2	
	by PCR: See	
	Comments	
	Cmt: Respiratory	
	Panel 2.1 by	
	RT-PCR: See	
	Comments	

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1249862032**

Admit Date: **5/4/2022**

Discharge Date: **5/4/2022**

ED Note Physician

IMAGING:

XR Chest 1 View Frontal

05/04/22 03:04:00

IMPRESSION:

1. No radiographic evidence of acute cardiopulmonary disease.

This report was electronically signed by

Signed By: KOCH, MD, TROY S.

Disposition:

Discharge Patient - Ordered

-- 05/04/22 12:05:00 MDT

No qualifying data available

PRESCRIBED MEDICATIONS THIS VISIT:

No prescriptions given

Electronically Signed on 05/04/22 12:07 PM

STAGG, MD, G. NIEL

DOCUMENT NAME:

ED Note Physician

SERVICE DATE/TIME:

5/4/2022 02:36 MDT

RESULT STATUS:

Modified

PERFORM INFORMATION:

HIRSCHI,DO,JEFF T.(5/4/2022 06:40 MDT); HIRSCHI,DO,
JEFF T.(5/4/2022 02:38 MDT)

SIGN INFORMATION:

HIRSCHI,DO,JEFF T.(5/4/2022 06:40 MDT); HIRSCHI,DO,
JEFF T.(5/4/2022 06:39 MDT)

Addendum by HIRSCHI, DO, JEFF T. on May 04, 2022 06:39:46 MDT

6:39 AM RFA PCR negative, the patient has not generated another fever, he has had blood cultures and Rocephin, I have signed the patient care and case off to Dr. Stack to follow the patient's final disposition and consultation with crisis pending.

Electronically Signed on 05/04/22 06:40 AM

HIRSCHI, DO, JEFF T.

MK_McKay-Dee Hospital

ED NOTE:

CHIEF COMPLAINT/REASON FOR VISIT:

Crisis evaluation

HISTORY OF PRESENT ILLNESS:

This a 43-year-old male presenting here to the emergency department McKay-Dee Hospital access center for ongoing depression and suicidal ideation. I have reviewed Dr.

MEDICAL DECISION MAKING/DIFFERENTIAL DX:

This patient was evaluated in the context of the global COVID-19 pandemic, which necessitated consideration that the patient might be at risk for infection with the SARS-CoV-2 virus that causes COVID-19. Institutional protocols and algorithms that pertain to the evaluation of patients at risk for COVID-19 are in a state of rapid change based on information released by regulatory bodies, including the CDC and federal and state organizations.

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1249862032**

Admit Date: **5/4/2022**

Discharge Date: **5/4/2022**

ED Note Physician

McPherson's recent note on 4/26/2022 in which the patient declared multiple times that he would end his life by utilizing a suicide kit and carbon monoxide poisoning. The patient was admitted to inpatient therapy at that time. Tonight the patient states "for starters you can get me out of the shelter that I am in so I do not have to worry about getting murdered". Patient states that he has not taken any steps to harm himself "yet". He denies any physical pain, he denies fevers chills or sweats, denies headache or injury, denies any chest pain or shortness of breath, denies abdominal pain dysuria diarrhea black or bloody stools. Denies viral URI symptoms. However the patient presents with a temperature 38.3. The patient states that he took some "delta" which is an over-the-counter "drug" at a convenience store, he states that he might also have been drinking tonight. He presents here for further evaluation.

ROS:

All other review of systems were reviewed with the patient and are negative except as mentioned in the history of present illness.

Primary care Jonas Peterson

PROBLEM LIST/PAST MEDICAL HISTORY:

Ongoing

- Anxiety disorder, unspecified
- Attention deficit disorder
- Cognitive disorder
- Dissociation
- Insomnia, history
- Memory difficulty
- OSA on CPAP
- Recurrent depression
- Tobacco use

PROCEDURE/SURGICAL HISTORY:

Cyst, SEPTOPLASTY/SUBMUCOUS RESECT W/WO CARTILAGE GRF, Thoracic surgery, Wisdom tooth.

HOME MEDICATIONS:

Acetylcysteine (NAC) 600 mg oral capsule, 1200 mg= 2 cap, Oral, BID
Cymbalta 30 mg oral delayed release capsule, 90 mg= 3 cap, Oral, Daily
Gabapentin 600 mg oral tablet, 600 mg= 1 tabs, Oral, TID
Mydayis 50 mg oral capsule, extended release, 50 mg= 1 cap, Oral, every morning
Nicotine 21 mg/24 hr transdermal film, extended release, 1 patches, Topical, Daily
Vistaril 25 mg oral capsule, 25 mg= 1 cap, Oral, every 4 hr, PRN
Vistaril 50 mg oral capsule, See Instructions, PRN

IMMUNIZATIONS:

No qualifying data available.

These policies and algorithms were followed during the patient's care in the ED.

Patient presenting here to the emergency department without muscle rigidity, however he did take "delta" as an over-the-counter recreational drug from a convenience store, I do not see signs for neuro malignant syndrome, serotonin syndrome, his pupils are normal, but would consider anticholinergic toxicodrome, would also consider sepsis pneumonia viral URI among others widely considered in my differential and work-up here in the emergency department access center.

The patient's white count is 7.6, hemoglobin is mildly low at 12.9 platelets 205 differentials reviewed. The patient sodium-potassium chloride CO₂ and gap are normal glucose 98 blood urea nitrogen 13 with a normal creatinine 0.9 total protein is mildly low at 5.9 albumin is normal at 3.8 LFTs within normal limits lactate is normal at 1.4 lipase is mildly elevated at 78 serum toxicology screen is negative, chest x-ray is clear.

CRITICAL CARE TIME:

Critical care time: 30 minutes of critical care time was spent with this patient. The time was spent stabilizing and treating the patient during the time of questionable instability as documented above. This time was spent assessing the patient, reviewing the patient's chart, ordering and interpretation of diagnostic studies, resuscitating the patient, speaking with consultants as needed and documenting the patient's chart. This was independent of all procedures performed.

ED COURSE:

ADMINISTERED MEDICATIONS:

Acetaminophen: 1,000 mg (05/04/22 05:14:00)
1 g IM Rocephin

ORDERS:

Consult to Crisis Work
ED Cardiac Monitoring
ED Oximetry - Continuous

LAB RESULTS:

This is an incomplete list of lab results from this encounter. Refer to Results Review for all results.

Heme	Chemistries
WBC: 7.6 K/mcL	Sodium Level: 138 mmol/L
RBC: 4.43 x10 ¹² /mcL Low	Potassium Level: 3.5 mmol/L
Hemoglobin: 12.9 g/dL Low	Chloride Level: 110 mmol/L
Hematocrit: 38.2 % Low	CO ₂ : 21 mmol/L
MCV: 86.2 fL	Anion Gap (Na Cl CO ₂): 7 mmol/L
MCH: 29.1 pg	Glucose Level: 98 mg/dL
MCHC: 33.8 g/dL	BUN: 13 mg/dL
RDW SD: 43.7 fL	Creatinine Level: 0.9 mg/dL
RDW: 13.9 %	Estimated CrCl (Ideal BW for dosing): 109.54 mL/min
Platelets: 205 K/mcL	
MPV: 8.5 fL Low	
Nucleated RBC Auto: 0 /100(WBCs)	
Differential Type: Auto	

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1249862032**

Admit Date: **5/4/2022**

Discharge Date: **5/4/2022**

ED Note Physician

ALLERGIES:

No Known Allergies

FAMILY HISTORY:

Patient denies

SOCIAL HISTORY:

Alcohol - 03/27/2022

Use: Past use.

Use: Never used.

Employment/School - 03/27/2022

Status: Employed. Place of occupation/business: Focus call center. Activity level: Desk/Office. Highest education level: High school. Operates hazardous equipment: No.

Home/Environment - 03/27/2022

Lives with: Lantern house.

Sexual, Gender Identity and Orientation - 03/27/2022

Do you think of yourself as: Straight or heterosexual.
What is your current gender identity? Identifies as male.

Substance Use - 03/27/2022

Use, other than prescribed: Current use. Type:
Marijuana. Date last used: Marijuana use a few weeks ago. Past stimulant misuse. Denies past meth, cocaine, crack use.

Tobacco - 03/27/2022

Use: Current every day smoker.

Use: Current some day smoker. Type: Cigarettes.

Use: Former smoker.

PHYSICAL EXAM:

Triage Vitals

T: 38.3 degC (Temporal) **HR:** 97 (Peripheral) **RR:** 20

BP: 139/77 **SpO2:** 97%

WT: 90.8 kg

Interview and exam performed in presence of nurse chaperone

Gen.: Disheveled

HEENT: Head is normocephalic. Phonation is normal. EOMs are intact. Pupils equal round reactive to light bilaterally symmetric. External ears normal.

Neck: Moves head and neck easily without neck pain. No gross meningeal signs.

Cardiovascular: Heart is regular rate. Good distal perfusion without pallor or cyanosis.

Pulmonary: No respiratory distress. No stridor. Clear lung sounds bilaterally without audible wheeze.

Gastrointestinal: Nontender and nondistended abdomen. No guarding. No peritoneal signs.

Musculoskeletal: Extremities are normal in appearance.

Atraumatic, no deformities. The patient ambulates without any difficulty.

Integument: Skin is pink warm and diaphoretic without rash bruising hives or petechiae.

Immature	est CrCl (Actual BW
Granulocytes: 0.4 %	for dosing): 135.92
Neutrophil %	mL/min
Auto: 74.3 % High	Creatinine GFR: 104
Lymphocyte % Auto:	mL/min/1.73 m ²
20.4 %	Average GFR for age:
Monocyte % Auto: 4.1 %	99 mL/min/1.73 m ²
Eosinophil % Auto: 0.5 %	Cmt: GFR: See
Basophil % Auto: 0.3 %	Comments
Immature	Calcium Level: 8.4 mg/dL
Granulocyte, Abs: 0.03 K/mcL	Protein Total: 5.9 g/dL Low
Neutrophil, Abs: 5.7 K/mcL	Albumin Level: 3.8 g/dL
Lymphocyte, Abs: 1.6 K/mcL	Bilirubin Total: 1 mg/dL
Monocyte, Abs: 0.3 K/mcL	Alk Phos: 43 unit/L
Eosinophil, Abs: 0 K/mcL	AST: 30 unit/L
Basophil, Abs: 0 K/mcL	ALT: 24 unit/L
UA	Lactic Acid, Plasma (Venous): 1.4 mmol/L
Collect Method, Ur:	Lipase Level: 78 unit/L High
Urine Clean Catch	Infectious Disease
Color Urine: Normal	Bordetella
Appear: Normal	Parapertussis, PCR: Not detected
Specific Gravity, Urine: 1.01	B. pertussis by PCR: Not detected
pH Urine: 6	Influenza A (no subtype detected): Not detected
Glucose Urine:	Influenza A H1
Negative	UA Ketones: Negative (2009): Not detected
Leuk Esterase:	Influenza A H1
Negative	(Seasonal): Not detected
WBC Urine: 1 /HPF	Influenza B: Not detected
RBC Urine: 1 /HPF	Mycoplasma
Epithelial Cells: 0 /HPF	pneumoniae: Not detected
Bacteria Urine:	Adenovirus: Not detected
Negative	Influenza A H3: Not detected
Urine Culture Ordered?: No	Chlamydophila
	pneumoniae: Not detected
	Coronavirus 229E: Not detected
	Coronavirus HKU1: Not detected
	Coronavirus NL63: Not detected
	Coronavirus OC43: Not detected
	SARS-CoV-2 by PCR (Biofire): Not detected
	Human
	Metapneumovirus: Not detected
	Parainfluenza 1: Not detected
	Parainfluenza 2: Not detected
	Toxicology
	Acetaminophen Level: <1 Low
	Cmt1: Serum Drug Screen: See Comments
	Salicylate Level: <5.0 Cmt2: Serum Drug Screen: See Comments
	Ethanol Level: <10
	Methadone Screen Ur: Negative
	Amphetamine Screen Ur: Preliminary Report Abnormal
	Barbiturate Screen Ur: Negative
	Benzodiazepines Ur: Negative
	Cannabinoid Screen Ur: Preliminary Report Abnormal
	Opiate Screen Ur: Negative
	Synthetic Opioids: Negative
	Cocaine Screen Ur: Negative
	Buprenorphine Level: Negative
	Fentanyl Screen, Ur: Negative
	Cmt4: Drug Screen Urine: See Comments

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1249862032**

Admit Date: **5/4/2022**

Discharge Date: **5/4/2022**

ED Note Physician

Neurologic: Patient is alert and oriented to person place and time and situation. Displays normal speech. Cranial nerves are grossly intact. No focal neurologic deficits.

Psychiatric: The patient displays normal mentation, memory and attention. Responds appropriately to questions.

detected
Parainfluenza 3: Not detected
Parainfluenza 4: Not detected
Respiratory Syncytial Virus: Not detected
Rhinovirus: Not detected
Cmt8: SARS-CoV-2 by PCR: See Comments
Cmt: Respiratory Panel 2.1 by RT-PCR: See Comments

REEXAMINATION/REEVALUATION:

Current Vitals

T: 37.5 °C (Temporal Artery) **TMIN:** 37.2 °C (Temporal Artery)

TMAX: 38.3 °C (Temporal Artery)

HR: 86(Peripheral) **RR:** 16 **BP:** 115/66 **SpO2:** 96%

WT: 90.800 kg

IMAGING:

Date/time is when order was placed.

XR Chest 1 View Frontal

05/04/22 03:04:00

IMPRESSION:

1. No radiographic evidence of acute cardiopulmonary disease.

This report was electronically signed by

Signed By: KOCH, MD, TROY S.

CLINICAL DECISION SUPPORT:

No qualifying data available.

Disposition:

No qualifying data available.

No qualifying data available

PRESCRIBED MEDICATIONS THIS VISIT:

No prescriptions given

Electronically Signed on 05/04/22 06:39 AM

HIRSCHI, DO, JEFF T.

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1249862032**

Admit Date: **5/4/2022**

Discharge Date: **5/4/2022**

Diagnostic Radiology

Accession 13200-XR-22-0300270	Exam Date/Time 5/4/2022 03:21 MDT	Exam XR Chest 1 View Frontal	Ordering Physician HIRSCHI,DO,JEFF T.	Patient Age at Exam 43 years
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Reason for Exam

(XR Chest 1 View Frontal) Chest pain

Report

EXAMINATION: XR Chest 1 View Frontal, 5/4/2022 3:21 AM

COMPARISON: Frontal chest radiograph 10/9/2020.

HISTORY: Chest pain.

TECHNIQUE: Single frontal view of the chest.

FINDINGS:

* Medical devices: None.

* Cardiomediastinal silhouette: Unremarkable.

* Lungs: Decreased lung volumes. No focal airspace or interstitial opacities.

* Pleural space: Unremarkable.

* Bones: Normal for age.

* Additional findings: None.

IMPRESSION:

1. No radiographic evidence of acute cardiopulmonary disease.

This report was electronically signed by Troy S Koch, MD on 5/4/2022 3:29 AM.

***** Final *****

Dictated by: KOCH, MD, TROY S.

Dictated DT/TM: 05/04/2022 3:29 am

Signed by: KOCH, MD, TROY S.

Signed (Electronic Signature): 05/04/2022 3:29 am

Transcribed by: TSK

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1249862032

Admit Date: 5/4/2022

Discharge Date: 5/4/2022

CBC

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
WBC	7.6 *1	K/mcL	[3.6-10.6]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
RBC	4.43 L *1	x10^6/mcL	[4.50-5.90]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Hemoglobin	12.9 L *1	g/dL	[13.5-17.5]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Hematocrit	38.2 L *1	%	[41.0-53.0]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
MCV	86.2 *1	fL	[80.0-100.0]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
MCH	29.1 *1	pg	[26.0-34.0]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
MCHC	33.8 *1	g/dL	[32.0-36.0]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
RDW SD	43.7 *1	fL	[36.7-47.2]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
RDW	13.9 *1	%	[11.3-15.6]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Platelets	205 *1	K/mcL	[150-400]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
MPV	8.5 L *1	fL	[8.6-12.4]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Nucleated RBC	0.0 *1	/100(WBCs)		5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Auto					
Differential Type	Auto *1			5/4/2022 03:33 MDT	5/4/2022 03:33 MDT
Immature	0.4 *1	%	[0.0-0.5]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Granulocytes					
Neutrophil % Auto	74.3 H *1	%	[42.0-72.0]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Lymphocyte %	20.4 *1	%	[18.0-45.0]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Auto					
Monocyte % Auto	4.1 *1	%	[2.0-12.0]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Eosinophil % Auto	0.5 *1	%	[0.0-5.0]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Basophil % Auto	0.3 *1	%	[0.0-2.0]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Immature	0.03 *1	K/mcL	[0.00-0.04]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Granulocyte,Abs					
Neutrophil,Abs	5.7 *1	K/mcL	[1.8-6.8]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Lymphocyte,Abs	1.6 *1	K/mcL	[1.2-3.4]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Monocyte,Abs	0.3 *1	K/mcL	[0.2-0.9]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Eosinophil,Abs	0.0 *1	K/mcL	[0.0-0.5]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Basophil,Abs	0.0 *1	K/mcL	[0.0-0.1]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT

Performing Locations

*1: This test was performed at:

McKay Dee Hospital, 4401 Harrison Blvd, Director: Alexander,Riley E,MD,54699, License No. 46D0057001, Ogden, UT, 84403-, US

ChemistryRoutine Chemistry

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
Lactic Acid, Plasma (Venous)	1.4 *1	mmol/L	[0.5-2.0]	5/4/2022 03:33 MDT	5/4/2022 04:01 MDT
Lipase Level	78 H *1	unit/L	[10-70]	5/4/2022 03:33 MDT	5/4/2022 04:05 MDT
Sodium Level	138 *1	mmol/L	[137-146]	5/4/2022 03:33 MDT	5/4/2022 04:05 MDT
Potassium Level	3.5 *1	mmol/L	[3.5-5.0]	5/4/2022 03:33 MDT	5/4/2022 04:05 MDT
Chloride Level	110 *1	mmol/L	[102-111]	5/4/2022 03:33 MDT	5/4/2022 04:05 MDT

Patient Name: **CABAL, BOONE**MRN: **571879889**Encounter: **1249862032**Admit Date: **5/4/2022**Discharge Date: **5/4/2022*****Chemistry*****Routine Chemistry**

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
CO2	21 * ¹	mmol/L	[19-30]	5/4/2022 03:33 MDT	5/4/2022 04:05 MDT
Anion Gap (Na Cl CO2)	7 * ¹	mmol/L	[3-16]	5/4/2022 03:33 MDT	5/4/2022 04:05 MDT
Glucose Level	98 * ¹	mg/dL	[65-99]	5/4/2022 03:33 MDT	5/4/2022 04:05 MDT
BUN	13 * ¹	mg/dL	[8-20]	5/4/2022 03:33 MDT	5/4/2022 04:05 MDT
Creatinine Level	0.90 * ¹	mg/dL	[0.77-1.35]	5/4/2022 03:33 MDT	5/4/2022 04:05 MDT
Creatinine GFR	104 * ¹	mL/min/1.73 m ²	[>60]	5/4/2022 03:33 MDT	5/4/2022 04:05 MDT
Average GFR for age	99 * ¹	mL/min/1.73 m ²		5/4/2022 03:33 MDT	5/4/2022 04:05 MDT
Cmt:GFR	See Comments * ¹			5/4/2022 03:33 MDT	5/4/2022 03:33 MDT
Calcium Level	8.4 * ¹	mg/dL	[8.4-10.4]	5/4/2022 03:33 MDT	5/4/2022 04:05 MDT
Protein Total	5.9 * ¹	g/dL	[6.0-8.4]	5/4/2022 03:33 MDT	5/4/2022 04:05 MDT
Albumin Level	3.8 * ¹	g/dL	[3.5-5.2]	5/4/2022 03:33 MDT	5/4/2022 04:05 MDT
Bilirubin Total	1.0 * ¹	mg/dL	[0.2-1.3]	5/4/2022 03:33 MDT	5/4/2022 04:05 MDT
Alk Phos	43 * ¹	unit/L	[40-120]	5/4/2022 03:33 MDT	5/4/2022 04:05 MDT
AST	30 * ¹	unit/L	[9-40]	5/4/2022 03:33 MDT	5/4/2022 04:05 MDT
ALT	24 * ¹	unit/L	[0-55]	5/4/2022 03:33 MDT	5/4/2022 04:05 MDT
est CrCl (Ideal BW for dosing)	109.54 * ²	mL/min		5/4/2022 03:33 MDT	5/4/2022 04:05 MDT
est CrCl (Actual BW for dosing)	135.92 * ³	mL/min		5/4/2022 03:33 MDT	5/4/2022 04:05 MDT

Result Commentsf1: Cmt: GFR
(NOTE)

INTERPRETATION OF ESTIMATED GFR:

Estimated using CKD-EPI equations

(https://www.kidney.org/professionals/kdoqi/gfr_calculator)

Chronic Kidney Disease less than 60 mL/min/1.73 sq m

Kidney failure less than 15 mL/min/1.73 sq m

f2: est CrCl (Ideal BW for dosing)
 $((140 - 43 \text{ yrs}) * 73.18 \text{ kg}) / (72.0 * 0.90 \text{ mg/dL}) = 109.54 \text{ mL/min}$

Renal Function Assessment Guidelines:

https://documents.intermountain.net/pharmserviceswebsite/Pharmacy%20Documents/Renal%20Function%20Assessment%20Guidelines.pdf

f3: est CrCl (Actual BW for dosing)
 $((140 - 43 \text{ yrs}) * 90.80 \text{ kg}) / (72.0 * 0.90 \text{ mg/dL}) = 135.92 \text{ mL/min}$

Renal Function Assessment Guidelines:

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Chemistry

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Cmt:GFR	See Comments f1 *1			5/4/2022 03:33 MDT	5/4/2022 03:33 MDT
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AST	30 *1	unit/L	[9-40]	5/4/2022 03:33 MDT	5/4/2022 04:05 MDT
ALT	24 *1	unit/L	[0-55]	5/4/2022 03:33 MDT	5/4/2022 04:05 MDT
est CrCl (Ideal BW for dosing)	109.54 f2	mL/min		5/4/2022 03:33 MDT	5/4/2022 04:05 MDT
est CrCl (Actual BW for dosing)	135.92 f3	mL/min		5/4/2022 03:33 MDT	5/4/2022 04:05 MDT

Result Commentsf1: Cmt: GFR
(NOTE)

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Chronic Kidney Disease less than 60 mL/min/1.73 sq m

Kidney failure less than 15 mL/min/1.73 sq m

f2: est CrCl (Ideal BW for dosing)
((140 - 43 yrs) * 73.18 kg) / (72.0 * 0.90 mg/dL) = 109.54 mL/min

Patient Name: **CABAL, BOONE**MRN: **571879889**Encounter: **1249862032**Admit Date: **5/4/2022**Discharge Date: **5/4/2022**

Chemistry Routine

Result Comments

f2: est CrCl (Ideal BW for dosing)

Renal Function Assessment Guidelines:

<https://documents.intermountain.net/pharmserviceswebsite/Pharmacy%20Documents/Renal%20Function%20Assessment%20Guidelines.pdf>

f3: est CrCl (Actual BW for dosing)

$$((140 - 43 \text{ yrs}) * 90.80 \text{ kg}) / (72.0 * 0.90 \text{ mg/dL}) = 135.92 \text{ mL/min}$$

Renal Function Assessment Guidelines:

<https://documents.intermountain.net/pharmserviceswebsite/Pharmacy%20Documents/Renal%20Function%20Assessment%20Guidelines.pdf>

Performing Locations

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Hematology

CBC and Differential

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
WBC	7.6 *1	K/mcL	[3.6-10.6]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
RBC	4.43 L *1	x10^6/mcL	[4.50-5.90]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Hemoglobin	12.9 L *1	g/dL	[13.5-17.5]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Hematocrit	38.2 L *1	%	[41.0-53.0]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
MCV	86.2 *1	fL	[80.0-100.0]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
MCH	29.1 *1	pg	[26.0-34.0]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
MCHC	33.8 *1	g/dL	[32.0-36.0]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
RDW SD	43.7 *1	fL	[36.7-47.2]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
RDW	13.9 *1	%	[11.3-15.6]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Platelets	205 *1	K/mcL	[150-400]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
MPV	8.5 L *1	fL	[8.6-12.4]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Nucleated RBC	0.0 *1	/100(WBCs)		5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Auto					
Differential Type	Auto *1			5/4/2022 03:33 MDT	5/4/2022 03:33 MDT
Immature	0.4 *1	%	[0.0-0.5]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Granulocytes					
Neutrophil % Auto	74.3 H *1	%	[42.0-72.0]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Lymphocyte %	20.4 *1	%	[18.0-45.0]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Auto					
Monocyte % Auto	4.1 *1	%	[2.0-12.0]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Eosinophil % Auto	0.5 *1	%	[0.0-5.0]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Basophil % Auto	0.3 *1	%	[0.0-2.0]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Immature	0.03 *1	K/mcL	[0.00-0.04]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Granulocyte,Abs					
Neutrophil,Abs	5.7 *1	K/mcL	[1.8-6.8]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Lymphocyte,Abs	1.6 *1	K/mcL	[1.2-3.4]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT

Patient Name: CABAL, BOONE

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Hematology**CBC and Differential**

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
Monocyte,Abs	0.3 *1	K/mcL	[0.2-0.9]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Eosinophil,Abs	0.0 *1	K/mcL	[0.0-0.5]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT
Basophil,Abs	0.0 *1	K/mcL	[0.0-0.1]	5/4/2022 03:33 MDT	5/4/2022 03:45 MDT

Performing Locations

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Immunology-Serology**Infectious Disease**

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
Bordetella Parapertussis, PCR	Not detected *1 *1		[Not detected]	5/4/2022 03:49 MDT	5/4/2022 03:49 MDT
B.pertussis by PCR	Not detected *1 *1		[Not detected]	5/4/2022 03:49 MDT	5/4/2022 03:49 MDT
Influenza A (no subtype detected)	Not detected *1 *1		[Not detected]	5/4/2022 03:49 MDT	5/4/2022 03:49 MDT
Influenza A H1 (2009)	Not detected *1 *1		[Not detected]	5/4/2022 03:49 MDT	5/4/2022 03:49 MDT
Influenza A H1 (Seasonal)	Not detected *1 *1		[Not detected]	5/4/2022 03:49 MDT	5/4/2022 03:49 MDT
Influenza A H3	Not detected *1 *1		[Not detected]	5/4/2022 03:49 MDT	5/4/2022 03:49 MDT
Influenza B	Not detected *1 *1		[Not detected]	5/4/2022 03:49 MDT	5/4/2022 03:49 MDT
Mycoplasma pneumoniae	Not detected *1 *1		[Not detected]	5/4/2022 03:49 MDT	5/4/2022 03:49 MDT
Adenovirus	Not detected *1 *1		[Not detected]	5/4/2022 03:49 MDT	5/4/2022 03:49 MDT
Chlamydophila pneumoniae	Not detected *1 *1		[Not detected]	5/4/2022 03:49 MDT	5/4/2022 03:49 MDT
Coronavirus 229E	Not detected *1 *1		[Not detected]	5/4/2022 03:49 MDT	5/4/2022 03:49 MDT
Coronavirus HKU1	Not detected *1 *1		[Not detected]	5/4/2022 03:49 MDT	5/4/2022 03:49 MDT
Coronavirus NL63	Not detected *1 *1		[Not detected]	5/4/2022 03:49 MDT	5/4/2022 03:49 MDT
Coronavirus OC43	Not detected *1 *1		[Not detected]	5/4/2022 03:49 MDT	5/4/2022 03:49 MDT
SARS-CoV-2 by PCR (Biofire)	Not detected *1 *1		[Not detected]	5/4/2022 03:49 MDT	5/4/2022 03:49 MDT
Human Metapneumovirus	Not detected *1 *1		[Not detected]	5/4/2022 03:49 MDT	5/4/2022 03:49 MDT
Parainfluenza 1	Not detected *1 *1		[Not detected]	5/4/2022 03:49 MDT	5/4/2022 03:49 MDT
Parainfluenza 2	Not detected *1 *1		[Not detected]	5/4/2022 03:49 MDT	5/4/2022 03:49 MDT
Parainfluenza 3	Not detected *1 *1		[Not detected]	5/4/2022 03:49 MDT	5/4/2022 03:49 MDT

Patient Name: **CABAL, BOONE**MRN: **571879889**Encounter: **1249862032**Admit Date: **5/4/2022**Discharge Date: **5/4/2022*****Immunology-Serology*****Infectious Disease**

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
Parainfluenza 4	Not detected ^{01 *1}		[Not detected]	5/4/2022 03:49 MDT	5/4/2022 03:49 MDT
Respiratory Syncytial Virus	Not detected ^{01 *1}		[Not detected]	5/4/2022 03:49 MDT	5/4/2022 03:49 MDT
Rhinovirus	Not detected ^{01 *1}		[Not detected]	5/4/2022 03:49 MDT	5/4/2022 03:49 MDT
Cmt8:SARS-CoV-2 by PCR	See Comments ^{f4} 01 *1			5/4/2022 03:49 MDT	5/4/2022 03:49 MDT
Cmt:Respiratory Panel 2.1 by RT-PCR	See Comments ^{f5} 01 *1			5/4/2022 03:49 MDT	5/4/2022 03:49 MDT

Result Comments

f4: Cmt8: SARS-CoV-2 by PCR

(NOTE)

"Not Detected" = NEGATIVE

This means that the Coronavirus (called SARS-CoV-2 or COVID-19) was not found.

This result usually means you don't have COVID-19 (if you are tested 7 or more days after coming in contact with someone who had it).

Rarely, it could mean you were one of those who tested "false negative". For the safety of yourself and others, if you have symptoms, even if you tested negative, please consider yourself as positive and isolate yourself until 10 days after the symptoms started AND 24 hours fever-free without the use of medications.

If your test is a true negative, it is still possible for you to become infected in the future. For the health and safety of you and your loved ones, please take precautions to reduce the risk of contracting or spreading the virus

f5: Cmt: Respiratory Panel 2.1 by RT-PCR

(NOTE)

INTERPRETIVE TEXT FOR: RESPIRATORY FILM ARRAY PCR
Both Rhinovirus and Enterovirus are detected by the Rhinovirus assay. They are genetically similar Picornaviruses and are difficult to differentiate by PCR. In upper respiratory specimens, the majority of viruses detected will be rhinovirus.

The interpretation of detection of Rhinovirus requires clinical correlation. Detection of Rhinovirus/Enterovirus from the upper airway of a febrile neonate should not be used to consider the infant to be at low risk for serious bacterial infection (SBI). Rhinovirus can cause severe lower respiratory disease, especially in immunocompromised hosts, but more commonly causes URI. Shedding can be prolonged after symptoms resolve.

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Immunology-Serology

Infectious Disease

Result Comments

f5: Cmt: Respiratory Panel 2.1 by RT-PCR

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If Enterovirus infection is clinically suspected, specific testing should be performed using Enterovirus specific PCR on serum or CSF, or in some circumstances viral culture. Clinical decisions regarding systemic Enterovirus infection should not be made based on results from upper respiratory testing.

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The BioFire RP2.1 is a real-time nested multiplexed polymerase chain reaction test designed to simultaneously identify nucleic acids from 22 different viruses and bacteria associated with respiratory tract infection, including SARS-CoV-2, from a single nasopharyngeal swab specimen. A negative PCR result generally indicates the absence of target nucleic acid, but does not exclude the presence of target nucleic acid at levels below test sensitivity, or inhibitory substances infrequently present in clinical specimens.

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This test is an in vitro diagnostic test approved by the FDA for use in patients with upper respiratory tract illness. A test result should not be used as the sole basis for treatment or other clinical decisions. Test results are best interpreted in the context of patient history and physical examination.

Order Comments

O1: Respiratory Panel 2.1 by RT-PCR

Priority_1_Immuno

Performing Locations

*1: This test was performed at:
McKay Dee Hospital, 4401 Harrison Blvd, Director: Alexander,Riley E,MD,54699, License No. 46D0057001, Ogden, UT, 84403-, US

Toxicology

Serum Toxicology

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
Acetaminophen Level	<1 ^L ^{*1}	mcg/mL	[10-30]	5/4/2022 03:33 MDT	5/4/2022 03:33 MDT
Cmt1:Serum Drug Screen	See Comments ¹⁶ ^{*1}			5/4/2022 03:33 MDT	5/4/2022 03:33 MDT
Salicylate Level	<5.0 ¹	mg/dL	[0.0-30.0]	5/4/2022 03:33 MDT	5/4/2022 03:33 MDT
Cmt2:Serum Drug Screen	See Comments ¹⁷ ^{*1}			5/4/2022 03:33 MDT	5/4/2022 03:33 MDT
Ethanol Level	<10 ¹⁸ ^{*1}	mg/dL	[<13]	5/4/2022 03:33 MDT	5/4/2022 03:33 MDT

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1249862032

Admit Date: 5/4/2022

Discharge Date: 5/4/2022

Toxicology

Serum Toxicology

Result Comments

f6: Cmt1: Serum Drug Screen

(NOTE)

INTERPRETATION OF ACETAMINOPHEN:

Toxic level: >=140 ug/mL 4 hours after ingestion or >50 ug/mL 12 hours after ingestion.

Acetaminophen may be falsely lowered in a specimen collected during or shortly after a loading dose of N-acetylcysteine. NAC interference is minimal in a specimen collected near the end of the infusion, such as when AST and ALT are checked.

f7: Cmt2: Serum Drug Screen

(NOTE)

INTERPRETATION OF SALICYLATES:

Analgesia and Antipyresis: 2-10 mg/dL

Anti-inflammatory: 15-30 mg/dL

f8: Ethanol Level

For medical purposes only. Not for legal use.

Urine Toxicology

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
Methadone Screen Ur	Negative *1		[Negative]	5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
Amphetamine Screen Ur	Preliminary Report @ f9 *1		[Negative]	5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
Barbiturate Screen Ur	Negative *1		[Negative]	5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
Benzodiazepines Ur	Negative *1		[Negative]	5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
Cannabinoid Screen Ur	Preliminary Report @ f9 *1		[Negative]	5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
Cocaine Screen Ur	Negative *1		[Negative]	5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
Opiate Screen Ur	Negative *1		[Negative]	5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
Synthetic Opioids	Negative *1		[Negative]	5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
Buprenorphine Level	Negative *1		[Negative]	5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
Fentanyl Screen, Ur	Negative f10 *1		[Negative]	5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
Cmt4:Drug Screen Urine	See Comments f11 *1			5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
Amphetamines by MS	Positive *2			5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
Amphetamine, Urine	>1000 H f12 *2	ng/mL	[<100]	5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
Barbiturates by MS	Negative *2			5/4/2022 03:47 MDT	5/4/2022 03:47 MDT

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1249862032

Admit Date: 5/4/2022

Discharge Date: 5/4/2022

Toxicology

Urine Toxicology

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
Benzodiazepines by MS	Negative *2			5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
Cocaine & Metabolite by MS	Negative *2			5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
THC by MS	Positive *2			5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
THC,Urine	288 H f13 *2	ng/mL	[<15]	5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
Methadone & Metabolite by MS	Negative *2			5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
Opiates by MS	Negative *2			5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
Buprenorphine & Naloxone by MS	Negative *2			5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
Drugs by MS: General Comments	See Comments f14 *2			5/4/2022 03:47 MDT	5/4/2022 03:47 MDT

Result Comments

f9: Amphetamine Screen Ur, Cannabinoid Screen Ur
Screening test positive. Confirmation testing to follow.

f10: Fentanyl Screen, Ur
(NOTE)
Test developed and characteristics determined by Intermountain Central Lab. For medical purposes only. Not for legal use.

f11: Cmt4: Drug Screen Urine
(NOTE)
INTERPRETATION OF DRUG SCREENS:
This is an unconfirmed screening test and should be used for MEDICAL purposes only. False positive and false negative results can occur with any screening test. Positive screening tests will be referred out for confirmatory testing.
Synthetic Opioids include Oxycodone and Oxymorphone.

CUTOFF CONCENTRATION:

Amphetamines 1000 ng/mL

Barbiturates 200 ng/mL

Benzodiazepines 200 ng/mL

Cocaine (as Metabolite) 300 ng/mL

Cannabinoids 50 ng/mL

Methadone 300 ng/mL

Opiates 300 ng/mL

Synthetic Opioids 100 ng/mL

Buprenorphine 10 ng/mL

Fentanyl 1 ng/ml

f12: Amphetamine, Urine
(NOTE)
Interpretive text for Amphetamine
Consistent with use of a drug containing amphetamine. May also

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1249862032**

Admit Date: **5/4/2022**

Discharge Date: **5/4/2022**

Toxicology

Urine Toxicology

Result Comments

f12: Amphetamine, Urine
reflect metabolism of methamphetamine, when methamphetamine is present. Amphetamine and methamphetamine exist in d- and l-isomeric forms. These forms are not distinguished by this test.

f13: THC, Urine
(NOTE)
Interpretive text for THC (CarboxyTHC)
The drug analyte detected in this assay, 9-carboxy THC, is a metabolite of delta-9-tetrahydrocannabinol (THC). Detection of 9-carboxy THC suggests use of, or exposure to, a product containing THC. This test cannot distinguish between prescribed or non-prescribed forms of THC, nor can it distinguish between active or passive use. The 9-carboxy THC metabolite can be detected in urine for several weeks. Normalization of results to creatinine concentration can help document elimination or suggest recent use, when specimens are collected at least one week apart.

f14: Drugs by MS: General Comments
(NOTE)
The absence of expected drug(s) and/or drug metabolite(s) may indicate non-compliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry

Test developed and characteristics determined by Intermountain Central Laboratory.

The Quantitative Liquid Chromatography-Tandem Mass Spectrometry is a targeted testing that can detect only specific analytes as listed in this report; therefore other drug analogs may not be detected.

Drugs tested and cutoff concentrations (ng/mL):

AMPHETAMINES: Amphetamine (100), Methamphetamine (100), MDA (100), MDMA (50), MDEA (100)

BARBITURATES: Amobarbital/Pentobarbital (100), Butabarbital (100), Butalbital (100), Phenobarbital (100), Secobarbital (100)

BENZODIAZEPINES: Alprazolam (20), Aminoclonazepam (100), Aminoflunitrazepam (25), Chlordiazepoxide (20), Clonazepam (20),

Patient Name: **CABAL, BOONE**MRN: **571879889**Encounter: **1249862032**Admit Date: **5/4/2022**Discharge Date: **5/4/2022**

Toxicology

Urine Toxicology

Result Comments

f14: Drugs by MS: General Comments

Diazepam (20), Flunitrazepam (50), Flurazepam (50),
 Hydroxylalprazolam (40), Hydroxyethylflurazepam (20),
 Hydroxymidazolam (20), Hydroxytriazolam (20), Lorazepam (50),
 Midazolam (20), Nordiazepam (40), Oxazepam (50), Temazepam (50),
 Triazolam (20)

COCAINE: Cocaine (50), Benzoylecgonine (50)

CANNABINOIDS: THC-COOH (15)

METHADONE: Methadone (100), EDDP (100)

OPIATES: 6-acetylmorphine (10), Codeine (50), Morphine (50),
 Hydrocodone (50), Hydromorphone (50), Norhydrocodone (50),
 Noroxycodone (50), Oxycodone (50), Oxymorphone (50), Fentanyl
 (1.0), Norfentanyl (8), Dihydrocodeine (50)

BUPRENORPHINE: Buprenorphine (20), Norbuprenorphine (40),
 Naloxone (10)

Performing Locations

*1: This test was performed at:

McKay Dee Hospital, 4401 Harrison Blvd, Director: Alexander,Riley E,MD,54699, License No. 46D0057001, Ogden,
 UT, 84403-, US

*2: This test was performed at:

Intermountain Central Laboratory, 5252 South Intermountain Dr, Director: Bennett,Sterling,MD,639, License No.
 46D1049154, Murray, UT, 84107-, US

Urinalysis

UA Macroscopic

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
Collect Method,Ur	Urine Clean Catch			5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
	*1				
Color Urine	Normal *1		[Normal]	5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
Appear	Normal *1		[Normal]	5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
Specific Gravity, Urine	1.010 *1		[1.003-1.030]	5/4/2022 03:47 MDT	5/4/2022 04:51 MDT
pH Urine	6.0 *1		[5.0-8.5]	5/4/2022 03:47 MDT	5/4/2022 04:51 MDT
Glucose Urine	Negative *1	mg/dL	[Negative]	5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
UA Ketones	Negative *1	mg/dL	[Negative]	5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
Nitrite	Negative *1		[Negative]	5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
Hgb Urine	Negative *1		[Negative]	5/4/2022 03:47 MDT	5/4/2022 03:47 MDT
Protein Urine	Negative *1	mg/dL	[Negative]	5/4/2022 03:47 MDT	5/4/2022 03:47 MDT

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1249862032**

Admit Date: **5/4/2022**

Discharge Date: **5/4/2022**

Microbiology

Performing Locations

*2: This test was performed at:

Intermountain Central Laboratory, 5252 South Intermountain Dr, Director: Bennett,Sterling,MD,639, License No. 46D1049154, Murray, UT, 84107- , US

MK_McKay-Dee Hospital

4401 Harrison Blvd.

Ogden, UT 84403-3195

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1234874799

DOB: 2/28/1979 Age: 41 years Gender: Male



Admit Date: 10/9/2020

Discharge Date: 10/9/2020

Attending MD: SOUTHWICK,MD,JED C.

Patient Information

Patient Name: CABAL, BOONE
Home Address: 1747 S 900 W
Home Phone: 3855603653
Employer Name: RESERVE AT STONE CANYON
Employer Phone:
Race: White

Sex: Male
DOB: 02/28/1979
Age: 45 Years
Religion: Other
SSN: XXX-XX-
Ethnicity: Not Hispanic, Latino, or Spanish Origin

Guarantor Information

Guarantor Name: CABAL, BOONE
Patient's Reltn: Self
Billing Address: 1747 S 900 W
Billing Phone: 3855603653
Employer Name: RESERVE AT STONE CANYON
Employer Phone:

Sex: Male
DOB: 02/28/1979
Age: 45 Years
Religion: Other
SSN: XXX-XX-

Contact Information

Emergency Contact
Contact Name:
Patient's Reltn:
Sex:
Home Phone:

Next of Kin
Contact Name:
Patient's Reltn:
Sex:
Home Phone:

Subscriber Name: CABAL, BOONE
Patient's Reltn: Self
Sex: Male
DOB: 02/28/1979
Age: 45 Years
Employer Name: RESERVE AT STONE CAN
Employer Phone:
Financial Class: Medicaid

Insurance Name: Medicaid Utah Tradit
Claim Address: Box 143106
Salt Lake City, UT 841143106
Insurance Phone: 0611527985
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age:
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:
Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm:	10/09/2020 11:22	Patient Type:	Emergency	Admit Type:	Urgent
Est Dt of Arrival:		Medical Service:	Emergency Medicine	Admit Source:	Self (Non-HC Facility)
Inpt Adm Dt/Tm:		Location:	MK ED	Advance Directive:	Clinical Process
Disch Dt/Tm:	10/09/2020 13:17	Room/Bed:	24 7A	Reg Clerk:	SWANKE, TALIA A
Observation Dt/Tm:		Isolation:		Admit Physician:	SOUTHWICK, MD,
VIP Indicator:		Disease Alert:		Attend Physician:	SOUTHWICK, MD,
Admit Reason:	weakness			PCP:	SCHEULLER, MD,

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1234874799**

Admit Date: **10/9/2020**

Discharge Date: **10/9/2020**

ED Note Physician

DOCUMENT NAME:

ED Note Physician

SERVICE DATE/TIME:

10/9/2020 11:48 MDT

RESULT STATUS:

Auth (Verified)

PERFORM INFORMATION:

SOUTHWICK,MD,JED C.(10/9/2020 11:48 MDT)

SIGN INFORMATION:

SOUTHWICK,MD,JED C.(10/9/2020 13:21 MDT)

MK_McKay-Dee Hospital

ED NOTE:

CHIEF COMPLAINT/REASON FOR VISIT:

Weakness

DIAGNOSIS:

1. Chest pain

MEDICAL DECISION MAKING/DIFFERENTIAL DX:

HISTORY OF PRESENT ILLNESS:

Patient is a 41-year-old male with history of cognitive disorder, sympathectomy in 2008, comes in because he says he has "shortness of breath since that surgery in 2008". He tells me that he wants an x-ray to make sure he does not have a collapsed lung because that is a known complication from that surgery, which is why he is here. He has no fevers, chills, cough, nausea, vomiting, diarrhea, does have dilated pupils that he says are from his visit to the eye doctor just prior to coming here. He arrives by private vehicle.

Patient's work-up looks normal and I wanted to do a second set of enzymes but the patient refuses. He wants to go home. He understands the risk of missing a heart attack and he is taking that risk. See no signs of PE, dissection, pneumothorax, pneumonia, I did test him for coronavirus, and he is ready for discharge. He is comfortable, he understands the risks and ultimately left AGAINST MEDICAL ADVICE. He looks well, and his symptoms been going on for 12 years with no obvious signs of cardiac issues.

ROS:

All other systems are reviewed and are negative except as stated in history of present illness.

This patient was evaluated in the context of the global COVID-19 pandemic, which necessitated consideration that the patient might be at risk for infection with the SARS-CoV-2 virus that causes COVID-19. Institutional protocols and algorithms that pertain to the evaluation of patients at risk for COVID-19 are in a state of rapid change based on information released by regulatory bodies, including the CDC and federal and state organizations. These policies and algorithms were followed during the patient's care in the ED.

PROBLEM LIST/PAST MEDICAL HISTORY:

Ongoing

- Attention deficit disorder
- Chest pain
- Cognitive disorder
- Constipation
- Insomnia, history
- Surgical history
- Tobacco use
- Unspecified depressive disorder

ED COURSE:

EKG PHYSICIAN INTERPRETATION:

Normal sinus rhythm with no ST or T wave abnormalities. No overt ischemia.

ADMINISTERED MEDICATIONS:

No Medications Given

ORDERS:

Electrocardiogram 12 Lead
Peripheral IV Insert

LAB RESULTS:

This is an incomplete list of lab results from this encounter. Refer to Results Review for all results.

Heme

WBC: 7.1 K/mcL
RBC: 5.1 x10⁶/mcL
Hemoglobin: 15.2 g/dL
Hematocrit: 45.7 %
MCV: 89.6 fL
MCH: 29.8 pg

Chemistries

Sodium Level: 138 mmol/L
Potassium Level: 4.7 mmol/L
Chloride Level: 105 mmol/L
CO₂: 22 mmol/L

Coag

D-dimer, quant.
(ug/mL): <0.27

HOME MEDICATIONS:

gabapentin 400 mg oral capsule, 400 mg= 1 cap, Oral, TID Vyvanse, every morning

ALLERGIES:

No Known Allergies

SOCIAL HISTORY:

Alcohol - 11/27/2019

Use: Never used.

Employment/School - 11/27/2019

Status: Employed. Place of occupation/business: Focus call center. Activity level: Desk/Office. Highest education level: High school. Operates hazardous equipment: No.

Home/Environment - 11/27/2019

Lives with: Lives in halfway house (NUCC)..

Sexual, Gender Identity and Orientation - 11/27/2019

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1234874799**

Admit Date: **10/9/2020**

Discharge Date: **10/9/2020**

ED Note Physician

Do you think of yourself as: Straight or heterosexual.
What is your current gender identity? Identifies as male.

Substance Use - 11/27/2019

Use, other than prescribed: Past use. Date last used:
Remote h/o MJ use. Past stimulant misuse..

Tobacco - 11/27/2019

Use: Current every day smoker. Type: Cigarettes.

ED Travel Outside US last 30 days: No (10/09/20)

PHYSICAL EXAM:

Triage Vitals

T: 36.9

degC (Tympanic) HR: 103 (Peripheral) **RR:** 15 **BP:** 131/99

SpO₂: 99%

WT: 103 kg

CONSTITUTIONAL: no apparent distress, well appearing.

GENERAL: Awake, Alert, Oriented x 3

EYES: pupils are symmetrically very large bilaterally, extraocular movements intact. Clear Conjunctiva, without nystagmus, non-icteric sclera.

HEENT: normocephalic, atraumatic, moist mucus membranes, oropharynx is clear without tonsilar erythema, exudate, or edema. Normal external ears.

NECK: No obvious masses, No meningismus

PULMONARY: clear to auscultation bilaterally without wheezes, rhonchi, or rales.

CARDIOVASCULAR: regular rate, rhythm, without murmurs or bruits.

GASTROINTESTINAL: soft, non-tender, non-distended, no palpable masses, no rebound or guarding.

MUSCULOSKELETAL: 5 out of 5 strength in upper and lower extremities bilaterally.

NEUROLOGIC: Cranial nerves 2-12 are grossly intact.

REEXAMINATION/REEVALUATION:

Current Vitals

T: 37.2 °C (Tympanic) **TMIN:** 36.9 °C (Tympanic)

TMAX: 37.3 °C (Tympanic) **HR:** 93(Peripheral)

RR: 92(Monitored) **RR:** 17 **BP:** 131/96 **SpO₂:** 97%

WT: 103.00 kg **WT:** 103 kg

MCHC: 33.3 g/dL Anion Gap (Na Cl
RDW SD: 43.7 fL CO₂): 11 mmol/L
RDW: 13.2 % Glucose Level: 86
Platelets: 300 K/mcL mg/dL
MPV: 8.9 fL BUN: 18 mg/dL
Nucleated RBC Auto: Creatinine Level: 1.1
0 /100(WBCs) mg/dL
Immature est CrCl (Actual BW
Granulocytes: 0.4 % for dosing): 134.88
Differential Type: Auto mL/min
Neutrophil % Auto: Creatinine GFR: 83
54.8 % mL/min/1.73 m²
Lymphocyte % Auto: Average GFR for
37 % age: 99 mL/min/1.73
Monocyte % Auto: 5.5 m²
% Cmt: GFR: See
Eosinophil % Auto: Comments
1.6 % Calcium Level: 9.9
Basophil % Auto: 0.7 mg/dL
% Protein Total: 7.9
Immature g/dL
Granulocyte, Abs: Albumin Level: 4.8
0.03 K/mcL g/dL
Neutrophil, Abs: 3.9 Bilirubin Total: 0.5
K/mcL mg/dL
Lymphocyte, Abs: 2.6 Alk Phos: 69 unit/L
K/mcL AST: 52 unit/L High
Monocyte, Abs: 0.4 ALT: 85 unit/L High
K/mcL Lipase Level: 50
Eosinophil, Abs: 0.1 unit/L
K/mcL Troponin-I: <0.01
Basophil, Abs: 0.1 K/mcL

UA

Collect Method, Ur:

Clean Catch

Color Urine: Normal

Appear: Normal

Specific Gravity, Urine:

1.028

pH Urine: 5

Glucose Urine:

Negative

UA Ketones: Negative

Nitrite: Negative

Hgb Urine: Negative

Protein Urine:

Negative

Leuk Esterase:

Negative

WBC Urine: 1 /HPF

RBC Urine: 1 /HPF

Epithelial Cells: 0

/HPF

Bacteria Urine:

Negative

Mucus Urine: 1+

Abnormal

Urine Culture

Ordered?: No

Repeat Results

Average GFR for age: 99 mL/min/1.73 m² (12:05:00)

Average GFR for age: 99 mL/min/1.73 m² (12:12:00)

Cmt: GFR: See Comments (12:05:00)

Cmt: GFR: See Comments (12:12:00)

Creatinine GFR: 88 mL/min/1.73 m² (12:05:00)

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1234874799**

Admit Date: **10/9/2020**

Discharge Date: **10/9/2020**

ED Note Physician

Creatinine GFR: 83 mL/min/1.73 m² (12:12:00)
Creatinine Level: 1.05 mg/dL (12:05:00)
Creatinine Level: 1.10 mg/dL (12:12:00)
est CrCl (Actual BW for dosing): 128.75 mL/min (12:26:23)
est CrCl (Actual BW for dosing): 134.88 mL/min (12:42:47)

IMAGING:

Date/time is when order was placed.

XR Chest 1 View Frontal

10/09/20 11:55:00

IMPRESSION:

1. No radiographic evidence of acute cardiopulmonary disease.

This report was electronically signed by

Signed By: HANSON, MD, BERKELEY R.

Disposition:

Discharge Patient - Ordered

-- 10/09/20 13:08:00 MDT

With	When	Contact Information
CORRY, MD, MARK W., Credentialed Provider, Family Medicine, Family Medicine., User Group - VV_Valley View		1333 N MAIN ST CEDAR CITY, UT 84721- (435)868-5566

PRESCRIBED MEDICATIONS THIS VISIT:

No prescriptions given

Electronically Signed on 10/09/20 01:21 PM

SOUTHWICK, MD, JED C.

Cardiology Procedures

Document Type:

Electrocardiogram EKG

Service Date/Time:

10/9/2020 12:07 MDT

Result Status:

Auth (Verified)

Document Subject:

Electrocardiogram 12 Lead

Sign Information:

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: **1234874799**

Admit Date: **10/9/2020**

Discharge Date: **10/9/2020**

Cardiology Procedures

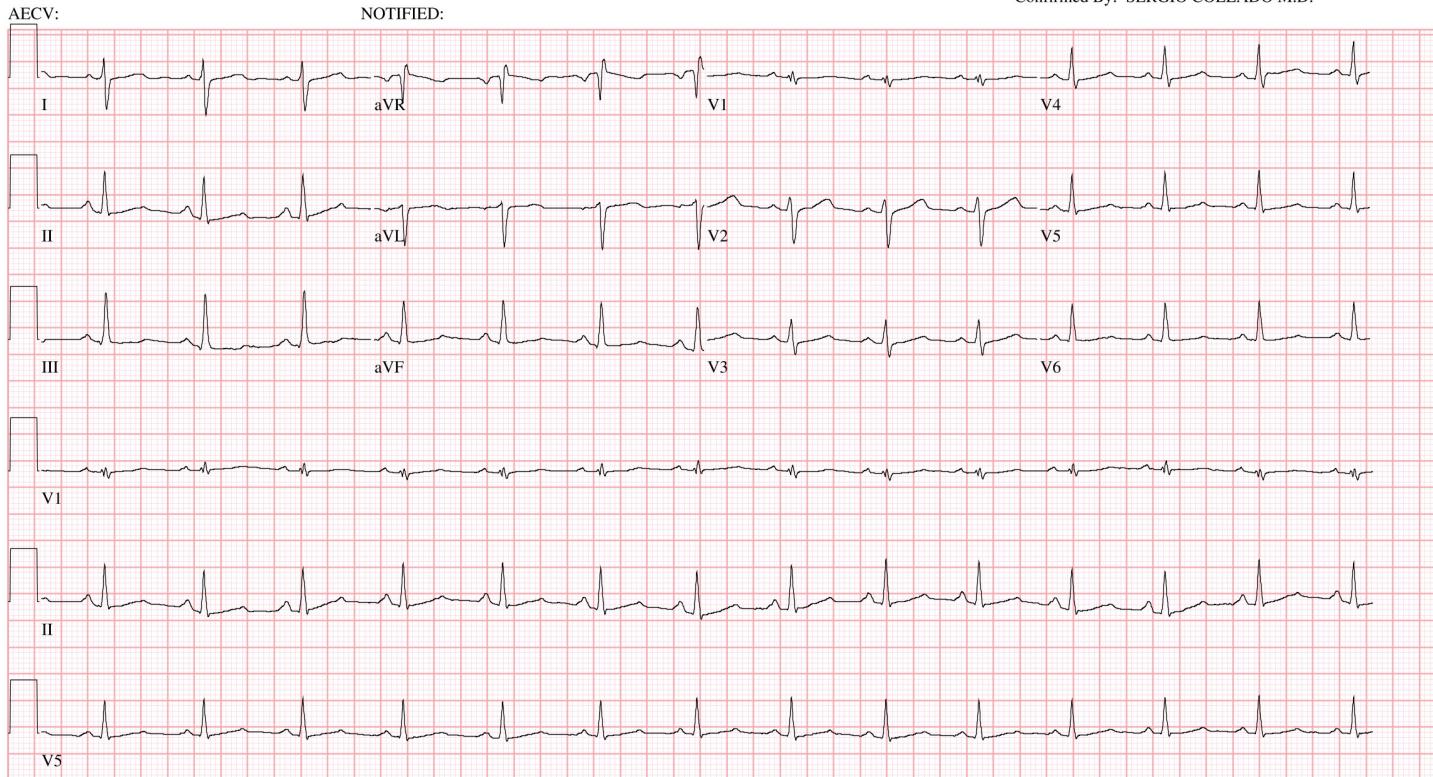
Attachment(s):

10/9/2020 12:07 MDT EKG_1234874799_20201010102919.pdf

CABAL, BOONE		ID:571879889	09-OCT-2020 12:07:48	Intermountain Healthcare-MKER	ROUTINE RECORD
28-FEB-1979 (41 yr)	Vent. rate	83	BPM	Normal sinus rhythm	
Male	PR interval	152	ms	Normal ECG	
	QRS duration	80	ms	No previous ECGs available	
Room:ER24	QT/QTc	384/451	ms	Confirmed by COLLADO M.D., SERGIO (6521) on 10/10/2020 10:29:16 AM	
Loc:731	P-R-T axes	70 102	54		

Technician: 81415
Test ind:Chest Pain

Confirmed By: SERGIO COLLADO M.D.



25mm/s 10mm/mV 40Hz 9.0.8 12SL 241 HD CID: 94

SID: 571879889 EID:6521 EDT: 10:29 10-OCT-2020 ORDER:11817858485 ACCOUNT: 1234874799

Page 1 of 1

526066465

[HNAM URL](https://images.co.ihc.com/?DC2B73EFE1F90298B41C8D83CE5381CF)

526066465

Please click on link to see image.

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1234874799**

Admit Date: **10/9/2020**

Discharge Date: **10/9/2020**

Diagnostic Radiology

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
13200-XR-20-0598715	10/9/2020 12:45 MDT	XR Chest 1 View Frontal	SOUTHWICK,MD,JED C.	41 years

Reason for Exam

(XR Chest 1 View Frontal) Chest pain

Report

EXAMINATION: XR Chest 1 View Frontal, 10/09/2020:1231

COMPARISON: None

HISTORY: Fatigue, rapid heart rate, and shortness of breath.

TECHNIQUE: Single frontal view of the chest.

FINDINGS:

* Medical devices: None.

Enteric tube evaluation: Absent.

* Cardiomedastinal silhouette: Unremarkable.

* Lungs: No focal airspace opacity or consolidation.

Dominant opacity pattern: Not applicable.

* Pleural space: No pleural effusion or pneumothorax.

Pleural fluid evaluation: Absent.

* Bones: No acute osseous abnormality.

* Additional findings: None.

* Likelihood of pneumonia: Unlikely.

IMPRESSION:

1. No radiographic evidence of acute cardiopulmonary disease.

This report was electronically signed by Berkeley R. Hanson, MD
on 10/9/2020 12:49 PM.

***** Final *****

Dictated by: HANSON, MD, BERKELEY R.

Dictated DT/TM: 10/09/2020 12:49 pm

Signed by: HANSON, MD, BERKELEY R.

Signed (Electronic Signature): 10/09/2020 12:49 pm

Transcribed by: BRH

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: **1234874799**

Admit Date: **10/9/2020**

Discharge Date: **10/9/2020**

Electrocardiogram-EKG

Document Type:

Electrocardiogram EKG

Service Date/Time:

10/9/2020 12:07 MDT

Result Status:

Auth (Verified)

Attachment(s):

10/9/2020 12:07 MDT EKG_1234874799_202010102919.pdf

CABAL, BOONE ID:571879889 09-OCT-2020 12:07:48
28-FEB-1979 (41 yr) Vent. rate 83 BPM Normal sinus rhythm
Male PR interval 152 ms Normal ECG
QRS duration 80 ms No previous ECGs a
Room:ER24 QT/QTc 384/451 ms Confirmed by COLL
Loc:731 P-R-T axes 70 102 54

Intermountain Healthcare-MKER ROUTINE RECORD

Technician: 81415
Test ind:Chest Pain

AECV: NOTIFIED: Confirmed By: SERGIO COLLADO M.D.

The ECG shows a regular sinus rhythm. The rate is approximately 60-70 bpm. The PR interval is normal. The QRS complexes are narrow. The ST segment is slightly elevated, and the T waves are prominent and upright. There is no significant ST depression or T wave flattening.

25mm/s 10mm/mV 40Hz 9.0.8 12SL 241 HD CID: 94

SID: 571879889 EID:6521 EDT: 10:29 10-OCT-2020 ORDER:11817858485 ACCOUNT: 1234874799

Page 1 of 1

526066465

[HNAM URL](https://images.co.ihc.com/?DC2B73EFE1F90298B41C8D83CE5381CF)

526066465

Please click on link to see image.

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1234874799

Admit Date: 10/9/2020

Discharge Date: 10/9/2020

CBC

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
WBC	7.1 *1	K/mcL	[3.6-10.6]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
RBC	5.10 *1	x10^6/mcL	[4.50-5.90]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Hemoglobin	15.2 *1	g/dL	[13.5-17.5]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Hematocrit	45.7 *1	%	[41.0-53.0]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
MCV	89.6 *1	fL	[80.0-100.0]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
MCH	29.8 *1	pg	[26.0-34.0]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
MCHC	33.3 *1	g/dL	[32.0-36.0]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
RDW SD	43.7 *1	fL	[36.7-47.2]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
RDW	13.2 *1	%	[11.3-15.6]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Platelets	300 *1	K/mcL	[150-400]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
MPV	8.9 *1	fL	[8.6-12.4]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Nucleated RBC	0.0 *1	/100(WBCs)		10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Auto					
Differential Type	Auto *1			10/9/2020 12:05 MDT	10/9/2020 12:05 MDT
Immature	0.4 *1	%	[0.0-0.5]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Granulocytes					
Neutrophil % Auto	54.8 *1	%	[42.0-72.0]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Lymphocyte %	37.0 *1	%	[18.0-45.0]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Auto					
Monocyte % Auto	5.5 *1	%	[2.0-12.0]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Eosinophil % Auto	1.6 *1	%	[0.0-5.0]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Basophil % Auto	0.7 *1	%	[0.0-2.0]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Immature	0.03 *1	K/mcL	[0.00-0.04]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Granulocyte,Abs					
Neutrophil,Abs	3.9 *1	K/mcL	[1.8-6.8]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Lymphocyte,Abs	2.6 *1	K/mcL	[1.2-3.4]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Monocyte,Abs	0.4 *1	K/mcL	[0.2-0.9]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Eosinophil,Abs	0.1 *1	K/mcL	[0.0-0.5]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Basophil,Abs	0.1 *1	K/mcL	[0.0-0.1]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT

Performing Locations

*1: This test was performed at:

McKay Dee Hospital, 4401 Harrison Blvd, Director: Alexander,Riley E,MD,54699, License No. 46D0057001, Ogden, UT, 84403-, US

ChemistryRoutine Chemistry

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
est CrCl (Actual BW for dosing)	134.88 f1	mL/min		10/9/2020 12:42 MDT	10/9/2020 12:42 MDT
est CrCl (Actual BW for dosing)	128.75 f2	mL/min		10/9/2020 12:26 MDT	10/9/2020 12:26 MDT
Creatinine Level	1.10 *1	mg/dL	[0.77-1.35]	10/9/2020 12:12 MDT	10/9/2020 12:25 MDT
Creatinine GFR	83 f3 *1	mL/min/1.73 m2	[>60]	10/9/2020 12:12 MDT	10/9/2020 12:25 MDT

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1234874799

Admit Date: 10/9/2020

Discharge Date: 10/9/2020

Chemistry**Routine Chemistry**

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
Average GFR for age	99 * ¹	mL/min/1.73 m ²		10/9/2020 12:12 MDT	10/9/2020 12:25 MDT
Cmt:GFR	See Comments ^{*4}			10/9/2020 12:12 MDT	10/9/2020 12:12 MDT
Lipase Level	50 * ¹	unit/L	[10-70]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
Sodium Level	138 * ¹	mmol/L	[137-146]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
Potassium Level	4.7 * ¹	mmol/L	[3.5-5.0]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
Chloride Level	105 * ¹	mmol/L	[102-111]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
CO ₂	22 * ¹	mmol/L	[19-30]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
Anion Gap (Na Cl CO ₂)	11 * ¹	mmol/L	[3-16]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
Glucose Level	86 * ¹	mg/dL	[65-99]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
BUN	18 * ¹	mg/dL	[8-20]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
Creatinine Level	1.05 * ¹	mg/dL	[0.77-1.35]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
Creatinine GFR	88 * ³ * ¹	mL/min/1.73 m ²	[>60]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
Average GFR for age	99 * ¹	mL/min/1.73 m ²		10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
Cmt:GFR	See Comments ^{*4}			10/9/2020 12:05 MDT	10/9/2020 12:05 MDT
Calcium Level	9.9 * ¹	mg/dL	[8.4-10.4]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
Protein Total	7.9 * ¹	g/dL	[6.0-8.4]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
Albumin Level	4.8 * ¹	g/dL	[3.5-5.2]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
Bilirubin Total	0.5 * ¹	mg/dL	[0.2-1.3]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
Alk Phos	69 * ¹	unit/L	[40-120]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
AST	52 * ^H * ¹	unit/L	[9-40]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
ALT	85 * ^H * ¹	unit/L	[0-55]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT

Result Comments

f1: est CrCl (Actual BW for dosing)

$$((140 - 41 \text{ yrs}) * 103.00 \text{ kg}) / (72.0 * 1.05 \text{ mg/dL}) = 134.88 \text{ mL/min}$$

Renal Function Assessment Guidelines:

<https://documents.intermountain.net/pharmserviceswebsite/Pharmacy%20Documents/Renal%20Function%20Assessment%20Guidelines.pdf>

f2: est CrCl (Actual BW for dosing)

$$((140 - 41 \text{ yrs}) * 103.00 \text{ kg}) / (72.0 * 1.10 \text{ mg/dL}) = 128.75 \text{ mL/min}$$

Renal Function Assessment Guidelines:

<https://documents.intermountain.net/pharmserviceswebsite/Pharmacy%20Documents/Renal%20Function%20Assessment%20Guidelines.pdf>

f3: Creatinine GFR

If patient is black, multiply Creatinine GFR by 1.16.

f4: Cmt: GFR

(NOTE)

INTERPRETATION OF ESTIMATED GFR:

Estimated using CKD-EPI equations

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1234874799

Admit Date: 10/9/2020

Discharge Date: 10/9/2020

Chemistry

Routine Chemistry

Result Comments

f4: Cmt: GFR

(https://www.kidney.org/professionals/kdoqi/gfr_calculator)

Chronic Kidney Disease less than 60 mL/min/1.73 sq m

Kidney failure less than 15 mL/min/1.73 sq m

Cardiac Markers

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
Troponin-I	<0.01 *1	ng/mL	[0.00-0.04]	10/9/2020 12:05 MDT	10/9/2020 12:05 MDT

Performing Locations

*1: This test was performed at:

McKay Dee Hospital, 4401 Harrison Blvd, Director: Alexander,Riley E,MD,54699, License No. 46D0057001, Ogden, UT, 84403- , US

Chemistry Routine

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
est CrCl (Actual BW for dosing)	134.88 *1	mL/min		10/9/2020 12:42 MDT	10/9/2020 12:42 MDT
est CrCl (Actual BW for dosing)	128.75 *2	mL/min		10/9/2020 12:26 MDT	10/9/2020 12:26 MDT
Creatinine Level	1.10 *1	mg/dL	[0.77-1.35]	10/9/2020 12:12 MDT	10/9/2020 12:25 MDT
Creatinine GFR	83 *3 *1	mL/min/1.73 m2	[>60]	10/9/2020 12:12 MDT	10/9/2020 12:25 MDT
Average GFR for age	99 *1	mL/min/1.73 m2		10/9/2020 12:12 MDT	10/9/2020 12:25 MDT
Cmt:GFR	See Comments *4 *1			10/9/2020 12:12 MDT	10/9/2020 12:12 MDT
Lipase Level	50 *1	unit/L	[10-70]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
Sodium Level	138 *1	mmol/L	[137-146]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
Potassium Level	4.7 *1	mmol/L	[3.5-5.0]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
Chloride Level	105 *1	mmol/L	[102-111]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
CO2	22 *1	mmol/L	[19-30]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
Anion Gap (Na Cl CO2)	11 *1	mmol/L	[3-16]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
Glucose Level	86 *1	mg/dL	[65-99]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
BUN	18 *1	mg/dL	[8-20]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
Creatinine Level	1.05 *1	mg/dL	[0.77-1.35]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
Creatinine GFR	88 *3 *1	mL/min/1.73 m2	[>60]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
Average GFR for age	99 *1	mL/min/1.73 m2		10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
Cmt:GFR	See Comments *4 *1			10/9/2020 12:05 MDT	10/9/2020 12:05 MDT
Calcium Level	9.9 *1	mg/dL	[8.4-10.4]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
Protein Total	7.9 *1	g/dL	[6.0-8.4]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT

Patient Name: **CABAL, BOONE**MRN: **571879889**Encounter: **1234874799**Admit Date: **10/9/2020**Discharge Date: **10/9/2020**

Chemistry Routine

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
Albumin Level	4.8 *1	g/dL	[3.5-5.2]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
Bilirubin Total	0.5 *1	mg/dL	[0.2-1.3]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
Alk Phos	69 *1	unit/L	[40-120]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
AST	52 H *1	unit/L	[9-40]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT
ALT	85 H *1	unit/L	[0-55]	10/9/2020 12:05 MDT	10/9/2020 12:42 MDT

Result Comments

f1: est CrCl (Actual BW for dosing)

$$((140 - 41 \text{ yrs}) * 103.00 \text{ kg}) / (72.0 * 1.05 \text{ mg/dL}) = 134.88 \text{ mL/min}$$

Renal Function Assessment Guidelines:

<https://documents.intermountain.net/pharmserviceswebsite/Pharmacy%20Documents/Renal%20Function%20Assessment%20Guidelines.pdf>

f2: est CrCl (Actual BW for dosing)

$$((140 - 41 \text{ yrs}) * 103.00 \text{ kg}) / (72.0 * 1.10 \text{ mg/dL}) = 128.75 \text{ mL/min}$$

Renal Function Assessment Guidelines:

<https://documents.intermountain.net/pharmserviceswebsite/Pharmacy%20Documents/Renal%20Function%20Assessment%20Guidelines.pdf>

f3: Creatinine GFR

If patient is black, multiply Creatinine GFR by 1.16.

f4: Cmt: GFR

(NOTE)

INTERPRETATION OF ESTIMATED GFR:

Estimated using CKD-EPI equations

https://www.kidney.org/professionals/kdoqi/gfr_calculator

Chronic Kidney Disease less than 60 mL/min/1.73 sq m

Kidney failure less than 15 mL/min/1.73 sq m

Performing Locations

*1: This test was performed at:

McKay Dee Hospital, 4401 Harrison Blvd, Director: Alexander,Riley E,MD,54699, License No. 46D0057001, Ogden, UT, 84403- , US

Coagulation-Thrombosis

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
D-dimer,quant. (ug/mL)	<0.27 f5 *1	mcg FEU/mL	[0.00-0.50]	10/9/2020 12:05 MDT	10/9/2020 12:05 MDT

Result Comments

f5: D-dimer, quant. (ug/mL)

(NOTE)

D-dimer is intended for use as an aid in the diagnosis of DIC and exclusion of DVT and PE. Clinical diagnosis should not be based on the results of this test alone. Clinical signs and other relevant test information should be included in the diagnostic decision. With a threshold of 0.50 ug FEU/mL up to age 50 and an age adjusted cutoff (age divided by 100) over age 50, low D-dimer results

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1234874799

Admit Date: 10/9/2020

Discharge Date: 10/9/2020

Coagulation-Thrombosis

Result Comments

f5: D-dimer, quant. (ug/mL)
 have a very high negative predictive value for venous thromboembolism
 when clinical risk is moderate or low.

Performing Locations

*1: This test was performed at:
 McKay Dee Hospital, 4401 Harrison Blvd, Director: Alexander,Riley E,MD,54699, License No. 46D0057001, Ogden,
 UT, 84403-, US

Hematology

CBC and Differential

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
WBC	7.1 *1	K/mcL	[3.6-10.6]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
RBC	5.10 *1	x10^6/mcL	[4.50-5.90]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Hemoglobin	15.2 *1	g/dL	[13.5-17.5]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Hematocrit	45.7 *1	%	[41.0-53.0]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
MCV	89.6 *1	fL	[80.0-100.0]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
MCH	29.8 *1	pg	[26.0-34.0]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
MCHC	33.3 *1	g/dL	[32.0-36.0]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
RDW SD	43.7 *1	fL	[36.7-47.2]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
RDW	13.2 *1	%	[11.3-15.6]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Platelets	300 *1	K/mcL	[150-400]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
MPV	8.9 *1	fL	[8.6-12.4]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Nucleated RBC	0.0 *1	/100(WBCs)		10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Auto					
Differential Type	Auto *1			10/9/2020 12:05 MDT	10/9/2020 12:05 MDT
Immature	0.4 *1	%	[0.0-0.5]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Granulocytes					
Neutrophil % Auto	54.8 *1	%	[42.0-72.0]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Lymphocyte %	37.0 *1	%	[18.0-45.0]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Auto					
Monocyte % Auto	5.5 *1	%	[2.0-12.0]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Eosinophil % Auto	1.6 *1	%	[0.0-5.0]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Basophil % Auto	0.7 *1	%	[0.0-2.0]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Immature	0.03 *1	K/mcL	[0.00-0.04]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Granulocyte,Abs					
Neutrophil,Abs	3.9 *1	K/mcL	[1.8-6.8]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Lymphocyte,Abs	2.6 *1	K/mcL	[1.2-3.4]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Monocyte,Abs	0.4 *1	K/mcL	[0.2-0.9]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Eosinophil,Abs	0.1 *1	K/mcL	[0.0-0.5]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT
Basophil,Abs	0.1 *1	K/mcL	[0.0-0.1]	10/9/2020 12:05 MDT	10/9/2020 12:19 MDT

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1234874799

Admit Date: 10/9/2020

Discharge Date: 10/9/2020

Hematology

Performing Locations

*1: This test was performed at:

McKay Dee Hospital, 4401 Harrison Blvd, Director: Alexander,Riley E,MD,54699, License No. 46D0057001, Ogden, UT, 84403-, US

Urinalysis**UA Macroscopic**

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
Collect Method,Ur	Clean Catch *1			10/9/2020 12:22 MDT	10/9/2020 12:22 MDT
Color Urine	Normal *1		[Normal]	10/9/2020 12:22 MDT	10/9/2020 12:22 MDT
Appear	Normal *1		[Normal]	10/9/2020 12:22 MDT	10/9/2020 12:22 MDT
Specific Gravity, Urine	1.028 *1		[1.003-1.030]	10/9/2020 12:22 MDT	10/9/2020 12:41 MDT
pH Urine	5.0 *1		[5.0-8.5]	10/9/2020 12:22 MDT	10/9/2020 12:41 MDT
Glucose Urine	Negative *1	mg/dL	[Negative]	10/9/2020 12:22 MDT	10/9/2020 12:22 MDT
UA Ketones	Negative *1	mg/dL	[Negative]	10/9/2020 12:22 MDT	10/9/2020 12:22 MDT
Nitrite	Negative *1		[Negative]	10/9/2020 12:22 MDT	10/9/2020 12:22 MDT
Hgb Urine	Negative *1		[Negative]	10/9/2020 12:22 MDT	10/9/2020 12:22 MDT
Protein Urine	Negative *1	mg/dL	[Negative]	10/9/2020 12:22 MDT	10/9/2020 12:22 MDT
Leuk Esterase	Negative *1		[Negative]	10/9/2020 12:22 MDT	10/9/2020 12:22 MDT

UA Microscopic

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
Urine Culture Ordered?	No *1 *1			10/9/2020 12:22 MDT	10/9/2020 12:22 MDT
WBC Urine	1 *1	/HPF	[0-5]	10/9/2020 12:22 MDT	10/9/2020 12:41 MDT
RBC Urine	1 *1	/HPF	[0-2]	10/9/2020 12:22 MDT	10/9/2020 12:41 MDT
Epithelial Cells	0 *1	/HPF	[0-5]	10/9/2020 12:22 MDT	10/9/2020 12:41 MDT
Bacteria Urine	Negative *1		[Negative]	10/9/2020 12:22 MDT	10/9/2020 12:22 MDT
Mucus Urine	1+ @ *1		[Negative]	10/9/2020 12:22 MDT	10/9/2020 12:22 MDT

Order Comments

O1: Urine Culture Reflex Criteria
 > 5 WBCs

Performing Locations

*1: This test was performed at:
McKay Dee Hospital, 4401 Harrison Blvd, Director: Alexander,Riley E,MD,54699, License No. 46D0057001, Ogden, UT, 84403-, US

MK_McKay-Dee Hospital

4401 Harrison Blvd.

Ogden, UT 84403-3195

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1226425380

DOB: 2/28/1979 Age: 40 years

Gender: Male



Admit Date: 10/24/2019

Discharge Date: 10/24/2019

Attending MD: HEIDARIAN,MD,LAHDAN

Patient Information

Patient Name: CABAL, BOONE
Home Address: 1747 S 900 W
SALT LAKE CTY, UT 84104-1716
Home Phone: 3855603653
Employer Name: RESERVE AT STONE CANYON
Employer Phone:
Race: White

Sex: Male
DOB: 02/28/1979
Age: 45 Years
Religion: Other
SSN: XXX-XX-
Ethnicity: Not Hispanic, Latino, or Spanish Origin

Guarantor Information

Guarantor Name: CABAL, BOONE
Patient's Reltn: Self

Billing Address: 1747 S 900 W
SALT LAKE CTY, UT 84104-1716
Billing Phone: 3855603653
Employer Name: RESERVE AT STONE CANYON
Employer Phone:

Sex: Male
DOB: 02/28/1979
Age: 45 Years
Religion: Other
SSN: XXX-XX-

Contact Information

Emergency Contact
Contact Name:
Patient's Reltn:
Sex:
Home Phone:

Next of Kin
Contact Name:
Patient's Reltn:
Sex:
Home Phone:

Primary Insurance

Subscriber Name: CABAL, BOONE
Patient's Reltn: Self

Sex: Male
DOB: 02/28/1979
Age: 45 Years
Employer Name: RESERVE AT STONE CAN
Employer Phone:
Financial Class: Medicaid

Insurance Name: Medicaid Utah Tradit
Claim Address: Box 143106
Salt Lake City, UT 841143106

Insurance Phone: 0611527985
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age:
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:
Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 10/24/2019 11:12 Patient Type: Outpatient
Est Dt of Arrival:
Inpt Adm Dt/Tm:
Disch Dt/Tm: 10/24/2019 23:59 Medical Service: Laboratory
Observation Dt/Tm:
VIP Indicator:
Admit Reason: labs Location: MK_Walkin Lab
Room/Bed:
Isolation:
Disease Alert:

Admit Type: Elective
Admit Source: Clinic or Physician Of
Advance Directive: Clinical Process
Reg Clerk: TONIONE, CARLA
Admit Physician: HEIDARIAN, MD,
Attend Physician: HEIDARIAN, MD,
PCP: SCHEULLER, MD,

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1226425380

Admit Date: 10/24/2019

Discharge Date: 10/24/2019

CBC

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
WBC	8.2 *1	K/mcL	[3.6-10.6]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
RBC	4.93 *1	x10^6/mcL	[4.50-5.90]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Hemoglobin	14.3 *1	g/dL	[13.5-17.5]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Hematocrit	42.9 *1	%	[41.0-53.0]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
MCV	87.0 *1	fL	[80.0-100.0]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
MCH	29.0 *1	pg	[26.0-34.0]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
MCHC	33.3 *1	g/dL	[32.0-36.0]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
RDW SD	44.4 *1	fL	[36.7-47.2]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
RDW	13.9 *1	%	[11.3-15.6]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Platelets	277 *1	K/mcL	[150-400]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
MPV	9.0 *1	fL	[8.6-12.4]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Nucleated RBC	0.0 *1	/100(WBCs)		10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Auto					
Differential Type	Auto *1			10/24/2019 11:21 MDT	10/24/2019 11:21 MDT
Immature	0.2 *1	%	[0.0-0.5]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Granulocytes					
Neutrophil % Auto	56.7 *1	%	[42.0-72.0]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Lymphocyte %	32.4 *1	%	[18.0-45.0]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Auto					
Monocyte % Auto	7.9 *1	%	[2.0-12.0]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Eosinophil % Auto	2.1 *1	%	[0.0-5.0]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Basophil % Auto	0.7 *1	%	[0.0-2.0]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Immature	0.02 *1	K/mcL	[0.00-0.04]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Granulocyte,Abs					
Neutrophil,Abs	4.6 *1	K/mcL	[1.8-6.8]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Lymphocyte,Abs	2.6 *1	K/mcL	[1.2-3.4]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Monocyte,Abs	0.6 *1	K/mcL	[0.2-0.9]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Eosinophil,Abs	0.2 *1	K/mcL	[0.0-0.5]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Basophil,Abs	0.1 *1	K/mcL	[0.0-0.1]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT

Performing Locations

*1: This test was performed at:

McKay Dee Hospital, 4401 Harrison Blvd, Director: Alexander,Riley E,MD,54699, License No. 46D0057001, Ogden, UT, 84403-, US

ChemistryRoutine Chemistry

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
Sodium Level	137 *1	mmol/L	[137-146]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
Potassium Level	3.8 *1	mmol/L	[3.5-5.0]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
Chloride Level	104 *1	mmol/L	[102-111]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
CO2	24 *1	mmol/L	[19-30]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
Anion Gap (Na Cl CO2)	9 *1	mmol/L	[3-16]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT

Patient Name: **CABAL, BOONE**MRN: **571879889**Encounter: **1226425380**Admit Date: **10/24/2019**Discharge Date: **10/24/2019*****Chemistry*****Routine Chemistry**

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
Glucose Level	90 * ¹	mg/dL	[65-99]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
BUN	15 * ¹	mg/dL	[8-20]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
Creatinine Level	0.91 * ¹	mg/dL	[0.77-1.35]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
Creatinine GFR	105 * ¹ * ¹	mL/min/1.73 m ²	[>60]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
Average GFR for age	99 * ¹	mL/min/1.73 m ²		10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
Cmt:GFR	See Comments * ² * ¹			10/24/2019 11:21 MDT	10/24/2019 11:21 MDT
Calcium Level	9.7 * ¹	mg/dL	[8.4-10.4]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
Protein Total	7.7 * ¹	g/dL	[6.0-8.4]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
Albumin Level	4.6 * ¹	g/dL	[3.5-5.2]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
Bilirubin Total	0.4 * ¹	mg/dL	[0.2-1.3]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
Alk Phos	72 * ¹	unit/L	[40-120]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
AST	42 * ¹ * ¹	unit/L	[9-40]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
ALT	49 * ¹	unit/L	[0-55]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT

Result Comments

f1: Creatinine GFR

If patient is African American, multiply estimated GFR by 1.16.

f2: Cmt: GFR

(NOTE)

INTERPRETATION OF ESTIMATED GFR:

Estimated using CKD-EPI equation (www.nkdep.nih.gov)

Chronic Kidney Disease less than 60 mL/min/1.73 sq m

Kidney failure less than 15 mL/min/1.73 sq m

Thyroid

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
TSH	2.77 * ³ * ¹	mIU/mL	[0.46-4.88]	10/24/2019 11:21 MDT	10/24/2019 12:24 MDT

Result Comments

f3: TSH

Please note new reference range

This is a 3rd generation TSH assay.

Performing Locations

*1: This test was performed at:

McKay Dee Hospital, 4401 Harrison Blvd, Director: Alexander,Riley E,MD,54699, License No. 46D0057001, Ogden, UT, 84403- , US

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1226425380

Admit Date: 10/24/2019

Discharge Date: 10/24/2019

Chemistry Routine

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
Sodium Level	137 *1	mmol/L	[137-146]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
Potassium Level	3.8 *1	mmol/L	[3.5-5.0]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
Chloride Level	104 *1	mmol/L	[102-111]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
CO2	24 *1	mmol/L	[19-30]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
Anion Gap (Na Cl CO2)	9 *1	mmol/L	[3-16]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
Glucose Level	90 *1	mg/dL	[65-99]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
BUN	15 *1	mg/dL	[8-20]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
Creatinine Level	0.91 *1	mg/dL	[0.77-1.35]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
Creatinine GFR	105 *1 *1	mL/min/1.73 m2	[>60]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
Average GFR for age	99 *1	mL/min/1.73 m2		10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
Cmt:GFR	See Comments ¹² *1			10/24/2019 11:21 MDT	10/24/2019 11:21 MDT
Calcium Level	9.7 *1	mg/dL	[8.4-10.4]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
Protein Total	7.7 *1	g/dL	[6.0-8.4]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
Albumin Level	4.6 *1	g/dL	[3.5-5.2]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
Bilirubin Total	0.4 *1	mg/dL	[0.2-1.3]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
Alk Phos	72 *1	unit/L	[40-120]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
AST	42 H *1	unit/L	[9-40]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT
ALT	49 *1	unit/L	[0-55]	10/24/2019 11:21 MDT	10/24/2019 12:02 MDT

Result Comments

f1: Creatinine GFR

If patient is African American, multiply estimated GFR by 1.16.

f2: Cmt: GFR

(NOTE)

INTERPRETATION OF ESTIMATED GFR:Estimated using CKD-EPI equation (www.nkdep.nih.gov)

Chronic Kidney Disease less than 60 mL/min/1.73 sq m

Kidney failure less than 15 mL/min/1.73 sq m

Performing Locations

*1: This test was performed at:

McKay Dee Hospital, 4401 Harrison Blvd, Director: Alexander,Riley E,MD,54699, License No. 46D0057001, Ogden, UT, 84403-, US

Hematology**CBC and Differential**

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
WBC	8.2 *1	K/mcL	[3.6-10.6]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
RBC	4.93 *1	x10^6/mcL	[4.50-5.90]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Hemoglobin	14.3 *1	g/dL	[13.5-17.5]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Hematocrit	42.9 *1	%	[41.0-53.0]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
MCV	87.0 *1	fL	[80.0-100.0]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT

Patient Name: **CABAL, BOONE**MRN: **571879889**Encounter: **1226425380**Admit Date: **10/24/2019**Discharge Date: **10/24/2019****Hematology****CBC and Differential**

Procedure	Result	Units	Reference Range	Collected Date/Time	Resulted Date/Time
MCH	29.0 *1	pg	[26.0-34.0]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
MCHC	33.3 *1	g/dL	[32.0-36.0]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
RDW SD	44.4 *1	fL	[36.7-47.2]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
RDW	13.9 *1	%	[11.3-15.6]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Platelets	277 *1	K/mcL	[150-400]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
MPV	9.0 *1	fL	[8.6-12.4]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Nucleated RBC	0.0 *1	/100(WBCs)		10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Auto					
Differential Type	Auto *1			10/24/2019 11:21 MDT	10/24/2019 11:21 MDT
Immature	0.2 *1	%	[0.0-0.5]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Granulocytes					
Neutrophil % Auto	56.7 *1	%	[42.0-72.0]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Lymphocyte %	32.4 *1	%	[18.0-45.0]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Auto					
Monocyte % Auto	7.9 *1	%	[2.0-12.0]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Eosinophil % Auto	2.1 *1	%	[0.0-5.0]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Basophil % Auto	0.7 *1	%	[0.0-2.0]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Immature	0.02 *1	K/mcL	[0.00-0.04]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Granulocyte,Abs					
Neutrophil,Abs	4.6 *1	K/mcL	[1.8-6.8]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Lymphocyte,Abs	2.6 *1	K/mcL	[1.2-3.4]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Monocyte,Abs	0.6 *1	K/mcL	[0.2-0.9]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Eosinophil,Abs	0.2 *1	K/mcL	[0.0-0.5]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT
Basophil,Abs	0.1 *1	K/mcL	[0.0-0.1]	10/24/2019 11:21 MDT	10/24/2019 11:46 MDT

Performing Locations

*1: This test was performed at:

McKay Dee Hospital, 4401 Harrison Blvd, Director: Alexander,Riley E,MD,54699, License No. 46D0057001, Ogden, UT, 84403- , US

MK_McKay-Dee Hospital

4401 Harrison Blvd.

Ogden, UT 84403-3195

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1226150189

DOB: 2/28/1979 Age: 40 years

Gender: Male



Admit Date: 10/17/2019

Discharge Date: 10/17/2019

Attending MD: HEIDARIAN,MD,LAHDAN

Patient Information

Patient Name: CABAL, BOONE
Home Address: 1747 S 900 W
SALT LAKE CTY, UT 84104-1716
Home Phone: 3855603653
Employer Name: RESERVE AT STONE CANYON
Employer Phone:
Race: White

Sex: Male
DOB: 02/28/1979
Age: 45 Years
Religion: Other
SSN: XXX-XX-
Ethnicity: Not Hispanic, Latino, or Spanish Origin

Guarantor Information

Guarantor Name: CABAL, BOONE
Patient's Reltn: Self

Billing Address: 1747 S 900 W
SALT LAKE CTY, UT 84104-1716
Billing Phone: 3855603653
Employer Name: RESERVE AT STONE CANYON
Employer Phone:

Sex: Male
DOB: 02/28/1979
Age: 45 Years
Religion: Other
SSN: XXX-XX-

Contact Information

Emergency Contact
Contact Name:
Patient's Reltn:
Sex:
Home Phone:

Next of Kin
Contact Name:
Patient's Reltn:
Sex:
Home Phone:

Primary Insurance

Subscriber Name: CABAL, BOONE
Patient's Reltn: Self

Sex: Male
DOB: 02/28/1979
Age: 45 Years
Employer Name: RESERVE AT STONE CAN
Employer Phone:
Financial Class: Medicaid

Insurance Name: Medicaid Utah Tradit
Claim Address: Box 143106
Salt Lake City, UT 841143106

Insurance Phone: 0611527985
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age:
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:
Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 10/17/2019 08:00 Patient Type: Outpatient
Est Dt of Arrival: 10/17/2019 08:00 Medical Service: Medicine-General
Inpt Adm Dt/Tm: Location: MK_EEG
Disch Dt/Tm: 10/17/2019 23:59 Room/Bed:
Observation Dt/Tm: Isolation:
VIP Indicator: Disease Alert:
Admit Reason: Spell of altered consciousness

Admit Type: Elective
Admit Source: Clinic or Physician Of
Advance Directive: Clinical Process
Reg Clerk: BRUEN, KELLY T
Admit Physician: HEIDARIAN, MD,
Attend Physician: HEIDARIAN, MD,
PCP: SCHEULLER, MD,

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226150189**

Admit Date: **10/17/2019**

Discharge Date: **10/17/2019**

Neurology Procedures

Document Type:

Electroencephalography EEG

Service Date/Time:

10/17/2019 21:15 MDT

Result Status:

Auth (Verified)

Document Subject:

EEG Report: Outpatient

Sign Information:

SQUIRE,DO,TREVOR J.(10/21/2019 21:16 MDT)

Routine Outpatient EEG Study

Date of Procedure: 10/17/19

Referring Physician: Lahdan Heidarian, M.D.

Location: McKay-Dee Hospital

Reason For Referral: Altered mental status

Total Study Duration: 47 minutes

Methods: an extended 25 channel EEG was utilized. 22 disc electrodes were placed according to the 10-20 International System on the scalp, and additional electrodes, including EKG and EOG are used when needed. The study was recorded on a digital video electroencephalography system.

Findings:

Posterior Activity: There was a well-formed reactive and symmetric posterior dominant rhythm of 10 Hz with normal amplitude at 20-40 microvolts.

Background Activity: The background was organized and symmetric, composed of low-amplitude theta, with admixture of alpha and beta frequencies.

Sleep Activity: Absent

Activation Procedures: Hyperventilation and Photic Stimulation were performed.

Hyperventilation: The patient was coached to hyperventilate for three minutes. Patient cooperation was good. No changes to cerebral activity were seen.

Photic Stimulation: Stepwise photic stimulation at 2 – 30 Hz was performed. Symmetric photic driving was present.

Reactivity: Present

Focal Slowing: None

Epileptiform/Ictal Activity: None

Clinical Events: None

SUMMARY: Normal EEG in the awake state. No focal, lateralized, or epileptiform abnormalities were seen.

IMPRESSION: This is a normal EEG during wakefulness.

Electronically Signed on 10/21/19 09:16 PM

SQUIRE, DO, TREVOR J.

MK_McKay-Dee Hospital

4401 Harrison Blvd.

Ogden, UT 84403-3195

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1225622609

DOB: 2/28/1979 Age: 40 years

Gender: Male



Admit Date: 9/21/2019

Discharge Date: 9/21/2019

Attending MD: MYLOTT,NP,RONNIE M

Patient Information

Patient Name: CABAL, BOONE
Home Address: 1747 S 900 W
SALT LAKE CTY, UT 84104-1716
Home Phone: 3855603653
Employer Name: RESERVE AT STONE CANYON
Employer Phone:
Race: White

Sex: Male
DOB: 02/28/1979
Age: 45 Years
Religion: Other
SSN: XXX-XX-
Ethnicity: Not Hispanic, Latino, or Spanish Origin

Guarantor Information

Guarantor Name: CABAL, BOONE
Patient's Reltn: Self

Billing Address: 1747 S 900 W
SALT LAKE CTY, UT 84104-1716
Billing Phone: 3855603653
Employer Name: RESERVE AT STONE CANYON
Employer Phone:

Sex: Male
DOB: 02/28/1979
Age: 45 Years
Religion: Other
SSN: XXX-XX-

Contact Information

Emergency Contact
Contact Name:
Patient's Reltn:
Sex:
Home Phone:

Next of Kin
Contact Name:
Patient's Reltn:
Sex:
Home Phone:

Primary Insurance

Subscriber Name: CABAL, BOONE
Patient's Reltn: Self

Sex: Male
DOB: 02/28/1979
Age: 45 Years
Employer Name: RESERVE AT STONE CAN
Employer Phone:
Financial Class: Medicaid

Insurance Name: Medicaid Utah Tradit
Claim Address: Box 143106
Salt Lake City, UT 841143106

Insurance Phone: 0611527985
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age:
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:
Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 09/21/2019 09:33 Patient Type: Outpatient in a Bed Admit Type: Emergency
Est Dt of Arrival: Medical Service: Behavioral Medicine Admit Source: Self (Non-HC Facility)

Inpt Adm Dt/Tm: 09/21/2019 12:30 Location: MK_AccssCntr Advance Directive: Clinical Process
Disch Dt/Tm: Room/Bed: Wait/ Reg Clerk: JOHNSON, JANA
Observation Dt/Tm: Isolation: Admit Physician: MYLOTT, NP, RON
VIP Indicator: Disease Alert: Attend Physician: MYLOTT, NP, RON
Admit Reason: Priva PCP: SCHEULLER, MD,

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1225622609**

Admit Date: **9/21/2019**

Discharge Date: **9/21/2019**

ED Note Physician

DOCUMENT NAME:

ED Note Physician

SERVICE DATE/TIME:

9/21/2019 11:43 MDT

RESULT STATUS:

Auth (Verified)

PERFORM INFORMATION:

(9/21/2019 11:49 MDT)

SIGN INFORMATION:

(9/21/2019 11:49 MDT)

ED NOTE:

HISTORY OF PRESENT ILLNESS:

Is a nontoxic-appearing alert and oriented 40-year-old male who is brought in from his halfway house for concerns of increased anxiety. He is also concerned that he has had "black out to moments" throughout his whole life and sometimes forgets to complete his daily tasks. He has been following up on this and has an appointment with neurology in 3 weeks. However he states his goals in the access center today are to be admitted and have case management assist him in making his appointments on an outpatient basis.

ROS:

As reviewed in the HPI. All other systems reviewed are negative or normal.

PROBLEM LIST/PAST MEDICAL HISTORY:

Ongoing

- Attempted suicide
- Attention deficit disorder
- Constipation
- Depression
- Depression with anxiety
- Insomnia, history
- Posttraumatic stress disorder, history
- Surgical history
- Tobacco use

HOME MEDICATIONS:

- Adderall 20 mg oral tablet, 1 tabs, Oral, Daily
- Adderall 30 mg oral tablet, 1 tabs, Oral, BID
- Adderall 30 mg oral tablet, 1 tabs, Oral, BID
- Ambien 10 mg oral tablet, 10 mg= 1 tabs, Oral, Daily at bedtime
- clonazePAM 1 mg oral tablet, 1 tabs, Oral, BID
- Effexor, 150 mg, Oral
- gabapentin, 400 mg, Oral, BID
- KlonoPIN 1 mg oral tablet, 1 tabs, Oral, BID
- Lexapro 20 mg oral tablet, 1 tabs, Oral, Daily
- MiraLax oral powder for reconstitution, 1 packets, Oral, Daily at bedtime
- RisperDAL 1 mg oral tablet, 1 tabs, Oral, Daily at bedtime
- SEROquel 300 mg oral tablet, 1 tabs, Oral, Daily at bedtime
- traZODone 100 mg oral tablet, 1 tabs, Oral, Daily at bedtime
- Vyvanse, 70 mg, every morning

ALLERGIES:

No Known Allergies

DIAGNOSIS:

1. Generalized anxiety

MEDICAL DECISION MAKING/DIFFERENTIAL DX:

Patient evaluated independently. Briefly this is a 40-year-old male presenting from his halfway house for concerns of increased anxiety and looking for help and assistance in making his outpatient appointments. Crisis worker has met with the patient. We do feel he can safely discharged home at this time. This patient is stable for inpatient or access Center observation/psychiatric care. I see no evidence of acute medical, infectious, traumatic, endocrine, neurologic disease that would alter admission. That said, should the patient's condition worsen or change they will be important for the above conditions to be revisited. Otherwise discharged in stable condition.

ED COURSE:

ADMINISTERED MEDICATIONS:

No Medications Given

IMAGING:

Date/time is when order was placed.
No qualifying data available.

Disposition:

Discharge Patient - Ordered
-- 09/21/19 11:43:00 MDT
No qualifying data available

PRESCRIBED MEDICATIONS THIS VISIT:

No prescriptions given

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1225622609**

Admit Date: **9/21/2019**

Discharge Date: **9/21/2019**

ED Note Physician

SOCIAL HISTORY:

Alcohol - 09/21/2019

 Use: Never used.

Tobacco - 09/21/2019

 Use: Current every day smoker. Type: Cigarettes.

PHYSICAL EXAM:

Triage Vitals

T: 36.5

degC (Tympanic) HR: 93 (Peripheral) **RR:** 18 **BP:** 140/90

SpO2: 98%

HT: 178 cm **WT:** 90.4 kg **BMI:** 28.53

CONSTITUTIONAL: well appearing in no acute distress

SKIN: Warm, dry, and intact without rash

PULMONARY: normal chest rise and fall, no respiratory distress or stridor

CARDIOVASCULAR: regular rate, distal extremities are warm and well perfused

NEUROLOGIC: normal speech, moves all extremities

MUSCULOSKELETAL: no gross deformities, atraumatic

PSYCHIATRIC: normal mood and affect

REEXAMINATION/REEVALUATION:

Current Vitals

T: 36.5 °C (Tympanic) **HR:** 93(Peripheral) **RR:** 18

BP: 140/90 **SpO2:** 98% **WT:** 90.4 kg **BMI:** 28.53

No qualifying data available.

Electronically Signed on 09/21/19 11:49 AM

MYLOTT, NP, RONNIE MATTHEW

MK_McKay-Dee Hospital

4401 Harrison Blvd.
Ogden, UT 844033195

Patient Information

Patient Name: CABAL, BOONE
Home Address: 1747 S 900 W
SALT LAKE CTY, UT 84104-1716
Home Phone: 3855603653
Employer Name: RESERVE AT STONE CANYON
Employer Phone:

Sex: Male
DOB: 02/28/1979
Age: 45 Years
Religion: Other
SSN:
Race: White
Ethnicity: Not Hispanic, Latino, or Spanish Origin

Guarantor Information

Guarantor Name: CABAL, BOONE
Patient's Reltn: Self
Billing Address: 1747 S 900 W
SALT LAKE CTY, UT 84104-1716
Billing Phone: 3855603653
Employer Name: RESERVE AT STONE CANYON
Employer Phone:

Sex: Male
DOB: 02/28/1979
Age: 45 Years
Religion: Other
SSN:

Contact Information

Emergency Contact
Contact Name:
Patient's Reltn:
Sex:
Home Phone:

Next of Kin
Contact Name:
Patient's Reltn:
Sex:
Home Phone:

Subscriber Name: CABAL, BOONE
Patient's Reltn: Self
Sex: Male
DOB: 02/28/1979
Age: 45 Years
Employer Name: RESERVE AT STONE CANYON
Employer Phone:
Financial Class: Medicaid
Group Name:

Insurance Name: Medicaid Utah Traditional
Claim Address: Box 143106
Salt Lake City, UT 841143106
Insurance Phone: (801)538-6155
Policy Number: 0611527985
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Primary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age:
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:

Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Reg Dt/Tm: 12/28/2019 19:30
Est Dt of Arrival: 12/28/2019 19:30
Inpt Adm Dt/Tm:
Disch Dt/Tm: 01/02/2020 12:09

Patient Type: Recurring
Medical Service: Sleep Disorders
Location: MK_Sleep Study
Room/Bed: /
Isolation:
Disease Alert:

Admit Type: Elective
Admit Source: Clinic or Physician Offic
Advance Directive: Clinical Process
Reg Clerk: O'DELL, MIKHAIL ALEX
Admit Physician: IQBAL, MD, SULEMA

Admit Reason: M: Fatigue, Snoring, Witnessed apnea, Obstructive sleep apnea

CABAL, BOONE
MRN: 571879889

Male / 45 Years
FIN: 1227635533

MK_McKay-Dee Hospital

4401 Harrison Blvd.

Ogden, UT 84403-3195

Patient Name: **CABAL, BOONE**MRN: **571879889**Encounter: **1227635533**DOB: **2/28/1979** Age: **40 years**Gender: **Male**Admit Date: **12/28/2019**Discharge Date: **1/2/2020**Attending MD: **IQBAL,MD,SULEMAN****Correspondence**

Document Type:

Phone Msg

Service Date/Time:

1/6/2020 16:25 MST

Result Status:

Auth (Verified)

Document Subject:

General Message

Sign Information:

From: HUNTER, REGINA C (McKay-Dee Sleep Clinic-Suleman Iqbal)
To: McKay-Dee Sleep Clinic-Suleman Iqbal;
Sent: 01/06/2020 16:25:40 MST
Subject: General Message

General Message:

TRYED TO CONTACT PT WITH SLEEP STUDY RESULT BUT RECEIVED A MESSAGE THAT THE NUMBER BEING CALLED COULD NOT RECEIVE CALLS AT THAT TIME. I WAS UNABLE TO LEAVE A MESSAGE.

LETTER SENT...

REGINA, MA

Document Type:

Phone Msg

Service Date/Time:

1/6/2020 16:15 MST

Result Status:

Auth (Verified)

Document Subject:

RESULT NOTIFICATION

Sign Information:

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Correspondence

Attachment(s):

1/6/2020 16:15 MST (01/06/20) Sleep Study Interpretation

*** Final Report ***
Document Contains Addenda

SLEEP STUDY REPORT:

(PAP treatment) from 12/28/2019 [95811]

Titration Night

NAME: **Cabal, Boone**

DOB: 2/28/1979

INTERPRETATION SECTION

Relevant History includes: Recent diagnosis of obstructive sleep apnea; titration of CPAP BMI: 29.8

Pertinent Findings:

Total Sleep Time	356.1 min
Total Rec. Time	411.9 min
Sleep Efficiency	86.5%
Supine Sleep	206.9 min
REM Sleep	28.0 min

AHI*	4.0
Supine AHI	5.2
REM AHI	6.4

Obs. Apneas	1
Hypopneas	18
Mixed Apneas	0
Central Apneas	5
% Central Apn.	20.83

Low O2	88%
Awake O2	97%
O2 &88%	0.1 min
O2 <80%	0.0 min
O2<70%	0.0 min

*Patients with Medicare have their Apnea Hypopnea Index (AHI) scored using Medicare mandatory scoring criteria.

CPAP was initiated at 5 cm of water and titrated up to 17 cm of water. CPAP was successful in minimizing upon patient's sleep disordered breathing. Patient's oxygen levels showed significant improvements as compared to baseline.

Diagnosis: Obstructive Sleep Apnea G47.33

Please consider the following STANDARDIZED recommendations:

Caution is recommended with driving or other activities requiring alertness for safety due to the increased risk of accidents associated with sleep problems.

Treatment for sleep apnea is recommended in light of its association with increased risk for cardiovascular disease, hypertension, diabetes, stroke, atrial fibrillation, accidents, reduced quality of life, and other health problems. Options often include positive airway pressure (PAP), dental devices, surgery, Provent, Inspire, and weight management. Regardless of the treatment approach for obstructive sleep apnea it is usually beneficial to maximize nasal airway patency, and avoid sedatives/alcohol close to bedtime. Also, optimize cardiopulmonary conditions as this can help improve sleep related breathing.

Please consider the following SPECIFIC recommendations:

Given these results, patient will be offered an APAP machine set from 5-10 cm of water. Once patient has been on APAP for approximately one month, I would like to see him back for A machine download. Based on this download, I would then make any necessary adjustments to his machine.

Suleman Iqbal, MD

Board Certified, Sleep Medicine

McKay Dee Hospital Sleep Medicine Center

1/6/2020

DETAILED DATA SECTION:

Dear provider, this detailed section is included for American Academy of Sleep Medicine Accreditation purposes and for those clinicians who like to review additional data.

Patient Name: **CABAL, BOONE**

MRN: 571879889

Encounter: 1227635533

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Correspondence

Attachment(s):

Procedure

Polysomnography was conducted on the night of 12/28/2019. The following parameters were monitored: frontal, central and occipital EEG, electrooculogram (EOG), submental EMG, nasal and oral airflow, anterior tibialis EMG, body position and electrocardiogram. Additionally, thoracic and abdominal movements were recorded by inductance plethysmography. Oxygen saturation (SpO_2) was monitored using a pulse oximeter. The tracing was scored using 30 second epochs. Patients with Medicare have their Apnea Hypopnea Index (AHI) scored using Medicare mandatory scoring criteria. All others are scored by AASM criteria (Rule 1A).

Sleep Data

LATENCIES	From Lights Off	DURATIONS		Sleep Stage:	Duration (min)	TST (%)
Sleep Onset	34.3 min	Time in Bed:	411.9 min	WK (TIB):	55.8	---
N1 :	34.3 min	Total Sleep Time:	356.1 min	REM:	28.0	7.9
N2 :	53.8 min	Sleep Efficiency:	86.5%	N1 :	79.1	22.2
N3 :	65.8 min	WASO:	21.5 min	N2 :	181.0	50.8
REM :	127.8 min			N3 :	68.0	19.1

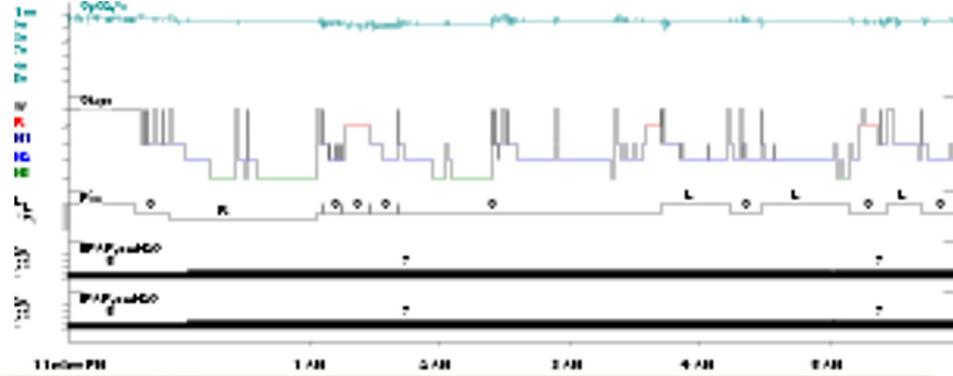
Respiratory Data

	CA	OA	MA	Apnea	Hypop*	A+ H	RERA	Total
Number:	5	1	0	6	18	24	0	24
Index (#/h TST) :	0.8	0.2	0.0	1.0	3.0	4.0	0.0	4.0

*Above Index Values Based on Total Sleep Time n Hypopneas scored based on 4% or greater desaturation

Oximetry Summary

Average SpO2 (TST): 94.50% # Desaturations: 24
Desaturation Index: 4.0 /hr



Leg Movements Summary

	Count	Index (#/h)
Total Leg Movements:	106	17.9
PLMS:	106	17.9
PLMS Arousal:	5	0.8

In patients with a diagnosis of sleep apnea, restless leg syndrome, REM behavior disorder, or narcolepsy, periodic leg movements are scored automatically and are not manually edited.

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Correspondence

Attachment(s):

Arousal Summary

Total: 112
Arousal Index: 18.9

Cardiac Summary

Average Pulse Rate During Sleep (TST): 75.2 bpm
Highest Pulse Rate During Sleep (TST): 104 bpm
Highest Pulse Rate During Recording (TIB): 104 bpm

Cardiac and EEG Event Observations

Presence of Bradycardia, Tachycardia, Narrow Complex Tachycardia, Wide Complex Tachycardia, Asystole, Atrial Fibrillation or other significant Arrhythmias, or seizure activity and significant parasomnias, will be described in the interpretation section.

Pressure Distribution

CPAP	AHI	<90% (min)	Sleep (min)	Sup (min)	REM (min)	Sup REM (min)	Sup REM AHI	CA Index	Hyp Index	Min SpO2%	<89% (min)
5	7.1		16.9	10.0	0.0			0.0	7.1	91	0.0
7	3.9	0.4	338.9	196.9	28.0	27.9	6.5	0.9	2.8	88	0.1

Signature Line

Electronically Signed on 01/06/20 08:46 AM

IQBAL, MD, SULEMAN

Addendum by IQBAL, MD, SULEMAN on January 06, 2020 08:48 MST (Verified)

CPAP was titrated from 5-7 cm of water and NOT to 17 cm of water

Signature Line

Electronically Signed on 01/06/20 08:48 AM

IQBAL, MD, SULEMAN

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Correspondence

Attachment(s):

1/6/2020 16:15 MST (12/13/19) Sleep Study Interpretation

*** Final Report ***

SLEEP STUDY

REPORT Home Sleep Apnea Test (HSAT) from 12/11/2019 [95806]

NAME: Cabal, Boone DOB 2/28/1979

:

INTERPRETATION SECTION

Relevant History includes: History of snoring associated with daytime fatigue; concern for sleep apnea
BMI: 28.7

Pertinent Findings: Home sleep test revealed moderate obstructive sleep apnea with an apnea-hypopnea index of 24.5 events per hour sleep. The corrected associated SPO₂ nadir was approximately 85%.

Other findings: The study is adequate for interpretation. (See attached section for more detailed information.) Note that patients with Medicare have their respiratory event index scored using Medicare scoring criteria.

Diagnosis: Obstructive Sleep Apnea G47.33

Please consider the following STANDARDIZED recommendations:

Caution is recommended with driving or other activities requiring alertness for safety due to the increased risk of accidents associated with sleep problems.

Treatment for sleep apnea is recommended in light of its association with increased risk for cardiovascular disease, hypertension, diabetes, stroke, atrial fibrillation, accidents, reduced quality of life, and other health problems. Options often include positive airway pressure (PAP), dental devices, surgery, Provent, Inspire, and weight management. Regardless of the treatment approach for obstructive sleep apnea it is usually beneficial to maximize nasal airway patency, and avoid sedatives/alcohol close to bedtime. Also, optimize cardiopulmonary conditions as this can help improve sleep related breathing.

Please consider the following SPECIFIC recommendations:

As ordered, this patient will be scheduled to see a sleep specialist in the McKay-Dee sleep clinic for a review of these results, treatment options and ongoing sleep treatment. CPAP titration versus APAP will be discussed with the patient. Alternative treatment options will also be reviewed with him.

Suleman Iqbal, MD

Board Certified, Sleep Medicine

McKay Dee Hospital Sleep Medicine Center

12/13/2019

DETAILED DATA SECTION:

Dear provider, this detailed section is included for American Academy of Sleep Medicine Accreditation purposes and for those clinicians who like to review additional data.

Procedure

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Correspondence

Attachment(s):

Data was recorded using the Nox T3 (SN: 904015748) (Level III Sleep Test) (S3 C4 O1 P2 E1 R2) device utilizing the following sensors: Airflow - nasal pressure and RIP Flow; Respiratory effort - dual RIP belts; Body Position - accelerometer; Snoring - acoustic recording; Heart rate and SpO2 pulse oximeter (Nonin 3150).

Monitoring Time (MT) is automatically calculated based off body position but is manually edited using the following factors (in order of most weighted): 1-actigraphy (internal 3-axis accelerometer), 2-respiratory pattern and 3-patient diary.

Patient Information

Full Name:	Boone Cabal	Height:	70.0 in
Patient ID:	MK571879889	Weight:	200.0 lbs
Date of Birth:	2/28/1979	BMI:	28.7
Age:	40		200.0

Recording Information

Recording Date:	12/11/2019	Excluded Time(total) :	1.9 ()
Recording Start Time:	23:15	Analysis Start Time:	23:16
Recording Stop Time:	07:14	Analysis End Time:	07:14
Total Recording Time (TRT):	479.9 min	Monitoring Time (MT; index time) :	476 min

Overview

AHI(REI)*: **24.5 /h** ODI: **18.3 /h** Snore Percentage: **17.1 %**

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Respiratory

Respiratory Event Indices	Index (RE/MT)			
	Total	Supine	Non-supine	Count
Respiratory Events (RE; A+H):	24.5/h	39.5/h	5.2/h	194
Apneas:	15.5/h	26.7/h	1.2/h	123
Obstructive (OA):	15.1/h	26.5/h	0.6/h	120
Mixed (MA):	0/h	0/h	0/h	0
Central (CA):	0.4/h	0.2/h	0.6/h	3
Hypopneas:	8.9/h	12.8/h	4.0/h	71
Obstructive Apnea Hypopnea (OA + MA + OH):	15.1/h	26.5/h	0.6/h	120
Central Apnea Hypopnea (CA + CH):	0.4/h	0.2/h	0.6/h	3
Respiration Rate (per m):	18.2/m	17.9/m	18.7/m	
Snore:	Percentage of MT		Duration	
	17.1%	24.5%	7.7%	81.6m
	15.1%	9.9%	19.6%	22.5m
	1.5%	0.8%	2.4%	7.3m

*The Apnea Hypopnea Index (AHI) in this report is more accurately the Respiratory Event Index (REI) and is the equivalent of the Medicare defined RDI. It has been left as AHI for simplicity in communication.

Oximetry Summary

Oxygen Saturation (SpO2)	Total	Supine	Non-supine
Oxygen Desaturation Index (ODI):	18.3 /h	29.2 /h	4.3 /h
Maximum SpO2	98.0 %		
Average SpO2:	93.1 %	92.5 %	93.8 %
Minimum SpO2:	80.0 %	84.0 %	80.0 %
SpO2 Duration < 90%	1.9 % (9m)	2.9 %	0.6 %
SpO2 Duration £ 88%	0.8 % (3.9m)	1.2 %	0.4 %

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Correspondence

Attachment(s):

SpO2 Duration < 85%	0 % (0.2m)	0 %	0.1 %
Average Desat Drop:	5.0 %	4.9 %	4.8 %

Pulse Summary

Pulse	
Average:	72.1 bpm
Maximum:	98.0 bpm
Minimum:	52.0 bpm
Duration < 40 bpm:	0 m
Duration > 100 bpm:	0 m

Position and Analysis Time

Position and Analysis Time	Duration	Percentage
Supine (in MT):	267.4m	56.2%
Non-Supine (in MT):	208.6m	43.8%
Left (in MT):	169.7m	35.6%
Prone (in MT):	6.2m	1.3%
Right (in MT):	32.8m	6.9%
Unknown (in MT):	0m	0%
Upright (in TRT):	1.9m	0.4%
Movement (in MT):	19m	4.0%
Invalid Data (Excluded):	0m	0%

Quality

Quality			
Oximeter:	99.0 %	Abdomen RIP:	100.0
Nasal Cannula:	100.0 %	Thorax RIP:	100.0
RIP Belts:	100.0 %		

Analysis Criteria: Apneas are scored where there is a 90% drop in the Flow signal for between 10 and 120 seconds.

Hypopneas are scored where there is a 30% drop in the Flow signal for between 10 and 120 seconds followed by a 4% drop in saturation.

Desaturations are located when the SpO2 values drop by at least 4% for a minimum duration of 3 seconds with a plateau of no more than 45 seconds.

A tachycardia is added when the heart rate exceeds 90bpm for at least 20 seconds. Bradycardia is scored when the heart rate falls below 40bpm for at least 20 seconds.

Movement is detected when the activity signal exceeds a threshold of 0.2 for a minimum of 1 seconds.

Position changes when at least 5 seconds of continuous position is found. The minimum upright position is at 53.13° angle.

Flow limitation is detected when an inhalation has a flattening index value of 0.15 or less.

Paradoxical breathing is detected when the phase difference between the abdomen and thorax RIP belts exceeds 40° for at least 30 seconds.

Missing Image - the embedded image is not supported
Movement

A
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ctivity

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Correspondence

Attachment(s):

Missing Image - the embedded image is not supported
Position

Missing Image - the embedded image is not supported
Respiratory Events

Missing Image - the embedded image is not supported
Desaturations

Missing Image - the embedded image is not supported
SpO2

Missing Image - the embedded image is not supported
Pulse

Missing Image - the embedded image is not supported
Snore Train

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Snore Volume

Signature Line

Electronically Signed on 12/13/19 06:34 AM

IQBAL, MD, SULEMAN

From: HUNTER, REGINA C (McKay-Dee Sleep Clinic-Suleman Iqbal)
To: HEIDARIAN, MD, LAHDAN;

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Correspondence

Sent: 01/06/2020 16:15:22 MST

Subject: RESULT NOTIFICATION

Actions: See Note In Chart

The sleep study report is now available to view in PowerChart.

Thank you,

Dr. Suleman Iqbal
McKay Dee Sleep Medicine Clinic
4403 Harrison Blvd, 2600
Ogden, UT 84403

801-387-5610

Document Type:

Phone Msg

Service Date/Time:

1/6/2020 08:48 MST

Result Status:

Auth (Verified)

Document Subject:

FW: CPAP12/28/2019 ready for interpretation.

Sign Information:

From: IQBAL, MD, SULEMAN
To: MEDINA, YESSENIA;
Sent: 01/06/2020 08:48:32 MST
Subject: FW: CPAP12/28/2019 ready for interpretation.

Consolidate chart

From: STEPHENSON, TIFFANY A
To: IQBAL, MD, SULEMAN;
Sent: 01/02/2020 12:08:44 MST
Subject: CPAP12/28/2019 ready for interpretation.

Sleep Study CPAP12/28/2019 ready for interpretation.

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Discharge Documentation

Document Type:

Coding Summary

Service Date/Time:

1/2/2020 12:09 MST

Result Status:

Auth (Verified)

Document Subject:

Coding Summary

Sign Information:

CODING DATE: 01/09/2020 FINAL

MK_McKay-Dee Hospital

DSCH STATUS:

Home or Self Care

PAYOR:

Medicaid

ADMIT DX:

R53.83 Other fatigue

REASON FOR VISIT DX:

R53.83 Other fatigue

R06.83 Snoring

FINAL DX:

PRINCIPAL:

G47.33 Obstructive sleep apnea (adult) (pediatric)

SECONDARY:

PYMT	PROC	APC	STAT DESCRIPTION	DOCTOR NAME	DATE
------	------	-----	------------------	-------------	------

NOTE: The code number assigned matches the documented diagnosis and / or procedure in the patient's chart. However, the narrative phrase printed from the coding software may appear abbreviated, or result in slightly different terminology.

Coded By: BUGHER, TERRYANN

Date Saved: 01/09/2020 10:35 am

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Letters

Document Type:

Patient Letter

Service Date/Time:

1/6/2020 16:21 MST

Result Status:

Auth (Verified)

Document Subject:

Letter - Normal Results

Sign Information:



January 06, 2020

CABAL, BOONE

You have had a sleep study at McKay Dee Hospital and Dr. Iqbal has read your study. We have tried to call the number we have on file but received a message that the number we were calling could not receive calls at that time and we were unable to leave a message.

Please give our office a call to review your result at (801) 387-5610.

Thank you,

Intermountain Healthcare
McKay Dee Sleep Medicine Clinic

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Miscellaneous Patient Care

* Auth (Verified) *



Consent and Conditions of Service



Cnsnt 50064

As the patient—or as the authorized agent or legal representative of the patient—I consent and agree to the terms and conditions of this agreement. By signing below either for myself or as the authorized agent or legal representative of the patient, I intend that the following apply to all of my or all of the patient's inpatient and outpatient care and services in facilities owned or operated by IHC Health Services, Inc. (the "Facility"). I understand that the words "I," "me," and "my" refer to me as the patient or to the patient I represent.

1. **Consent to Medical and Surgical Services.** I consent to health care services provided by the Facility, its employees (including nurses and other health care providers and assistants), independent contractors (see 3. below) and medical staff. Health care services include, but are not limited to, all health care and related medical, surgical, diagnostic, and therapeutic services, the implementing of physician orders, and all tests, studies, treatments, and procedures ordered and performed in the good faith belief that they are either medically necessary or otherwise appropriate for the patient under the circumstances. I have had the opportunity to ask questions and have had all questions satisfactorily answered. I understand that:
 - A. these health care services come with some risk, sometimes even the risk of substantial and serious harm, but I accept that risk in the hope of obtaining a good result;
 - B. health care is an inexact science, in that there is always some uncertainty involved in its provision, and no one has made any promise about the outcome of the health care services;
 - C. this agreement does not apply to the administration of blood or blood products, for which a separate consent will be provided.
2. **Medical Education.** I agree that individuals involved in medical-related education and training may help provide health care services, may observe my care, and may participate in my care, all under the supervision of physicians or other trained individuals.
3. **Independent Contractors.** I understand that some of the physicians and possibly some non-physicians providing health care services to me are independent contractors and are not agents or employees of the Facility. I will consider them independent contractors unless I receive written notice that such individual is an agent or employee of the Facility. I understand that name badges show authorization to be in the Facility and do not designate a health care provider as an agent or employee of the Facility. Independent contractors may include, but are not limited to, pathologists, anesthesiologists, radiologists, emergency room physicians, and my treating physician(s). Some of those independent contractors may be employees of the State of Utah, University of Utah faculty, University of Utah School of Medicine, or other training programs. The Utah Governmental Immunity Act (U.C.A. 63-30-1, et seq.) controls all claims of liability or malpractice against University or State employees. I agree the Facility is not responsible or liable for the judgment, conduct, actions or inactions of independent contractors. I have had the opportunity to ask questions about employees and independent contractors and have had my questions satisfactorily answered.
4. **Personal Property--Belongings.** I agree that the Facility is not responsible for loss or damage to my belongings unless it places those belongings in its safe at my request.
5. **Personal Medications.** While in the Facility, I will take only the drugs and medications ordered for my use in the Facility. I agree to disclose a current and accurate list of drugs, medications, or other substances that I am currently taking to the Facility; including, but not limited to, prescribed, herbal, alternative and recreational drugs. I will not bring any drugs, medications or other substances with me to the Facility without Facility permission. I give the Facility permission to dispose of any unapproved drugs, medications or other substances that are found in my possession.
6. **Special Duty Nursing.** I will not arrange for any special duty nursing care in the Facility. The Facility is not responsible for any care, or to pay for any care, provided by patient's family or friends or by individuals not employed by the Facility.
7. **Confidential Information.** Facility complies with state and federal laws in guarding the confidentiality of the patient medical records it makes, keeps, and uses. The Facility's Notice of Privacy Practices describes its use and the protection of patient medical records. The Facility may revise that Notice from time to time. In addition to being offered a copy of that Notice at admission, I may ask to see a copy of the current Notice at any time.
8. **Assignment of Benefits--Attorney-in-Fact.** By signing below, I hereby assign and transfer to the Facility, and to any other health care provider for whom Facility bills, the benefits of any insurance policy or other arrangement that may provide payment for some or all of my care. I also authorize and appoint the Facility and anyone it may designate as my attorney-in-fact for the purposes of communicating, appealing, negotiating, or otherwise pursuing in its discretion any or all legal remedies with any insurance company, group, organization, entity or any other payer to obtain payment for the Facility for the services that were provided to me. This consent is also intended to meet the requirements of 42 CFR 438.402(b) (ii) which authorizes a provider to file on behalf of an enrollee. I also authorize the Facility to receive and deposit any money received against the charges of the Facility and of any other health care provider for whom Facility bills.
9. **Financial Responsibility.** If I am a person signing for the patient and am otherwise legally responsible to pay for the care of the patient (for example, as the spouse or parent of the patient) (the "Responsible Party"), then each of us agrees to pay all of the following charges:
 - A. any and all of the amounts the Facility or independent contractor determines to be owed for health care services rendered to me at the Facility;
 - B. all applicable co-payments, deductibles and co-insurance;
 - C. all charges for non-covered services;
 - D. interest on unpaid balances that are more than 30 days past due or are placed by the Facility or an independent contractor for collection at the rate of 0.67% per month (8% per year);
 - E. all costs and attorney fees (if an attorney is used) that the Facility or an independent contractor incurs directly or indirectly if either refers my overdue bill for collection;
 - F. a service charge of \$20.00 for any check or other instrument that is presented for payment but returns unpaid to the Facility or independent contractor;

* Auth (Verified) *

- G. If I am the Responsible Party, I hereby consent to credit bureau inquiries for Intermountain Healthcare's or the independent contractor's business needs, and to receiving auto-dialed and/or artificial or pre-recorded collection or health care-related message calls to my cellular phone number and any other telephone numbers provided during any interaction, agreement or communication with the Facility, the independent contractor, the Intermountain Healthcare system and/or their affiliates, agents and contractors, including any account management companies and/or debt collectors.

I agree that if I am currently receiving care at a rehabilitation facility, skilled nursing facility, home health service or any other type of facility that may utilize the consolidated billing processes of Medicare, and I fail to disclose to the Facility my treatment at any of those facilities, it will be my responsibility to pay for any services at this Facility if Medicare or those facilities refuse to pay for the services I received at this Facility.

I understand that if I am a temporary caregiver for the patient (such as a nanny, youth leader, foster parent or some law enforcement agencies), I may not be financially responsible for the patient's care. I agree that if I am legally responsible to pay for the patient's care I will be required to do so. I recognize that this statement about temporary caregivers is not an opinion by the Facility whether I am or am not a temporary caregiver or whether I am responsible to pay for the patient's care.

10. **Patient's Certification for Government Health Care Programs.** I certify as correct the information I submit to apply for Medicare, Medicaid, Campus, Tricare, or any other government program in order to obtain payment. I authorize any holder of medical or other information about me to release that to the Tricare administrator, Social Security Administration or its intermediaries, to other carriers or program administrators, or to the State or any other payer, any information needed to substantiate and process a claim for payment of health care or related services. By signing below, I request these payers to make authorized payments for all of these services directly to the Facility on my behalf.

11. **Facility Rooms and Areas.** I agree that the Facility has the right to do the following:

- A. control access to Facility rooms--including the room I am in--and other Facility areas;
- B. search Facility rooms-- including the one I am in--and to confiscate any illegal or unauthorized drugs, weapons, or other harmful substances or materials that may be found;
- C. for security, patient care, quality improvement, peer review, and other Facility needs, take photographs, videotape, and conduct electronic and other surveillance in all areas of the Facility, including but not limited to the room I am in;
- D. report to the police any crime committed in the Facility or on its property.

12. **Visitation Discharge.** I understand I may choose my visitors. I agree that if the Facility, in its judgment, determines that my visitors, including family members and significant others, are disruptive to my care or to others, their visiting may be restricted or cancelled. Also, when my physician discharges me, I agree to leave.

13. **Use of My Health Information.** My health information, including my health history, medication, and prescription information, may be available electronically or physically from current or past healthcare providers. I agree that my health information may be accessed by my healthcare providers and anyone in the Facility needing my health information for treatment, payment or healthcare operations without any further requests or approvals by me.

14. **Tissue and Specimen Use and Disposal.** I consent to the diagnostic study and/or disposal by the Facility of any blood, urine or other body fluids, stool specimens or tissues which are obtained in accordance with routine medical practice and any applicable governmental regulation. I further consent to the examination, study and retention of such specimens, and the use of the findings for medical, scientific or educational purposes provided that the confidentiality of my identity is maintained. Further, I expect no compensation or other remuneration relating to the use of the findings of investigative studies.

15. **Financial Assistance.** I acknowledge being informed that I may be eligible to apply for assistance pursuant to the Facility's Financial Assistance Policy.

16. **Changes to this Consent.** I understand that if I make changes or deletions to this consent document, they are not valid unless they are co-signed by an individual authorized by Intermountain.

By signing below, I admit and agree to the following:

- A. that I sign this agreement for myself or for the patient for whom I am the authorized agent or legal representative;
- B. that I have read this agreement;
- C. that I have had the opportunity to ask any questions, and that all of my questions have been answered to my satisfaction;
- D. that I understand what I am agreeing to by signing below;
- E. that I am entitled to request and obtain a copy of this agreement; and
- F. that if I am an obstetrical patient admitted for delivery--or spouse of that patient--my signature below extends my consent and agreement to the terms and conditions of this agreement for my infant(s).
- G. if I am signing this agreement at a location other than a hospital, this agreement will remain in effect at all Intermountain non-hospital facilities unless revoked in writing.

I hereby acknowledge that I have been informed of my patient rights and responsibilities. Initials: 

12/28/2019

Patient or Patient's Authorized Representative Signature

Date

Print Name: Boone

Relationship to Patient: Self

Witness: maodell

Interpreters Name: (please print)

Date/ Time: 12/28/2019 19:31

Patient Name: Last, First, Mi CABAL, BOONE	Date of Birth (MO/DAY/YR) 2/28/1979	Medical Record # 571879889	Account # 1227635533
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Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Pulmonology/Sleep Study

Document Type:

Sleep Study Interpretation

Service Date/Time:

1/6/2020 08:46 MST

Result Status:

Modified

Document Subject:

Titration study—final report

Sign Information:

IQBAL,MD,SULEMAN (1/6/2020 08:48 MST); IQBAL,MD,
SULEMAN (1/6/2020 08:46 MST)

Addendum by IQBAL, MD, SULEMAN on January 06, 2020 08:48 MST

CPAP was titrated from 5-7 cm of water and NOT to 17 cm of water

Electronically Signed on 01/06/20 08:48 AM

IQBAL, MD, SULEMAN

SLEEP STUDY REPORT:

Titration Night (PAP

treatment) from 12/28/2019 [95811]

NAME: **Cabal, Boone**

DOB: 2/28/1979

INTERPRETATION SECTION

Relevant History includes: Recent diagnosis of obstructive sleep apnea; titration of CPAP BMI: 29.8

Pertinent Findings:

Total Sleep Time	356.1 min
Total Rec. Time	411.9 min
Sleep Efficiency	86.5%
Supine Sleep	206.9 min
REM Sleep	28.0 min

AHI*	4.0
Supine AHI	5.2
REM AHI	6.4

Obs. Apneas	1
Hypopneas	18
Mixed Apneas	0
Central Apneas	5
% Central Apn.	20.83

Low O2	88%
Awake O2	97%
O2 £88%	0.1 min
O2 <80%	0.0 min
O2<70%	0.0 min

*Patients with Medicare have their Apnea Hypopnea Index (AHI) scored using Medicare mandatory scoring criteria.

CPAP was initiated at 5 cm of water and titrated up to 17 cm of water. CPAP was successful in minimizing upon patient's sleep disordered breathing. Patient's oxygen levels showed significant improvements as compared to baseline.

Diagnosis: Obstructive Sleep Apnea G47.33

Please consider the following STANDARDIZED recommendations:

Caution is recommended with driving or other activities requiring alertness for safety due to the increased risk of accidents associated with sleep problems.

Treatment for sleep apnea is recommended in light of its association with increased risk for cardiovascular disease, hypertension, diabetes, stroke, atrial fibrillation, accidents, reduced quality of life, and other health problems. Options often include positive airway pressure (PAP), dental devices, surgery, Provent, Inspire, and

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1227635533

Admit Date: 12/28/2019

Discharge Date: 1/2/2020

Pulmonology/Sleep Study

weight management. Regardless of the treatment approach for obstructive sleep apnea it is usually beneficial to maximize nasal airway patency, and avoid sedatives/alcohol close to bedtime. Also, optimize cardiopulmonary conditions as this can help improve sleep related breathing.

Please consider the following SPECIFIC recommendations:

Given these results, patient will be offered an APAP machine set from 5-10 cm of water. Once patient has been on APAP for approximately one month, I would like to see him back for A machine download. Based on this download, I would then make any necessary adjustments to his machine.

Suleman Iqbal, MD

Board Certified, Sleep Medicine
McKay Dee Hospital Sleep Medicine Center
1/6/2020

DETAILED DATA SECTION:

Dear provider, this detailed section is included for American Academy of Sleep Medicine Accreditation purposes and for those clinicians who like to review additional data.

Procedure

Polysomnography was conducted on the night of 12/28/2019. The following parameters were monitored: frontal, central and occipital EEG, electrooculogram (EOG), submental EMG, nasal and oral airflow, anterior tibialis EMG, body position and electrocardiogram. Additionally, thoracic and abdominal movements were recorded by inductance plethysmography. Oxygen saturation (SpO₂) was monitored using a pulse oximeter. The tracing was scored using 30 second epochs. Patients with Medicare have their Apnea Hypopnea Index (AHI) scored using Medicare mandatory scoring criteria. All others are scored by AASM criteria (Rule 1A).

Sleep Data

LIGHTS OFF (LO) : 11:08:00 PM

LIGHTS ON (LON) : 5:59:54 AM

LATENCIES	From Lights Off	DURATIONS		Sleep Stage:	Duration (min)	TST (%)
Sleep Onset	34.3 min	Time in Bed:	411.9 min	WK (TIB) :	55.8	---
N1 :	34.3 min	Total Sleep Time:	356.1 min	REM:	28.0	7.9
N2 :	53.8 min	Sleep Efficiency:	86.5%	N1 :	79.1	22.2
N3 :	65.8 min	WASO:	21.5 min	N2 :	181.0	50.8
REM :	127.8 min			N3 :	68.0	19.1

Respiratory Data

	CA	OA	MA	Apnea	Hypop*	A+H	RERA	Total
Number:	5	1	0	6	18	24	0	24
Index (#/h TST) :	0.8	0.2	0.0	1.0	3.0	4.0	0.0	4.0

*Above Index Values Based on Total Sleep Time n Hypopneas scored based on 4% or greater desaturation

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1227635533

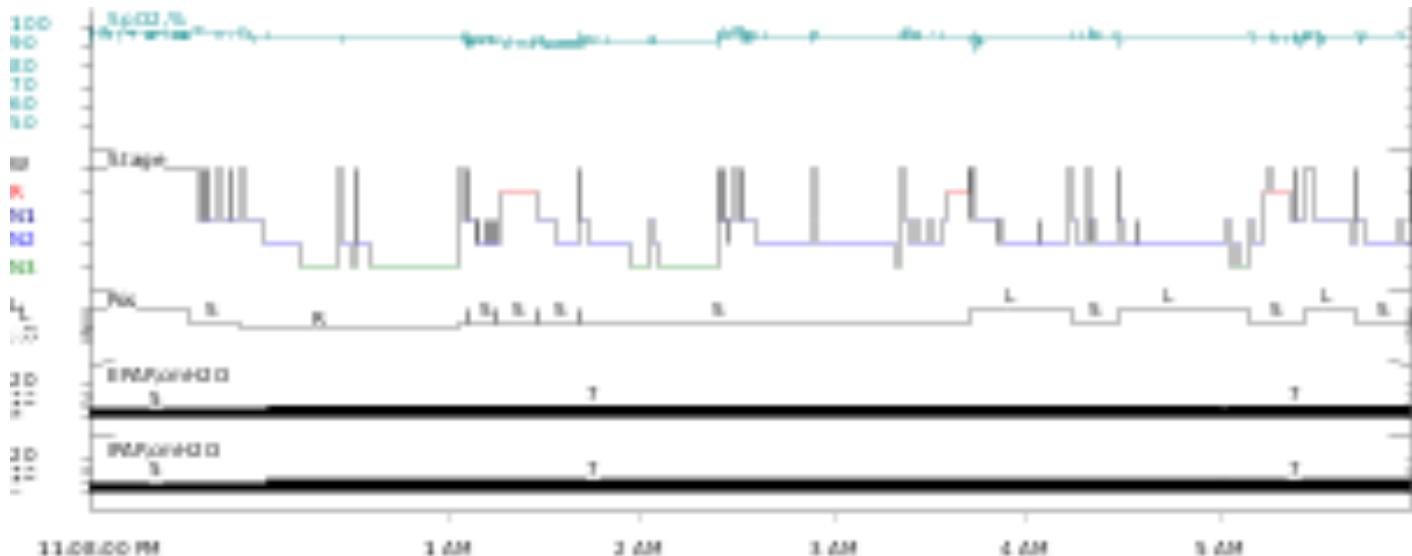
Admit Date: 12/28/2019

Discharge Date: 1/2/2020

Pulmonology/Sleep Study

Oximetry Summary

Average SpO₂ (TST): 94.50% # Desaturations: 24
Desaturation Index: 4.0 /hr



Leg Movements Summary

	Count	Index (#/h)
Total Leg Movements:	106	17.9
PLMS:	106	17.9
PLMS Arousals:	5	0.8

In patients with a diagnosis of sleep apnea, restless leg syndrome, REM behavior disorder, or narcolepsy, periodic leg movements are scored automatically and are not manually edited.

Arousal Summary

Total: 112
Arousal Index: 18.9

Cardiac Summary

Average Pulse Rate During Sleep (TST): 75.2 bpm
Highest Pulse Rate During Sleep (TST): 104 bpm
Highest Pulse Rate During Recording (TIB): 104 bpm

Cardiac and EEG Event Observations

Presence of Bradycardia, Tachycardia, Narrow Complex Tachycardia, Wide Complex Tachycardia, Asystole, Atrial Fibrillation or other significant Arrhythmias, or seizure activity and significant parasomnias, will be described in the interpretation section.

Pressure Distribution

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1227635533

Admit Date: 12/28/2019

Discharge Date: 1/2/2020

Pulmonology/Sleep Study

CPAP	AHI	<90% (min)	Sleep (min)	Sup (min)	REM (min)	Sup REM (min)	Sup REM AHI	CA Index	Hyp Index	Min SpO2%	<89% (min)
5	7.1		16.9	10.0	0.0			0.0	7.1	91	0.0
7	3.9	0.4	338.9	196.9	28.0	27.9	6.5	0.9	2.8	88	0.1

Electronically Signed on 01/06/20 08:46 AM

IQBAL, MD, SULEMAN

Document Type:

Sleep Study Technical Report

Service Date/Time:

1/2/2020 12:07 MST

Result Status:

Auth (Verified)

Document Subject:

Sleep Study CPAP 12/28/2019

Sign Information:

STEPHENSON,TIFFANY A (1/2/2020 12:08 MST)

Patient and Study Information

Patient Name:	Cabal, Boone	Medical Id#:	MK571879889
Test Date:	12/28/2019	Sex:	Male
Age:	40 yrs	Birth Date:	2/28/1979
HT:	70.0 in.	Referring Physician:	Iqbal, Suleman
WT:	208.0 lbs.	Scoring Technologist:	Tiffany Stephenson, RPSGT
BMI:	29.8	Collection Tech:	Kristi Reardon, RPSGT
Epworth Score:	14	Indications for Test:	fatigue, snoring, witnessed apnea, obstructive sleep apnea, ,
Study Type:	Sleep Study CPAP		

Procedure

Polysomnography was conducted on the night of 12/28/2019. The following were monitored: frontal, central and occipital EEG, electrooculogram (EOG), submental EMG, anterior tibialis EMG, and electrocardiogram. Airflow was monitored via thermistor and pressure transducer or via PAP device. Respiratory effort was monitored via RIP belts. Arterial oxygen saturation was monitored with a pulse oximeter. The tracing was scored using 30 second epochs. Sleep latency was defined as lights out to the first epoch of any sleep (AASM).

EEG and Cardiac and Scoring Observations

EEG:	Alpha background: No Other: -----, -----,	Beta activity: No	Epileptiform: No ,
EKG:	Cardiac Events Sinus tachycardia during sleep: Bradycardia during sleep:	No No	Rate/Duration

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1227635533

Admit Date: 12/28/2019

Discharge Date: 1/2/2020

Pulmonology/Sleep Study

Asystole (pause of ≥3 sec):	No
Narrow complex tachycardia:	No
Wide complex tachycardia:	No
Atrial fibrillation:	No
Other:	

Respiratory: Hypopnea Criteria: ≥4% desaturation with a ≥30% reduction in Flow signal ≥10 sec.

Snore Level: Mild snore observed. Cheyne-Stokes breathing: No
Other:

Arousal: Scored via algorithm and edited by hand | Majority caused by respiratory events
Limb movements were automatically scored

PAP Device: used for titration with heated humidification.
Mask Type: P10 (L) **O2 Used:** No

Observations:

Technical Quality: **Date Scored:** 1/2/2020

Other masks tried: P10 (M), Eson2 (M), F20 (M),

Study Annotations

11:05:11 PM A. Eyes Closed
11:05:45 PM B. Eyes Open
11:06:26 PM E. Blinks
11:06:34 PM C. Eyes up and down
11:06:49 PM D. Eyes left and right
11:07:04 PM F. Teeth Grind
11:07:10 PM F. Snore
11:07:17 PM I. 2 Deep Breaths
11:07:32 PM J. Breath Hold
11:07:42 PM H. Right Leg
11:07:49 PM G. Left Leg
11:08:00 PM lights out
11:08:03 PM cpap 5, initiate titration
12:03:11 AM cpap 7, airflow reduction
2:03:58 AM will fix head lead when he wakes
2:30:24 AM switched nasal cushion for a large instead of the med, fixed head lead
5:59:58 AM lights on

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Pulmonology/Sleep Study

Collection Observations

Mild events, mild snore, frequent arousals, frequent leg movements. Patient slept on both sides and supine. Achieved REM multiple times with increased movements. Had some issues with leak, tolerated well. mild

Therapy Study

Sleep Architecture

Time at Lights Off:	11:08:00 PM
Time at Lights On:	5:59:54 AM
Total Recording Time (TRT):	411.9 min.
Total Sleep Time (TST):	356.1 min.
Sleep Period Time (SPT):	377.6 min.
Sleep Efficiency:	86.5 %
Sleep Onset:	11:42:18 PM
Sleep Onset Latency:	34.3 min.
Number of Stage 1 Shifts:	44
Number of Stage Shifts:	115
Number of Awakenings:	26
Number of REM Periods:	4
R Latency (from Lights Off):	127.8
R Latency (from Sleep Onset):	93.5 min

Sleep Staging	Duration	% Total Sleep Time	Latencies (from lights out)	Min
Wake*	21.5 min.			
N 1	79.1 min.	22.2	N 1	34.3
N 2	181.0 min.	50.8	N 2	53.8
N 3	68.0 min.	19.1	N 3	65.8
R	28.0 min.	7.9	R	127.8

* Wake during SPT (wake between first and last epoch of sleep)

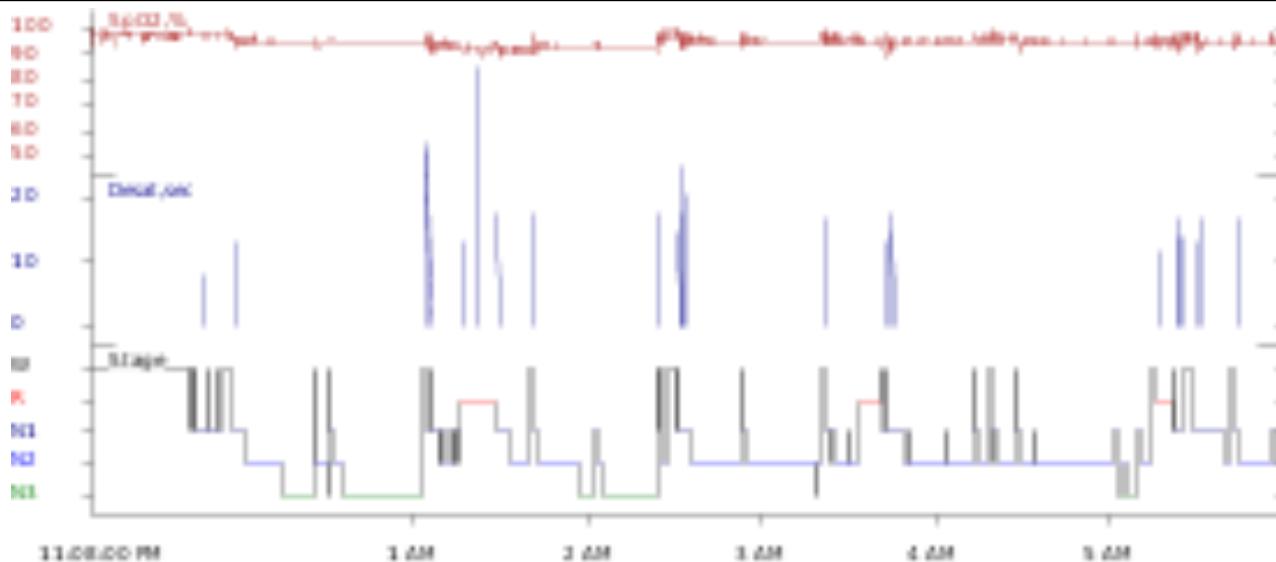
Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1227635533

Admit Date: 12/28/2019

Discharge Date: 1/2/2020

Pulmonology/Sleep Study**Oximetry Trend**

Therapy Study

Respiratory Event and Oxygen Saturation Tables**Apnea Events**

PARAMETER	CENTRAL	OBSTRUCTIVE	MIXED	TOTAL
Number	5	1	0	6
Index	0.8	0.2	0.0	1.0
Mean Duration	14.0	15.0	0.0	14.2
Longest Duration	17.5	15.0	0.0	17.5
Occur in REM	0	0	0	0
REM Index	0.0	0.0	0.0	0.0
NREM Index	0.9	0.2	0.0	1.1

Hypopnea Events

PARAMETER	TOTAL
Number	18
Index	3.0
Mean Duration	16.5
Longest Duration	34.0
Occur in REM	3
REM Index	6.4
NREM Index	2.7

AHI	4.0
Min SpO2	88
Supine AHI	5.2
REM AHI	6.4

Respiratory Events and Body Position

PARAMETER	INDEX	TOTAL
A + H	4.0	24

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1227635533

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Pulmonology/Sleep Study

CA + CH	1.35	8.00
RERAs	0.0	0
Supine Events (A + H +RERA's)	5.2	18
Non-Supine Events (A + H + RERAs)	2.41	6.00

Oxygen Saturation

PARAMETER	WAKE	NREM	REM	TOTAL RECORD
Mean SaO2%	97	95	94	95
Min SaO2%				88
Duration of SaO2 In Range:				
<70 % (min)	0.0	0.0	0.0	0.0
<80 % (min)	0.0	0.0	0.0	0.0
<89% (min)	0.0	0.1	0.0	0.1
<90 % (min)	0.0	0.3	0.1	0.4
<95 % (min)	4.4	112.1	15.8	132.3

Therapy Study Therapy Study

Arousal, Limb Movements and Body Position Tables**Spontaneous Arousal**

PARAMETER	INDEX	TOTAL
Total Events	12.8	76
NREM	11.9	65
REM	15.0	7

Respiratory Events with Arousal

PARAMETER	INDEX	TOTAL
Total Events	1.0	6
NREM	1.1	6
REM	0.0	0

Snores with Arousal

PARAMETER	INDEX	TOTAL
Total Events	0.5	3
NREM	0.5	3
REM	0.0	0

Bruxism Arousal

INDEX	TOTAL
0.00	0
0.00	0
0.00	0

PLM Events With Arousal

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1227635533

Admit Date: 12/28/2019

Discharge Date: 1/2/2020

Pulmonology/Sleep Study

PARAMETER	INDEX	TOTAL
Total Events w/Arousal	0.8	5
Total Events w/o Arousal	17.9	106

Limb Movement Data (Primary legs unless otherwise noted)

STAGES	LM-AROUSAL INDEX	ALL-LM INDEX	LM-AROUSAL TOTAL	ALL-LM TOTAL
Total Sleep	0.8	17.9	5	106
NREM	0.7		4	
REM	2.1		1	

Body Positions

Position	Total Dur (minutes)	% Sleep	Sleep (minutes)	AHI	RDI
L	88.6	93.9	83.2	3.6	3.6
P					
S	220.1	94.0	206.9	5.2	5.2
R	68.9	95.8	66.0	0.9	0.9
Up					
Non-supine			149.20	2.41	

Supine Events	AHI	RDI
REM	6.5	6.5
NREM	5.0	5.0

Therapy Study**Pressure Distribution Tables**

(11:08:00 PM - 5:59:54 AM)

CPAP	AHI	<90% (min)	Sleep (min)	Sup (min)	REM (min)	Sup REM (min)	Sup REM AHI	CA Index	Hyp Index	Avg. SpO2%	<89% (min)
5	7.1		16.9	10.0	0.0			0.0	7.1	97	0.0
7	3.9	0.4	338.9	196.9	28.0	27.9	6.5	0.9	2.8	95	0.1

Hypnogram and Event Trends

Patient Name: CABAL, BOONE

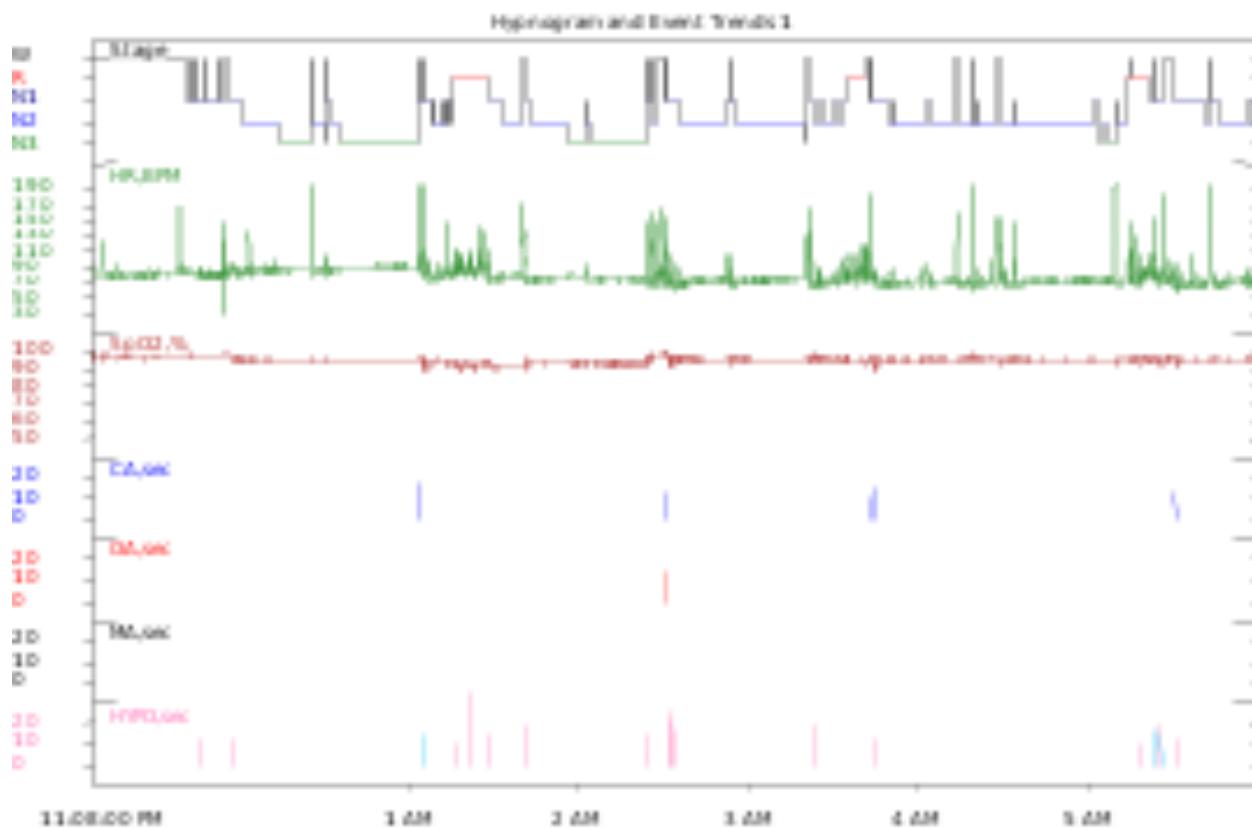
MRN: 571879889

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Admit Date: 12/28/2019

Discharge Date: 1/2/2020

Pulmonology/Sleep Study



Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Pulmonology/Sleep Study

Your doctor has ordered this post-hospital service(s) _____ when you leave the hospital.

Your doctor may have recommended a certain provider. You may want to consider this information when making your choice. In addition, your insurance company may have contracts with "preferred providers" and we can help you identify them.

We want you to know that you have the right to choose your provider.

Here is a list of all the providers in your area that provide the service your doctor has ordered.

We are required to inform you if any of the providers on the list are Intermountain owned. In addition, we will inform you of any providers participating in Intermountain's Quality Improvement Initiative. Intermountain certainly can speak to the quality and services of its own hospitals and providers.

We ask that you choose at least one provider. This website www.medicare.gov provides publicly available quality information about post-hospital services. If you choose more than one, please specify your 1st, 2nd and 3rd choices. We will coordinate with these providers to determine if they can provide the services you need in order of your choice. If they can't we will need to ask you to choose another provider before being discharged from the hospital.

Once you have made your choice, we can also help you identify whether the provider is covered under your insurance plan. It is your responsibility to contact your insurer to verify coverage along with costs to you (if any) for the provider of your choice.

Please spend some time reviewing the list and then let us know when you have made your choice. Thank you.

By signing below, you do the following:

1. Acknowledge that your selection of a post-hospital provider is freely made;
2. Authorize the release of information to post-hospital providers necessary to support your need for continued care;
3. Release Intermountain Healthcare from any legal liability that may arise from the release of such information (alcohol and drug records are protected by federal regulation 42 CFR, Part 2); and,
4. Certify that you have been provided a choice to return to a current post-hospital provider for continued service or to choose a new provider, and that you have selected the provider(s) listed below.

Type of Post-Hospital Service	Your Choices		
<i>CAB</i>	1. <input checked="" type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>

Patient or Authorized Representative Signature: *[Signature]* Date 12-28-19 Time 19:31

If Authorized Representative has signed, note relationship to patient: _____

Hospital Representative Signature: *[Signature]* Date 12-28-19 Time 19:31

Interpreter's Name (if applicable): _____ Date _____ Time _____

PATIENT CHOICE FORM

IHCNS076 12/2014 ©HC Health Services, Inc. (2011)



PtChoice50118

CABAL, BOONE
DOB: 02/28/1979 Male / 40 Years
DOS: 12/28/2019 19:30
Attn: IQBAL, MD, SULEMAN
MRN: 571879889
FIN: 1227635533



Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Pulmonology/Sleep Study



Sleep Morning Questionnaire

Please use dark ink.

Patient Name: Boone Cabal Date: 12/28/19

How long do you feel it took you to fall asleep last night after the lights were turned off?

_____ Hours _____ Minutes

How does this compare with the length of time it usually takes you to fall asleep?

- | | | |
|---|--|--|
| <input type="checkbox"/> Much longer than usual | <input type="checkbox"/> Same as usual | <input type="checkbox"/> Shorter than usual |
| <input type="checkbox"/> Longer than usual | | <input type="checkbox"/> Much shorter than usual |

How long do you feel you slept last night? _____ Hours _____ Minutes

How does this compare with the length of time you usually sleep?

- | | | |
|---|--|--|
| <input type="checkbox"/> Much longer than usual | <input type="checkbox"/> Same as usual | <input type="checkbox"/> Shorter than usual |
| <input type="checkbox"/> Longer than usual | | <input type="checkbox"/> Much shorter than usual |

How many times do you remember waking up last night? _____

How do you feel now?

- | | | |
|---|---|---|
| <input type="checkbox"/> Alert and wide awake | <input type="checkbox"/> Awake but not rested | <input type="checkbox"/> Awake and rested |
|---|---|---|

Do you have any physical complaints this morning? _____

What awakened you this morning?

- | | | |
|-------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Noise | <input type="checkbox"/> Discomfort | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Technician | <input type="checkbox"/> Spontaneous | |

In general, how would you say your sleep last night compared with your usual sleep?

- | | | |
|---|--|--|
| <input type="checkbox"/> Much better than usual | <input type="checkbox"/> Same as usual | <input type="checkbox"/> Worse than usual |
| <input type="checkbox"/> Better than usual | | <input type="checkbox"/> Much worse than usual |

A M Q 1 - 2

MK McKay-Dee MRN: 571879889	CABAL, BOONE DOB: 02/28/1979 Male / 40 Years DOS: 12/28/2019 19:30 Att: IOBAL, MD, SULEMAN FIN: 1227635533
-----------------------------------	--

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Pulmonology/Sleep Study



Please fill out this page only if you spent last night in the Sleep Disorders Center.

If you used PAP therapy last night:

What would help you continue CPAP treatment at home? _____

Did the technician address any worries or concerns that you had? Yes No

If not please explain: _____

Were you told how and when you would receive your test results? Yes No

You may not have slept well last night. Sleepy Drivers are at greater risk of having car accidents. **Are you too sleepy to drive home safely now?**

NO; I'm fine to drive Someone else is driving me home YES; I am too sleepy

Technologist Signature

*Dear patient, thank you for letting us take care of you.
Please hand this to a technologist before you leave the lab.*

A M Q 2 - 2

CABAL, BOONE
DOB: 02/28/1979 Male / 40 Years
DOS: 12/28/2019 19:30
Attn: IQBAL, MD, SULEMAN
FIN: 1227635533


Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Pulmonology/Sleep Study



Sleep Bedtime Questionnaire

Please use dark ink.

Patient Name: Boone Cabal Date: 12/28/19

Has today been an unusual day in any respect? Yes No

If yes, please describe:

.....
.....

How much sleep did you have last night? 6 hours

What is your normal bedtime? 11pm What is your normal wake up time? 5

Is this amount of sleep adequate for you? Yes No

Did you take a nap today? Yes No

If yes, at what time? _____ How long did you nap? _____

List any medications including vitamins and aspirin and any caffeinated or alcoholic beverages you have consumed today. If you recently filled out the 3 page Sleep Disorders Questionnaire only list medication differences. Med Expt

.....
.....

List any physical complaints you have now:

.....
.....

Add any additional comments or information:

.....
.....

Ht: 5'10" Wt: 208*

P M Q 1 - 1

MRK McKay-Dee MRN: 571879889	CABAL, BOONE
	DOB: 02/28/1979 Male / 40 Years DOS: 12/28/2019 19:30 Attn: IOBAL, MD, SULEMAN FIN: 1227635533



Patient Name: **CABAL, BOONE**

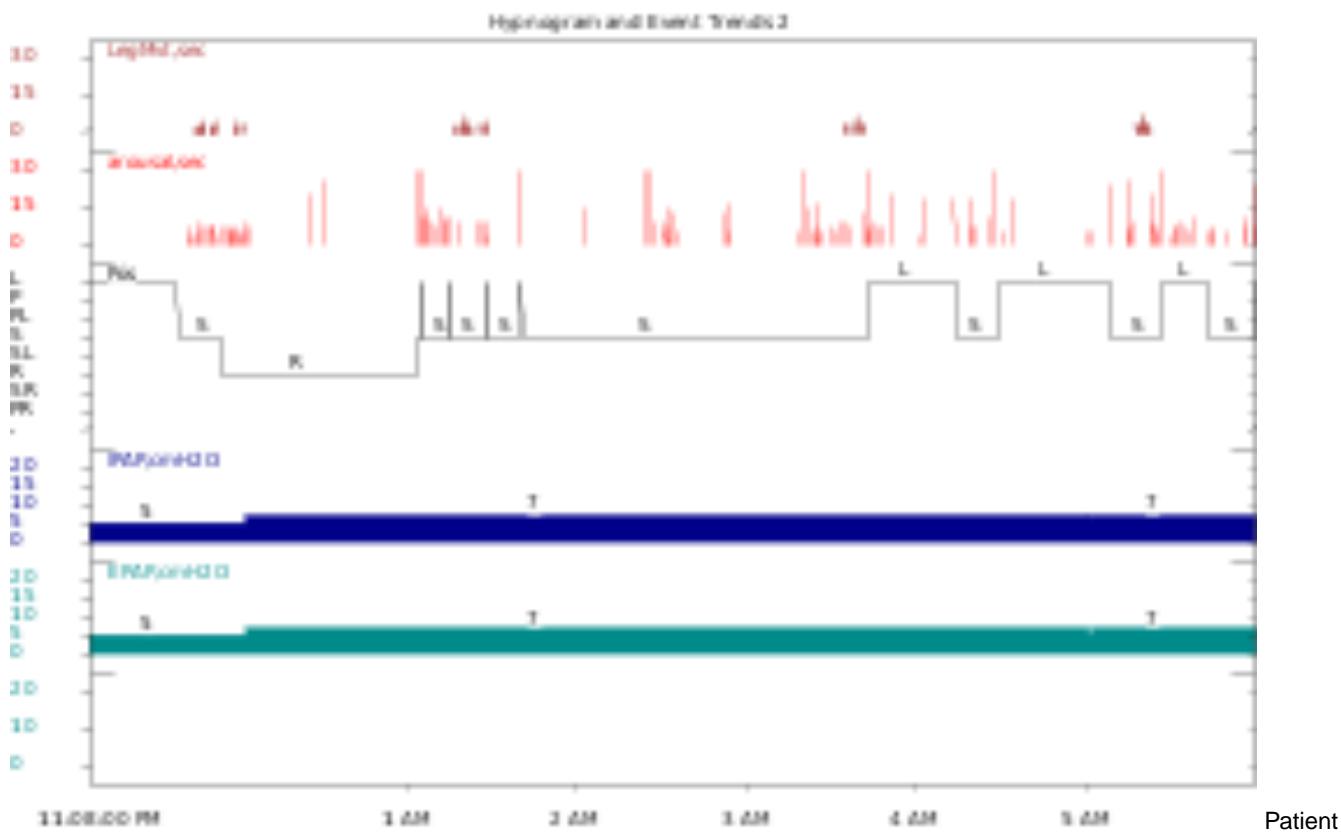
MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Pulmonology/Sleep Study



Electronically Signed on 01/02/20 12:08 PM

STEPHENSON, TIFFANY A

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Allergy List

Substance: **No Known Allergies**

Recorded Date/Time

9/21/2019 09:44 MDT

Allergy Type: Allergy; **Category** Drug; **Reaction Status:** Active; **Information Source:** ;
Reviewed Date/Time: 10/15/2024 05:21 MDT; **Reviewed By:** BLEAK,RN,CARMELA

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Past Medical History

Problem Name: **Attempted suicide**

Status: **Resolved**

Age at Onset: 36 years; **Onset Date:** 9/20/2015; **Age at Resolved:** ; **Resolved Date:** ;
Responsible Provider: BIRCH,DO,RICHARD G.

C: 9/20/2015 19:13 MDT; DomainUser, Generated; --Problem Type: Diagnosis

--Entered Date: 2015/09/20.12:59

--HELP2 Comment: Documented as a result of an ED Visit

Problem Name: **Chest pain**

Status: **Resolved**

Age at Onset: ; **Onset Date:** ; **Age at Resolved:** ; **Resolved Date:** ; **Responsible Provider:**
SOUTHWICK,MD,JED C.

Problem Name: **Constipation**

Status: **Resolved**

Age at Onset: 36 years; **Onset Date:** 8/1/2015; **Age at Resolved:** ; **Resolved Date:** ;
Responsible Provider: MOONEY,MD,TODD S.

C: 8/14/2015 20:11 MDT; DomainUser, Generated; --Problem Type: Finding

--Entered Date: 2015/08/01.13:17

--HELP2 Comment: Documented as a result of an ED Visit

Problem Name: **Surgical history**

Status: **Resolved**

Age at Onset: ; **Onset Date:** ; **Age at Resolved:** ; **Resolved Date:** ; **Responsible Provider:**
MOONEY,MD,TODD S.

C: 8/14/2015 21:10 MDT; DomainUser, Generated; --Problem Type: History Of

--Entered Date: 2015/08/01.00:00

Problem Name: **Suspected disease caused by 2019-nCoV**

Status: **Resolved**

Age at Onset: 43 years; **Onset Date:** 5/4/2022; **Age at Resolved:** 43 years; **Resolved Date:**
5/4/2022; **Responsible Provider:**

C: 5/4/2022 05:14 MDT; CERNER SYSTEM, NON-PERSON SYSTEM, SYSTEM Cerner Cerner; Test result returned

C: 5/4/2022 03:06 MDT; CERNER SYSTEM, NON-PERSON SYSTEM, SYSTEM Cerner Cerner; This problem was added by Discern Expert based on lab order

Problem Name: **Unspecified depressive disorder**

Status: **Resolved**

Age at Onset: ; **Onset Date:** ; **Age at Resolved:** ; **Resolved Date:** ; **Responsible Provider:**
MCPPERSON,MD,OLIVER LAMONT

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Social History

Alcohol

Detail: Use: Never used. (Last Update: 9/21/2019 09:41 MDT by LOESCH,RN,BENJAMIN F)

Detail: Use: Past use. (Last Update: 3/27/2022 12:51 MDT by MCPHERSON,MD,OLIVER LAMONT)

Employment/School

Detail: Status: Employed. Place of occupation/business: Focus call center. Activity level: Desk/Office. Highest education level: High school. Operates hazardous equipment: No. (Last Update: 9/21/2019 13:02 MDT by KINDRED,LCSW,LESLIE A.)

Home/Environment

Detail: Lives with: Lantern house. (Last Update: 3/27/2022 12:51 MDT by MCPHERSON,MD,OLIVER LAMONT)

Sexual, Gender Identity and Orientation

Detail: Do you think of yourself as: Straight or heterosexual. What is your current gender identity? Identifies as male. (Last Update: 9/21/2019 12:06 MDT by KINDRED,LCSW,LESLIE A.)

Substance Use

Detail: Use, other than prescribed: Current use. Type: Marijuana. Date last used: Marijuana use a few weeks ago. Past stimulant misuse. Denies past meth, cocaine, crack use. (Last Update: 3/27/2022 12:51 MDT by MCPHERSON,MD,OLIVER LAMONT)

Tobacco

Detail: Use: Former smoker. (Last Update: 9/14/2021 11:01 MDT by MURPHY,RN,ROSILEE)

Detail: Use: Current some day smoker. Type: Cigarettes. (Last Update: 12/6/2021 16:23 MST by RASMUSSEN,RN,HOLLY NICOLE)

Detail: Use: Current every day smoker. (Last Update: 12/6/2021 16:59 MST by MCPHERSON,MD,O.LAMONT)

Detail: Use: Former smoker. (Last Update: 2/21/2024 07:54 MST by TIJERINA,MARIE L)

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Immunizations

Vaccine: SARS-CoV-2 (COVID-19) mRNA-1273 vaccine	Date Given: 6/9/2021 00:00 MDT		
Site: Right Deltoid	Route: IntraMuscular	Amount: 0.5mL	Manufacturer: Moderna US, Inc.
Expiration Date:		Lot Number: 026C21A	

New immunization record

Vaccine: SARS-CoV-2 (COVID-19) mRNA-1273 vaccine	Date Given: 5/13/2021 00:00 MDT		
Site: Right Deltoid	Route: IntraMuscular	Amount: 0.5mL	Manufacturer: Moderna US, Inc.
Expiration Date:		Lot Number: 007C21A	

New immunization record

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Medication Reconciliation

No Reconciliation History

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Orders

Laboratory

Order: **SARS-CoV-2 COVID-19 like Illness Screening (order request)**

Plan Name: SURG Coronavirus Covid-19 Pre-Surgical Screening Standing Order

Order Date/Time: 11/15/2021 09:50 MST

Order Status: Canceled Department Status: Canceled Activity Type: General Lab

End-state Date/Time: 11/15/2021 09:50 MST End-state Reason:

Ordering Physician: CERNER SYSTEM,NON-PERSON Consulting Physician:
SYSTEM,SYSTEM Cerner Cerner

Entered By: WOOLF,RN,JENNA LEE on 11/15/2021 09:50 MST

Order Details: Saliva, Routine collect, 11/15/21 9:50:00 AM MST, Once, Nurse collect, Encounter for screening for other viral diseases, Order for future visit, 11/15/21 9:50:00 MST, SURG Coronavirus Covid-19 Pre-Surgical Screening Standing Order

Action Type: Order Action Date/Time: 11/15/2021 09:50 MST Electronically Signed By: WOOLF,RN,
JENNA LEE

Responsible Provider: WILSON,MD,MATT Communication Type: Standing Orders/Protocol (Routes to
LIP)

Review Information:

Doctor Cosign: Electronically Signed, WILSON,MD,MATT on 11/15/2021 12:40 MST

Action Type: Cancel Action Date/Time: 11/15/2021 09:50 MST Electronically Signed By: CERNER
SYSTEM,NON-PERSON SYSTEM,
SYSTEM Cerner Cerner

Responsible Provider: CERNER SYSTEM,NON-PERSON Communication Type: Discern Expert
SYSTEM,SYSTEM Cerner Cerner

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on
12/5/2021 22:10 MST

Doctor Cosign: Not Required

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Orders

Laboratory

Order: **SARS-CoV-2 by PCR (TF)**

Order Date/Time: 10/20/2021 16:24 MDT

Order Status: Canceled Department Status: Canceled Activity Type: General Lab

End-state Date/Time: 10/20/2021 16:24 MDT

End-state Reason:

Ordering Physician: WILSON,MD,MATTHEW S.

Consulting Physician:

Entered By: CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 10/20/2021 16:24 MDT

Order Details: Saliva, Routine collect, 10/20/21 4:24:00 PM MDT, Once, Nurse collect, Encounter for screening for other viral diseases, Order for future visit, 10/20/21 16:24:00 MDT, SURG Coronavirus Covid-19 Pre-Surgical Screening Standing Order

Action Type: Order

Action Date/Time: 10/20/2021 16:24
MDT

Electronically Signed By: CERNER
SYSTEM,NON-PERSON SYSTEM,
SYSTEM Cerner Cerner

Responsible Provider: WILSON,MD,MATTHEW S.

Communication Type: Discern Expert

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 11/9/2021 22:06 MST

Doctor Cosign: Not Required

Action Type: Status Change

Action Date/Time: 1/19/2022 23:03 MST

Electronically Signed By: CERNER
SYSTEM,NON-PERSON SYSTEM,
SYSTEM Cerner Cerner

Responsible Provider: WILSON,MD,MATTHEW S.

Communication Type:

Review Information:

Doctor Cosign: Not Required

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1227635533

Admit Date: 12/28/2019

Discharge Date: 1/2/2020

Orders

Laboratory

Order: SARS-CoV-2 COVID-19 like Illness Screening (order request)

Plan Name: SURG Coronavirus Covid-19 Pre-Surgical Screening Standing Order

Order Date/Time: 10/20/2021 16:23 MDT

Order Status: Canceled Department Status: Canceled Activity Type: General Lab

End-state Date/Time: 10/20/2021 16:24 MDT End-state Reason:

Ordering Physician: CERNER SYSTEM,NON-PERSON Consulting Physician:
SYSTEM,SYSTEM Cerner Cerner

Entered By: HINZE,RN,ROBYN LYN on 10/20/2021 16:23 MDT

Order Details: Saliva, Routine collect, 10/20/21 4:24:00 PM MDT, Once, Nurse collect, Encounter for screening for other viral diseases, Order for future visit, 10/20/21 16:24:00 MDT, SURG Coronavirus Covid-19 Pre-Surgical Screening Standing Order

Action Type: Order Action Date/Time: 10/20/2021 16:24 Electronically Signed By: HINZE,RN,
MDT ROBYN LYN

Responsible Provider: WILSON,MD,MATTHEW S. Communication Type: Per Provider Order/Initiate Plan

Review Information:

Doctor Cosign: Not Required

Action Type: Cancel Action Date/Time: 10/20/2021 16:24 Electronically Signed By: CERNER
MDT SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner

Responsible Provider: CERNER SYSTEM,NON-PERSON Communication Type: Discern Expert
SYSTEM,SYSTEM Cerner Cerner

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on
11/9/2021 22:06 MST

Doctor Cosign: Not Required

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Orders

Laboratory

Order: **SARS-CoV-2 by PCR (TF)**

Order Date/Time: 9/14/2021 12:20 MDT

Order Status: Canceled Department Status: Canceled Activity Type: General Lab

End-state Date/Time: 9/14/2021 12:20 MDT

End-state Reason:

Ordering Physician: RICKS,MD,DANIEL J

Consulting Physician:

Entered By: CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 9/14/2021 12:20 MDT

Order Details: Saliva, RT collect, 9/14/21 12:20:42 PM MDT, Once, Nurse collect, Contact with and (suspected) exposure to other viral communicable diseases, Order for future visit, Nursing Instructions: QUALTRICS

Action Type: Order

Action Date/Time: 9/14/2021 12:20 MDT Electronically Signed By: CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner

Responsible Provider: RICKS,MD,DANIEL J

Communication Type: Discern Expert

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 10/4/2021 22:07 MDT

Doctor Cosign: Not Required

Action Type: Status Change

Action Date/Time: 12/14/2021 23:02 MST Electronically Signed By: CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner

Responsible Provider: RICKS,MD,DANIEL J

Communication Type:

Review Information:

Doctor Cosign: Not Required

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Orders

Laboratory

Order: **SARS-CoV-2 COVID-19 like Illness Screening (order request)**

Order Date/Time: 9/14/2021 12:20 MDT

Order Status: Canceled Department Status: Canceled Activity Type: General Lab

End-state Date/Time: 9/14/2021 12:20 MDT End-state Reason:

Ordering Physician: CERNER SYSTEM,NON-PERSON
SYSTEM,SYSTEM Cerner Cerner Consulting Physician:

Entered By: CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 9/14/2021 12:20 MDT

Order Details: Saliva, RT collect, 9/14/21 12:20:42 PM MDT, Once, Nurse collect, Contact with and (suspected) exposure to other viral communicable diseases, Order for future visit, Nursing Instructions: QUALTRICS

Action Type: Order	Action Date/Time: 9/14/2021 12:20 MDT	Electronically Signed By: CERNER SYSTEM,NON-PERSON SYSTEM, SYSTEM Cerner Cerner
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Responsible Provider: RICKS,MD,DANIEL J Communication Type: Discern Expert

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 10/4/2021 22:07 MDT

Doctor Cosign: Not Required

Action Type: Cancel	Action Date/Time: 9/14/2021 12:20 MDT	Electronically Signed By: CERNER SYSTEM,NON-PERSON SYSTEM, SYSTEM Cerner Cerner
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Responsible Provider: CERNER SYSTEM,NON-PERSON
SYSTEM,SYSTEM Cerner Cerner Communication Type: Discern Expert

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 10/4/2021 22:07 MDT

Doctor Cosign: Not Required

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Orders

Laboratory

Order: **SARS-CoV-2 COVID-19 like Illness Screening (order request)**

Plan Name: SURG Coronavirus Covid-19 Pre-Surgical Screening Standing Order

Order Date/Time: 9/14/2021 11:21 MDT

Order Status: Canceled Department Status: Canceled Activity Type: General Lab

End-state Date/Time: 9/14/2021 11:21 MDT End-state Reason:

Ordering Physician: CERNER SYSTEM,NON-PERSON Consulting Physician:

SYSTEM,SYSTEM Cerner Cerner

Entered By: WESTON,RN,JUDITH LEE on 9/14/2021 11:21 MDT

Order Details: Saliva, Routine collect, 9/14/21 11:21:00 AM MDT, Once, Nurse collect, Encounter for screening for other viral diseases, Order for future visit, 09/14/21 11:21:00 MDT, SURG Coronavirus Covid-19 Pre-Surgical Screening Standing Order

Action Type: Order Action Date/Time: 9/14/2021 11:21 MDT Electronically Signed By: WESTON,RN, JUDITH LEE

Responsible Provider: WILSON,MD,MATT Communication Type: Standing Orders/Protocol (Routes to LIP)

Review Information:

Doctor Cosign: Electronically Signed, WILSON,MD,MATT on 9/14/2021 11:28 MDT

Action Type: Cancel Action Date/Time: 9/14/2021 11:21 MDT Electronically Signed By: CERNER SYSTEM,NON-PERSON SYSTEM, SYSTEM Cerner Cerner

Responsible Provider: CERNER SYSTEM,NON-PERSON Communication Type: Discern Expert
SYSTEM,SYSTEM Cerner Cerner

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 10/4/2021 22:08 MDT

Doctor Cosign: Not Required

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Orders

Radiology

Order: **US Abdomen Limited**

Order Date/Time: 7/1/2021 09:43 MDT

Order Status: Canceled

Department Status: Canceled

Activity Type: Radiology

End-state Date/Time: 7/6/2021 07:00 MDT

End-state Reason:

Ordering Physician: PETERSON,MD,JONAS LEGRAND

Consulting Physician:

Entered By: GILES,ALICIA on 7/1/2021 09:43 MDT

Order Details: 7/6/21 7:00:00 AM MDT, Routine, Reason: Elevation of levels of liver transaminase levels, Reason: ELEVATED LFTS, Elevation of levels of liver transaminase levels, Written (Paper)/Fax

Action Type: Order

Action Date/Time: 7/1/2021 09:43 MDT

Electronically Signed By: GILES,ALICIA

Responsible Provider: PETERSON,MD,JONAS LEGRAND

Communication Type: Written (Paper)/Fax

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 7/21/2021 22:09 MDT

Doctor Cosign: Not Required

Action Type: Modify

Action Date/Time: 7/1/2021 09:43 MDT

Electronically Signed By: CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner

Responsible Provider: PETERSON,MD,JONAS LEGRAND

Communication Type: Discern Expert

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 7/21/2021 22:09 MDT

Doctor Cosign: Not Required

Action Type: Status Change

Action Date/Time: 8/5/2022 10:00 MDT

Electronically Signed By: CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner

Responsible Provider: PETERSON,MD,JONAS LEGRAND

Communication Type:

Review Information:

Doctor Cosign: Not Required

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Orders

Radiology

Order: **US Abdomen Limited**

Order Date/Time: 5/20/2021 10:26 MDT

Order Status: Canceled Department Status: Canceled Activity Type: Radiology

End-state Date/Time: 5/24/2021 07:30 MDT End-state Reason:

Ordering Physician: PETERSON,MD,JONAS LEGRAND Consulting Physician:

Entered By: GILES,ALICIA on 5/20/2021 10:26 MDT

Order Details: 5/24/21 7:30:00 AM MDT, Routine, Reason: ELEVATED LVER ENZYMES, Written (Paper)/Fax

Action Type: Order Action Date/Time: 5/20/2021 10:26 MDT Electronically Signed By: GILES,ALICIA

Responsible Provider: PETERSON,MD,JONAS L. Communication Type: Written (Paper)/Fax

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 6/9/2021 22:09 MDT

Doctor Cosign: Not Required

Action Type: Status Change Action Date/Time: 6/23/2022 10:00 MDT Electronically Signed By: CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner

Responsible Provider: PETERSON,MD,JONAS LEGRAND Communication Type:

Review Information:

Doctor Cosign: Not Required

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1227635533

Admit Date: 12/28/2019

Discharge Date: 1/2/2020

Orders

Radiology

Order: MRI Brain w/+ w/o Contrast

Order Date/Time: 2/5/2021 17:20 MST

Order Status: Canceled

Department Status: Canceled

Activity Type: Radiology

End-state Date/Time: 2/16/2021 16:30 MST

End-state Reason:

Ordering Physician: HEIDARIAN,MD,LAHDAN

Consulting Physician:

Entered By: HEIDARIAN,MD,LAHDAN on 2/5/2021 17:20 MST

Order Details: 2/16/21 4:30:00 PM MST, Routine, Reason: Memory difficulty; Memory loss, Reason: Memory concerns, No, No, Transport Mode: Ambulatory, Memory difficulty, Reportable, Order for future visit, North Region

Action Type: Order

Action Date/Time: 2/5/2021 16:59 MST

Electronically Signed By: AGUILAR,IRMA
OLIVIA

Responsible Provider: HEIDARIAN,MD,LAHDAN

Communication Type: Signature Required (Routes to LIP)

Review Information:

Doctor Cosign: Not Required

Action Type: Order

Action Date/Time: 2/5/2021 17:20 MST

Electronically Signed By: HEIDARIAN,
MD,LAHDAN

Responsible Provider: HEIDARIAN,MD,LAHDAN

Communication Type: Electronic

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 3/3/2021 22:10 MST

Doctor Cosign: Not Required

Action Type: Modify

Action Date/Time: 2/5/2021 17:20 MST

Electronically Signed By: CERNER
SYSTEM,NON-PERSON SYSTEM,
SYSTEM Cerner Cerner

Responsible Provider: HEIDARIAN,MD,LAHDAN

Communication Type: Discern Expert

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 3/3/2021 22:10 MST

Doctor Cosign: Not Required

Action Type: Modify

Action Date/Time: 2/11/2021 11:35 MST

Electronically Signed By: FLINT,
CRYSTAL

Responsible Provider: HEIDARIAN,MD,LAHDAN

Communication Type: Electronic

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 3/3/2021 22:10 MST

Doctor Cosign: Not Required

Action Type: Status Change

Action Date/Time: 3/18/2022 21:01 MDT

Electronically Signed By: CERNER
SYSTEM,NON-PERSON SYSTEM,
SYSTEM Cerner Cerner

Responsible Provider: HEIDARIAN,MD,LAHDAN

Communication Type:

Review Information:

Doctor Cosign: Not Required

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1227635533

Admit Date: 12/28/2019

Discharge Date: 1/2/2020

Orders

Respiratory Therapy

Order: Sleep Study Home Sleep Apnea Test

Order Date/Time: 4/30/2024 13:43 MDT

Order Status: Canceled Department Status: Canceled Activity Type: Sleep Study Adult

End-state Date/Time: 5/15/2024 14:54 MDT End-state Reason:

Ordering Physician: SCHEULLER,MD,MICHAEL C. Consulting Physician:

Entered By: UHREY,PA-C,RYAN M on 4/30/2024 13:43 MDT

Order Details: 5/16/24 2:30:00 PM MDT, Device(s) No Device, McKay Dee Hospital, Fatigue, Snoring, Witnessed apnea, Obstructive sleep apnea, OSA on CPAP | Nasal septal deviation | Uvular hypertrophy | Tonsillar hypertrophy, 5/15/24 2:54:48 PM MDT, 04/30/24 13:42:00 MDT, 0

Action Type: Order Action Date/Time: 4/30/2024 13:43 MDT Electronically Signed By: UHREY,PA-C, RYAN M

Responsible Provider: SCHEULLER,MD,MICHAEL C. Communication Type: Per Provider Order/Initiate Plan

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 6/4/2024 22:15 MDT

Doctor Cosign: Not Required

Action Type: Modify Action Date/Time: 4/30/2024 15:16 MDT Electronically Signed By: FIELD, CANDACE

Responsible Provider: SCHEULLER,MD,MICHAEL C. Communication Type: Per Provider Order/Initiate Plan

Review Information:

Doctor Cosign: Not Required

Action Type: Modify Action Date/Time: 5/1/2024 09:38 MDT Electronically Signed By: FIELD, CANDACE

Responsible Provider: SCHEULLER,MD,MICHAEL C. Communication Type: Per Provider Order/Initiate Plan

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 6/4/2024 22:15 MDT

Doctor Cosign: Not Required

Action Type: Modify Action Date/Time: 5/10/2024 09:08 MDT Electronically Signed By: FIELD, CANDACE

Responsible Provider: SCHEULLER,MD,MICHAEL C. Communication Type: Per Provider Order/Initiate Plan

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 6/4/2024 22:15 MDT

Doctor Cosign: Not Required

Action Type: Cancel Action Date/Time: 5/15/2024 14:54 MDT Electronically Signed By: GASTON,AMY

Responsible Provider: SCHEULLER,MD,MICHAEL C. Communication Type: Per Provider Order/Initiate Plan

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 6/4/2024 22:15 MDT

Doctor Cosign: Not Required

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Orders

Respiratory Therapy

Order: **Sleep Study CPAP**

Order Date/Time: 12/15/2019 14:40 MST

Order Status: Completed Department Status: Completed Activity Type: Sleep Study Adult

End-state Date/Time: 1/2/2020 12:08 MST End-state Reason:

Ordering Physician: IQBAL,MD,SULEMAN Consulting Physician:

Entered By: IQBAL,MD,SULEMAN on 12/15/2019 14:40 MST

Order Details: 12/28/19 7:30:00 PM MST, McKay Dee Hospital, Fatigue, 1/2/20 12:08:17 PM MST, 12/15/19 14:40:00 MST, 0

Action Type: Order Action Date/Time: 12/15/2019 14:40 MST Electronically Signed By: IQBAL,MD,
SULEMAN

Responsible Provider: IQBAL,MD,SULEMAN Communication Type: Electronic

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on
1/16/2020 22:07 MST

Doctor Cosign: Not Required

Action Type: Modify Action Date/Time: 12/16/2019 09:31 MST Electronically Signed By: WALL,
COURTNEY

Responsible Provider: IQBAL,MD,SULEMAN Communication Type: Electronic

Review Information:

Doctor Cosign: Not Required

Action Type: Modify Action Date/Time: 12/27/2019 10:59 MST Electronically Signed By: WALL,
COURTNEY

Responsible Provider: IQBAL,MD,SULEMAN Communication Type: Electronic

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on
1/16/2020 22:07 MST

Doctor Cosign: Not Required

Action Type: Activate Action Date/Time: 12/28/2019 19:35 MST Electronically Signed By: O'DELL,
MIKHAIL ALEX

Responsible Provider: IQBAL,MD,SULEMAN Communication Type: Electronic

Review Information:

Doctor Cosign: Not Required

Action Type: Complete Action Date/Time: 1/2/2020 12:08 MST Electronically Signed By:
STEPHENSON, TIFFANY A

Responsible Provider: IQBAL,MD,SULEMAN Communication Type:

Review Information:

Doctor Cosign: Not Required

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1227635533

Admit Date: 12/28/2019

Discharge Date: 1/2/2020

Orders

Surgery

Order: Uvulopalatopharyngoplasty

Order Date/Time: 11/16/2021 09:26 MST

Order Status: Canceled Department Status: Canceled Activity Type: Surgery

End-state Date/Time: 11/17/2021 10:58 MST End-state Reason:

Ordering Physician: Consulting Physician:

Entered By: MCKAY,STEPHANIE S on 11/16/2021 09:26 MST

Order Details: WILSON, MD, MATT, OP - Outpatient, 11/17/21 13:15:00 MST, Primary Procedure, UVULECTOMY, UVULECTOMY EXCISION UVULA (42140), 20, 0, 10, General, Future Order, ORD_SET_REQ_DT_RANGE, 11/17/21 10:58:53 AM MST

Action Type: Order Action Date/Time: 11/16/2021 09:26 MST Electronically Signed By: MCKAY, STEPHANIE S

Responsible Provider: Communication Type:

Review Information:

Doctor Cosign: Not Reviewed

Action Type: Cancel Action Date/Time: 11/17/2021 10:58 MST Electronically Signed By: MCKAY, STEPHANIE S

Responsible Provider: Communication Type:

Review Information:

Order: Uvulectomy

Order Date/Time: 11/15/2021 09:26 MST

Order Status: Canceled Department Status: Canceled Activity Type: Surgery

End-state Date/Time: 11/16/2021 09:26 MST End-state Reason:

Ordering Physician: Consulting Physician:

Entered By: HILLYARD,LINDSEY ANN on 11/15/2021 09:26 MST

Order Details: WILSON, MD, MATT, LG Main OR, OP - Outpatient, 11/17/21 11:40:00 MST, Primary Procedure, UVULECTOMY, Uvulectomy, UVULECTOMY EXCISION UVULA (42140), 20, 0, 10, General, Future Order, LG Main OR, ORD_SET_REQ_DT_RANGE, 11/16/21 9:26:46 AM MST, 09/24/21 11:39:00 MDT

Action Type: Order Action Date/Time: 11/15/2021 09:26 MST Electronically Signed By: HILLYARD, LINDSEY ANN

Responsible Provider: Communication Type:

Review Information:

Doctor Cosign: Not Reviewed

Action Type: Cancel Action Date/Time: 11/16/2021 09:26 MST Electronically Signed By: MCKAY, STEPHANIE S

Responsible Provider: Communication Type:

Review Information:

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1227635533

Admit Date: 12/28/2019

Discharge Date: 1/2/2020

Orders

Surgery

Order: **Uvulectomy**

Order Date/Time: 9/24/2021 11:39 MDT

Order Status: Canceled

Department Status: Canceled

Activity Type: Surgery

End-state Date/Time: 10/25/2021 15:48 MDT

End-state Reason:

Ordering Physician: WILSON,MD,MATT

Consulting Physician:

Entered By: WATTERSON,ALEX KRISTIE on 9/24/2021 11:39 MDT

Order Details: WILSON, MD, MATT, LG Main OR, OP - Outpatient, 11/17/21 11:40:00 MST, Primary Procedure, UVULECTOMY, Uvulectomy, UVULECTOMY EXCISION UVULA (42140), 20, 0, 10, General, Future Order, LG Main OR, ORD_SET_REQ_DT_RANGE, 10/25/21 3:48:05 PM MDT, 09/24/21 11:39:00 MDT

Action Type: Order

Action Date/Time: 9/24/2021 11:42 MDT

Electronically Signed By: WATTERSON, ALEX KRISTIE

Responsible Provider: WILSON,MD,MATT

Communication Type: Signature Required (Routes to LIP)

Review Information:

Doctor Cosign: Electronically Signed, WILSON,MD,MATT on 9/24/2021 12:06 MDT

Action Type: Modify

Action Date/Time: 9/24/2021 12:57 MDT

Electronically Signed By: MCKAY, STEPHANIE S

Responsible Provider: WILSON,MD,MATT

Communication Type:

Review Information:

Doctor Cosign: Not Required

Action Type: Modify

Action Date/Time: 10/4/2021 09:17 MDT

Electronically Signed By: HILLYARD, LINDSEY ANN

Responsible Provider: WILSON,MD,MATT

Communication Type:

Review Information:

Doctor Cosign: Not Required

Action Type: Modify

Action Date/Time: 10/25/2021 11:32 MDT

Electronically Signed By: ESKELSON, JENNA LEE

Responsible Provider: WILSON,MD,MATT

Communication Type:

Review Information:

Doctor Cosign: Not Required

Action Type: Modify

Action Date/Time: 10/25/2021 11:33 MDT

Electronically Signed By: ESKELSON, JENNA LEE

Responsible Provider: WILSON,MD,MATT

Communication Type:

Review Information:

Doctor Cosign: Not Required

Action Type: Cancel

Action Date/Time: 10/25/2021 15:48 MDT

Electronically Signed By: HILLYARD, LINDSEY ANN

Responsible Provider: WILSON,MD,MATT

Communication Type:

Review Information:

Doctor Cosign: Not Required

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Orders

Surgery

Order: **Tonsillectomy**

Order Date/Time: 8/19/2021 15:05 MDT

Order Status: Canceled Department Status: Canceled Activity Type: Surgery

End-state Date/Time: 9/14/2021 11:04 MDT End-state Reason:

Ordering Physician: WILSON,MD,MATT Consulting Physician:

Entered By: HAMILTON,JOANN SYDNEE on 8/19/2021 15:05 MDT

Order Details: WILSON, MD, MATT, LG Main OR, OP - Outpatient, 09/15/21 15:08:00 MDT, Primary Procedure, UVULECTOMY, Uvulectomy, UVULECTOMY EXCISION UVULA (42140), 15, 0, 15, General, Future Order, LG Main OR, ORD_SET_REQ_DT_RANGE, 9/14/21 11:04:24 AM MDT, 08/19/21 15:05:00 MDT

Action Type: Order Action Date/Time: 8/19/2021 15:08 MDT Electronically Signed By: HAMILTON, JOANN SYDNEE

Responsible Provider: WILSON,MD,MATT Communication Type: Signature Required (Routes to LIP)

Review Information:

Doctor Cosign: Electronically Signed, WILSON,MD,MATT on 8/19/2021 15:27 MDT

Action Type: Modify Action Date/Time: 8/19/2021 15:14 MDT Electronically Signed By: ESKELSON, JENNA LEE

Responsible Provider: WILSON,MD,MATT Communication Type:

Review Information:

Doctor Cosign: Not Required

Action Type: Modify Action Date/Time: 9/2/2021 15:35 MDT Electronically Signed By: HILLYARD, LINDSEY ANN

Responsible Provider: WILSON,MD,MATT Communication Type:

Review Information:

Doctor Cosign: Not Required

Action Type: Modify Action Date/Time: 9/10/2021 07:54 MDT Electronically Signed By: MCKAY, STEPHANIE S

Responsible Provider: WILSON,MD,MATT Communication Type:

Review Information:

Doctor Cosign: Not Required

Action Type: Cancel Action Date/Time: 9/14/2021 11:04 MDT Electronically Signed By: HILLYARD, LINDSEY ANN

Responsible Provider: WILSON,MD,MATT Communication Type:

Review Information:

Doctor Cosign: Not Required

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1227635533

Admit Date: 12/28/2019

Discharge Date: 1/2/2020

Problems

Problem Name: Anxiety disorder,unspecified

Life Cycle Status: Active

Recorder: ARVEDON,RN,EVAN

Last Updated: 3/27/2022 12:43 MDT; MCPHERSON,MD,
OLIVER LAMONT

Classification: Medical; Confirmation: Confirmed; Code: 303689015; Course: ; Onset Date: ; Status Date: ; Prognosis: ; Persistence:

Problem Name: Attempted suicide

Life Cycle Status: Resolved

Recorder: DomainUser,Generated

Last Updated: 9/21/2019 13:02 MDT; KINDRED,LCSW,
LESLIE A.

Classification: Medical; Confirmation: Confirmed; Code: 136534019; Course: ; Onset Date: 9/20/2015; Status Date: ; Prognosis: ; Persistence:

Problem Name: Attention deficit disorder

Life Cycle Status: Active

Recorder: ROBERTS,RN,CANDICE KAI

Last Updated: 11/27/2019 14:27 MST; MCPHERSON,MD,
OLIVER LAMONT

Classification: Medical; Confirmation: Confirmed; Code: 58824018; Course: ; Onset Date: ; Status Date: ; Prognosis: ; Persistence:

Problem Name: Chest pain

Life Cycle Status: Resolved

Recorder: SELMAN,RN,ALLY K

Last Updated: 11/16/2021 12:38 MST;

Classification: Medical; Confirmation: Confirmed; Code: 49966017; Course: ; Onset Date: ; Status Date: 10/9/2020; Prognosis: ; Persistence:

Problem Name: Cognitive disorder

Life Cycle Status: Active

Recorder: ROBERTS,RN,CANDICE KAI

Last Updated: 11/27/2019 14:28 MST; MCPHERSON,MD,
OLIVER LAMONT

Classification: Medical; Confirmation: Confirmed; Code: 2838279014; Course: ; Onset Date: ; Status Date: ; Prognosis: ; Persistence:

Problem Name: Constipation

Life Cycle Status: Resolved

Recorder: DomainUser,Generated

Last Updated: 11/16/2021 12:38 MST;

Classification: Medical; Confirmation: Confirmed; Code: 25076018; Course: ; Onset Date: 8/1/2015; Status Date: 2015; Prognosis: ; Persistence:

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1227635533

Admit Date: 12/28/2019

Discharge Date: 1/2/2020

Problems

Problem Name: Depression

Life Cycle Status: Canceled; Cancel Reason: <not entered>

Recorder: ROBERTS,RN,CANDICE KAI

Responsible Provider: BIRCH,DO,RICHARD G.

Last Updated: 11/27/2019 14:27 MST; MCPHERSON,MD,
OLIVER LAMONT

Last Reviewed: 7/25/2022 12:13 MDT; WINCHESTER,RN,
GAIGE

Classification: Medical; Confirmation: Confirmed; Code: 59212011; Course: ; Onset Date: 9/20/2015; Status Date: 2015;
Prognosis: ; Persistence:

Problem Name: Depression with anxiety

Life Cycle Status: Canceled; Cancel Reason: <not entered>

Recorder: ROBERTS,RN,CANDICE KAI

Responsible Provider: MOONEY,MD,TODD S.

Last Updated: 11/27/2019 14:27 MST; MCPHERSON,MD,
OLIVER LAMONT

Last Reviewed: 7/25/2022 12:13 MDT; WINCHESTER,RN,
GAIGE

Classification: Medical; Confirmation: Confirmed; Code: 346979010; Course: ; Onset Date: ; Status Date: ; Prognosis: ;
Persistence:

Problem Name: Dissociation

Life Cycle Status: Active

Recorder: ARVEDON,RN,EVAN

Responsible Provider: MCPHERSON,MD,OLIVER LAMONT

Last Updated: 3/27/2022 12:43 MDT; MCPHERSON,MD,
OLIVER LAMONT

Last Reviewed: 5/8/2024 14:50 MDT; ARVEDON,RN,EVAN

Classification: Medical; Confirmation: Confirmed; Code: 74016017; Course: ; Onset Date: ; Status Date: ; Prognosis: ;
Persistence:

Problem Name: Insomnia,history

Life Cycle Status: Active

Recorder: ROBERTS,RN,CANDICE KAI

Responsible Provider: MOONEY,MD,TODD S.

Last Updated: 1/7/2016 21:09 MST; DomainUser,Generated

Last Reviewed: 5/8/2024 14:50 MDT; ARVEDON,RN,EVAN

Classification: Medical; Confirmation: Confirmed; Code: 297924011; Course: ; Onset Date: ; Status Date: ; Prognosis: ;
Persistence:

Problem Name: Memory difficulty

Life Cycle Status: Active

Recorder: ARVEDON,RN,EVAN

Responsible Provider: HEIDARIAN,MD,LAHDAN

Last Updated: 11/5/2020 17:25 MST; HEIDARIAN,MD,
LAHDAN

Last Reviewed: 5/8/2024 14:50 MDT; ARVEDON,RN,EVAN

Classification: Medical; Confirmation: Confirmed; Code: 1480927011; Course: ; Onset Date: ; Status Date: ; Prognosis: ;
Persistence:

Problem Name: OSA on CPAP

Life Cycle Status: Active

Recorder: ARVEDON,RN,EVAN

Responsible Provider: HEIDARIAN,MD,LAHDAN

Last Updated: 11/5/2020 17:25 MST; HEIDARIAN,MD,
LAHDAN

Last Reviewed: 5/8/2024 14:50 MDT; ARVEDON,RN,EVAN

Classification: Medical; Confirmation: Confirmed; Code: 129889015; Course: ; Onset Date: ; Status Date: ; Prognosis: ;
Persistence:

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1227635533

Admit Date: 12/28/2019

Discharge Date: 1/2/2020

Problems

Problem Name: Postoperative problem

Life Cycle Status: Active

Recorder: ARVEDON,RN,EVAN

Last Updated: 5/8/2024 14:52 MDT; ARVEDON,RN,EVAN Last Reviewed: 5/8/2024 14:52 MDT; ARVEDON,RN,EVAN

Classification: Patient Stated; Confirmation: Confirmed; Code: 3747497017; Course: ; Onset Date: ; Status Date: 5/8/2024; Prognosis: ; Persistence:

Problem Name: Posttraumatic stress disorder,history

Life Cycle Status: Canceled; Cancel Reason: <not entered>

Recorder: ROBERTS,RN,CANDICE KAI

Responsible Provider: MOONEY,MD,TODD S.

Last Updated: 11/27/2019 14:27 MST; MCPHERSON,MD, OLIVER LAMONT

Last Reviewed: 7/25/2022 12:13 MDT; WINCHESTER,RN, GAIGE

Classification: Medical; Confirmation: Confirmed; Code: 79193014; Course: ; Onset Date: ; Status Date: ; Prognosis: ; Persistence:

Problem Name: Recurrent depression

Life Cycle Status: Active

Recorder: ARVEDON,RN,EVAN

Responsible Provider: MCPHERSON,MD,OLIVER LAMONT

Last Updated: 3/27/2022 12:43 MDT; MCPHERSON,MD, OLIVER LAMONT

Last Reviewed: 5/8/2024 14:50 MDT; ARVEDON,RN,EVAN

Classification: Medical; Confirmation: Confirmed; Code: 294844012; Course: ; Onset Date: ; Status Date: ; Prognosis: ; Persistence:

Problem Name: Surgical history

Life Cycle Status: Resolved

Recorder: DomainUser,Generated

Responsible Provider: MOONEY,MD,TODD S.

Last Updated: 12/7/2021 05:57 MST;

Last Reviewed: 7/25/2022 12:13 MDT; WINCHESTER,RN, GAIGE

Classification: Medical; Confirmation: Confirmed; Code: 251850013; Course: ; Onset Date: ; Status Date: ; Prognosis: ; Persistence:

Problem Name: Suspected disease caused by 2019-nCoV

Life Cycle Status: Resolved

Recorder: CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner

Last Updated: 5/4/2022 05:14 MDT; CERNER SYSTEM, NON-PERSON SYSTEM,SYSTEM Cerner Cerner Last Reviewed: 7/25/2022 12:13 MDT; WINCHESTER,RN, GAIGE

Classification: Medical; Confirmation: Confirmed; Code: 3902375014; Course: ; Onset Date: 5/4/2022; Status Date: 5/4/2022; Prognosis: ; Persistence:

Problem Name: Tobacco use

Life Cycle Status: Inactive

Recorder: WINCHESTER,RN,GAIGE

Last Updated: 2/21/2024 07:55 MST; CERNER SYSTEM, NON-PERSON SYSTEM,SYSTEM Cerner Cerner Last Reviewed: 2/21/2024 07:55 MST; CERNER SYSTEM, NON-PERSON SYSTEM,SYSTEM Cerner Cerner

Classification: Historic; Confirmation: Confirmed; Code: 2923440014; Course: ; Onset Date: ; Status Date: 2/21/2024; Prognosis: ; Persistence:

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1227635533**

Admit Date: **12/28/2019**

Discharge Date: **1/2/2020**

Problems

Problem Name: **Tobacco use**

Life Cycle Status: Inactive

Recorder: ROBERTS,RN,CANDICE KAI

Last Updated: 9/14/2021 11:01 MDT; CERNER SYSTEM,
NON-PERSON SYSTEM,SYSTEM Cerner Cerner

Last Reviewed: 7/25/2022 12:13 MDT; WINCHESTER,RN,
GAIGE

Classification: Historic; Confirmation: Confirmed; Code: 2923440014; Course: ; Onset Date: ; Status Date: 9/14/2021;
Prognosis: ; Persistence:

Problem Name: **Unspecified depressive disorder**

Life Cycle Status: Resolved

Recorder: ROBERTS,RN,CANDICE KAI

Responsible Provider: MCPHERSON,MD,OLIVER LAMONT

Last Updated: 4/24/2022 07:08 MDT;

Last Reviewed: 7/25/2022 12:13 MDT; WINCHESTER,RN,
GAIGE

Classification: Medical; Confirmation: Confirmed; Code: 61590015; Course: ; Onset Date: ; Status Date: ; Prognosis: ;
Persistence:

Patient Information

Patient Name: CABAL, BOONE
Home Address: 1747 S 900 W
 SALT LAKE CTY, UT 84104-1716
Home Phone: 3855603653
Employer Name: RESERVE AT STONE CANYON
Employer Phone:

Sex: Male
DOB: 02/28/1979
Age: 45 Years
Religion: Other
SSN:
Race: White
Ethnicity: Not Hispanic, Latino, or Spanish Origin

Guarantor Information

Guarantor Name: CABAL, BOONE
Patient's Reltn: Self
Billing Address: 1747 S 900 W
 SALT LAKE CTY, UT 84104-1716
Billing Phone: 3855603653
Employer Name: RESERVE AT STONE CANYON
Employer Phone:

Sex: Male
DOB: 02/28/1979
Age: 45 Years
Religion: Other
SSN:

Contact Information

Emergency Contact
Contact Name:
Patient's Reltn:
Sex:
Home Phone:

Next of Kin
Contact Name:
Patient's Reltn:
Sex:
Home Phone:

Subscriber Name: CABAL, BOONE
Patient's Reltn: Self
Sex: Male
DOB: 02/28/1979
Age: 45 Years
Employer Name: RESERVE AT STONE CANYON
Employer Phone:
Financial Class: Medicaid
Group Name:

Insurance Name: Medicaid Utah Traditional
Claim Address: Box 143106
 Salt Lake City, UT 841143106
Insurance Phone: (801)538-6155
Policy Number: 0611527985
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Primary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age:
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:

Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Reg Dt/Tm: 12/11/2019 12:43
Est Dt of Arrival: 12/11/2019 13:30
Inpt Adm Dt/Tm:
Disch Dt/Tm: 12/12/2019 16:13

Patient Type: Recurring
Medical Service: Sleep Disorders
Location: MK_Sleep Study
Room/Bed: /
Isolation:
Disease Alert:

Admit Type: Elective
Admit Source: Clinic or Physician Offic
Advance Directive: Clinical Process
Reg Clerk: ADAMS, NANCY ANN
Admit Physician: IQBAL, MD, SULEMA

Admit Reason: M: Fatigue, Snoring

CABAL, BOONE
MRN: 571879889

Male / 45 Years
FIN: 1226365513

MK_McKay-Dee Hospital

4401 Harrison Blvd.

Ogden, UT 84403-3195

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

DOB: **2/28/1979** Age: **40 years** Gender: **Male**



Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Attending MD: **IQBAL,MD,SULEMAN**

Correspondence

Document Type:

Phone Msg

Service Date/Time:

12/16/2019 09:31 MST

Result Status:

Auth (Verified)

Document Subject:

Sleep Study CPAP

Sign Information:

Sleep Referral Form Entered On: 12/15/2019 14:40 MST
Performed On: 12/15/2019 14:40 MST by IQBAL, MD, SULEMAN

Sleep Referral Form

Reason for testing : Fatigue, Snoring, Witnessed apnea, Obstructive sleep apnea

Urgency Consult : Not urgent

Sleep management options : Direct the patient back to me (the referring provider) for all sleep care needs and equipment
IQBAL, MD, SULEMAN - 12/15/2019 14:40 MST

Document Type:

Phone Msg

Service Date/Time:

12/13/2019 13:28 MST

Result Status:

Modified

Document Subject:

General Message

Sign Information:

Addendum by IQBAL, MD, SULEMAN on December 15, 2019 14:40:36 MST

From: IQBAL, MD, SULEMAN
To: McKay-Dee Sleep Clinic-Suleman Iqbal;
Sent: 12/15/2019 14:40:36 MST
Subject: RE: General Message

ok

From: HUNTER, REGINA C (McKay-Dee Sleep Clinic-Suleman Iqbal)
To: IQBAL, MD, SULEMAN;
Sent: 12/13/2019 13:28:50 MST
Subject: General Message

General Message:

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Correspondence

PT CONTACTED. HOME SLEEP TEST RESULT REVIEWED WITH PT. PT WOULD LIKE TO PROCEED WITH TITRATION STUDY...

REGINA, MA

Document Type:

Phone Msg

Service Date/Time:

12/12/2019 16:13 MST

Result Status:

Modified

Document Subject:

HSAT 12/11/2019

Sign Information:

Addendum by IQBAL, MD, SULEMAN on December 13, 2019 06:35:59 MST

From: IQBAL, MD, SULEMAN

To: HUNTER, REGINA C;

Sent: 12/13/2019 06:35:59 MST

Subject: FW: HSAT 12/11/2019

Consolidate chart

From: SESSIONS, BARBIE L

To: IQBAL, MD, SULEMAN;

Sent: 12/12/2019 16:13:50 MST

Subject: HSAT 12/11/2019

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Discharge Documentation

Document Type:

Coding Summary

Service Date/Time:

12/12/2019 16:13 MST

Result Status:

Auth (Verified)

Document Subject:

Coding Summary

Sign Information:

CODING DATE: 12/23/2019 FINAL

MK_McKay-Dee Hospital

DSCH STATUS:

Home or Self Care

PAYOR:

Medicaid

ADMIT DX:

R06.83 Snoring

REASON FOR VISIT DX:

R06.83 Snoring

FINAL DX:

PRINCIPAL:

G47.33 Obstructive sleep apnea (adult) (pediatric)

SECONDARY:

PYMT	PROC	APC	STAT DESCRIPTION	DOCTOR NAME	DATE
------	------	-----	------------------	-------------	------

NOTE: The code number assigned matches the documented diagnosis and / or procedure in the patient's chart. However, the narrative phrase printed from the coding software may appear abbreviated, or result in slightly different terminology.

Coded By: BUGHER, TERRYANN

Date Saved: 12/23/2019 05:24 pm

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Miscellaneous Patient Care

* Auth (Verified) *



Consent and Conditions of Service



Cnsnt 50064

As the patient—or as the authorized agent or legal representative of the patient—I consent and agree to the terms and conditions of this agreement. By signing below either for myself or as the authorized agent or legal representative of the patient, I intend that the following apply to all of my or all of the patient's inpatient and outpatient care and services in facilities owned or operated by IHC Health Services, Inc. (the "Facility"). I understand that the words "I," "me," and "my" refer to me as the patient or to the patient I represent.

1. **Consent to Medical and Surgical Services.** I consent to health care services provided by the Facility, its employees (including nurses and other health care providers and assistants), independent contractors (see 3. below) and medical staff. Health care services include, but are not limited to, all health care and related medical, surgical, diagnostic, and therapeutic services, the implementing of physician orders, and all tests, studies, treatments, and procedures ordered and performed in the good faith belief that they are either medically necessary or otherwise appropriate for the patient under the circumstances. I have had the opportunity to ask questions and have had all questions satisfactorily answered. I understand that:
 - A. these health care services come with some risk, sometimes even the risk of substantial and serious harm, but I accept that risk in the hope of obtaining a good result;
 - B. health care is an inexact science, in that there is always some uncertainty involved in its provision, and no one has made any promise about the outcome of the health care services;
 - C. this agreement does not apply to the administration of blood or blood products, for which a separate consent will be provided.
2. **Medical Education.** I agree that individuals involved in medical-related education and training may help provide health care services, may observe my care, and may participate in my care, all under the supervision of physicians or other trained individuals.
3. **Independent Contractors.** I understand that some of the physicians and possibly some non-physicians providing health care services to me are independent contractors and are not agents or employees of the Facility. I will consider them independent contractors unless I receive written notice that such individual is an agent or employee of the Facility. I understand that name badges show authorization to be in the Facility and do not designate a health care provider as an agent or employee of the Facility. Independent contractors may include, but are not limited to, pathologists, anesthesiologists, radiologists, emergency room physicians, and my treating physician(s). Some of those independent contractors may be employees of the State of Utah, University of Utah faculty, University of Utah School of Medicine, or other training programs. The Utah Governmental Immunity Act (U.C.A. 63-30-1, et seq.) controls all claims of liability or malpractice against University or State employees. I agree the Facility is not responsible or liable for the judgment, conduct, actions or inactions of independent contractors. I have had the opportunity to ask questions about employees and independent contractors and have had my questions satisfactorily answered.
4. **Personal Property--Belongings.** I agree that the Facility is not responsible for loss or damage to my belongings unless it places those belongings in its safe at my request.
5. **Personal Medications.** While in the Facility, I will take only the drugs and medications ordered for my use in the Facility. I agree to disclose a current and accurate list of drugs, medications, or other substances that I am currently taking to the Facility; including, but not limited to, prescribed, herbal, alternative and recreational drugs. I will not bring any drugs, medications or other substances with me to the Facility without Facility permission. I give the Facility permission to dispose of any unapproved drugs, medications or other substances that are found in my possession.
6. **Special Duty Nursing.** I will not arrange for any special duty nursing care in the Facility. The Facility is not responsible for any care, or to pay for any care, provided by patient's family or friends or by individuals not employed by the Facility.
7. **Confidential Information.** Facility complies with state and federal laws in guarding the confidentiality of the patient medical records it makes, keeps, and uses. The Facility's Notice of Privacy Practices describes its use and the protection of patient medical records. The Facility may revise that Notice from time to time. In addition to being offered a copy of that Notice at admission, I may ask to see a copy of the current Notice at any time.
8. **Assignment of Benefits--Attorney-in-Fact.** By signing below, I hereby assign and transfer to the Facility, and to any other health care provider for whom Facility bills, the benefits of any insurance policy or other arrangement that may provide payment for some or all of my care. I also authorize and appoint the Facility and anyone it may designate as my attorney-in-fact for the purposes of communicating, appealing, negotiating, or otherwise pursuing in its discretion any or all legal remedies with any insurance company, group, organization, entity or any other payer to obtain payment for the Facility for the services that were provided to me. This consent is also intended to meet the requirements of 42 CFR 438.402(b) (ii) which authorizes a provider to file on behalf of an enrollee. I also authorize the Facility to receive and deposit any money received against the charges of the Facility and of any other health care provider for whom Facility bills.
9. **Financial Responsibility.** If I am a person signing for the patient and am otherwise legally responsible to pay for the care of the patient (for example, as the spouse or parent of the patient) (the "Responsible Party"), then each of us agrees to pay all of the following charges:
 - A. any and all of the amounts the Facility or independent contractor determines to be owed for health care services rendered to me at the Facility;
 - B. all applicable co-payments, deductibles and co-insurance;
 - C. all charges for non-covered services;
 - D. interest on unpaid balances that are more than 30 days past due or are placed by the Facility or an independent contractor for collection at the rate of 0.67% per month (8% per year);
 - E. all costs and attorney fees (if an attorney is used) that the Facility or an independent contractor incurs directly or indirectly if either refers my overdue bill for collection;
 - F. a service charge of \$20.00 for any check or other instrument that is presented for payment but returns unpaid to the Facility or independent contractor;

* Auth (Verified) *

- G. If I am the Responsible Party, I hereby consent to credit bureau inquiries for Intermountain Healthcare's or the independent contractor's business needs, and to receiving auto-dialed and/or artificial or pre-recorded collection or health care-related message calls to my cellular phone number and any other telephone numbers provided during any interaction, agreement or communication with the Facility, the independent contractor, the Intermountain Healthcare system and/or their affiliates, agents and contractors, including any account management companies and/or debt collectors.

I agree that if I am currently receiving care at a rehabilitation facility, skilled nursing facility, home health service or any other type of facility that may utilize the consolidated billing processes of Medicare, and I fail to disclose to the Facility my treatment at any of those facilities, it will be my responsibility to pay for any services at this Facility if Medicare or those facilities refuse to pay for the services I received at this Facility.

I understand that if I am a temporary caregiver for the patient (such as a nanny, youth leader, foster parent or some law enforcement agencies), I may not be financially responsible for the patient's care. I agree that if I am legally responsible to pay for the patient's care I will be required to do so. I recognize that this statement about temporary caregivers is not an opinion by the Facility whether I am or am not a temporary caregiver or whether I am responsible to pay for the patient's care.

- 10. Patient's Certification for Government Health Care Programs.** I certify as correct the information I submit to apply for Medicare, Medicaid, Campus, Tricare, or any other government program in order to obtain payment. I authorize any holder of medical or other information about me to release that to the Tricare administrator, Social Security Administration or its intermediaries, to other carriers or program administrators, or to the State or any other payer, any information needed to substantiate and process a claim for payment of health care or related services. By signing below, I request these payers to make authorized payments for all of these services directly to the Facility on my behalf.

- 11. Facility Rooms and Areas.** I agree that the Facility has the right to do the following:

- A. control access to Facility rooms--including the room I am in--and other Facility areas;
- B. search Facility rooms-- including the one I am in--and to confiscate any illegal or unauthorized drugs, weapons, or other harmful substances or materials that may be found;
- C. for security, patient care, quality improvement, peer review, and other Facility needs, take photographs, videotape, and conduct electronic and other surveillance in all areas of the Facility, including but not limited to the room I am in;
- D. report to the police any crime committed in the Facility or on its property.

- 12. Visitation Discharge.** I understand I may choose my visitors. I agree that if the Facility, in its judgment, determines that my visitors, including family members and significant others, are disruptive to my care or to others, their visiting may be restricted or cancelled. Also, when my physician discharges me, I agree to leave.

- 13. Use of My Health Information.** My health information, including my health history, medication, and prescription information, may be available electronically or physically from current or past healthcare providers. I agree that my health information may be accessed by my healthcare providers and anyone in the Facility needing my health information for treatment, payment or healthcare operations without any further requests or approvals by me.

- 14. Tissue and Specimen Use and Disposal.** I consent to the diagnostic study and/or disposal by the Facility of any blood, urine or other body fluids, stool specimens or tissues which are obtained in accordance with routine medical practice and any applicable governmental regulation. I further consent to the examination, study and retention of such specimens, and the use of the findings for medical, scientific or educational purposes provided that the confidentiality of my identity is maintained. Further, I expect no compensation or other remuneration relating to the use of the findings of investigative studies.

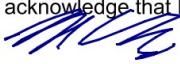
- 15. Financial Assistance.** I acknowledge being informed that I may be eligible to apply for assistance pursuant to the Facility's Financial Assistance Policy.

- 16. Changes to this Consent.** I understand that if I make changes or deletions to this consent document, they are not valid unless they are co-signed by an individual authorized by Intermountain.

By signing below, I admit and agree to the following:

- A. that I sign this agreement for myself or for the patient for whom I am the authorized agent or legal representative;
- B. that I have read this agreement;
- C. that I have had the opportunity to ask any questions, and that all of my questions have been answered to my satisfaction;
- D. that I understand what I am agreeing to by signing below;
- E. that I am entitled to request and obtain a copy of this agreement; and
- F. that if I am an obstetrical patient admitted for delivery--or spouse of that patient--my signature below extends my consent and agreement to the terms and conditions of this agreement for my infant(s).
- G. if I am signing this agreement at a location other than a hospital, this agreement will remain in effect at all Intermountain non-hospital facilities unless revoked in writing.

I hereby acknowledge that I have been informed of my patient rights and responsibilities. Initials: BC


Patient or Patient's Authorized Representative Signature

12/11/2019

Date

Print Name: Boone Cabal

Relationship to Patient: Self

Witness ktbruuen

Interpreters Name: (please print)

Date/ Time 12/11/2019 12:42

Patient Name <u>Last, First, Mi</u> <u>CABAL, BOONE</u>	Date of Birth (MO/DAY/YR) <u>2/28/1979</u>	Medical Record # <u>571879889</u>	Account # <u>1226365513</u>
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Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Pulmonology/Sleep Study

Document Type:

Sleep Study Interpretation

Service Date/Time:

12/13/2019 06:34 MST

Result Status:

Auth (Verified)

Document Subject:

Home sleep test–final report

Sign Information:

IQBAL,MD,SULEMAN (12/13/2019 06:34 MST)

SLEEP STUDY REPORT

Home Sleep Apnea Test (HSAT) from
12/11/2019 [95806]

NAME: **Cabal, Boone**

DOB **2/28/1979**

:

INTERPRETATION SECTION

Relevant History includes: History of snoring associated with daytime fatigue; concern for sleep apnea

BMI: 28.7

Pertinent Findings: Home sleep test revealed moderate obstructive sleep apnea with an apnea-hypopnea index of 24.5 events per hour sleep. The corrected associated SPO₂ nadir was approximately 85%.

Other findings: The study is adequate for interpretation. (See attached section for more detailed information.) Note that patients with Medicare have their respiratory event index scored using Medicare scoring criteria.

Diagnosis: Obstructive Sleep Apnea G47.33

Please consider the following STANDARDIZED recommendations:

Caution is recommended with driving or other activities requiring alertness for safety due to the increased risk of accidents associated with sleep problems.

Treatment for sleep apnea is recommended in light of its association with increased risk for cardiovascular disease, hypertension, diabetes, stroke, atrial fibrillation, accidents, reduced quality of life, and other health problems. Options often include positive airway pressure (PAP), dental devices, surgery, Provent, Inspire, and weight management. Regardless of the treatment approach for obstructive sleep apnea it is usually beneficial to maximize nasal airway patency, and avoid sedatives/alcohol close to bedtime. Also, optimize cardiopulmonary conditions as this can help improve sleep related breathing.

Please consider the following SPECIFIC recommendations:

As ordered, this patient will be scheduled to see a sleep specialist in the Mckay-Dee sleep clinic for a review of these results, treatment options and ongoing sleep treatment. CPAP titration versus APAP will be discussed with the patient. Alternative treatment options will also be reviewed with him.

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1226365513

Admit Date: 12/11/2019

Discharge Date: 12/12/2019

Pulmonology/Sleep Study

Suleman Iqbal, MD

Board Certified, Sleep Medicine

McKay Dee Hospital Sleep Medicine Center

12/13/2019

DETAILED DATA SECTION:

Dear provider, this detailed section is included for American Academy of Sleep Medicine

Accreditation purposes and for those clinicians who like to review additional data.

Procedure

Data was recorded using the Nox T3 (SN: 904015748) (Level III Sleep Test) (S3 C4 O1 P2 E1 R2) device utilizing the following sensors: Airflow - nasal pressure and RIP Flow; Respiratory effort - dual RIP belts; Body Position - accelerometer; Snoring - acoustic recording; Heart rate and SpO2 pulse oximeter (Nonin 3150).

Monitoring Time (MT) is automatically calculated based off body position but is manually edited using the following factors (in order of most weighted): 1-actigraphy (internal 3-axis accelerometer), 2-respiratory pattern and 3-patient diary.

Patient Information

Full Name:	Boone Cabal	Height:	70.0 in
Patient ID:	MK571879889	Weight:	200.0 lbs
Date of Birth:	2/28/1979	BMI:	28.7
Age:	40		200.0

Recording Information

Recording Date:	12/11/2019	Excluded Time(total) :	1.9 ()
Recording Start Time:	23:15	Analysis Start Time:	23:16
Recording Stop Time:	07:14	Analysis End Time:	07:14
Total Recording Time (TRT):	479.9 min	Monitoring Time (MT; index time) :	476 min

Overview

AHI(REI)*: **24.5 /h** ODI: 18.3 /h Snore Percentage: 17.1 %

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Respiratory

Respiratory Event Indices

	Index (RE/MT)			
	Total	Supine	Non-supine	Count
Respiratory Events (RE; A+H):	24.5/h	39.5/h	5.2/h	194
Apneas:	15.5/h	26.7/h	1.2/h	123
Obstructive (OA):	15.1/h	26.5/h	0.6/h	120
Mixed (MA):	0/h	0/h	0/h	0
Central (CA):	0.4/h	0.2/h	0.6/h	3
Hypopneas:	8.9/h	12.8/h	4.0/h	71
Obstructive Apnea Hypopnea (OA + MA + CA):	15.1/h	26.5/h	0.6/h	120

Patient Name: **CABAL, BOONE**MRN: **571879889**Encounter: **1226365513**Admit Date: **12/11/2019**Discharge Date: **12/12/2019**

Pulmonology/Sleep Study

Central Apnea Hypopnea (CA + CH): **0.4/h** **0.2/h** **0.6/h** **3**Respiration Rate (per m): **18.2/m** **17.9/m** **18.7/m**

	Percentage of MT	Duration	
Snore:	17.1%	24.5%	7.7%
Flow Limitation:	15.1%	9.9%	19.6%
Paradoxical Breathing:	1.5%	0.8%	2.4%

*The Apnea Hypopnea Index (AHI) in this report is more accurately the Respiratory Event Index (REI) and is the equivalent of the Medicare defined RDI. It has been left as AHI for simplicity in communication.

Oximetry Summary

Oxygen Saturation (SpO₂)	Total	Supine	Non-supine
Oxygen Desaturation Index (ODI):	18.3 /h	29.2 /h	4.3 /h
Maximum SpO ₂	98.0 %		
Average SpO ₂ :	93.1 %	92.5 %	93.8 %
Minimum SpO ₂ :	80.0 %	84.0 %	80.0 %
SpO ₂ Duration < 90%	1.9 % (9m)	2.9 %	0.6 %
SpO ₂ Duration £ 88%	0.8 % (3.9m)	1.2 %	0.4 %
SpO ₂ Duration < 85%	0 % (0.2m)	0 %	0.1 %
Average Desat Drop:	5.0 %	4.9 %	4.8 %

Pulse Summary

Pulse

Average:	72.1 bpm
Maximum:	98.0 bpm
Minimum:	52.0 bpm
Duration < 40 bpm:	0 m
Duration > 100 bpm:	0 m

Position and Analysis Time

Position and Analysis Time	Duration	Percentage
Supine (in MT):	267.4m	56.2%
Non-Supine (in MT):	208.6m	43.8%
Left (in MT):	169.7m	35.6%
Prone (in MT):	6.2m	1.3%
Right (in MT):	32.8m	6.9%
Unknown (in MT):	0m	0%
Upright (in TRT):	1.9m	0.4%
Movement (in MT):	19m	4.0%
Invalid Data (Excluded):	0m	0%

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Pulmonology/Sleep Study

Quality

Quality

Oximeter:	99.0 %	Abdomen RIP:	100.0
Nasal Cannula:	100.0 %	Thorax RIP:	100.0
RIP Belts:	100.0 %		

Analysis Criteria: Apneas are scored where there is a 90% drop in the Flow signal for between 10 and 120 seconds.

Hypopneas are scored where there is a 30% drop in the Flow signal for between 10 and 120 seconds followed by a 4% drop in saturation. Desaturations are located when the SpO2 values drop by at least 4% for a minimum duration of 3 seconds with a plateau of no more than 45 seconds.

A tachycardia is added when the heart rate exceeds 90bpm for at least 20 seconds. Bradycardia is scored when the heart rate falls below 40bpm for at least 20 seconds.

Movement is detected when the activity signal exceeds a threshold of 0.2 for a minimum of 1 seconds.

Position changes when at least 5 seconds of continuous position is found. The minimum upright position is at 53.13° angle.

Flow limitation is detected when an inhalation has a flattening index value of 0.15 or less.

Paradoxical breathing is detected when the phase difference between the abdomen and thorax RIP belts exceeds 40° for at least 30 seconds.

Missing Image - the embedded image is not supported
Movement

A
Missing Image - the embedded image is not supported
ctivity

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Position

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Respiratory Events

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Desaturations

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Pulmonology/Sleep Study

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SpO2

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Pulse

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Snore Train

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Snore Volume

Electronically Signed on 12/13/19 06:34 AM

IQBAL, MD, SULEMAN

Document Type:

Sleep Study Technical Report

Service Date/Time:

12/12/2019 16:12 MST

Result Status:

Auth (Verified)

Document Subject:

HSAT

Sign Information:

SESSIONS, BARBIE L (12/12/2019 16:13 MST)

Home Sleep Apnea Test (HSAT) Technical Report

Patient Information

Name: **Cabal, Boone**

Height:

70.0 in

Patient ID: **MK571879889**

Weight:

200.0 lbs

Date of Birth: **2/28/1979**

BMI:

28.7

Age: **40**

200.0

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1226365513

Admit Date: 12/11/2019

Discharge Date: 12/12/2019

Pulmonology/Sleep Study

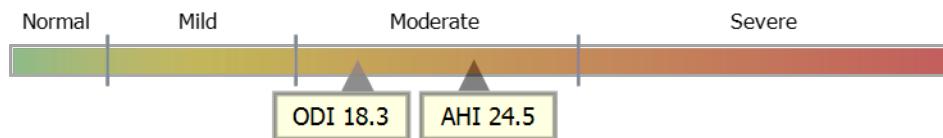
Recording Information

Recording Date:	12/11/2019	Excluded Time(total) :	1.9 (3.9)
Recording Start Time:	23:15	Analysis Start Time:	23:16
Recording Stop Time:	07:14	Analysis End Time:	07:14
Total Recording Time (TRT):	479.9 min	Monitoring Time (MT; index time) :	476 min

Overview

REI: * **24.5 /h** ODI: **18.3 /h** Snore Percentage: **17.1 %**

* REI (Respiratory Event Index) is a surrogate for AHI (Apnea Hypopnea Index) with HSAT and is the equivalent of Medicare defined RDI.



Respiratory Indices*

	Index*			Count
	Total	Supine	Non-supine	
Respiratory Events (RE; A+H):	24.5/h	39.5/h	5.2/h	194
Apneas:	15.5/h	26.7/h	1.2/h	123
Obstructive (OA):	15.1/h	26.5/h	0.6/h	120
Mixed (MA):	0/h	0/h	0/h	0
Central (CA):	0.4/h	0.2/h	0.6/h	3
Hypopneas:	8.9/h	12.8/h	4.0/h	71
Obstructive Apnea Hypopnea (OA + MA + OH):	15.1/h	26.5/h	0.6/h	120
Central Apnea Hypopnea (CA + CH):	0.4/h	0.2/h	0.6/h	3
Respiration Rate (per m):	18.2/m	17.9/m	18.7/m	

	Percentage of MT	Duration
Snore:	17.1%	24.5%
Flow Limitation:	15.1%	9.9%
Cheyne-Stokes Breathing:	0%	0%
Paradoxical Breathing:	1.5%	0.8%
		7.3m

*For HSAT all Indices are based off Monitoring Time (MT). MT = Total recording time minus periods of artifact and time the patient was awake as determined by actigraphy, body position sensor, respiratory pattern, or patient diary.

Oxygen Saturation (SpO2)

	Total	Supine	Non-supine
Oxygen Desaturation Index (ODI):	18.3/h	29.2 /h	4.3 /h
Average SpO2:	93.1%	92.5 %	93.8 %
Minimum SpO2:	80.0%	84.0 %	80.0 %
SpO2 Duration < 90%	1.9 % (9m)	2.9 %	0.6 %
SpO2 Duration £ 88%	0.8 % (3.9m)	1.2 %	0.4 %
SpO2 Duration < 85%	0 % (0.2m)	0 %	0.1 %

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1226365513

Admit Date: 12/11/2019

Discharge Date: 12/12/2019

Pulmonology/Sleep Study

Average Desat Drop:	5.0 %	4.9 %	4.8 %
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Position and Analysis Time	Duration	Percentage
Supine (in TST):	267.4 m	56.2 %
Non-Supine (in TST):	208.6 m	43.8 %
Left (in TST):	169.7 m	35.6 %
Prone (in TST):	6.2 m	1.3 %
Right (in TST):	32.8 m	6.9 %
Unknown (in TST):	0 m	0 %
Upright (in TRT):	1.9 m	0.4 %
Movement (in TST):	19 m	4.0 %
Invalid Data (Excluded):	0 m	0 %

Pulse

Average:	72.1	bp			
	m				
Maximum:	98.0	bp	Duration < 40 bpm:	0	m
	m				
Minimum:	52.0	bp	Duration > 100 bpm:	0	m
	m				

Signal Quality

Oximeter:	99.0%	Nasal Cannula:	100.0%	RIP Belts:	100.0%
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HSAT Procedure, Definitions and Analysis Criteria

Data was recorded using the Nox T3 (SN: 904015748) (Level III Sleep Test) (S3 C4 O1 P2 E1 R2) device utilizing the following sensors: Airflow - nasal pressure and cRIP Flow; Respiratory effort - dual RIP belts; Body Position - accelerometer; Snoring - acoustic recording; Heart rate and SpO₂ pulse oximeter (Nonin 3150).

Monitoring Time (MT) is automatically calculated based off body position but is manually edited using the following factors (in order of most weighted): 1-actigraphy (internal 3-axis accelerometer), 2-respiratory pattern and 3-patient diary (if completed).

Respiratory event index (REI) = Total number of respiratory events scored x 60 divided by monitoring time (MT).

Autoscorning Criteria

Apneas are scored where there is a 90% drop in the Flow signal for between 10 and 120 seconds.

Hypopneas are scored where there is a 30% drop in the Flow signal for between 10 and 120 seconds followed by a 4% drop in saturation.

Desaturations are located when the SpO₂ values drop by at least 4% for a minimum duration of 3 seconds with a plateau of no more than 45 seconds.

A tachycardia is added when the heart rate exceeds 90bpm for at least 20 seconds. Bradycardia is scored when the heart rate falls below 40bpm for at least 20 seconds.

Movement is detected when the activity signal exceeds a threshold of 0.2 for a minimum of 1 seconds.

Position changes when at least 5 seconds of continuous position is found. The minimum upright position is at 53.13° angle.

Flow limitation is detected when an inhalation has a flattening index value of 0.15 or less.

Paradoxical breathing is detected when the phase difference between the abdomen and thorax RIP belts exceeds 40° for at least 30 seconds.

Technician Notes

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Movement

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Pulmonology/Sleep Study

*****Missing Image - the embedded image is not supported*****

Activity

*****Missing Image - the embedded image is not supported*****

Position

*****Missing Image - the embedded image is not supported*****

Respiratory Events

*****Missing Image - the embedded image is not supported*****

Desaturations

*****Missing Image - the embedded image is not supported*****

SpO2

*****Missing Image - the embedded image is not supported*****

Pulse

*****Missing Image - the embedded image is not supported*****

Snore Train

*****Missing Image - the embedded image is not supported*****

Snore Volume

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1226365513

Admit Date: 12/11/2019

Discharge Date: 12/12/2019

Pulmonology/Sleep Study



Sleep Disorders Questionnaire

Please use dark ink.

Patient Name: Boone Cabal

Date: 12-12-19

Sleep Questionnaire

What is the MAIN reason for this test? test for sleep apnea
How long have you had this problem and what has been done for it so far? nothing for 40 years

Occupation: Work times: to

(For women) Are you pregnant: Y N If yes, how many weeks are you?

Use of oxygen: None Day Night Day & Night Oxygen rate: LPM

Chronic opiate/pain medication use: Y N

Sleep Habits

Number of sleep hours per 24 hr. period: 5-8

Number of naps per week: 2-6

Number of awakenings during the night: 2-4

List sleeping pills used in past 3 months:

ambien

	Yes	No
Shift work or work at night	✓	✗
Irregular sleep times	✗	✗
Naps are refreshing	✗	✗
Frequently use sleeping pills (include OTC)	✓	✗
Use of alcohol to sleep	✗	✗
Drink caffeinated beverages 6hrs before bed	✗	✗
Eat chocolate 6hrs prior to bedtime	✗	✗
Watch TV or computer 2 hrs. prior to bedtime	✗	✗
Exercise more than 2 hrs. prior to bedtime	✗	✗

Associated Conditions

<input type="checkbox"/> Arrhythmia (heart irregularities)	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Congestive heart failure	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> TMI	<input type="checkbox"/> Bipolar disorder
<input type="checkbox"/> Heart Disease (angina, palpitations)	<input type="checkbox"/> Fibromyalgia, arthritis, rheumatism	<input type="checkbox"/> Narcolepsy	<input type="checkbox"/> Allergies
<input type="checkbox"/> Heart attack	<input type="checkbox"/> Depression	<input type="checkbox"/> Nasal polyps	<input type="checkbox"/> Bruxism
<input type="checkbox"/> Stroke	<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Grave's Disease	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Water retention	<input type="checkbox"/> Hiatal hernia/GERD	<input type="checkbox"/> Dementia	<input type="checkbox"/> Restless Leg Syndrome
<input type="checkbox"/> Chronic fatigue syndrome	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Barrett's Syndrome
<input type="checkbox"/> History of head injury/trauma	<input type="checkbox"/> Deviated septum or nasal polyps	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Parkinson's Disease	<input type="checkbox"/> Chronic sinus problems	<input type="checkbox"/> Enuresis	

Medical History

Height: 5'10" Weight: 201
How would you rate your over-all-health? Excellent Good Fair Poor

S D Q 1 - 3

CABAL, BOONE
DOB: 02/28/1979 Male / 40 Years
DOS: 12/11/2019 12:43
Attn: IQBAL, MD, SULEMAN
FIN: 1226365513



Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1226365513

Admit Date: 12/11/2019

Discharge Date: 12/12/2019

Pulmonology/Sleep Study**Sleep Time/Awake Time**

Typical bedtime: 11-12 Typical awake time: 6-8 Number of times getting up to urinate: 1-2

Sleep Time			Awake time	
	Yes	No	Yes	No
Difficulty falling asleep	X		Daytime fatigue	X
Difficulty staying asleep	X		Memory is worse than usual	X
Frequent snoring/bed partner states snoring	X		Job difficulties because of sleepiness	X
Difficulty breathing during sleep	?		Difficulty concentrating because of drowsiness	X
Wakes due to gasping/snorting	X		Difficulty staying awake when working	X
Sleep with head elevated or in a recliner	X		Difficulty staying awake when driving	X
Vivid dreams/frequent nightmares when falling asleep or awakening	X		Auto driving close calls from sleepiness	X
Difficulty waking up	X		Auto driving accidents from sleepiness	X
Nonrestorative sleep/not feeling rested in morning	X		At risk occupation (truck driver/bus driver)	X
Sleep walking/complex behavior during sleep	X		Feel need to nap during the day	X
Frequent leg movements during sleep	X		Have stress or anxiousness at bedtime	X
Grind teeth during sleep	X		Frequent morning headaches	X
Frequent nightmares	X		Muscle weakness when excited	X
			Sleep paralysis (can't move when awakening)	X
			Aches, cramps or uncomfortable legs before sleep	X

Personal HabitsDo you smoke: Y N If so, how many years _____ Frequency _____Have you ever smoked: Y N If so, how long did you smoke for? _____

Frequency _____ When did you quit? _____

*Please do not smoke prior to the test.

Medications

List all medications, including non-prescription items (i.e. over-the-counter, herbal preparations) that you take on a regular basis.

Medication	Dosage	Times/Day
Provigil	100 mg	1
Effexor	225 mg	1
Gabapentin	400 mg	3

Use page 3 blank space if more space is needed

CABAL, BOONE
 DOB: 02/28/1979 Male / 40 Years
 DOS: 12/11/2019 12:43
 Attn: IQBAL, MD, SULEMAN
 FIN: 1226365513

S D Q 2 - 3

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Pulmonology/Sleep Study



ESS Scale

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired?

If you haven't done some of these recently try to work out how they would have affected you.

Situation	Chance of Dozing			
	0	1	2	3
Sitting and reading			X	
Watching television			X	
Sitting in a public place (i.e. theater or a meeting)		X		
As a passenger in a car, for an hour, with-out a break		X		
Lying down in the afternoon			X	
Sitting and talking to someone	X			
Sitting quietly after lunch		X		
In a car, while stopped in traffic	X			
Total				

Use the following scale

- 0=Would **never** doze
- 1=**Slight** chance of dozing
- 2=**Moderate** chance
- 3=**High** chance of dozing

S D Q 3 - 3

CABAL, BOONE
DOB: 02/28/1979 Male / 40 Years
DOS: 12/11/2019 12:43
Alt: IOBAL, MD, SULEMAN
FIN: 1226365513

MRN: 571879889



Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Pulmonology/Sleep Study



Sleep Bedtime Questionnaire

Please use dark ink.

Patient Name: Boone Cabal Date: 12-12-19

Has today been an unusual day in any respect: Yes No

If yes, please describe:

How much sleep did you have last night? 6-7 hours

What is your normal bedtime? 11 What is your normal wake up time? 6-7

Is this amount of sleep adequate for you? Yes No

Did you take a nap today? Yes No

If yes, at what time? _____ How long did you nap? _____

List any medications including vitamins and aspirin and any caffeinated or alcoholic beverages you have consumed today. If you recently filled out the 3 page Sleep Disorders Questionnaire only list medication differences. _____

List any physical complaints you have now: _____

Add any additional comments or information: _____

Ht: 5'10" Wt: 200

P M Q 1 - 1

MK McKay-Dee
MRN: 571879889
CABAL, BOONE
DOB: 02/28/1979 Male / 40 Years
DOS: 12/11/2019 12:43
Attn: IQBAL, MD, SULEMAN
FIN: 1226365513



Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Pulmonology/Sleep Study



Home Sleep Apnea Test Morning Questionnaire

Patient Name: Boone Cabal Date: 12-12-19

Please follow the example below and darken-in the hours you think you were sleeping while wearing the sleep testing device. Your best guess is all we need, there's no need to watch the clock all night! Please use dark ink.

Example: this person fell asleep around 10:30pm, woke up close to 2 am, then fell back to sleep at 3 am and finally got up at about 6:30 am.

6pm	7	8	9	10	11	12m	1	2	3	4	5	6am	7	8	9	10	11	12n	1	2	3	4	5pm

1. Darken-in the hours you were sleeping while wearing the home sleep testing device:

6pm	7	8	9	10	11	12m	1	2	3	4	5	6am	7	8	9	10	11	12n	1	2	3	4	5pm

2. How many total hours do you think you were asleep while wearing the sleep testing device? 7 hours

3. Were you taking your regular medications, as directed by your doctors? Yes No

4. Did you take a sleeping pill, pain medication, anti-anxiety medication or alcohol after 3 pm? Yes No

5. Was there anything unusual about your sleep last night? Yes (please explain) No

had trouble falling asleep

6. Is there anything else you think we should know about? Yes (please explain) No

I don't know for sure when I fell asleep

Please return this to the Sleep Center at McKay Dee Hospital along with your sleep testing device. Thank you!

HSAT AMQ 1 - 1

CABAL, BOONE
DOB: 02/28/1979 Male / 40 Years
DOS: 12/11/2019 12:43
Att: IOBAL, MD, SULEMAN
FIR: 1226365513



Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1226365513

Admit Date: 12/11/2019

Discharge Date: 12/12/2019

Pulmonology/Sleep Study



McKay Dee Hospital Sleep Center
HOME EQUIPMENT AGREEMENT

[Print & Save](#)



Agree 50061

As the patient, or as the authorized agent or legal representative of the patient, I consent and agree to the terms and conditions of this Agreement with IHC Health Services, Inc. doing business as McKay Dee Sleep Lab (hereinafter "Intermountain" or the "Facility"). I understand the words "I," "me," "myself," and "my" refer to me as the patient or the patient I represent. I desire to use the following Intermountain equipment outside the Facility:

Equipment Name(s) and Number(s): HSAT # 8 (hereinafter "Equipment").

I AGREE:

1. The charge for my use of the Equipment will be in accordance with normal Facility charges.
2. To use the Equipment only as directed by my physician and as directed by Facility staff.
3. That I do not have the right to program the Equipment without authorization.
4. That I understand I may suffer serious complications, injury, or even death if the Equipment is misused or programmed other than as directed.
5. That the only people authorized to change the Equipment programming are Facility employees and individuals over the age of 18 that have received training from a Facility employee.
6. That I have been instructed in the use and programming of the Equipment, and I understand the instruction I was given and am comfortable operating the Equipment without assistance.
7. That I have been given the opportunity to ask questions regarding the operation and programming of the Equipment and my questions, if any, have been answered to my satisfaction.
8. That the Equipment must be returned when requested by the Facility, and that the Equipment shall be returned in as good a condition as when received, general wear accepted, and that any damages to the Equipment or failure to return the Equipment may result in a charge for the cost of repair or replacement of the Equipment being billed directly to my patient account. These charges will not be covered by insurance.
9. To return the Equipment to the Facility at the following location:

Contact Telephone Numbers: Office: 801-387-2705 after hours: 7 pm - 7 am

I RELEASE Intermountain from all claims, losses, or damages caused or alleged to be caused in whole or in part by the misuse and/or failure to correctly program or use the Equipment (hereinafter "claims"), and agree to indemnify Intermountain for any expenses, attorney fees, costs, or losses incurred as a result of any such claims.

I have read this Agreement, I fully understand and accept the risks associated with the use of the Equipment, and I agree to the terms of this Agreement by signing below.

PATIENT'S or PATIENT'S AUTHORIZED AGENT OR LEGAL REPRESENTATIVE'S PRINTED NAME:

DATE: 12/11/2019 SIGNATURE:

I CERTIFY that the person signing above has been instructed in the use of the Equipment, and that to my knowledge appears competent to use the Equipment without supervision.

INTERMOUNTAIN EMPLOYEE PRINTED NAME:

DATE/TIME: 12/11/2019 SIGNATURE:

RETURN ACKNOWLEDGEMENT: The undersigned Intermountain employee certifies that the above listed Equipment has been returned to the Facility in good working condition.

INTERMOUNTAIN EMPLOYEE PRINTED NAME:

RETURN DATE: 12/12/2019 SIGNATURE:
Created/Approved 4-2010 IHCP0D855 / 04-2010
Equipment Leasing Liability Agreement
IHC HH855 / 08-2013 © IHC Health Services, Inc. (2010). Original- Patient Re

MK McKay-Dee
CABAL, BOONE
DOB: 02/28/1979 Male / 40 Years
DOS: 12/11/2019 12:43
Ahn: IOBAL, MD, SULEMAN
FIN: 1226365513

Electronically Signed on 12/12/19 04:13 PM

SESSIONS, BARBIE L

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Allergy List

Substance: **No Known Allergies**

Recorded Date/Time

9/21/2019 09:44 MDT

Allergy Type: Allergy; **Category** Drug; **Reaction Status:** Active; **Information Source:** ;
Reviewed Date/Time: 10/15/2024 05:21 MDT; **Reviewed By:** BLEAK,RN,CARMELA

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Past Medical History

Problem Name: **Attempted suicide**

Status: **Resolved**

Age at Onset: 36 years; **Onset Date:** 9/20/2015; **Age at Resolved:** ; **Resolved Date:** ;
Responsible Provider: BIRCH,DO,RICHARD G.

C: 9/20/2015 19:13 MDT; DomainUser, Generated; --Problem Type: Diagnosis

--Entered Date: 2015/09/20.12:59

--HELP2 Comment: Documented as a result of an ED Visit

Problem Name: **Chest pain**

Status: **Resolved**

Age at Onset: ; **Onset Date:** ; **Age at Resolved:** ; **Resolved Date:** ; **Responsible Provider:**
SOUTHWICK,MD,JED C.

Problem Name: **Constipation**

Status: **Resolved**

Age at Onset: 36 years; **Onset Date:** 8/1/2015; **Age at Resolved:** ; **Resolved Date:** ;
Responsible Provider: MOONEY,MD,TODD S.

C: 8/14/2015 20:11 MDT; DomainUser, Generated; --Problem Type: Finding

--Entered Date: 2015/08/01.13:17

--HELP2 Comment: Documented as a result of an ED Visit

Problem Name: **Surgical history**

Status: **Resolved**

Age at Onset: ; **Onset Date:** ; **Age at Resolved:** ; **Resolved Date:** ; **Responsible Provider:**
MOONEY,MD,TODD S.

C: 8/14/2015 21:10 MDT; DomainUser, Generated; --Problem Type: History Of

--Entered Date: 2015/08/01.00:00

Problem Name: **Suspected disease caused by 2019-nCoV**

Status: **Resolved**

Age at Onset: 43 years; **Onset Date:** 5/4/2022; **Age at Resolved:** 43 years; **Resolved Date:**
5/4/2022; **Responsible Provider:**

C: 5/4/2022 05:14 MDT; CERNER SYSTEM, NON-PERSON SYSTEM, SYSTEM Cerner Cerner; Test result returned

C: 5/4/2022 03:06 MDT; CERNER SYSTEM, NON-PERSON SYSTEM, SYSTEM Cerner Cerner; This problem was added by Discern Expert based on lab order

Problem Name: **Unspecified depressive disorder**

Status: **Resolved**

Age at Onset: ; **Onset Date:** ; **Age at Resolved:** ; **Resolved Date:** ; **Responsible Provider:**
MCPPERSON,MD,OLIVER LAMONT

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Social History

Alcohol

Detail: Use: Never used. (Last Update: 9/21/2019 09:41 MDT by LOESCH,RN,BENJAMIN F)

Detail: Use: Past use. (Last Update: 3/27/2022 12:51 MDT by MCPHERSON,MD,OLIVER LAMONT)

Employment/School

Detail: Status: Employed. Place of occupation/business: Focus call center. Activity level: Desk/Office. Highest education level: High school. Operates hazardous equipment: No. (Last Update: 9/21/2019 13:02 MDT by KINDRED,LCSW,LESLIE A.)

Home/Environment

Detail: Lives with: Lantern house. (Last Update: 3/27/2022 12:51 MDT by MCPHERSON,MD,OLIVER LAMONT)

Sexual, Gender Identity and Orientation

Detail: Do you think of yourself as: Straight or heterosexual. What is your current gender identity? Identifies as male. (Last Update: 9/21/2019 12:06 MDT by KINDRED,LCSW,LESLIE A.)

Substance Use

Detail: Use, other than prescribed: Current use. Type: Marijuana. Date last used: Marijuana use a few weeks ago. Past stimulant misuse. Denies past meth, cocaine, crack use. (Last Update: 3/27/2022 12:51 MDT by MCPHERSON,MD,OLIVER LAMONT)

Tobacco

Detail: Use: Former smoker. (Last Update: 9/14/2021 11:01 MDT by MURPHY,RN,ROSILEE)

Detail: Use: Current some day smoker. Type: Cigarettes. (Last Update: 12/6/2021 16:23 MST by RASMUSSEN,RN,HOLLY NICOLE)

Detail: Use: Current every day smoker. (Last Update: 12/6/2021 16:59 MST by MCPHERSON,MD,O.LAMONT)

Detail: Use: Former smoker. (Last Update: 2/21/2024 07:54 MST by TIJERINA,MARIE L)

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Immunizations

Vaccine: SARS-CoV-2 (COVID-19) mRNA-1273 vaccine	Date Given: 6/9/2021 00:00 MDT		
Site: Right Deltoid	Route: IntraMuscular	Amount: 0.5mL	Manufacturer: Moderna US, Inc.
Expiration Date:		Lot Number: 026C21A	

New immunization record

Vaccine: SARS-CoV-2 (COVID-19) mRNA-1273 vaccine	Date Given: 5/13/2021 00:00 MDT		
Site: Right Deltoid	Route: IntraMuscular	Amount: 0.5mL	Manufacturer: Moderna US, Inc.
Expiration Date:		Lot Number: 007C21A	

New immunization record

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Medication Reconciliation

No Reconciliation History

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Orders

Laboratory

Order: **SARS-CoV-2 COVID-19 like Illness Screening (order request)**

Plan Name: SURG Coronavirus Covid-19 Pre-Surgical Screening Standing Order

Order Date/Time: 11/15/2021 09:50 MST

Order Status: Canceled Department Status: Canceled Activity Type: General Lab

End-state Date/Time: 11/15/2021 09:50 MST End-state Reason:

Ordering Physician: CERNER SYSTEM,NON-PERSON Consulting Physician:
SYSTEM,SYSTEM Cerner Cerner

Entered By: WOOLF,RN,JENNA LEE on 11/15/2021 09:50 MST

Order Details: Saliva, Routine collect, 11/15/21 9:50:00 AM MST, Once, Nurse collect, Encounter for screening for other viral diseases, Order for future visit, 11/15/21 9:50:00 MST, SURG Coronavirus Covid-19 Pre-Surgical Screening Standing Order

Action Type: Order Action Date/Time: 11/15/2021 09:50 MST Electronically Signed By: WOOLF,RN,
JENNA LEE

Responsible Provider: WILSON,MD,MATT Communication Type: Standing Orders/Protocol (Routes to
LIP)

Review Information:

Doctor Cosign: Electronically Signed, WILSON,MD,MATT on 11/15/2021 12:40 MST

Action Type: Cancel Action Date/Time: 11/15/2021 09:50 MST Electronically Signed By: CERNER
SYSTEM,NON-PERSON SYSTEM,
SYSTEM Cerner Cerner

Responsible Provider: CERNER SYSTEM,NON-PERSON Communication Type: Discern Expert
SYSTEM,SYSTEM Cerner Cerner

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on
12/5/2021 22:10 MST

Doctor Cosign: Not Required

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Orders

Laboratory

Order: **SARS-CoV-2 by PCR (TF)**

Order Date/Time: 10/20/2021 16:24 MDT

Order Status: Canceled Department Status: Canceled Activity Type: General Lab

End-state Date/Time: 10/20/2021 16:24 MDT

End-state Reason:

Ordering Physician: WILSON,MD,MATTHEW S.

Consulting Physician:

Entered By: CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 10/20/2021 16:24 MDT

Order Details: Saliva, Routine collect, 10/20/21 4:24:00 PM MDT, Once, Nurse collect, Encounter for screening for other viral diseases, Order for future visit, 10/20/21 16:24:00 MDT, SURG Coronavirus Covid-19 Pre-Surgical Screening Standing Order

Action Type: Order

Action Date/Time: 10/20/2021 16:24
MDT

Electronically Signed By: CERNER
SYSTEM,NON-PERSON SYSTEM,
SYSTEM Cerner Cerner

Responsible Provider: WILSON,MD,MATTHEW S.

Communication Type: Discern Expert

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 11/9/2021 22:06 MST

Doctor Cosign: Not Required

Action Type: Status Change

Action Date/Time: 1/19/2022 23:03 MST

Electronically Signed By: CERNER
SYSTEM,NON-PERSON SYSTEM,
SYSTEM Cerner Cerner

Responsible Provider: WILSON,MD,MATTHEW S.

Communication Type:

Review Information:

Doctor Cosign: Not Required

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1226365513

Admit Date: 12/11/2019

Discharge Date: 12/12/2019

Orders

Laboratory

Order: SARS-CoV-2 COVID-19 like Illness Screening (order request)

Plan Name: SURG Coronavirus Covid-19 Pre-Surgical Screening Standing Order

Order Date/Time: 10/20/2021 16:23 MDT

Order Status: Canceled Department Status: Canceled Activity Type: General Lab

End-state Date/Time: 10/20/2021 16:24 MDT End-state Reason:

Ordering Physician: CERNER SYSTEM,NON-PERSON Consulting Physician:
SYSTEM,SYSTEM Cerner Cerner

Entered By: HINZE,RN,ROBYN LYN on 10/20/2021 16:23 MDT

Order Details: Saliva, Routine collect, 10/20/21 4:24:00 PM MDT, Once, Nurse collect, Encounter for screening for other viral diseases, Order for future visit, 10/20/21 16:24:00 MDT, SURG Coronavirus Covid-19 Pre-Surgical Screening Standing Order

Action Type: Order Action Date/Time: 10/20/2021 16:24 Electronically Signed By: HINZE,RN,
MDT ROBYN LYN

Responsible Provider: WILSON,MD,MATTHEW S. Communication Type: Per Provider Order/Initiate Plan

Review Information:

Doctor Cosign: Not Required

Action Type: Cancel Action Date/Time: 10/20/2021 16:24 Electronically Signed By: CERNER
MDT SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner

Responsible Provider: CERNER SYSTEM,NON-PERSON Communication Type: Discern Expert
SYSTEM,SYSTEM Cerner Cerner

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on
11/9/2021 22:06 MST

Doctor Cosign: Not Required

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Orders

Laboratory

Order: **SARS-CoV-2 by PCR (TF)**

Order Date/Time: 9/14/2021 12:20 MDT

Order Status: Canceled Department Status: Canceled Activity Type: General Lab

End-state Date/Time: 9/14/2021 12:20 MDT End-state Reason:

Ordering Physician: RICKS,MD,DANIEL J Consulting Physician:

Entered By: CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 9/14/2021 12:20 MDT

Order Details: Saliva, RT collect, 9/14/21 12:20:42 PM MDT, Once, Nurse collect, Contact with and (suspected) exposure to other viral communicable diseases, Order for future visit, Nursing Instructions: QUALTRICS

Action Type: Order Action Date/Time: 9/14/2021 12:20 MDT Electronically Signed By: CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner

Responsible Provider: RICKS,MD,DANIEL J Communication Type: Discern Expert

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 10/4/2021 22:07 MDT

Doctor Cosign: Not Required

Action Type: Status Change Action Date/Time: 12/14/2021 23:02 MST Electronically Signed By: CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner

Responsible Provider: RICKS,MD,DANIEL J Communication Type:

Review Information:

Doctor Cosign: Not Required

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Orders

Laboratory

Order: **SARS-CoV-2 COVID-19 like Illness Screening (order request)**

Order Date/Time: 9/14/2021 12:20 MDT

Order Status: Canceled Department Status: Canceled Activity Type: General Lab

End-state Date/Time: 9/14/2021 12:20 MDT End-state Reason:

Ordering Physician: CERNER SYSTEM,NON-PERSON
SYSTEM,SYSTEM Cerner Cerner Consulting Physician:

Entered By: CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 9/14/2021 12:20 MDT

Order Details: Saliva, RT collect, 9/14/21 12:20:42 PM MDT, Once, Nurse collect, Contact with and (suspected) exposure to other viral communicable diseases, Order for future visit, Nursing Instructions: QUALTRICS

Action Type: Order	Action Date/Time: 9/14/2021 12:20 MDT	Electronically Signed By: CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner
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Responsible Provider: RICKS,MD,DANIEL J Communication Type: Discern Expert

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 10/4/2021 22:07 MDT

Doctor Cosign: Not Required

Action Type: Cancel	Action Date/Time: 9/14/2021 12:20 MDT	Electronically Signed By: CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner
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Responsible Provider: CERNER SYSTEM,NON-PERSON
SYSTEM,SYSTEM Cerner Cerner Communication Type: Discern Expert

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 10/4/2021 22:07 MDT

Doctor Cosign: Not Required

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Orders

Laboratory

Order: **SARS-CoV-2 COVID-19 like Illness Screening (order request)**

Plan Name: SURG Coronavirus Covid-19 Pre-Surgical Screening Standing Order

Order Date/Time: 9/14/2021 11:21 MDT

Order Status: Canceled Department Status: Canceled Activity Type: General Lab

End-state Date/Time: 9/14/2021 11:21 MDT End-state Reason:

Ordering Physician: CERNER SYSTEM,NON-PERSON Consulting Physician:

SYSTEM,SYSTEM Cerner Cerner

Entered By: WESTON,RN,JUDITH LEE on 9/14/2021 11:21 MDT

Order Details: Saliva, Routine collect, 9/14/21 11:21:00 AM MDT, Once, Nurse collect, Encounter for screening for other viral diseases, Order for future visit, 09/14/21 11:21:00 MDT, SURG Coronavirus Covid-19 Pre-Surgical Screening Standing Order

Action Type: Order Action Date/Time: 9/14/2021 11:21 MDT Electronically Signed By: WESTON,RN, JUDITH LEE

Responsible Provider: WILSON,MD,MATT Communication Type: Standing Orders/Protocol (Routes to LIP)

Review Information:

Doctor Cosign: Electronically Signed, WILSON,MD,MATT on 9/14/2021 11:28 MDT

Action Type: Cancel Action Date/Time: 9/14/2021 11:21 MDT Electronically Signed By: CERNER SYSTEM,NON-PERSON SYSTEM, SYSTEM Cerner Cerner

Responsible Provider: CERNER SYSTEM,NON-PERSON Communication Type: Discern Expert
SYSTEM,SYSTEM Cerner Cerner

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 10/4/2021 22:08 MDT

Doctor Cosign: Not Required

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Orders

Radiology

Order: **US Abdomen Limited**

Order Date/Time: 7/1/2021 09:43 MDT

Order Status: Canceled

Department Status: Canceled

Activity Type: Radiology

End-state Date/Time: 7/6/2021 07:00 MDT

End-state Reason:

Ordering Physician: PETERSON,MD,JONAS LEGRAND

Consulting Physician:

Entered By: GILES,ALICIA on 7/1/2021 09:43 MDT

Order Details: 7/6/21 7:00:00 AM MDT, Routine, Reason: Elevation of levels of liver transaminase levels, Reason: ELEVATED LFTS, Elevation of levels of liver transaminase levels, Written (Paper)/Fax

Action Type: Order

Action Date/Time: 7/1/2021 09:43 MDT

Electronically Signed By: GILES,ALICIA

Responsible Provider: PETERSON,MD,JONAS LEGRAND

Communication Type: Written (Paper)/Fax

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 7/21/2021 22:09 MDT

Doctor Cosign: Not Required

Action Type: Modify

Action Date/Time: 7/1/2021 09:43 MDT

Electronically Signed By: CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner

Responsible Provider: PETERSON,MD,JONAS LEGRAND

Communication Type: Discern Expert

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 7/21/2021 22:09 MDT

Doctor Cosign: Not Required

Action Type: Status Change

Action Date/Time: 8/5/2022 10:00 MDT

Electronically Signed By: CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner

Responsible Provider: PETERSON,MD,JONAS LEGRAND

Communication Type:

Review Information:

Doctor Cosign: Not Required

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Orders

Radiology

Order: **US Abdomen Limited**

Order Date/Time: 5/20/2021 10:26 MDT

Order Status: Canceled Department Status: Canceled Activity Type: Radiology

End-state Date/Time: 5/24/2021 07:30 MDT End-state Reason:

Ordering Physician: PETERSON,MD,JONAS LEGRAND Consulting Physician:

Entered By: GILES,ALICIA on 5/20/2021 10:26 MDT

Order Details: 5/24/21 7:30:00 AM MDT, Routine, Reason: ELEVATED LVER ENZYMES, Written (Paper)/Fax

Action Type: Order Action Date/Time: 5/20/2021 10:26 MDT Electronically Signed By: GILES,ALICIA

Responsible Provider: PETERSON,MD,JONAS L. Communication Type: Written (Paper)/Fax

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 6/9/2021 22:09 MDT

Doctor Cosign: Not Required

Action Type: Status Change Action Date/Time: 6/23/2022 10:00 MDT Electronically Signed By: CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner

Responsible Provider: PETERSON,MD,JONAS LEGRAND Communication Type:

Review Information:

Doctor Cosign: Not Required

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1226365513

Admit Date: 12/11/2019

Discharge Date: 12/12/2019

Orders

Radiology

Order: MRI Brain w/+ w/o Contrast

Order Date/Time: 2/5/2021 17:20 MST

Order Status: Canceled

Department Status: Canceled

Activity Type: Radiology

End-state Date/Time: 2/16/2021 16:30 MST

End-state Reason:

Ordering Physician: HEIDARIAN,MD,LAHDAN

Consulting Physician:

Entered By: HEIDARIAN,MD,LAHDAN on 2/5/2021 17:20 MST

Order Details: 2/16/21 4:30:00 PM MST, Routine, Reason: Memory difficulty; Memory loss, Reason: Memory concerns, No, No, Transport Mode: Ambulatory, Memory difficulty, Reportable, Order for future visit, North Region

Action Type: Order

Action Date/Time: 2/5/2021 16:59 MST

Electronically Signed By: AGUILAR,IRMA
OLIVIA

Responsible Provider: HEIDARIAN,MD,LAHDAN

Communication Type: Signature Required (Routes to LIP)

Review Information:

Doctor Cosign: Not Required

Action Type: Order

Action Date/Time: 2/5/2021 17:20 MST

Electronically Signed By: HEIDARIAN,
MD,LAHDAN

Responsible Provider: HEIDARIAN,MD,LAHDAN

Communication Type: Electronic

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 3/3/2021 22:10 MST

Doctor Cosign: Not Required

Action Type: Modify

Action Date/Time: 2/5/2021 17:20 MST

Electronically Signed By: CERNER
SYSTEM,NON-PERSON SYSTEM,
SYSTEM Cerner Cerner

Responsible Provider: HEIDARIAN,MD,LAHDAN

Communication Type: Discern Expert

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 3/3/2021 22:10 MST

Doctor Cosign: Not Required

Action Type: Modify

Action Date/Time: 2/11/2021 11:35 MST

Electronically Signed By: FLINT,
CRYSTAL

Responsible Provider: HEIDARIAN,MD,LAHDAN

Communication Type: Electronic

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 3/3/2021 22:10 MST

Doctor Cosign: Not Required

Action Type: Status Change

Action Date/Time: 3/18/2022 21:01 MDT

Electronically Signed By: CERNER
SYSTEM,NON-PERSON SYSTEM,
SYSTEM Cerner Cerner

Responsible Provider: HEIDARIAN,MD,LAHDAN

Communication Type:

Review Information:

Doctor Cosign: Not Required

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1226365513

Admit Date: 12/11/2019

Discharge Date: 12/12/2019

Orders

Respiratory Therapy

Order: Sleep Study Home Sleep Apnea Test

Order Date/Time: 4/30/2024 13:43 MDT

Order Status: Canceled Department Status: Canceled Activity Type: Sleep Study Adult

End-state Date/Time: 5/15/2024 14:54 MDT End-state Reason:

Ordering Physician: SCHEULLER,MD,MICHAEL C. Consulting Physician:

Entered By: UHREY,PA-C,RYAN M on 4/30/2024 13:43 MDT

Order Details: 5/16/24 2:30:00 PM MDT, Device(s) No Device, McKay Dee Hospital, Fatigue, Snoring, Witnessed apnea, Obstructive sleep apnea, OSA on CPAP | Nasal septal deviation | Uvular hypertrophy | Tonsillar hypertrophy, 5/15/24 2:54:48 PM MDT, 04/30/24 13:42:00 MDT, 0

Action Type: Order Action Date/Time: 4/30/2024 13:43 MDT Electronically Signed By: UHREY,PA-C, RYAN M

Responsible Provider: SCHEULLER,MD,MICHAEL C. Communication Type: Per Provider Order/Initiate Plan

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 6/4/2024 22:15 MDT

Doctor Cosign: Not Required

Action Type: Modify Action Date/Time: 4/30/2024 15:16 MDT Electronically Signed By: FIELD, CANDACE

Responsible Provider: SCHEULLER,MD,MICHAEL C. Communication Type: Per Provider Order/Initiate Plan

Review Information:

Doctor Cosign: Not Required

Action Type: Modify Action Date/Time: 5/1/2024 09:38 MDT Electronically Signed By: FIELD, CANDACE

Responsible Provider: SCHEULLER,MD,MICHAEL C. Communication Type: Per Provider Order/Initiate Plan

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 6/4/2024 22:15 MDT

Doctor Cosign: Not Required

Action Type: Modify Action Date/Time: 5/10/2024 09:08 MDT Electronically Signed By: FIELD, CANDACE

Responsible Provider: SCHEULLER,MD,MICHAEL C. Communication Type: Per Provider Order/Initiate Plan

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 6/4/2024 22:15 MDT

Doctor Cosign: Not Required

Action Type: Cancel Action Date/Time: 5/15/2024 14:54 MDT Electronically Signed By: GASTON,AMY

Responsible Provider: SCHEULLER,MD,MICHAEL C. Communication Type: Per Provider Order/Initiate Plan

Review Information:

Nurse Review: No Longer Needing Review, CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner on 6/4/2024 22:15 MDT

Doctor Cosign: Not Required

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Orders

Respiratory Therapy

Order: **Sleep Study Home Sleep Apnea Test**

Order Date/Time: 10/22/2019 11:03 MDT

Order Status: Completed Department Status: Completed Activity Type: Sleep Study Adult

End-state Date/Time: 12/12/2019 16:13 MST End-state Reason:

Ordering Physician: IQBAL,MD,SULEMAN Consulting Physician:

Entered By: IQBAL,MD,SULEMAN on 10/22/2019 11:03 MDT

Order Details: 12/11/19 1:30:00 PM MST, Device(s) No Device, McKay Dee Hospital, Snoring, 12/12/19 4:13:34 PM MST, 10/22/19 11:03:00 MDT, 0

Action Type: Order	Action Date/Time: 10/22/2019 11:04 MDT	Electronically Signed By: IQBAL,MD, SULEMAN
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Responsible Provider: IQBAL,MD,SULEMAN Communication Type: Electronic

Review Information:

Nurse Review: Electronically Signed, KRAMBULE,RN,HEATHER on 11/27/2019 16:22 MST

Doctor Cosign: Not Required

Action Type: Modify	Action Date/Time: 10/22/2019 12:53 MDT	Electronically Signed By: LANDERS,AMY
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Responsible Provider: IQBAL,MD,SULEMAN Communication Type: Electronic

Review Information:

Doctor Cosign: Not Required

Action Type: Modify	Action Date/Time: 11/5/2019 14:46 MST	Electronically Signed By: KAY,TAMMY J
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Responsible Provider: IQBAL,MD,SULEMAN Communication Type: Electronic

Review Information:

Nurse Review: Electronically Signed, KRAMBULE,RN,HEATHER on 11/27/2019 16:22 MST

Doctor Cosign: Not Required

Action Type: Modify	Action Date/Time: 11/14/2019 15:32 MST	Electronically Signed By: BRUEN,KELLY T
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Responsible Provider: IQBAL,MD,SULEMAN Communication Type: Electronic

Review Information:

Doctor Cosign: Not Required

Action Type: Modify	Action Date/Time: 11/20/2019 09:12 MST	Electronically Signed By: WALL, COURTNEY
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Responsible Provider: IQBAL,MD,SULEMAN Communication Type: Electronic

Review Information:

Nurse Review: Electronically Signed, KRAMBULE,RN,HEATHER on 11/27/2019 16:22 MST

Doctor Cosign: Not Required

Action Type: Activate	Action Date/Time: 12/11/2019 12:43 MST	Electronically Signed By: ADAMS, NANCY ANN
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Responsible Provider: IQBAL,MD,SULEMAN Communication Type: Electronic

Review Information:

Doctor Cosign: Not Required

Action Type: Complete	Action Date/Time: 12/12/2019 16:13 MST	Electronically Signed By: SESSIONS, BARBIE L
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Responsible Provider: IQBAL,MD,SULEMAN Communication Type:

Review Information:

Doctor Cosign: Not Required

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Orders

Surgery

Order: Uvulopalatopharyngoplasty

Order Date/Time: 11/16/2021 09:26 MST

Order Status: Canceled Department Status: Canceled Activity Type: Surgery

End-state Date/Time: 11/17/2021 10:58 MST End-state Reason:

Ordering Physician: Consulting Physician:

Entered By: MCKAY,STEPHANIE S on 11/16/2021 09:26 MST

Order Details: WILSON, MD, MATT, OP - Outpatient, 11/17/21 13:15:00 MST, Primary Procedure, UVULECTOMY, UVULECTOMY EXCISION UVULA (42140), 20, 0, 10, General, Future Order, ORD_SET_REQ_DT_RANGE, 11/17/21 10:58:53 AM MST

Action Type: Order Action Date/Time: 11/16/2021 09:26 MST Electronically Signed By: MCKAY, STEPHANIE S

Responsible Provider: Communication Type:

Review Information:

Doctor Cosign: Not Reviewed

Action Type: Cancel Action Date/Time: 11/17/2021 10:58 MST Electronically Signed By: MCKAY, STEPHANIE S

Responsible Provider: Communication Type:

Review Information:

Order: Uvulectomy

Order Date/Time: 11/15/2021 09:26 MST

Order Status: Canceled Department Status: Canceled Activity Type: Surgery

End-state Date/Time: 11/16/2021 09:26 MST End-state Reason:

Ordering Physician: Consulting Physician:

Entered By: HILLYARD,LINDSEY ANN on 11/15/2021 09:26 MST

Order Details: WILSON, MD, MATT, LG Main OR, OP - Outpatient, 11/17/21 11:40:00 MST, Primary Procedure, UVULECTOMY, Uvulectomy, UVULECTOMY EXCISION UVULA (42140), 20, 0, 10, General, Future Order, LG Main OR, ORD_SET_REQ_DT_RANGE, 11/16/21 9:26:46 AM MST, 09/24/21 11:39:00 MDT

Action Type: Order Action Date/Time: 11/15/2021 09:26 MST Electronically Signed By: HILLYARD, LINDSEY ANN

Responsible Provider: Communication Type:

Review Information:

Doctor Cosign: Not Reviewed

Action Type: Cancel Action Date/Time: 11/16/2021 09:26 MST Electronically Signed By: MCKAY, STEPHANIE S

Responsible Provider: Communication Type:

Review Information:

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Orders

Surgery

Order: **Uvulectomy**

Order Date/Time: 9/24/2021 11:39 MDT

Order Status: Canceled Department Status: Canceled Activity Type: Surgery

End-state Date/Time: 10/25/2021 15:48 MDT End-state Reason:

Ordering Physician: WILSON,MD,MATT Consulting Physician:

Entered By: WATTERSON,ALEX KRISTIE on 9/24/2021 11:39 MDT

Order Details: WILSON, MD, MATT, LG Main OR, OP - Outpatient, 11/17/21 11:40:00 MST, Primary Procedure, UVULECTOMY, Uvulectomy, UVULECTOMY EXCISION UVULA (42140), 20, 0, 10, General, Future Order, LG Main OR, ORD_SET_REQ_DT_RANGE, 10/25/21 3:48:05 PM MDT, 09/24/21 11:39:00 MDT

Action Type: Order Action Date/Time: 9/24/2021 11:42 MDT Electronically Signed By: WATTERSON, ALEX KRISTIE

Responsible Provider: WILSON,MD,MATT Communication Type: Signature Required (Routes to LIP)

Review Information:

Doctor Cosign: Electronically Signed, WILSON,MD,MATT on 9/24/2021 12:06 MDT

Action Type: Modify Action Date/Time: 9/24/2021 12:57 MDT Electronically Signed By: MCKAY, STEPHANIE S

Responsible Provider: WILSON,MD,MATT Communication Type:

Review Information:

Doctor Cosign: Not Required

Action Type: Modify Action Date/Time: 10/4/2021 09:17 MDT Electronically Signed By: HILLYARD, LINDSEY ANN

Responsible Provider: WILSON,MD,MATT Communication Type:

Review Information:

Doctor Cosign: Not Required

Action Type: Modify Action Date/Time: 10/25/2021 11:32 MDT Electronically Signed By: ESKELSON, JENNA LEE

Responsible Provider: WILSON,MD,MATT Communication Type:

Review Information:

Doctor Cosign: Not Required

Action Type: Modify Action Date/Time: 10/25/2021 11:33 MDT Electronically Signed By: ESKELSON, JENNA LEE

Responsible Provider: WILSON,MD,MATT Communication Type:

Review Information:

Doctor Cosign: Not Required

Action Type: Cancel Action Date/Time: 10/25/2021 15:48 MDT Electronically Signed By: HILLYARD, LINDSEY ANN

Responsible Provider: WILSON,MD,MATT Communication Type:

Review Information:

Doctor Cosign: Not Required

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Orders

Surgery

Order: **Tonsillectomy**

Order Date/Time: 8/19/2021 15:05 MDT

Order Status: Canceled Department Status: Canceled Activity Type: Surgery

End-state Date/Time: 9/14/2021 11:04 MDT End-state Reason:

Ordering Physician: WILSON,MD,MATT Consulting Physician:

Entered By: HAMILTON,JOANN SYDNEE on 8/19/2021 15:05 MDT

Order Details: WILSON, MD, MATT, LG Main OR, OP - Outpatient, 09/15/21 15:08:00 MDT, Primary Procedure, UVULECTOMY, Uvulectomy, UVULECTOMY EXCISION UVULA (42140), 15, 0, 15, General, Future Order, LG Main OR, ORD_SET_REQ_DT_RANGE, 9/14/21 11:04:24 AM MDT, 08/19/21 15:05:00 MDT

Action Type: Order Action Date/Time: 8/19/2021 15:08 MDT Electronically Signed By: HAMILTON, JOANN SYDNEE

Responsible Provider: WILSON,MD,MATT Communication Type: Signature Required (Routes to LIP)

Review Information:

Doctor Cosign: Electronically Signed, WILSON,MD,MATT on 8/19/2021 15:27 MDT

Action Type: Modify Action Date/Time: 8/19/2021 15:14 MDT Electronically Signed By: ESKELSON, JENNA LEE

Responsible Provider: WILSON,MD,MATT Communication Type:

Review Information:

Doctor Cosign: Not Required

Action Type: Modify Action Date/Time: 9/2/2021 15:35 MDT Electronically Signed By: HILLYARD, LINDSEY ANN

Responsible Provider: WILSON,MD,MATT Communication Type:

Review Information:

Doctor Cosign: Not Required

Action Type: Modify Action Date/Time: 9/10/2021 07:54 MDT Electronically Signed By: MCKAY, STEPHANIE S

Responsible Provider: WILSON,MD,MATT Communication Type:

Review Information:

Doctor Cosign: Not Required

Action Type: Cancel Action Date/Time: 9/14/2021 11:04 MDT Electronically Signed By: HILLYARD, LINDSEY ANN

Responsible Provider: WILSON,MD,MATT Communication Type:

Review Information:

Doctor Cosign: Not Required

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1226365513

Admit Date: 12/11/2019

Discharge Date: 12/12/2019

Problems

Problem Name: Anxiety disorder,unspecified

Life Cycle Status: Active

Recorder: ARVEDON,RN,EVAN

Last Updated: 3/27/2022 12:43 MDT; MCPHERSON,MD,
OLIVER LAMONT

Classification: Medical; Confirmation: Confirmed; Code: 303689015; Course: ; Onset Date: ; Status Date: ; Prognosis: ; Persistence:

Problem Name: Attempted suicide

Life Cycle Status: Resolved

Recorder: DomainUser,Generated

Last Updated: 9/21/2019 13:02 MDT; KINDRED,LCSW,
LESLIE A.

Classification: Medical; Confirmation: Confirmed; Code: 136534019; Course: ; Onset Date: 9/20/2015; Status Date: ; Prognosis: ; Persistence:

Problem Name: Attention deficit disorder

Life Cycle Status: Active

Recorder: ROBERTS,RN,CANDICE KAI

Last Updated: 11/27/2019 14:27 MST; MCPHERSON,MD,
OLIVER LAMONT

Classification: Medical; Confirmation: Confirmed; Code: 58824018; Course: ; Onset Date: ; Status Date: ; Prognosis: ; Persistence:

Problem Name: Chest pain

Life Cycle Status: Resolved

Recorder: SELMAN,RN,ALLY K

Last Updated: 11/16/2021 12:38 MST;

Classification: Medical; Confirmation: Confirmed; Code: 49966017; Course: ; Onset Date: ; Status Date: 10/9/2020; Prognosis: ; Persistence:

Problem Name: Cognitive disorder

Life Cycle Status: Active

Recorder: ROBERTS,RN,CANDICE KAI

Last Updated: 11/27/2019 14:28 MST; MCPHERSON,MD,
OLIVER LAMONT

Classification: Medical; Confirmation: Confirmed; Code: 2838279014; Course: ; Onset Date: ; Status Date: ; Prognosis: ; Persistence:

Problem Name: Constipation

Life Cycle Status: Resolved

Recorder: DomainUser,Generated

Last Updated: 11/16/2021 12:38 MST;

Classification: Medical; Confirmation: Confirmed; Code: 25076018; Course: ; Onset Date: 8/1/2015; Status Date: 2015; Prognosis: ; Persistence:

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1226365513

Admit Date: 12/11/2019

Discharge Date: 12/12/2019

Problems

Problem Name: Depression

Life Cycle Status: Canceled; Cancel Reason: <not entered>

Recorder: ROBERTS,RN,CANDICE KAI

Responsible Provider: BIRCH,DO,RICHARD G.

Last Updated: 11/27/2019 14:27 MST; MCPHERSON,MD,
OLIVER LAMONT

Last Reviewed: 7/25/2022 12:13 MDT; WINCHESTER,RN,
GAIGE

Classification: Medical; Confirmation: Confirmed; Code: 59212011; Course: ; Onset Date: 9/20/2015; Status Date: 2015;
Prognosis: ; Persistence:

Problem Name: Depression with anxiety

Life Cycle Status: Canceled; Cancel Reason: <not entered>

Recorder: ROBERTS,RN,CANDICE KAI

Responsible Provider: MOONEY,MD,TODD S.

Last Updated: 11/27/2019 14:27 MST; MCPHERSON,MD,
OLIVER LAMONT

Last Reviewed: 7/25/2022 12:13 MDT; WINCHESTER,RN,
GAIGE

Classification: Medical; Confirmation: Confirmed; Code: 346979010; Course: ; Onset Date: ; Status Date: ; Prognosis: ;
Persistence:

Problem Name: Dissociation

Life Cycle Status: Active

Recorder: ARVEDON,RN,EVAN

Responsible Provider: MCPHERSON,MD,OLIVER LAMONT

Last Updated: 3/27/2022 12:43 MDT; MCPHERSON,MD,
OLIVER LAMONT

Last Reviewed: 5/8/2024 14:50 MDT; ARVEDON,RN,EVAN

Classification: Medical; Confirmation: Confirmed; Code: 74016017; Course: ; Onset Date: ; Status Date: ; Prognosis: ;
Persistence:

Problem Name: Insomnia,history

Life Cycle Status: Active

Recorder: ROBERTS,RN,CANDICE KAI

Responsible Provider: MOONEY,MD,TODD S.

Last Updated: 1/7/2016 21:09 MST; DomainUser,Generated

Last Reviewed: 5/8/2024 14:50 MDT; ARVEDON,RN,EVAN

Classification: Medical; Confirmation: Confirmed; Code: 297924011; Course: ; Onset Date: ; Status Date: ; Prognosis: ;
Persistence:

Problem Name: Memory difficulty

Life Cycle Status: Active

Recorder: ARVEDON,RN,EVAN

Responsible Provider: HEIDARIAN,MD,LAHDAN

Last Updated: 11/5/2020 17:25 MST; HEIDARIAN,MD,
LAHDAN

Last Reviewed: 5/8/2024 14:50 MDT; ARVEDON,RN,EVAN

Classification: Medical; Confirmation: Confirmed; Code: 1480927011; Course: ; Onset Date: ; Status Date: ; Prognosis: ;
Persistence:

Problem Name: OSA on CPAP

Life Cycle Status: Active

Recorder: ARVEDON,RN,EVAN

Responsible Provider: HEIDARIAN,MD,LAHDAN

Last Updated: 11/5/2020 17:25 MST; HEIDARIAN,MD,
LAHDAN

Last Reviewed: 5/8/2024 14:50 MDT; ARVEDON,RN,EVAN

Classification: Medical; Confirmation: Confirmed; Code: 129889015; Course: ; Onset Date: ; Status Date: ; Prognosis: ;
Persistence:

Patient Name: CABAL, BOONE

MRN: 571879889

Encounter: 1226365513

Admit Date: 12/11/2019

Discharge Date: 12/12/2019

Problems

Problem Name: Postoperative problem

Life Cycle Status: Active

Recorder: ARVEDON,RN,EVAN

Last Updated: 5/8/2024 14:52 MDT; ARVEDON,RN,EVAN Last Reviewed: 5/8/2024 14:52 MDT; ARVEDON,RN,EVAN

Classification: Patient Stated; Confirmation: Confirmed; Code: 3747497017; Course: ; Onset Date: ; Status Date: 5/8/2024; Prognosis: ; Persistence:

Problem Name: Posttraumatic stress disorder,history

Life Cycle Status: Canceled; Cancel Reason: <not entered>

Recorder: ROBERTS,RN,CANDICE KAI

Responsible Provider: MOONEY,MD,TODD S.

Last Updated: 11/27/2019 14:27 MST; MCPHERSON,MD, OLIVER LAMONT

Last Reviewed: 7/25/2022 12:13 MDT; WINCHESTER,RN, GAIGE

Classification: Medical; Confirmation: Confirmed; Code: 79193014; Course: ; Onset Date: ; Status Date: ; Prognosis: ; Persistence:

Problem Name: Recurrent depression

Life Cycle Status: Active

Recorder: ARVEDON,RN,EVAN

Responsible Provider: MCPHERSON,MD,OLIVER LAMONT

Last Updated: 3/27/2022 12:43 MDT; MCPHERSON,MD, OLIVER LAMONT

Last Reviewed: 5/8/2024 14:50 MDT; ARVEDON,RN,EVAN

Classification: Medical; Confirmation: Confirmed; Code: 294844012; Course: ; Onset Date: ; Status Date: ; Prognosis: ; Persistence:

Problem Name: Surgical history

Life Cycle Status: Resolved

Recorder: DomainUser,Generated

Responsible Provider: MOONEY,MD,TODD S.

Last Updated: 12/7/2021 05:57 MST;

Last Reviewed: 7/25/2022 12:13 MDT; WINCHESTER,RN, GAIGE

Classification: Medical; Confirmation: Confirmed; Code: 251850013; Course: ; Onset Date: ; Status Date: ; Prognosis: ; Persistence:

Problem Name: Suspected disease caused by 2019-nCoV

Life Cycle Status: Resolved

Recorder: CERNER SYSTEM,NON-PERSON SYSTEM,SYSTEM Cerner Cerner

Last Updated: 5/4/2022 05:14 MDT; CERNER SYSTEM, NON-PERSON SYSTEM,SYSTEM Cerner Cerner Last Reviewed: 7/25/2022 12:13 MDT; WINCHESTER,RN, GAIGE

Classification: Medical; Confirmation: Confirmed; Code: 3902375014; Course: ; Onset Date: 5/4/2022; Status Date: 5/4/2022; Prognosis: ; Persistence:

Problem Name: Tobacco use

Life Cycle Status: Inactive

Recorder: WINCHESTER,RN,GAIGE

Last Updated: 2/21/2024 07:55 MST; CERNER SYSTEM, NON-PERSON SYSTEM,SYSTEM Cerner Cerner Last Reviewed: 2/21/2024 07:55 MST; CERNER SYSTEM, NON-PERSON SYSTEM,SYSTEM Cerner Cerner

Classification: Historic; Confirmation: Confirmed; Code: 2923440014; Course: ; Onset Date: ; Status Date: 2/21/2024; Prognosis: ; Persistence:

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Problems

Problem Name: **Tobacco use**

Life Cycle Status: Inactive

Recorder: ROBERTS,RN,CANDICE KAI

Last Updated: 9/14/2021 11:01 MDT; CERNER SYSTEM,
NON-PERSON SYSTEM,SYSTEM Cerner Cerner

Last Reviewed: 7/25/2022 12:13 MDT; WINCHESTER,RN,
GAIGE

Classification: Historic; Confirmation: Confirmed; Code: 2923440014; Course: ; Onset Date: ; Status Date: 9/14/2021;
Prognosis: ; Persistence:

Problem Name: **Unspecified depressive disorder**

Life Cycle Status: Resolved

Recorder: ROBERTS,RN,CANDICE KAI

Responsible Provider: MCPHERSON,MD,OLIVER LAMONT

Last Updated: 4/24/2022 07:08 MDT;

Last Reviewed: 7/25/2022 12:13 MDT; WINCHESTER,RN,
GAIGE

Classification: Medical; Confirmation: Confirmed; Code: 61590015; Course: ; Onset Date: ; Status Date: ; Prognosis: ;
Persistence:

Patient Name: **CABAL, BOONE**

MRN: **571879889**

Encounter: **1226365513**

Admit Date: **12/11/2019**

Discharge Date: **12/12/2019**

Assessment Forms

Sign Information

IQBAL,MD,SULEMAN (12/15/2019 14:40 MST)

Sleep Referral Form Entered On: 12/15/2019 14:40 MST
Performed On: 12/15/2019 14:40 MST by IQBAL, MD, SULEMAN

Sleep Referral Form

Reason for testing : Fatigue, Snoring, Witnessed apnea, Obstructive sleep apnea

Urgency Consult : Not urgent

Sleep management options : Direct the patient back to me (the referring provider) for all sleep care needs and equipment

IQBAL, MD, SULEMAN - 12/15/2019 14:40 MST