

Ascension

Fax

To
MEDICAL RECORDS

From
ROI Central

Message
KNIGHT, GARY

Date/Time
Friday, November 17, 2023
10:51:42 AM

Number of pages (including cover sheet)
80

Recipient's fax number
5126102330

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(512) 324-1491

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Ascension Seton Hays6001 Kyle Parkway
Kyle, TX 78640-6112**KNIGHT, GARY****DOB:** 12/8/1939

Admit Age: 83 years Gender: Male

MRN: 7855705**FIN:** 8083802562**Type:** IP Private/Semi Private room**Admit:** 4/1/2023**Discharge:** 4/4/2023**Medical Service:** Medicine**PROCEDURE LIST - Historical Across Seton Healthcare Family****Dilation of Common Bile Duct,Via Natural or Artificial Opening Endoscopic****Procedure Date:** 4/3/2023 12:30 CDT (83 years)**Provider:** Ali ,Jawad Tahir MD**Last Updated:** 4/7/2023; Contributor_system,D77_SMS**Dilation of Common Bile Duct,Via Natural or Artificial Opening Endoscopic****Procedure Date:** 4/3/2023 12:30 CDT (83 years)**Last Updated:** 4/7/2023; Contributor_system,D77_SMS**Resection of Gallbladder,Percutaneous Endoscopic Approach****Procedure Date:** 4/3/2023 12:30 CDT (83 years)**Provider:** Ali ,Jawad Tahir MD**Last Updated:** 4/7/2023; Contributor_system,D77_SMS**Resection of Gallbladder,Percutaneous Endoscopic Approach****Procedure Date:** 4/3/2023 12:30 CDT (83 years)**Last Updated:** 4/7/2023; Contributor_system,D77_SMS**Drainage of Right Pleural Cavity with Drainage Device,Percutaneous Approach****Procedure Date:** 4/9/2021 16:29 CDT (81 years)**Provider:** Corne Jr,Louis M MD**Last Updated:** 4/14/2021; Contributor_system,D77_SMS**Drainage of Right Pleural Cavity with Drainage Device,Percutaneous Approach****Procedure Date:** 4/9/2021 16:29 CDT (81 years)**Last Updated:** 4/14/2021; Contributor_system,D77_SMS**Extraction of Finger Nail,External Approach****Procedure Date:** 4/9/2021 16:29 CDT (81 years)**Provider:** Kelley ,Brian Patrick MD**Last Updated:** 4/14/2021; Contributor_system,D77_SMS**Extraction of Finger Nail,External Approach****Procedure Date:** 4/9/2021 16:29 CDT (81 years)**Last Updated:** 4/14/2021; Contributor_system,D77_SMS**Tonsillectomy****Procedure Date:** 1944 (5 years)**Last Updated:** 10/3/2019; Hernandez ,Laura RN**Last Reviewed:** 4/3/2023; Rhea ,Jennifer APRN AGACNP-BC~~~~~
Performing Laboratory (*unless otherwise specified): Ascension Seton Hays, CLIA#45D1103194, 6001 Kyle Parkway, Kyle, TX 78640
~~~~~

**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Discharge Documentation**

DOCUMENT NAME:  
SERVICE DATE/TIME:  
RESULT STATUS:  
SIGN INFORMATION:

Discharge Summary  
4/4/2023 14:22 CDT  
Auth (Verified)  
Robinson, Eric E DO (4/4/2023 14:22 CDT)

**Basic Information**

Admit Date: 04/01/23 - Discharge Date: 04/04/2023  
Admitting Physician: Tiannan Jeff Zhang DO  
Attending Physician: Eric E Robinson DO  
Primary Care Physician: Eric W Price Referring MD  
Consulting Physician: Daniel S Emmett MD  
Consulting Physician: Jawad Tahir Ali MD  
Consulting Physician: Robert William Klapheke MD  
Consulting Physician: Tiannan Jeff Zhang DO  
Care Team:  
Inpatient Code Status:  
Advanced Directives: 0

**Discharge Diagnosis**

1. Acute cholecystitis, 04/04/2023
2. Atrial fibrillation, 04/04/2023

**Hospital Course**

83-year-old male without any significant past medical history admitted to Seton Medical Center Hays for acute cholecystitis with new onset atrial fibrillation. GI and general surgery were consulted for assistance. The patient underwent successful ERCP on 4/2 with subsequent laparoscopic cholecystectomy on 4/3. Cardiology was consulted for the patient's atrial fibrillation however, the patient declined any anticoagulation at this time and requested to follow-up as an outpatient for further evaluation. He remained rate controlled without any RVR. By the day of discharge, the patient was tolerating a p.o. diet and was cleared by general surgery. He will be following up with general surgery and cardiology in the coming week for reevaluation and further treatment as needed. On the day of discharge, the patient was examined and found to be in stable condition. All questions were answered and the patient was in agreement with the discharge plan as above.

Time taken to prepare this discharge was greater than 30 minutes.

**Pending Orders**

Culture Blood Bacterial  
Culture Blood Bacterial  
Culture Blood Bacterial

**Physical Exam****Vitals & Measurements****Vital Signs** Last 24 Hours

Temp Axillary (F): 98 (04/04 07:32)  
Temp Oral (F): 98 (04/04 05:15)  
Blood Pressure: 133/87 (04/04 07:32)  
Peripheral Pulse: 84 (04/04 07:32)  
Respiratory Rate: 17 (04/04 07:32)  
Oxygenation Status (Most Recent)  
Oxygen Saturation: 94 % (04/04/23 07:32:08)  
Oxygen Delivery Method: Room air (04/04/23 09:41:00)  
BMI/BSA/Weight Measurements  
Measured Weight (kg): 68.2 kg (04/04/23 09:43:00)  
% change in Measured Weight: 0 % (04/04/23 09:43:00)  
Body Mass Index (kg/m2): 21.57 kg/m2 (04/04/23 09:43:00)

**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY**

**FIN:** 8083802562  
**Admit:** 4/1/2023

**MRN:** 7855705

**Discharge:** 4/4/2023

**Discharge Documentation**

Body Mass Index (kg/m2): 21.57 kg/m2 (04/04/23 09:43:00)

Physical Exam

Gen: NAD

CV: RRR, no M/G/R

Pulm: CTAB, nml resp effort

Abd: Soft, NT, ND, positive BS

Psych: nml mood/affect, pt cooperative

Discharge Medications

**oxyCODONE** (oxyCODONE 5 mg oral tablet), 5 Milligram, Take by mouth, every 6 hours (as needed) for pain Prescription Sent To: Brookshire Bros Phcy 0067 - Wimberl

Discharge Information

Activity: Please do not lift >15 lbs for 3 weeks after surgery to prevent hernia formation at incision sites.

Diet: Home Routine

Hygiene: May shower the day after surgery

Hygiene: Do not soak in bath tub or pool while wound is healing for about 4 weeks. Keep wounds clean and dry

Treatments/Special Instruction: You will be given some pain medication to take home with you. If your pain is mild and you would prefer to take an over-the-counter medication you may take acetaminophen (Tylenol or Extra-Strength Tylenol) according to package directions.

Treatments/Special Instruction: Dressings may be removed from the incision 2 days after surgery. If you have steri strips in place (white tape) please let these fall off on their own. You may also have skin glue on your incision, this will flake off on its own.

Treatments/Special Instruction: Do not apply creams, lotions or ointments to your incision. Keeping the wound clean and dry will enable it to heal quickly.

Treatments/Special Instruction: The pain medicine may cause constipation. You may take over-the-counter (OTC) stool softener as directed while taking the pain medicines

Treatments/Special Instruction: Call if: You have fever over 101 degree Fahrenheit. Signs of infection such as redness, swelling, warmth around the wound or drainage of pus. Severe vomiting or cannot keep food down. Severe pain that is not controlled with pain meds or is getting worse.

Treatments/Special Instruction: If patient is discharged home within 2 hours of Insulin dosing, instruct the patient to eat and recheck glucose 2 hours after the Insulin dose was administered

Treatments/Special Instruction: If patient is discharged home within 2 hours of Insulin dosing, instruct the patient to eat and recheck glucose 2 hours after the Insulin dose was administered

Treatments/Special Instruction: Please call (512) 504-0877 to set up a virtual follow up appointment with Surgery Team in 4 weeks with NP or PA

Follow-UpFollow-Up Appointments

**With:** Sachin Mehta, MD, Cardiology

**Address:** Secondary Business (1), 1180 Seton Parkway Ste 450, Kyle, TX, 78640;(512)-324-3447 Business (1)

**When:** 04/19/2023 04:00

**With:** Oscar Rios, MD, General Surgery

**Address:** business (1), 1180 Seton Parkway Ste 220, Kyle, TX, 78640;(512)-504-0877 Business (1)

**When:** 1 month (mes)

**Comment:** Call for a virtual appointment to review pathologyPost surgical follow-up

**With:** Eric Price, MD, Family Practice

**Address:** business (1), 950 RR 2325 Ste B, Wimberley, TX, 78676;(512)-847-3434 Business (1)

**When:** ASAP (Lo más pronto posible)

**Comment:** Call for an appointmentPost hospitalization follow-up

Electronically Signed By:

Robinson, Eric E, DO, 04-Apr-2023 14:22 CDT

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Discharge Documentation**DOCUMENT NAME:  
SERVICE DATE/TIME:  
RESULT STATUS:  
SIGN INFORMATION:Patient Discharge Information  
4/4/2023 09:33 CDT  
Modified  
Perez ,Amber RN (4/4/2023 09:33 CDT); Perez ,Amber RN  
(4/4/2023 09:32 CDT)**Patient Discharge Information**

| Patient Discharge Information |  |
|-------------------------------|--|
| Ascension Seton Hays          |  |
| 6001 Kyle Parkway             |  |
| Kyle, TX 78640                |  |
| Phone: 512-504-5000           |  |

**Self-Enrollment for Patient Portal:**

We feel patient centered care is the cornerstone of quality healthcare. Therefore, we provide easy access to our team and information on your hospital healthcare records.

My Seton Health is an online portal where you can view your medical information. Self-enrollment is available for patients of Ascension Seton age 18 or older who currently do not have My Seton Health access.

To self-enroll, go to this URL address. (<https://myseton.iqhealth.com/self-enroll>).

To obtain paper medical records, or if the patient is less than 18 years of age, go to this URL address to access forms needed to make this request. ([ascension.org/medicalrecordsASH](https://ascension.org/medicalrecordsASH))

Health Information Management hours of operation are Monday-Friday 8:30 am to 5:00 pm, please call 512-324-1490 with any questions.

**Transitioning Your Care:**

Our goal is to make your transition back to home and resume activity as smooth as possible. After leaving the hospital, it is important that you continue to manage your health. Below you will find a summary of your follow up information.

You will be receiving a call within the next 24-48 hours from a member of the healthcare team to follow up with you regarding your visit and answer any questions.

| PATIENT INFORMATION                      |                                                                                                             |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>Name:</b> KNIGHT, GARY                | <b>MRN:</b> 7855705                                                                                         |
| <b>Age:</b> 83 Years                     | <b>DOB:</b> 12/08/39                                                                                        |
| <b>Admit Date Time:</b> 04/01/23 21:43   |                                                                                                             |
| PHYSICIANS SEEN DURING YOUR RECENT VISIT |                                                                                                             |
| <b>Attending:</b> Robinson , Eric E DO   | <b>Consulting Specialty:</b> Cardiology,<br>Gastroenterology, IM Hospitalist, Internal Medicine,<br>Surgery |

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Discharge Documentation****HEALTH INFORMATION****Allergies:** No Known Medication Allergies, NKA**Discharge Diagnosis:** Acute cholecystitis, Atrial fibrillation**Problems:** No Chronic Problems**LAST CHARTED VITAL SIGNS**

|                                                         |                                                              |                                                                |                                                               |                                                        |
|---------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------|
| 04/04/2023 07:32 am<br><b>Temp Axillary:</b><br>98 DegF | 04/04/2023 05:16 am<br><b>Temp Oral:</b><br>98 DegF          | 04/04/2023 07:32 am<br><b>Heart Rate-Peripheral:</b><br>84 bpm | 04/03/2023 01:43 pm<br><b>Heart Rate-Monitored:</b><br>74 bpm | 04/04/2023 07:32 am<br><b>Systolic BP:</b><br>133 mmHg |
| 04/04/2023 07:32 am<br><b>Diastolic BP:</b><br>87 mmHg  | 04/04/2023 07:32 am<br><b>Respiratory Rate:</b><br>17 br/min | 04/03/2023 11:58 pm<br><b>Weight in Kg:</b><br>68.2 kg         | 04/02/2023 02:54 pm<br><b>Weight in Pounds:</b><br>150.04 lb  |                                                        |

**DISCHARGE ORDERS INFORMATION** Electronic Signature by: No Discharge To Ordered**Discharge To:** No Discharge To Ordered**Return of Belongings:** No Return Of Belongings Documented**Activity:** Please do not lift >15 lbs for 3 weeks after surgery to prevent hernia formation at incision sites.**Diet:** Home Routine**Hygiene:** May shower the day after surgery; Do not soak in bath tub or pool while wound is healing for about 4 weeks. Keep wounds clean and dry**Devices & Equipment:** No Discharge Devices Documented**Discharge Instructions:** You may resume any usual medications you take unless instructed otherwise by your physician; Return to School/Work: light duty with no heavy lifting >15lbs in 2 week then regular duty in 4 weeks**Discharge Treatments/Special Instructions:** Please call (512) 504-0877 to set up a virtual follow up appointment with Surgery Team in 4 weeks with NP or PA; Call if: You have fever over 101 degree Fahrenheit. Signs of infection such as redness, swelling, warmth around the wound or drainage of pus. Severe vomiting or cannot keep food down. Severe pain that is not controlled with pain meds or is getting worse.; The pain medicine may cause constipation. You may take over-the-counter (OTC) stool softener as directed while taking the pain medicines; You will be given some pain medication to take home with you. If your pain is mild and you would prefer to take an over-the-counter medication you may take acetaminophen (Tylenol or Extra-Strength Tylenol) according to package directions.; Dressings may be removed from the incision 2 days after surgery. If you have steri strips in place (white tape) please let these fall off on their own. You may also have skin glue on your incision, this will flake off on its own.; Do not apply creams, lotions or ointments to your incision. Keeping the wound clean and dry will enable it to heal quickly.

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Discharge Documentation****Additional Comments:** No Discharge Comments Documented**MEDICATIONS:****Medications to continue with no changes:****Brookshire Bros Phcy 0067 - Wimberl, 14100 Ranch Road 12 Unit 2A Wimberley, TX 786765332, (512) 847 - 7520****oxyCODONE (oxyCODONE 5 mg oral tablet) 1 tab(s) Take by mouth every 6 hours as needed for pain. Refills: 0.**

| <b><u>Medications given in the last 24 hours</u></b> | <b><u>Last Dose</u></b> |
|------------------------------------------------------|-------------------------|
| heparin                                              | 04/04/23 08:21 am       |
| piperacillin-tazobactam (Zosyn)                      | 04/04/23 08:21 am       |
| oxycodone                                            | 04/03/23 02:22 pm       |
| fentanyl                                             | 04/03/23 12:28 pm       |
| hydromorphone (Dilaudid)                             | 04/03/23 12:55 pm       |
| acetaminophen (Tylenol)                              | 04/03/23 12:21 pm       |
| oxycodone                                            | 04/03/23 12:21 pm       |

**FOLLOW UP INFORMATION:**

| <b>With:</b>                 | <b>Address:</b>                                                                 | <b>When:</b>   |
|------------------------------|---------------------------------------------------------------------------------|----------------|
| Sachin Mehta, MD, Cardiology | (1) 1180 Seton Parkway Ste 450<br>Kyle TX 78640;(512)-324-3447<br>Business (1); | 04/19/23 04:00 |
| <b>Comments:</b>             |                                                                                 |                |

| <b>With:</b> | <b>Address:</b> | <b>When:</b> |
|--------------|-----------------|--------------|
|--------------|-----------------|--------------|

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Discharge Documentation**

|                                 |                                                                                 |               |
|---------------------------------|---------------------------------------------------------------------------------|---------------|
| Oscar Rios, MD, General Surgery | (1) 1180 Seton Parkway Ste 220<br>Kyle TX 78640;(512)-504-0877<br>Business (1); | 1 month (mes) |
|---------------------------------|---------------------------------------------------------------------------------|---------------|

**Comments:**

Call for a virtual appointment to review pathology Post surgical follow-up

|                                 |                                                                             |                              |
|---------------------------------|-----------------------------------------------------------------------------|------------------------------|
| <b>With:</b>                    | <b>Address:</b>                                                             | <b>When:</b>                 |
| Eric Price, MD, Family Practice | (1) 950 RR 2325 Ste B Wimberley<br>TX 78676;(512)-847-3434<br>Business (1); | ASAP (Lo más pronto posible) |

**Comments:**

Call for an appointment Post hospitalization follow-up

**Call your doctor immediately if you are/have:**

- Increased shortness of breath (unable to finish a sentence without taking a breath)
- Unable to sleep flat in bed or you wake up because of shortness of breath
- Worsening cough or have spells of sudden dizziness
- Redness or drainage from IV/wound/incision site
- Unexplained weight gain (2-5 pounds in 2-4 days)
- Increased fatigue with activity
- Persistent nausea, vomiting, or diarrhea

**Call 911 if you have sudden chest pain or severe shortness of breath.****Other Instructions:**

- Drink plenty of fluids, unless your doctor advises you not to
- Avoid contact with others who are sick
- Read nutrition labels & ingredients on packages to help guide your food choices
- Find ways to reduce stress or to perform tasks to save your energy
- Remain active with exercise; take frequent breaks and increase activity gradually

**PATIENT VISIT**

I, KNIGHT, GARY have been given a copy of the instructions, including the list of active/home medications, and I will arrange for follow-up care as outlined above. If my condition worsens, I will call my doctor or return to the Emergency Department.



**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Discharge Documentation****PATIENT EDUCATION INFORMATION:****INSTRUCTIONS GIVEN:**Opioid Education - Ascension (Custom)

---

Patient/Guardian Signature

Yes - Patient/Guardian verbalizes understanding of instructions given.

- ☐ Patient unable to sign Discharge Instructions  
☐ Guardian not available to sign Discharge Instructions  
☐ Patient discharged to another venue of care

---

Provider Signature

---

Interpreter Signature**Tips for a Healthy Family from Ascension Seton Healthcare Family**

**Depression** is a serious illness. If you are having emotional problems or feeling suicidal, seek help immediately. Go to the Emergency Department or call the Crisis Hotline at 512-472-HELP (512-472-4357).

**Smoking Cessation:** If you smoke, quit. It is the best thing that you can do to stay healthy. Pick a day to quit. If you fail the first time, don't give up. Keep trying and learn from your experience. You can succeed and live a longer, healthier life.

**Immunizations:** The CDC recommends receiving an influenza vaccination every year beginning at 6 months of age. All children should have up-to-date immunizations. Most schools require that immunizations be complete before children can attend school. For information on free or low cost vaccinations for children, call 2-1-1 (information and referral line). College bound students who plan on living in dorms should receive the meningococcal("meningitis") vaccine unless they have been immunized already. Tetanus boosters are recommended every 10 years for ages 11-64. At age 65, you should get a pneumococcal("pneumonia") vaccination every 5 years.

**\*\*\*\*\*INJURY PREVENTION TIPS\*\*\*\*\*For You**

- >Never drive after drinking alcohol or taking medications that may make you drowsy.
- >Always wear a safety helmet when riding on a motorcycle, bicycle, all-terrain vehicle or anything else with wheels.
- >Always wear safety belts while in the car.

**For Your Family**

- >Make sure infants and children are properly restrained while in a vehicle. Children under 4 years old need a car seat with a harness. Children 4 to 8 years old need a booster seat.
- >For information and assistance with the proper installation and use of children's car seats, call 512-324-TOTS. If you need a car seat for your child, the Safe Riders Program may be able to assist you. Contact them at 1-800-252-8255.
- >Use smoke detectors in your home. Change the batteries every year and check to see if they work every month.
- >Keeping a gun in your home can be dangerous. If you do keep one, make sure the gun and the ammunition are locked up separately.
- >Never allow your children to swim alone in unsupervised places. Make sure an adult is constantly watching children swimming or playing in or around the water. The person supervising should be free of distractions and within arm's reach of the swimmer.
- >Make sure children use a helmet for all activities with wheels such as, biking, skateboarding, riding a scooter, etc.

**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Discharge Documentation**

--->Prevent falls by repairing slippery or uneven walking surfaces, improving poor lighting, removing throw rugs and clutter in walkways, using grab bars and non-slip mats in bathrooms, and installing handrails on both sides of stairways. This is especially important for older adults.

--->For more injury prevention information please visit [www.dellchildrens.net](http://www.dellchildrens.net) and [www.seton.net](http://www.seton.net).

--->For more car seat safety information visit [www.dellchildrens.net](http://www.dellchildrens.net) or the National Highway Traffic Safety Administration at [www.nhtsa.gov](http://www.nhtsa.gov).

**Advance Directives:** You have the right under State Law to make decisions concerning medical care, including the right to create and sign "advance directives" in the event you should be unable to speak for yourself (Living Will, Durable Medical Power of Attorney). If you would like further information, any of our staff will be happy to assist you.

**PATIENT EDUCATION:****Storing opioids safely**

- Opioids need to be stored safely. This helps protect anyone else from accidentally taking the medicine. It also helps prevent theft and misuse of the medicine. If possible, store the medicine in a locked container or cupboard that others cannot get to. Store the medicines in a cool dry place. Don't store it in a damp place, such as a bathroom. Always put the medicine back in its secure place after each use.

**How to dispose of opioids**

- Dispose of unused or expired opioids in a safe way. This is to prevent harm to yourself and other people. Don't save your medicine or give it to other people for any reason. Even a single dose of opioids can lead to death if it is used by someone else. To dispose of your medicine safely:
  - Ask your local retail pharmacy about any local take-back program or mail-back program using a special envelope
  - Find an authorized collector by calling 1-800-882-9539
- Review recommendations on the FDA site:  
<https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm>

Ascension Seton Hays

6001 Kyle Parkway  
Kyle, TX 78640

04/04/2023

KNIGHT, GARY (DOB: 12/08/1939) has been hospitalized for medical reasons from 04/01/2023

**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Discharge Documentation**

through 04/04/2023

Patient Name: KNIGHT, GARY  
Date of Birth: 12/8/1939

MRN: 7855705  
FIN: 8083802562

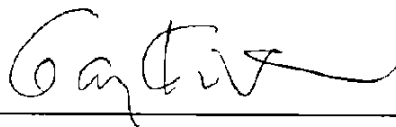
\* Auth (Verified) \*

**PATIENT VISIT**

I, KNIGHT, GARY have been given a copy of the instructions, including the list of active/home medications, and I will arrange for follow-up care as outlined above. If my condition worsens, I will call my doctor or return to the Emergency Department.

**PATIENT EDUCATION INFORMATION:**

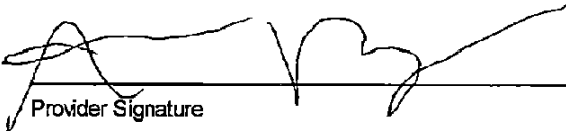
**INSTRUCTIONS GIVEN:**Opioid Education - Ascension (Custom)

X 

Patient/Guardian Signature

Yes - Patient/Guardian verbalizes understanding of instructions given.

- ☐ Patient unable to sign Discharge Instructions  
☐ Guardian not available to sign Discharge Instructions  
☐ Patient discharged to another venue of care

  
Provider Signature

\_\_\_\_\_  
Interpreter Signature

MRN: 7855705  
Name: KNIGHT, GARY

FIN: 8083802562

5 of 8  
04/4/2023 09:32:55

**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Emergency Documentation**

DOCUMENT NAME:  
SERVICE DATE/TIME:  
RESULT STATUS:  
SIGN INFORMATION:

Physician ED Documentation

4/2/2023 01:28 CDT

Modified

Welch ,Janna M MD (6/5/2023 13:26 CDT); Welch ,Janna M  
MD (4/2/2023 01:28 CDT)

**Basic Information**

Hospital Admission Date/Time: 04/01/23 21:43 Day #: 1

Anticipated LOS:

Inpatient Code Status:

Advanced Directives: 0

**Chief Complaint**

pt BIBA with c/o abd pain, nausea and decrease appetite.

**History of Present Illness**

83-year-old male presents complaining of epigastric pain nausea vomiting and diarrhea.

This all started around 10 midnight last night after he ate some enchiladas for dinner.

He took some nausea medicine but has not felt any better today. No fever. No bloody vomit or diarrhea. Also says he does not go to doctors often and he is got some left shoulder pain has been present for months and friend told him he might need an x-ray.

**Review of Systems**

Review of systems otherwise negative

**Problem List/Past Medical History****Ongoing**

No qualifying data

**Historical**

No qualifying data

**Procedure/Surgical History**

- Drainage of Right Pleural Cavity with Drainage Device, Percutaneous Approach (04/09/2021)
- Extraction of Finger Nail, External Approach (04/09/2021)
- Tonsillectomy (1944)

**Social History****Home/Environment**

Preferred language (patient): English. Other languages spoken: None. Mobility assistance prior to admission: Independent. Medical devices: None. Lives with: Alone.

Sensory deficits: None. Home equipment/treatment: Shower chair, 10/04/2019

**Substance Abuse**

Never, 10/03/2019

**Tobacco**

Never (less than 100 in lifetime), 10/03/2019

**Home Medications****Unchanged**

**acetaminophen (acetaminophen 500 mg oral tablet)**2 tab(s) Take by mouth every 6 hours as needed as needed for pain.

**acetaminophen-HYDROcodone (Norco 325 mg-5 mg oral tablet)**1 or 2 tabs Take by mouth every 4 to 6 hours as needed Pain. Refills: 0.

**amoxicillin-clavulanate (Augmentin 875 mg oral tablet)**1 tab(s) Take by mouth every 12 hours. Refills: 0.

**cetirizine (Zyrtec 10 mg oral tablet)**1 tab(s) Take by mouth once a day as needed allergies.

**Assessment/Plan**

Orders:

cefTRIAxone, 1,000 mg IV Push syringe  
Once Indication: Other Severe Sepsis/Septic Shock Stop date: 04/01/23 23:41:00 CDT, Form: Injection, STAT  
metroNIDAZOLE, 500 mg IV Piggyback Once  
Indication: Other Severe Sepsis/Septic Shock Stop date: 04/01/23 23:41:00 CDT, Form: Injection, STAT  
pharmacy communication order, Patient with possible sepsis n/a AsDirected Form: Kit Sodium Chloride 0.9%, 2,000 mL IV Infusion Once ; Administer at a rate no less than 15 mL/kg/hr, Form: Bag, STAT  
Activity As Tolerated  
Blood Gas  
Blood Pressure  
Cardiac Monitor  
Communication Order  
ECG Adult  
ED Order to Admit  
Height/Length  
IV Flushes per Protocol  
IV Flushes per Protocol  
Lab Instructions  
Lipase Level  
Magnesium Level  
Notify Provider  
Notify Provider  
Notify Provider  
Notify Provider  
Notify Provider  
Notify Provider  
Notify Provider  
Notify Provider  
NPO  
Oxygen  
Patient Condition  
Peripheral IV Insertion  
Phosphorus Level  
Prothrombin Time with INR  
Pulse Oximetry Continuous  
Temperature  
Urinalysis with Microscopic  
Vital Signs  
Weight  
XR Chest 1 View

**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY**

**FIN:** 8083802562  
**Admit:** 4/1/2023

**MRN:** 7855705**Discharge:** 4/4/2023**Emergency Documentation**

**dextromethorphan-guaiFENesin (MucINEX DM Max Strength oral tablet, extended release)** 1 tab(s) Take by mouth 2 times a day as needed Congestion.  
Refills: 0.

**gabapentin (gabapentin 300 mg oral capsule)** 1 capsules Take by mouth 2 times a day as needed Breakthrough Pain. Refills: 0.

**ibuprofen (ibuprofen 600 mg oral tablet)** 1 tab(s) Take by mouth every 6 hours as needed as needed for pain.

**oxyCODONE (oxyCODONE 5 mg oral tablet)** 1 tab(s) Take by mouth every 6 hours as needed as needed for pain. Refills: 0.

**Medication Administration****Administered:****Medications:**

NS Bolus, 1000 mL, IV Infusion (04/01/2023 22:26 CDT)

Pepcid, 20 mg, IV Push (04/01/2023 22:26 CDT)

morphine, 4 mg, IV Push (04/01/2023 22:29 CDT)

Omnipaque 350, 100 mL, IV Push (04/01/2023 22:52 CDT)

**PRN/Unscheduled**

pharmacy communication order Patient with possible sepsis n/a  
AsDirected Form: Kit ()

**Allergies**

NKA

No Known Medication Allergies

**Physical Exam****Vitals & Measurements****Initial:**

**T:** 98.1 °F (Oral) **T:** 36.7 °C (Oral) **HR:** 85 (Peripheral) **RR:** 22 **SpO2:** 96%

**WT:** 72.575 kg (Dosing)

**Latest:**

**HR:** 98 (Peripheral) **BP:** 163/87 **RR:** 20 **SpO2:** 96%

**General:** resting comfortably, well-nourished

**Head:** normocephalic and atraumatic

**Eyes:** PERRL, no scleral icterus, conjunctival pallor, conjunctivitis, or discharge

**Ears:** normal form and location

**Nose:** septum midline, pink mucosa, no discharge or congestion

**Mouth/Throat:** Dry mucosa, no exudate, no ulcers, tonsils normal

**Neck:** supple, full range of motion

**Respiratory:** clear to auscultation bilaterally, no wheezes or rhonchi, good air entry

**Cardiovascular:** regular rate and rhythm, normal S1 and S2, no murmur, WWP

**Abdomen:** soft, diffusely tender. No distention. No rebound or guarding.

**Musculoskeletal:** No edema or deformity

**Skin:** warm, dry, no rashes noted

**Lymph Nodes:** no adenopathy appreciated

**Neurologic:** AAOx3. Gross motor and sensation intact in all four extremities.

**Final Impression (Diagnoses):** sepsis, acute cholecystitis

**Patient Condition:** Stable

**Disposition:** Inpatient med surg

History provided by:

☒ Patient ☐ Parent/Caregiver ☐

Spouse/Partner ☐ Family ☐

EMS ☐ Friend

Patient's care discussed with:

☐ Consultant

☐ Admitting physician

☐ PCP

☒ Patient

☐ Family and/or care partners

Encounter review:

☒ I have reviewed the nursing records and vitals

☒ I have reviewed the medical, surgical, family & social histories

☒ I have reviewed the relevant laboratory & radiology results

☐ I have reviewed & personally interpreted the relevant EKGs

Record review:

☐ Reviewed EMS documentation

☐ Reviewed previous ED visits

☐ Reviewed previous clinic visits

☐ Reviewed previous

hospitalizations

☐ Reviewed previous lab results

☐ Reviewed previous radiology results

☐ Reviewed previous EKGs

☐ Reviewed outside hospital records

☒ Patient referred for further care

Portions of this note may be dictated using Dragon Naturally Speaking voice recognition software. Variances in spelling and vocabulary are possible and unintentional. Not all areas may be caught/corrected. Please notify me if any discrepancies are noted or if

**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY**

FIN: 8083802562

Admit: 4/1/2023

MRN: 7855705

Discharge: 4/4/2023

**Emergency Documentation****Procedure****Critical Care Procedure Note**

Authorized and Performed by: *Janna Welch, MD*

Total critical care time: 41 minutes

Due to a high probability of clinically significant, life threatening deterioration, the patient required my highest level of preparedness to intervene emergently and I personally spent this critical care time directly and personally managing the patient. This critical care time included obtaining a history; examining the patient; pulse oximetry; ordering and review of studies; arranging urgent treatment with development of a management plan; evaluation of patient's response to treatment; frequent reassessment; and, discussions with other providers.

This critical care time was performed to assess and manage the high probability of imminent, life-threatening deterioration that could result in multi-organ failure. It was exclusive of separately billable procedures and treating other patients and teaching time.

**Medical Decision Making**

Differential Diagnosis includes food poisoning, gastroenteritis, bowel obstruction.

Considered whether or not we had need for CT but during considering his age I elected to do that. Patient has white count of 27,000 and pericholecystic fluid. He is also a sepsis alert.

Review of prior records: n

Plan for CT abdomen pelvis x-ray of chronic pain for shoulder. Treatment with Pepcid as he is already received pain medicine and nausea medicine, rehydration with IV fluid.

Relevant Labs interpreted by me: WBC count 27.2 with 96% neutrophils and 2 bands. Lactate 1.95. Bilirubin 2.7

Imaging interpreted by me: CT shows some pericholecystic fluid. Ultrasound shows distended gallbladder with gallbladder wall thickening consistent with cholecystitis.

Consultations: Neurosurgery for management of gallbladder, internal medicine team for admission and management of sepsis.

Discussions:

Relevant Social Determinants of Health:

**Follow Up**

No qualifying data available

the meaning of any statement is not correct/clear.

**Lab Results****Lab Results**

|                               | LAB                   | Referenc      | Date                   |
|-------------------------------|-----------------------|---------------|------------------------|
|                               |                       | e             |                        |
| Comprehensive Metabolic Panel |                       |               |                        |
| AGAP                          | 12 ( )                | 4 - 12        | 04/01/2023<br>21:52:00 |
| ALT                           | 24<br>unit(s)/L ( )   | 10 - 60       | 04/01/2023<br>21:52:00 |
| AST                           | 30<br>unit(s)/L ( )   | 5 - 34        | 04/01/2023<br>21:52:00 |
| Albumin<br>Level              | 4.0 g/dL ( )          | 3.2 -<br>5.5  | 04/01/2023<br>21:52:00 |
| Alk Phos                      | 56<br>unit(s)/L ( )   | 42 -<br>121   | 04/01/2023<br>21:52:00 |
| BUN                           | 14 mg/dL<br>( )       | 6 - 20        | 04/01/2023<br>21:52:00 |
| Bili Total                    | 2.7 mg/dL<br>(HI)     | 0.2 -<br>1.2  | 04/01/2023<br>21:52:00 |
| CO2                           | 28<br>mmol/L<br>(LOW) | 21 - 31       | 04/01/2023<br>21:52:00 |
| Calcium                       | 9.3 mg/dL<br>( )      | 8.5 -<br>10.5 | 04/01/2023<br>21:52:00 |
| Chloride                      | 103<br>mmol/L<br>(HI) | 98 -<br>107   | 04/01/2023<br>21:52:00 |
| Glucose<br>Level              | 115<br>mg/dL (HI)     | 70 -<br>110   | 04/01/2023<br>21:52:00 |
| Potassium<br>Level            | 4.3<br>mmol/L ( )     | 3.5 -<br>5.1  | 04/01/2023<br>21:52:00 |
| Sodium<br>Level               | 140<br>mmol/L ( )     | 136 -<br>145  | 04/01/2023<br>21:52:00 |
| Total<br>Protein              | 6.5 g/dL<br>(LOW)     | 6.7 -<br>8.2  | 04/01/2023<br>21:52:00 |

**Lipase Level**

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Emergency Documentation**

|        |             |        |            |
|--------|-------------|--------|------------|
| Lipase | 8 unit(s)/L | 8 - 78 | 04/01/2023 |
| Level  | ()          |        | 21:52:00   |

**CBC with Diff**

|     |           |             |            |
|-----|-----------|-------------|------------|
| Hct | 42.4 % () | 40.0 - 54.0 | 04/01/2023 |
|     |           |             | 21:52:00   |

|     |              |             |            |
|-----|--------------|-------------|------------|
| Hgb | 14.6 g/dL () | 14.0 - 18.0 | 04/01/2023 |
|     |              |             | 21:52:00   |

|     |             |             |            |
|-----|-------------|-------------|------------|
| MCH | 33.2 pg (H) | 27.0 - 31.0 | 04/01/2023 |
|     |             |             | 21:52:00   |

|      |              |             |            |
|------|--------------|-------------|------------|
| MCHC | 34.4 g/dL () | 32.0 - 37.0 | 04/01/2023 |
|      |              |             | 21:52:00   |

|     |             |             |            |
|-----|-------------|-------------|------------|
| MCV | 88.4 fL (H) | 80.0 - 94.0 | 04/01/2023 |
|     |             |             | 21:52:00   |

|     |           |            |            |
|-----|-----------|------------|------------|
| MPV | 9.9 fL () | 8.8 - 13.5 | 04/01/2023 |
|     |           |            | 21:52:00   |

|          |                   |           |            |
|----------|-------------------|-----------|------------|
| Platelet | 274 Thou/cu mm () | 150 - 450 | 04/01/2023 |
|          |                   |           | 21:52:00   |

|     |                                    |             |            |
|-----|------------------------------------|-------------|------------|
| RBC | 4.48 million/mm <sup>3</sup> (LOW) | 4.60 - 6.20 | 04/01/2023 |
|     |                                    |             | 21:52:00   |

|     |            |             |            |
|-----|------------|-------------|------------|
| RDW | 23.8 % (H) | 11.5 - 14.5 | 04/01/2023 |
|     |            |             | 21:52:00   |

|     |                     |            |            |
|-----|---------------------|------------|------------|
| WBC | 27.2 Thou/cu mm (H) | 4.5 - 11.0 | 04/01/2023 |
|     |                     |            | 21:52:00   |

**Manual Differential**

|            |                 |   |            |
|------------|-----------------|---|------------|
| Abs        | 26.13           | - | 04/01/2023 |
| Neutro Man | Thou/cu mm (NA) |   | 21:52:00   |

|           |           |         |            |
|-----------|-----------|---------|------------|
| Lymph Man | 2 % (LOW) | 30 - 40 | 04/01/2023 |
|           |           |         | 21:52:00   |

|              |        |        |            |
|--------------|--------|--------|------------|
| Monocyte Man | 2 % () | - <=10 | 04/01/2023 |
|              |        |        | 21:52:00   |

|          |          |         |            |
|----------|----------|---------|------------|
| Segs Man | 88 % (H) | 50 - 65 | 04/01/2023 |
|          |          |         | 21:52:00   |

|                     |          |   |            |
|---------------------|----------|---|------------|
| Total Cells Counted | 100 (NA) | - | 04/01/2023 |
|                     |          |   | 21:52:00   |



**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Emergency Documentation****Glomerular Filtration Rate**

|      |            |        |            |
|------|------------|--------|------------|
| eGFR | >60        | >=60 - | 04/01/2023 |
|      | mL/min/1.7 |        | 21:52:00   |
|      | 3m2 ()     |        |            |

**.Morphology**

|              |         |   |            |
|--------------|---------|---|------------|
|              | 1+ (NA) | - | 04/01/2023 |
| Anisocytosis |         |   | 21:52:00   |

|              |         |   |            |
|--------------|---------|---|------------|
|              | 1+ (NA) | - | 04/01/2023 |
| Elliptocytes |         |   | 21:52:00   |

|                   |           |          |            |
|-------------------|-----------|----------|------------|
| Platelet Estimate | Normal () | Normal - | 04/01/2023 |
|                   |           |          | 21:52:00   |

|           |              |          |            |
|-----------|--------------|----------|------------|
| RBC Morph | Present (NA) | Normal - | 04/01/2023 |
|           |              |          | 21:52:00   |

|              |                     |   |            |
|--------------|---------------------|---|------------|
| Smear Review | Smear Reviewed (NA) | - | 04/01/2023 |
|              |                     |   | 21:52:00   |

|              |         |   |            |
|--------------|---------|---|------------|
| Target Cells | 1+ (NA) | - | 04/01/2023 |
|              |         |   | 21:52:00   |

**Venous Blood Gas**

|                 |           |        |            |
|-----------------|-----------|--------|------------|
| Base Excess Ven | -2.6      | -3.0 - | 04/02/2023 |
|                 | mmol/L () | 3.0    | 01:17:00   |

|           |          |       |            |
|-----------|----------|-------|------------|
| CO Hb Ven | 1.5 % () | 0.5 - | 04/02/2023 |
|           |          | 1.5   | 01:17:00   |

|          |              |        |            |
|----------|--------------|--------|------------|
| HCO3 Ven | 21.2         | 23.0 - | 04/02/2023 |
|          | mmol/L (LOW) | 27.0   | 01:17:00   |

|        |              |        |            |
|--------|--------------|--------|------------|
| Hb Ven | 14.3 g/dL () | 14.0 - | 04/02/2023 |
|        |              | 18.0   | 01:17:00   |

|         |         |         |            |
|---------|---------|---------|------------|
| Hct Ven | 42 % () | 40 - 54 | 04/02/2023 |
|         |         |         | 01:17:00   |

|                 |           |        |            |
|-----------------|-----------|--------|------------|
| Ionized Calcium | 1.12      | 1.12 - | 04/02/2023 |
|                 | mmol/L () | 1.30   | 01:17:00   |

|            |            |        |            |
|------------|------------|--------|------------|
| O2 Sat Ven | 87.8 % (N) | 60.0 - | 04/02/2023 |
|            |            | 80.0   | 01:17:00   |

|            |           |        |            |
|------------|-----------|--------|------------|
| RT Lactate | 1.95      | 0.50 - | 04/02/2023 |
|            | mmol/L () | 2.20   | 01:17:00   |

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Emergency Documentation**

|            |            |         |            |
|------------|------------|---------|------------|
| RT         | 3.96       | 3.50 -  | 04/02/2023 |
| Potassium  | mmol/L ( ) | 5.10    | 01:17:00   |
| RT         | 139.2      | 136.0 - | 04/02/2023 |
| Sodium     | mmol/L ( ) | 145.0   | 01:17:00   |
| Venous     | 88.8 %     | 60.0 -  | 04/02/2023 |
| Measured   | {H}        | 80.0    | 01:17:00   |
| O2         |            |         |            |
| Saturation |            |         |            |
| pCO2       | 34.1       | 39.0 -  | 04/02/2023 |
| Ven        | mmHg       | 51.0    | 01:17:00   |
|            | (LOW)      |         |            |
| pH Ven     | 7.411 ( )  | 7.350 - | 04/02/2023 |
|            |            | 7.450   | 01:17:00   |
| pO2 Ven    | 52.4       | 30.0 -  | 04/02/2023 |
|            | mmHg {H}   | 50.0    | 01:17:00   |

**Diagnostic Results****Radiology Reports**

US Abdomen Limited - 04/02/23 00:22

IMPRESSION: 1. Cholelithiasis with  
gallbladder wall thickening. In  
the appropriate clinical setting this could  
represent cholecystitis. . Justin  
Simonds, MDCT Abd/Pelvis w/ Contrast. - 04/01/23  
23:04IMPRESSION: 1. Distended gallbladder  
and nonspecific pericholecystic fluid..There  
is no clear wall thickening to suggest acute  
cholecystitis, correlate with patient's clinical  
symptoms/labs and need to obtain right  
upper quadrant ultrasound or HIDA  
scan..2. No other acute finding in the  
abdomen or pelvis. . .Michael Jaimes, MDXR Shoulder Complete Left - 04/01/23  
22:29IMPRESSION: No acute process identified.  
. Dirk A. Koester, MD**ECG Reports**

ECG Adult - 04/01/23 21:49

Interpretive Statements. Atrial fibrillation.  
Incomplete RBBB and LAFB. Low voltage,  
extremity leads. Consider anterior infarct.  
Compared to ECG 05/09/2022 11:24:57.  
Left anterior fascicular block now present.  
Incomplete right bundle-branch block now  
present. Right bundle-branch block now  
present. Low QRS voltage now present.

**Ascension Seton Hays**

6001 Kyle Parkway  
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**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Emergency Documentation**

Myocardial infarct finding now present.

T-wave abnormality no longer present

ECG**EKG Findings :****Time :** 04/01/2023 9:49 PM**Rate:** 87**Rhythm :** AFib**STT Segments (repeats) :** \_**T Wave (repeat) :** Normal**Ectopy :** None**QT Interval :** WNL**QRS Interval :** WNL**EP Interp:** WNL atrial fibrillation no STEMI

Electronically Signed By: Welch, Janna M, MD, 02-Apr-2023 01:28 CDT  
Electronically Modified/Signed By: Welch, Janna M, MD, 05-Jun-2023 13:26 CDT

**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**History and Physical Reports**

DOCUMENT NAME:  
SERVICE DATE/TIME:  
RESULT STATUS:  
SIGN INFORMATION:

History and Physical

4/2/2023 01:28 CDT

Modified

Zhang , Tiannan Jeff DO (4/2/2023 03:59 CDT); Zhang ,  
Tiannan Jeff DO (4/2/2023 03:58 CDT); Zhang , Tiannan Jeff  
DO (4/2/2023 01:54 CDT); Zhang , Tiannan Jeff DO  
(4/2/2023 01:47 CDT)

**Cholecystitis Admission H&P \*****Patient:** KNIGHT, GARY **MRN:** 7855705**FIN:** 8083802562**Age:** 83 years **Sex:** Male **DOB:** 12/8/1939**Associated Diagnoses:** None**Author:** Zhang , Tiannan Jeff DO**Basic Information****Referral source:** Self.**History limitation:** None.**Chief Complaint**

epigastric pain

**History of Present Illness**

Patient is a 83 year old male with no reported past medical history presents to our ed secondary to abdominal pain. Located in his epigastric, RUQ area, started yesterday after eating Mexican food. Associated with nausea, vomiting and small diarrhea. He took some zofran his friend gave him but has not felt any better today. No fever. No bloody vomit.

**Review of Systems****ROS reviewed as documented in chart****Health Status****Allergies:**Allergic Reactions (Selected)

NKA

No Known Medication Allergies

**Current medications:** (Selected)Inpatient Medications

Ordered

Cathflo Activase: 1 mg In-line AsDirected PRN Other (see order comment) for clotted Central Line, Form:  
Injection

Dulcolax: 10 mg PO (oral) qDay PRN Constipation, Form: EC Tablet

Flagyl: 500 mg IV Piggyback Once Indication: Other Severe Sepsis/Septic Shock Stop date: 04/01/23  
23:41:00 CDT, Form: Injection, STAT

Maalox Plus: 30 mL PO (oral) q4h PRN Indigestion, Form: Oral Soln/Susp

NS 1,000 mL: IV Infusion 75 mL/hr

NS Bolus: 2,000 mL IV Infusion Once ; Administer at a rate no less than 15 mL/kg/hr, Form: Bag, STAT

**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY**

**FIN:** 8083802562  
**Admit:** 4/1/2023

**MRN:** 7855705

**Discharge:** 4/4/2023

**History and Physical Reports**

Rocephin: 1,000 mg IV Push syringe Once Indication: Other Severe Sepsis/Septic Shock Stop date:

04/01/23 23:41:00 CDT, Form: Injection, STAT

Senokot S: 2 tab(s) PO (oral) q12h PRN Constipation if bisacodyl (Dulcolax) ineffective, Form: Tab

Zofran: 4 mg IV Push q12h PRN Nausea or Vomiting, Form: Injection

Zosyn: 4,500 mg IV Piggyback q8h For 5 day(s) Indication: Intra-abdominal Stop date: 04/07/23 1:26:00 CDT, Form: Injection

pharmacy communication order: Patient with possible sepsis n/a AsDirected Form: Kit

**Prescriptions****Prescribed**

Augmentin 875 mg oral tablet: 1 tab(s), PO (oral), q12h, 14 tab(s), 0, 0, WALGREENS DRUG STORE #15156

MucINEX DM Max Strength oral tablet, extended release: 1 tab(s), PO (oral), bid, PRN Congestion, 30 tab(s), 0, 0, Brookshire Bros Phcy 0067 - Wimberl

Norco 325 mg-5 mg oral tablet: 1 or 2 tabs, PO (oral), q4-6hr, PRN Pain, 30 tab(s), 0, 0, Brookshire Bros Phcy 0067 - Wimberl

gabapentin 300 mg oral capsule: 1 capsules, PO (oral), bid, PRN Breakthrough Pain, 10 capsules, 0, 0, WALGREENS DRUG STORE #15156

oxyCODONE 5 mg oral tablet: 1 tab(s), PO (oral), q6h, PRN as needed for pain, 28 tab(s), 0, 0, WALGREENS DRUG STORE #15156

**Documented Medications****Documented**

ZyrTEC 10 mg oral tablet: 1 tab(s), PO (oral), qDay, PRN allergies, 0

acetaminophen 500 mg oral tablet: 2 tab(s), PO (oral), q6h, PRN as needed for pain, 24 tab(s), 0

ibuprofen 600 mg oral tablet: 1 tab(s), PO (oral), q6h, PRN as needed for pain, 15 tab(s), 0

**Problem list:**

No qualifying data available

**Histories****Past Medical History:**

No active or resolved past medical history items have been selected or recorded.

**Family History:**

No family history items have been selected or recorded.

**Procedure history:**

Tonsillectomy (268484012) in 1944 at 5 Years.

**Social History****Social & Psychosocial Habits****Home/Environment**

10/04/2019 **Preferred language (patient):** English

**Other languages spoken:** None

**\*Mobility assistance prior to admission:** Independent

**\*Medical devices:** None

**Lives with:** Alone

**Sensory deficits:** None

**Home equipment/treatment:** Shower chair

**Substance Abuse**

10/03/2019 **Use:** Never

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**History and Physical Reports****Tobacco**10/03/2019 **Smoking Tobacco Use:** Never (less than 100 in l**Physical Examination****VS/Measurements****Vital Signs**

4/2/2023 0:13 CDT

Peripheral Pulse Rate

98 bpm

Respiratory Rate

20 br/min

4/1/2023 21:44 CDT

Temperature Oral (DegF)

98.1 DegF

Temperature Oral (DegC)

36.7 DegC

Peripheral Pulse Rate

85 bpm

Respiratory Rate

22 br/min

Systolic Blood Pressure

163 mmHg

Diastolic Blood Pressure

87 mmHg

**Mean Arterial Pressure****112.3 mmHg HI****Measurements from flowsheet : Measurements**

4/1/2023 21:48 CDT

Dosing Weight (kg)

72.575 kg

4/1/2023 21:44 CDT

Calculated Height (cm)

177.8 cm

Height Source

Stated

Height Unit of Measure

Inches

Height (in)

70 inch

Weight Source

Stated

Estimated Weight Unit of Measure

Pounds

Estimated Weight (kg)

72.575 kg

**Vital Signs (last 24 hrs)****Last Charted****Temp Oral**

98.1 DegF (APR 01 21:44)

**Resp Rate**

20 br/min (APR 02 00:13)

**SBP**

163 mmHg (APR 01 21:44)

**DBP**

87 mmHg (APR 01 21:44)

**SpO2**

96 % (APR 02 00:13)

**General:** Alert and oriented, No acute distress.**Eye:** Pupils are equal, round and reactive to light, Extraocular movements are intact.**HENT:** Normocephalic, Tympanic membranes are clear, Normal hearing.**Neck:** Supple, Non-tender, No carotid bruit.**Respiratory:** Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal.**Cardiovascular:** Regular rhythm, tachycardic, s1 and s2.**Gastrointestinal:** Soft, Normal bowel sounds, RUQ tenderness.**Genitourinary:** No costovertebral angle tenderness, No scrotal tenderness.**Lymphatics:** No lymphadenopathy neck, axilla, groin.**Musculoskeletal**

Normal strength.

Normal gait.

left shoulder limited ROM.

**Integumentary:** Warm, Dry, Pink.

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**History and Physical Reports****Neurologic:** Alert, Oriented, Normal sensory.**Psychiatric:** Cooperative, Appropriate mood & affect.**Review / Management****Results review:****Labs** (Last four charted values)

|                |        |          |
|----------------|--------|----------|
| <b>WBC</b>     | H 27.2 | (APR 01) |
| <b>Hgb</b>     | 14.6   | (APR 01) |
| <b>Hct</b>     | 42.4   | (APR 01) |
| <b>Plt</b>     | 274    | (APR 01) |
| <b>Na</b>      | 140    | (APR 01) |
| <b>K</b>       | 4.3    | (APR 01) |
| <b>CO2</b>     | L 20   | (APR 01) |
| <b>Cl</b>      | H 108  | (APR 01) |
| <b>Cr</b>      | 0.8    | (APR 01) |
| <b>BUN</b>     | 14     | (APR 01) |
| <b>Glucose</b> | H 115  | (APR 01) |
| <b>Ca</b>      | 9.3    | (APR 01) |

**Impression and Plan**

Sepsis secondary to acute cholecystitis

Acute cholecystitis

elevated bilirubin

left arm rotator cuff injury

possible new onset p afib

**PLAN:**

keep NPO

surgery have consulted

IVF

zosyn

zofran morphine for pain control

manual pulse arterial check noted regular rhythm, will repeat another EKG

heparin dvt ppx

Full code

total time spend with direct care 55 minutes

Electronically Signed By: Zhang, Tiannan Jeff, DO, 02-Apr-2023 01:47 CDT

Electronically Modified/Signed By: Zhang, Tiannan Jeff, DO, 02-Apr-2023 01:54 CDT

Electronically Modified/Signed By: Zhang, Tiannan Jeff, DO, 02-Apr-2023 03:58 CDT

Electronically Modified/Signed By: Zhang, Tiannan Jeff, DO, 02-Apr-2023 03:59 CDT

**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Surgical Documentation**

DOCUMENT NAME:  
SERVICE DATE/TIME:  
RESULT STATUS:  
SIGN INFORMATION:

Anesthesiology Report  
4/3/2023 11:59 CDT  
Auth (Verified)

**Anesthesia.pdf**

Click on link to view PDF report

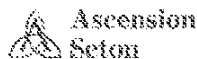


Patient Name: KNIGHT, GARY  
Date of Birth: 12/8/1939

MRN: 7855705  
FIN: 8083802562

Attachment(s): 4/3/2023 11:59 CDT Anesthesia.pdf

| Anesthesia Record                                                                                                                                                                                                                                                                                                |  | Patient Information                                                                                                                                                                                                                                                                                            |  | Anesthesia Team                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Date:</b> April 3, 2023<br><b>Loc:</b> SMCH<br><b>Surg:</b> SABRA, JOHN<br><b>Stay:</b> in-patient OR 2<br><b>Anes:</b> General<br><b>ASA:</b> 3<br><b>Proc:</b> laparoscopic cholecystectomy<br><b>Dx:</b> Acute cholecystitis                                                                               |  | <b>Pt:</b> Knight, Gary<br><b>DOB:</b> 12-08-1939; 83 yr<br><b>MRN:</b> 7855705<br><b>Case #:</b> 8083802562<br><b>Ht Wt:</b> 69 in; 70.31 kg; 22.9 BMI                                                                                                                                                        |  | <b>Anesthesia Team:</b><br>10:38-11:59 Mery M. MD<br>10:38-11:29 Franco S. CRNA<br>11:29-11:59 Caputo E. CRNA<br>07:26-07:26 Rogers P. RN<br>Chart Review                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>10:30 PreOp:</b><br>10:38 Anes Start<br>10:38 Enter OR<br>10:38 Pre-Ind Assess<br>10:45 Induct<br>10:47 Anes Ready<br>11:00 Timeout<br>11:02 Surg/Proc Start<br>11:04 PFI/Immed Avail: Mery M. MD<br>11:50 PFI/Immed Avail: Mery M. MD<br>11:52 Surg/Proc End<br>11:57 Post-Op Arrival<br>11:59 Anes Stop/TOC |  | <b>Pre-op Checklist:</b><br>Machine/Equipment Checked Yes<br>Alarms On Yes<br>Patient Identified Yes<br>Medical Hx and Chart Reviewed Yes<br>Informed Consent Yes<br>Airway Assessment Yes                                                                                                                     |  | <b>PONY Prevention:</b><br>Adult (18+) GA Inhal Anes w/o Risk Factors<br>Treatment:<br>5HT3 Antagonist (ondansetron/dolasetron),<br>Steroid (dexamethasone), Phenylephrine<br>(ephedrine/neosyn)<br>Ped: (3-17) GA Inhal Anes w/o Risk Factors No<br><b>Risk of Corneal Abrasion/Injury:</b><br>Pt at Risk of Corneal Abrasion/Injury No<br><b>Transported To OR:</b><br>Anesthesia provider continually present with patient Yes<br>Clinically appropriate sedation administered, as requested by patient Yes<br>Transport Monitoring Visual Yes<br><b>Total Joint:</b><br>Total Joint: No<br><b>Multimodal Analgesia:</b><br>Candidate for Multimodal Treatment Yes<br>Acetaminophen, Local (regional) infiltration by surgeon OR system (IV lidocaine),<br>NMDA Antagonists (Ketamine or Magnesium), Dexamethasone     |  |
| <b>DRUGS:</b><br>O2 L/min: 10<br>Sevo %wt: 2<br>Fentanyl mcg: 100<br>Lidocaine mg: 60<br>Propofol mg: 100<br>Rocuronium mg: 50<br>Phenylephrine mg: 100<br>Dexamethasone mg: 4<br>Ondansetron mg: 4<br>Naloxone mg: 0.3<br>Glyco mg: 2<br>Magnesium g: 1<br>Metoprolol mg: 2                                     |  | <b>LABORATORY:</b><br>LR mL: 330<br>EBL mL: 25                                                                                                                                                                                                                                                                 |  | <b>Intra-op:</b><br><b>Immediate Preinduction Assessment:</b><br>See First Vital Signs Yes<br><b>Induction:</b><br>ASA Monitors Yes<br>Pre O2 Yes<br>Method IV<br><b>Airway/Intubation:</b><br>OSA Mitigation Strategies Used<br>Multimodal analgesia, Extubation while patient is awake, Verification of full reversal of neuromuscular block, Extubation and recovery carried out in lateral, semiupright, or other non-supine position<br>Airway Documented Yes<br>Mask Easy<br>Endotracheal Tube:<br>Size 8.0<br>Cuffed Yes<br>Route Oral<br>Stylet Yes<br>Blade Miller 2<br>View Grade 1<br>Attempts 1<br>cm at Teeth 24<br>CO2 Present Yes<br>Secured With Tape<br>Breath Sounds Bilat Yes<br>Atraumatic Yes<br>Agent On Yes<br>Difficult Airway? No<br><b>IV Antibiotic Prophylaxis:</b><br>Continued on next page |  |
| <b>VITALS:</b><br>10:30 10:45 11:00 11:15 11:30 11:45 12:00 12:15<br>200<br>180<br>160<br>140<br>120<br>100<br>80<br>60<br>40<br>20                                                                                                                                                                              |  | <b>Events:</b><br>P P<br>EKG AFib AFib AFib AFib AFib AFib<br>FIO2 1 1 1 1 1 1<br>O2 Sat% 100 100 100 100 100 100<br>ET CO2 Spont VCV VCV VCV VCV VCV Spont<br>Resp 36 36 36 37 35<br>TV 450 450 450 450 450<br>RR 14 14 14 14 20<br>PNP 14 14 20 18<br>PEEP 5 5 5<br>Temp 1 (C) 36.8 36.9 37.0<br>TOF 3/4 4/4 |  | <b>ASCENSION SETON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |

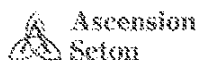


Patient Name: KNIGHT, GARY  
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MRN: 7855705  
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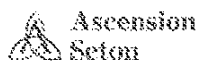
| Anesthesia Record                                                                                                                                                                                                                                                                                     |  | Patient Information                                                                                                                                     |  | Anesthesia Details                                                                                                                                                                                                                                                                                                                                                                              |  | Monitoring & Vital Signs                                                                                                                                                                                                                                                                                                                 |  | Post-Anesthesia Care                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Date:</b> April 3, 2023<br><b>Loc:</b> SMCH<br><b>Surg:</b> SABRA, JOHN<br><b>Stay:</b> in-patient OR 2<br><b>Anes:</b> General<br><b>ASA:</b> 3<br><b>Proc:</b> laparoscopic cholecystectomy<br><br><b>Dx:</b> Acute cholecystitis                                                                |  | <b>Pt:</b> Knight, Gary<br><b>DOB:</b> 12-08-1939; 83 yr<br><b>MRN:</b> 7855705<br><b>Case #:</b> 8083802562<br><b>Ht Wt:</b> 69 in; 70.31 kg; 22.9 BMI |  | <b>Antibiotic Ordered:</b> Yes<br><b>Antibiotic Given Prior To Incision:</b> No<br><b>Reason:</b> Currently receiving antibiotics<br><b>Intraoperative antibiotics redosed at the appropriate intervals AOI 69 is applicable:</b><br><b>Options:</b><br>Option 1: Intraoperative redosing of prophylactic antibiotics at a maximum interval of two half-lives<br><b>Comment:</b> <see comments> |  | <b>Position:</b><br><b>Positioned With Surgeon/OR Team:</b> Yes<br><b>Scalene:</b><br><b>Neck Midline:</b> Yes<br><b>Arms:</b><br><b>Padded:</b> Yes<br><b>Armboards:</b> Shoulders abducted <90<br><b>Palms Up:</b> Yes<br><b>Pressure pts Padded:</b> Yes<br><b>NIBP Cuff Location:</b> R Arm<br><b>Eye Care:</b><br><b>Taped:</b> Yes |  | <b>Warming Devices:</b><br><b>Anes Time &gt; 60 min:</b> Yes<br><b>Active Warming:</b> Yes<br><b>Type:</b> Forced air<br><b>HME:</b> Yes                                                                                                                                                                                                                                                                                                                                          |  |
| <b>O2 L/min:</b><br><b>Sevo %wt:</b><br><b>Fentanyl mcg:</b><br><b>Lido 2% mg:</b><br><b>Propofol mg:</b><br><b>Rocuronium mg:</b><br><b>Phenyloph mg:</b><br><b>Dexameth mg:</b><br><b>Ondansetron mg:</b><br><b>Nesatig mg:</b><br><b>Glyco mg:</b><br><b>Magnesium g:</b><br><b>Metoprolol mg:</b> |  |                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                          |  | <b>Cardiopulmonary Bypass (CPB):</b><br><b>CPB:</b> No<br><b>Proc, Dx Description &amp; Anes Type Confirmed:</b><br><b>Anesthesia Type Confirmed:</b> Yes<br><b>Proc Confirmed:</b> Yes<br><b>Dx Confirmed:</b> Yes<br><b>Case/FIN # Confirmed:</b> Yes                                                                                                                                                                                                                           |  |
| <b>LR mL:</b><br><b>EBL mL:</b>                                                                                                                                                                                                                                                                       |  |                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                          |  | <b>Emergence:</b><br><b>Emergence Documented:</b> Yes<br><b>Extubation:</b><br><b>Technique:</b><br>Oropharynx suctioned, Stomach suctioned, Extubated under positive pressure, Patient airway, Extubated awake<br><b>OR:</b> Yes<br><b>Transport Monitoring:</b><br><b>Visual:</b> Yes<br><b>Transport O2:</b><br><b>Flow (L/min):</b> 8<br><b>Face Mask:</b> Yes                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                          |  | <b>Post-op:</b><br><b>Vital Signs:</b><br><b>Heart Rate:</b> 91<br><b>BP Systolic:</b> 121<br><b>BP Diastolic:</b> 85<br><b>RR:</b> 22<br><b>O2 Saturation:</b> 100<br><b>O2 Delivery:</b> Mask<br><b>Temp F:</b> 100.2<br><b>Pain Scale:</b> Patient unable to provide pain score<br><b>Anesthesiologist Immediately Available:</b><br><b>Throughout:</b> Yes<br><b>Anesthesiologist is Providing Post Anesthesia Care:</b><br><b>Electronically Signed By:</b> Marissa Mery, MD |  |
|                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                          |  | <b>Post-Anesthetic Transfer of Care:</b><br><b>Patient Transferred To:</b><br><b>PAU/Phase 2/LDR:</b> Checklist used                                                                                                                                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                          |  | <b>Post Anesthesia Evaluation:</b><br><b>Time:</b> 12:00<br><b>Electronically Signed By:</b> Marissa Mery, MD<br><b>Patient Mental Status:</b> Responsive<br><b>Airway is Patent/Stable:</b> Yes<br><b>Respiratory Function is Stable:</b> Yes<br><b>Hemodynamically Stable:</b> Yes<br><i>Continued on next page</i>                                                                                                                                                             |  |
| <b>Events:</b><br><b>EKG:</b><br><b>FIO2:</b><br><b>O2 Sat%:</b><br><b>ET CO2:</b><br><b>Resp:</b><br><b>TV:</b><br><b>RR:</b><br><b>PAP:</b><br><b>PEEP:</b><br><b>Temp 1 (C):</b><br><b>TOF:</b>                                                                                                    |  |                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |



Patient Name: KNIGHT, GARY  
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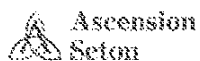
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|                                                                                                               |               |                              |               |                           |                            |             |
|---------------------------------------------------------------------------------------------------------------|---------------|------------------------------|---------------|---------------------------|----------------------------|-------------|
| <b>Anesthesia Record</b>                                                                                      | <b>Date</b>   | April 3, 2023                | <b>Pt</b>     | Knight, Gary              | <b>Gender:</b>             | Male        |
|                                                                                                               | <b>Loc</b>    | SMCH                         | <b>DOB</b>    | 12-08-1939; 83 yr         |                            |             |
|                                                                                                               | <b>Surg</b>   | SABRA, JOHN                  | <b>MRN</b>    | 7855705                   |                            |             |
|                                                                                                               | <b>Stay</b>   | in-patient OR 2              | <b>Case #</b> | 8083802562                |                            |             |
|                                                                                                               | <b>Anes</b>   | General                      | <b>Ht Wt</b>  | 69 in; 70.31 kg; 22.9 BMI |                            |             |
|                                                                                                               | <b>ASA</b>    | 3                            |               |                           |                            |             |
|                                                                                                               | <b>Proc</b>   | laparoscopic cholecystectomy |               |                           |                            |             |
|                                                                                                               | <b>Dx</b>     | Acute cholecystitis          |               |                           |                            |             |
| <b>Allergies</b>                                                                                              |               |                              |               |                           |                            |             |
| None                                                                                                          |               |                              |               |                           |                            |             |
| <b>Current Medications</b>                                                                                    |               |                              |               |                           |                            |             |
| <b>Drug</b>                                                                                                   |               |                              |               |                           |                            | <b>Dose</b> |
| heparin                                                                                                       |               |                              |               |                           |                            |             |
| zosyn                                                                                                         |               |                              |               |                           |                            |             |
| <b>Drug Summary</b>                                                                                           |               |                              |               |                           |                            |             |
| <b>Drug</b>                                                                                                   | <b>Abbrev</b> | <b>Route</b>                 | <b>Total</b>  | <b>Unit</b>               | <b>Administrations</b>     |             |
| Dexamethasone                                                                                                 | Dexameth      | IV                           | 4             | mg                        | 4                          |             |
| fentaNYL                                                                                                      | Fentanyl      | IV                           | 100           | mcg                       | 100                        |             |
| Glycopyrrolate                                                                                                | Glyco         | IV                           | 0.6           | mg                        | 0.6                        |             |
| Lidocaine 2%                                                                                                  | Lido 2%       | IV                           | 60            | mg                        | 60                         |             |
| Magnesium Sulfate                                                                                             | Magnesium     | IV                           | 1             | g                         | 1                          |             |
| Metoprolol                                                                                                    | Metoprolol    | IV                           | 3             | mg                        | 2.1                        |             |
| Neostigmine                                                                                                   | Neostig       | IV                           | 4             | mg                        | 4                          |             |
| Ondansetron                                                                                                   | Ondansetron   | IV                           | 4             | mg                        | 4                          |             |
| Oxygen                                                                                                        | O2            | INH                          | —             | L/min                     | 10@10min, 2@60min, 10@6min |             |
| Phenylephrine                                                                                                 | Phenyleph     | IV                           | 200           | mcg                       | 100, 100                   |             |
| Propofol                                                                                                      | Propofol      | IV                           | 100           | mg                        | 100                        |             |
| Rocuronium                                                                                                    | Rocuronium    | IV                           | 50            | mg                        | 50                         |             |
| Sevoflurane                                                                                                   | Sevo          | INH                          | —             | %at                       | 2@51min                    |             |
| <b>Chart Fluids Summary</b>                                                                                   |               |                              |               |                           |                            |             |
| <b>Fluid</b>                                                                                                  | <b>Abbrev</b> | <b>Total</b>                 | <b>Unit</b>   | <b>Documented</b>         |                            |             |
| Lactated Ringers                                                                                              | LR            | 600                          | mL            | 600                       |                            |             |
| Estimated Blood Loss                                                                                          | EBL           | 25                           | mL            | 25                        |                            |             |
| <b>Comments</b>                                                                                               |               |                              |               |                           |                            |             |
| IV Antibiotic Prophylaxis: Comment Zosyn 4.5 grams infusing on arrival [Franco, Silo, CRNA; 04/03/23 @ 11:02] |               |                              |               |                           |                            |             |

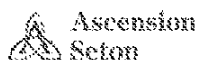


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|                            |                                                                                                                                                                                                                                                            |                              |               |                           |                      |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------|---------------------------|----------------------|
| <b>Anesthesia Pre-op</b>   | <b>Date</b>                                                                                                                                                                                                                                                | April 3, 2023                | <b>Pt</b>     | Knight, Gary              | <b>Gender:</b> Male; |
|                            | <b>Loc</b>                                                                                                                                                                                                                                                 | SMCH                         | <b>DOB</b>    | 12-08-1939; 83 yr         |                      |
|                            | <b>Surg</b>                                                                                                                                                                                                                                                | SABRA, JOHN                  | <b>MRN</b>    | 7855705                   |                      |
|                            | <b>Stay</b>                                                                                                                                                                                                                                                | in-patient OR 2              | <b>Case #</b> | 8083802562                |                      |
|                            | <b>Anes</b>                                                                                                                                                                                                                                                | General                      | <b>Ht Wt</b>  | 69 in; 70.31 kg; 22.9 BMI |                      |
|                            | <b>ASA</b>                                                                                                                                                                                                                                                 | 3                            |               |                           |                      |
|                            | <b>Proc</b>                                                                                                                                                                                                                                                | laparoscopic cholecystectomy |               |                           |                      |
|                            | <b>Dx</b>                                                                                                                                                                                                                                                  | Acute cholecystitis          |               |                           |                      |
| <b>Allergies</b>           |                                                                                                                                                                                                                                                            |                              |               |                           |                      |
| None                       |                                                                                                                                                                                                                                                            |                              |               |                           |                      |
| <b>Current Medications</b> |                                                                                                                                                                                                                                                            |                              |               |                           |                      |
| <b>Drug</b>                |                                                                                                                                                                                                                                                            |                              |               |                           | <b>Dose</b>          |
| heparin                    |                                                                                                                                                                                                                                                            |                              |               |                           |                      |
| zosyn                      |                                                                                                                                                                                                                                                            |                              |               |                           |                      |
| <b>Medical History</b>     |                                                                                                                                                                                                                                                            |                              |               |                           |                      |
| <b>NPO Status</b>          | NPO Status<br>NPO After MN: Yes<br>NPO Status Documented: Yes                                                                                                                                                                                              |                              |               |                           |                      |
| <b>Assessment/Plan</b>     | ASA Classification: III<br>Elective Surgery: Yes<br>Case Done Outside of the OR? No<br>Anesthesia : General - ETT<br>Risks/Benefits/Alternatives Discussed With: Patient<br>Electronically Signed By: Marissa Mery, MD<br>Date: Apr: 3 2023<br>Time: 10:07 |                              |               |                           |                      |
| <b>Pulmonary</b>           | Significant: No<br>Smoker: No<br>OSA: No<br>Patient Screened POSITIVE for OSA: No                                                                                                                                                                          |                              |               |                           |                      |
| <b>Cardiovascular</b>      | Significant: Yes<br>Arrhythmias<br>AFib: Yes                                                                                                                                                                                                               |                              |               |                           |                      |
| <b>Neurological</b>        | Significant: No                                                                                                                                                                                                                                            |                              |               |                           |                      |
| <b>Gastrointestinal</b>    | Significant: Yes<br>Gall Bladder Disease: Cholelithiasis                                                                                                                                                                                                   |                              |               |                           |                      |
| <b>Genitourinary</b>       | Significant: No                                                                                                                                                                                                                                            |                              |               |                           |                      |
| <b>Endocrine/Metabolic</b> | Significant: No                                                                                                                                                                                                                                            |                              |               |                           |                      |
| <b>Hematology/Oncology</b> | Significant: No<br>Anticoagulant Therapy<br>Medication: Heparin                                                                                                                                                                                            |                              |               |                           |                      |
| <b>Psychiatric</b>         | Significant: No                                                                                                                                                                                                                                            |                              |               |                           |                      |
| <b>Surgical History</b>    | Significant: No<br>Other/Comments: ERCP                                                                                                                                                                                                                    |                              |               |                           |                      |
| <b>Anesthesia History</b>  | Patient<br>Significant: No                                                                                                                                                                                                                                 |                              |               |                           |                      |
| <b>Social History</b>      | Alcohol: Use: 1 Drink/day                                                                                                                                                                                                                                  |                              |               |                           |                      |
| <b>Physical Exam</b>       | Airway<br>Airway Assessment: Appears adequate                                                                                                                                                                                                              |                              |               |                           |                      |



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FIN: 8083802562

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|                          |                                          |                                        |                      |
|--------------------------|------------------------------------------|----------------------------------------|----------------------|
| <b>Anesthesia Pre-op</b> | <b>Date</b> April 3, 2023                | <b>Pt</b> Knight, Gary                 | <b>Gender:</b> Male; |
|                          | <b>Loc</b> SMCH                          | <b>DOB</b> 12-08-1939; 83 yr           |                      |
|                          | <b>Surg</b> SABRA, JOHN                  | <b>MRN</b> 7855705                     |                      |
|                          | <b>Stay</b> In-patient OR 2              | <b>Case #</b> 8083802562               |                      |
|                          | <b>Anes</b> General                      | <b>Ht Wt</b> 69 in; 70.31 kg; 22.9 BMI |                      |
|                          | <b>ASA</b> 3                             |                                        |                      |
|                          | <b>Proc</b> laparoscopic cholecystectomy |                                        |                      |
|                          | <b>Dx</b> Acute cholecystitis            |                                        |                      |

| Medical History (cont.) |                           |
|-------------------------|---------------------------|
| <b>Labs/Tests</b>       | <b>Date:</b> April 3 2023 |
|                         | <b>CBC</b>                |
|                         | WBC: 30.3                 |
|                         | Hgb: 12.6                 |
|                         | Hct: 37.4                 |
|                         | Platelets: 217            |
|                         | <b>Coags</b>              |
|                         | PT: 14.9                  |
|                         | INR: 1.35                 |
|                         | <b>BMP</b>                |
|                         | Na+: 141                  |
|                         | K+: 4.5                   |
|                         | Chloride: 113             |
|                         | CO2: 20                   |
|                         | BUN: 15                   |
|                         | Creatinine: 0.8           |
|                         | Glucose: 111              |
|                         | Ca+: 7.9                  |



**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Surgical Documentation**

DOCUMENT NAME:  
SERVICE DATE/TIME:  
RESULT STATUS:  
SIGN INFORMATION:

Anesthesiology Report  
4/2/2023 14:41 CDT  
Auth (Verified)

**Anesthesia.pdf**

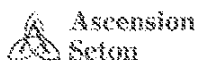
Click on link to view PDF report

Patient Name: KNIGHT, GARY  
Date of Birth: 12/8/1939

MRN: 7855705  
FIN: 8083802562

Attachment(s): 4/2/2023 14:41 CDT Anesthesia.pdf

| Anesthesia Record |  | Date           |  | Pt           |  | DOB               |  | MRN        |  | Case #                    |  | Ht Wt                     |  | 13:48 PreOp            |  | Anesthesia Team                                                       |  |
|-------------------|--|----------------|--|--------------|--|-------------------|--|------------|--|---------------------------|--|---------------------------|--|------------------------|--|-----------------------------------------------------------------------|--|
| Loc               |  | April 2, 2023  |  | Knight, Gary |  | 12-08-1939; 83 yr |  | 7855705    |  | 8083802562                |  | 69 in; 70.31 kg; 22.9 BMI |  | 14:00 Anes Start       |  | 14:00-14:41                                                           |  |
| Surg              |  | EMMETT, DANIEL |  | DOB          |  | 12-08-1939; 83 yr |  | MRN        |  | 7855705                   |  | Case #                    |  | 14:00 Enter OR         |  | Hooper A, MD                                                          |  |
| Stay              |  | in-patient     |  | OR EN2       |  | Case #            |  | 8083802562 |  | Ht Wt                     |  | 69 in; 70.31 kg; 22.9 BMI |  | 14:01 PFI/Immed Avail: |  | 14:00-14:41                                                           |  |
| Anes              |  | General        |  | Case #       |  | 8083802562        |  | Ht Wt      |  | 69 in; 70.31 kg; 22.9 BMI |  | 14:05 Pre-Ind Assess      |  | Hooper A, MD           |  | Pre-op                                                                |  |
| ASA               |  | 2              |  | Case #       |  | 8083802562        |  | Ht Wt      |  | 69 in; 70.31 kg; 22.9 BMI |  | 14:05 Induct              |  | Hooper A, MD           |  | Checklist                                                             |  |
| Proc              |  | ERCP           |  | Case #       |  | 8083802562        |  | Ht Wt      |  | 69 in; 70.31 kg; 22.9 BMI |  | 14:05 Anes Ready          |  | Hooper A, MD           |  | Machine/Equipment Checked                                             |  |
| Dx                |  | Cholecystitis  |  | Case #       |  | 8083802562        |  | Ht Wt      |  | 69 in; 70.31 kg; 22.9 BMI |  | 14:10 Timeout             |  | Hooper A, MD           |  | Alarms On                                                             |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  | 14:14 Surg/Proc Start     |  | Hooper A, MD           |  | Patient Identified                                                    |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  | 14:24 Surg/Proc End       |  | Hooper A, MD           |  | Medical Hx and Chart Reviewed                                         |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  | 14:39 PFI/Immed Avail:    |  | Hooper A, MD           |  | Informed Consent                                                      |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  | 14:41 Anes Stop/TOC       |  | Hooper A, MD           |  | Airway Assessment                                                     |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  | PONV Prevention        |  | Adult (18+) GA Inhal Anes w/3 Risk Factors                            |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | Treatment                                                             |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | SHT3 Antagonist (ondansetron/dolasetron)                              |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | Steroid (dexamethasone)                                               |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | Ped. (3-17) GA Inhal Anes w/2 Risk Factors                            |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | Risk of Corneal Abrasion/Injury                                       |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | Prat Risk of Corneal Abrasion/Injury                                  |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | Transported To OR                                                     |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | Anesthesia provider continually present with patient                  |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | Clinically appropriate sedation administered, as requested by patient |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | Transport Monitoring                                                  |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | Visual                                                                |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | Total Joint                                                           |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | Total Joint                                                           |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | Multimodal Analgesia                                                  |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | Candidate for Multimodal                                              |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | Metric Not Applicable                                                 |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | Intra-op                                                              |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | Immediate Preinduction Assessment                                     |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | See First Vital Signs                                                 |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | Induction                                                             |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | ASA Monitors                                                          |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | Pre O2                                                                |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | Method                                                                |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | Airway/Intubation                                                     |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | OSA Mitigation Strategies                                             |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | OSA Mitigation Strategies NOT Used                                    |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | No OSA Mitigation Strategy Used, Patient                              |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  | NEGATIVE for OSA                                                      |  |
|                   |  |                |  |              |  |                   |  |            |  |                           |  |                           |  |                        |  |                                                                       |  |



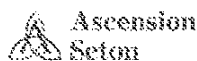


Patient Name: KNIGHT, GARY  
Date of Birth: 12/8/1939

MRN: 7855705  
FIN: 8083802562

Attachment(s): 4/2/2023 14:41 CDT Anesthesia.pdf

| Anesthesia Record |                   | Patient Information |                           | Anesthesia Details |                   | Vital Signs         |     | Post-Anesthesia                                                                                                                                                                                                                             |                                   |
|-------------------|-------------------|---------------------|---------------------------|--------------------|-------------------|---------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Date              | April 2, 2023     | Pt                  | Knight, Gary              | DOB                | 12-08-1939; 83 yr | Prone               |     | Positioned with surgeon/OR team; Neck neutral/midline/supported, Eyes/Nose/Ears free and clear. Upper extremities are <90°/anterior/padded. Lower extremities are flexed and padded. Genitals clear. Breath sounds are equal and bilateral. |                                   |
| Loc               | SMCH              | MRN                 | 7855705                   | Case #             | 8083802562        | Pressure pts Padded | Yes | Eye Care                                                                                                                                                                                                                                    | Yes                               |
| Surg              | EMMETT, DANIEL    | Ht Wt               | 69 in; 70.31 kg; 22.9 BMI | ASA                | 2                 | Eye Care            | Yes | Warming Devices                                                                                                                                                                                                                             | Yes                               |
| Stay              | In-patient OR EN2 | Proc                | ERCP                      | Dx                 | Cholecystitis     | Arres Time > 90 min | No  | Cardiopulmonary Bypass (CPB)                                                                                                                                                                                                                | No                                |
|                   |                   |                     |                           |                    |                   | CPB                 | No  | Proc, Dx Description & Anes Type Confirmed                                                                                                                                                                                                  | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Anesthesia Type Confirmed                                                                                                                                                                                                                   | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Proc Confirmed                                                                                                                                                                                                                              | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | DX Confirmed                                                                                                                                                                                                                                | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Case/FIN # Confirmed                                                                                                                                                                                                                        | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Emergence                                                                                                                                                                                                                                   | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Emergence Documented                                                                                                                                                                                                                        | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Extubation                                                                                                                                                                                                                                  | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Technique                                                                                                                                                                                                                                   | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Oropharynx suctioned, Stomach suctioned.                                                                                                                                                                                                    | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Extubated under positive pressure, Patient airway, Extubated awake                                                                                                                                                                          | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | OR                                                                                                                                                                                                                                          | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Transport Monitoring                                                                                                                                                                                                                        | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Visual                                                                                                                                                                                                                                      | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Post-op                                                                                                                                                                                                                                     | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Vital Signs                                                                                                                                                                                                                                 | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Heart Rate                                                                                                                                                                                                                                  | 92                                |
|                   |                   |                     |                           |                    |                   |                     |     | BP Systolic                                                                                                                                                                                                                                 | 104                               |
|                   |                   |                     |                           |                    |                   |                     |     | BP Diastolic                                                                                                                                                                                                                                | 74                                |
|                   |                   |                     |                           |                    |                   |                     |     | RR                                                                                                                                                                                                                                          | 14                                |
|                   |                   |                     |                           |                    |                   |                     |     | O2 Saturation                                                                                                                                                                                                                               | 94                                |
|                   |                   |                     |                           |                    |                   |                     |     | O2 Delivery                                                                                                                                                                                                                                 | Room Air                          |
|                   |                   |                     |                           |                    |                   |                     |     | Temp F                                                                                                                                                                                                                                      | 99.6                              |
|                   |                   |                     |                           |                    |                   |                     |     | Pain Scale - Patient unable to provide pain score                                                                                                                                                                                           | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Anesthesiologist Immediately Available                                                                                                                                                                                                      | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Throughout                                                                                                                                                                                                                                  | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Anesthesiologist is Providing Post Anesthesia Care                                                                                                                                                                                          | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Electronically Signed By                                                                                                                                                                                                                    | Andy Hooper, MD                   |
|                   |                   |                     |                           |                    |                   |                     |     | Post-Anesthetic Transfer of Care                                                                                                                                                                                                            | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Patient Transferred To                                                                                                                                                                                                                      | PACU/Phase 2/LDR                  |
|                   |                   |                     |                           |                    |                   |                     |     | Checklist used                                                                                                                                                                                                                              | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Post Anesthesia Evaluation                                                                                                                                                                                                                  | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Time                                                                                                                                                                                                                                        | 14:48                             |
|                   |                   |                     |                           |                    |                   |                     |     | Electronically Signed By                                                                                                                                                                                                                    | Wayne Numl, CRNA                  |
|                   |                   |                     |                           |                    |                   |                     |     | Patient Mental Status                                                                                                                                                                                                                       | Responsive                        |
|                   |                   |                     |                           |                    |                   |                     |     | Airway is Patent/Stable                                                                                                                                                                                                                     | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Respiratory Function is Stable                                                                                                                                                                                                              | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Hemodynamically Stable                                                                                                                                                                                                                      | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Hydration is Adequate                                                                                                                                                                                                                       | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Pain Control is Adequate                                                                                                                                                                                                                    | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Nausea Controlled                                                                                                                                                                                                                           | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Temperature >35°C                                                                                                                                                                                                                           | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | PACU Orders                                                                                                                                                                                                                                 | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Initiate Post Anesthesia Recovery Protocol                                                                                                                                                                                                  | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Electronically Signed By                                                                                                                                                                                                                    | Andy Hooper, MD                   |
|                   |                   |                     |                           |                    |                   |                     |     | Date                                                                                                                                                                                                                                        | Apr: 2 2023                       |
|                   |                   |                     |                           |                    |                   |                     |     | Time                                                                                                                                                                                                                                        | 14:41                             |
|                   |                   |                     |                           |                    |                   |                     |     | AQI Outcomes                                                                                                                                                                                                                                | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Patient Experienced An Adverse Event                                                                                                                                                                                                        | No                                |
|                   |                   |                     |                           |                    |                   |                     |     | Signatures                                                                                                                                                                                                                                  | Yes                               |
|                   |                   |                     |                           |                    |                   |                     |     | Electronically signed by:                                                                                                                                                                                                                   | Wayne Numl, CRNA 04/02/2023 14:41 |
|                   |                   |                     |                           |                    |                   |                     |     |                                                                                                                                                                                                                                             | Andy Hooper, MD 04/02/2023 14:41  |

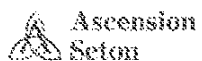


Patient Name: KNIGHT, GARY  
Date of Birth: 12/8/1939

MRN: 7855705  
FIN: 8083802562

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|                             |               |                   |               |                           |                        |      |
|-----------------------------|---------------|-------------------|---------------|---------------------------|------------------------|------|
| <b>Anesthesia Record</b>    | <b>Date</b>   | April 2, 2023     | <b>Pt</b>     | Knight, Gary              | <b>Gender:</b>         | Male |
|                             | <b>Loc</b>    | SMCH              | <b>DOB</b>    | 12-08-1939; 83 yr         |                        |      |
|                             | <b>Surg</b>   | EMMETT, DANIEL    | <b>MRN</b>    | 7855705                   |                        |      |
|                             | <b>Stay</b>   | in-patient OR EN2 | <b>Case #</b> | 8083802562                |                        |      |
|                             | <b>Anes</b>   | General           | <b>Ht Wt</b>  | 69 in; 70.31 kg; 22.9 BMI |                        |      |
|                             | <b>ASA</b>    | 2                 |               |                           |                        |      |
|                             | <b>Proc</b>   | ERCP              |               |                           |                        |      |
|                             | <b>Dx</b>     | Cholecystitis     |               |                           |                        |      |
| <b>Allergies</b>            |               |                   |               |                           |                        |      |
| None                        |               |                   |               |                           |                        |      |
| <b>Current Medications</b>  |               |                   |               |                           |                        |      |
| None                        |               |                   |               |                           |                        |      |
| <b>Drug Summary</b>         |               |                   |               |                           |                        |      |
| <b>Drug</b>                 | <b>Abbrev</b> | <b>Route</b>      | <b>Total</b>  | <b>Unit</b>               | <b>Administrations</b> |      |
| fentaNYL                    | Fentanyl      | IV                | 100           | mcg                       | 50, 50                 |      |
| Lidocaine 2%                | Lido 2%       | IV                | 40            | mg                        | 40                     |      |
| Oxygen                      | O2            | INH               | ---           | L/min                     | 10@5min, 2@31min       |      |
| Phenylephrine               | Phenyleph     | IV                | 200           | mcg                       | 200                    |      |
| Propofol                    | Propofol      | IV                | 170           | mg                        | 170                    |      |
| Rocuronium                  | Rocuronium    | IV                | 50            | mg                        | 30, 20                 |      |
| Sevoflurane                 | Sevo          | INH               | ---           | %et                       | 1.5@35min              |      |
| Sugammadex                  | Sugammadex    | IV                | 200           | mg                        | 200                    |      |
| <b>Chart Fluids Summary</b> |               |                   |               |                           |                        |      |
| <b>Fluid</b>                | <b>Abbrev</b> | <b>Total</b>      | <b>Unit</b>   | <b>Documented</b>         |                        |      |
| Lactated Ringers            | LR            | 900               | mL            | 900                       |                        |      |

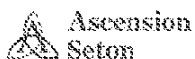


Patient Name: KNIGHT, GARY  
Date of Birth: 12/8/1939

MRN: 7855705  
FIN: 8083802562

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|                            |                                                                                                                                                                                                                                                                                                     |                                        |                      |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------|
| <b>Anesthesia Pre-op</b>   | <b>Date</b> April 2, 2023                                                                                                                                                                                                                                                                           | <b>Pt</b> Knight, Gary                 | <b>Gender:</b> Male; |
|                            | <b>Loc</b> SMCH                                                                                                                                                                                                                                                                                     | <b>DOB</b> 12-08-1939; 83 yr           |                      |
|                            | <b>Surg</b> EMMETT, DANIEL                                                                                                                                                                                                                                                                          | <b>MRN</b> 7855705                     |                      |
|                            | <b>Stay</b> In-patient OR EN2                                                                                                                                                                                                                                                                       | <b>Case #</b> 8083802562               |                      |
|                            | <b>Anes</b> General                                                                                                                                                                                                                                                                                 | <b>Ht Wt</b> 69 in; 70.31 kg; 22.9 BMI |                      |
|                            | <b>ASA</b> 2                                                                                                                                                                                                                                                                                        |                                        |                      |
|                            | <b>Proc</b> ERCP                                                                                                                                                                                                                                                                                    |                                        |                      |
|                            | <b>Dx</b> Cholecystitis                                                                                                                                                                                                                                                                             |                                        |                      |
| <b>Allergies</b>           |                                                                                                                                                                                                                                                                                                     |                                        |                      |
| None                       |                                                                                                                                                                                                                                                                                                     |                                        |                      |
| <b>Current Medications</b> |                                                                                                                                                                                                                                                                                                     |                                        |                      |
| None                       |                                                                                                                                                                                                                                                                                                     |                                        |                      |
| <b>Medical History</b>     |                                                                                                                                                                                                                                                                                                     |                                        |                      |
| <b>NPO Status</b>          | NPO Status<br>NPO After MN: Yes<br>NPO Status Documented: Yes                                                                                                                                                                                                                                       |                                        |                      |
| <b>Assessment/Plan</b>     | ASA Classification: II<br>Elective Surgery: Yes<br>Case Done Outside of the OR?: No<br>Anesthesia: General<br>Risks/Benefits/Alternatives Discussed With: Patient<br>Patient Reevaluated Prior To Anesthesia: Yes<br>Electronically Signed By: Andy Hooper, MD<br>Date: April 2 2023<br>Time: 13:52 |                                        |                      |
| <b>Pulmonary</b>           | Significant: No<br>Smoker: No<br>OSA: No<br>Patient Screened POSITIVE for OSA: No                                                                                                                                                                                                                   |                                        |                      |
| <b>Cardiovascular</b>      | Significant: No                                                                                                                                                                                                                                                                                     |                                        |                      |
| <b>Neurological</b>        | Significant: No                                                                                                                                                                                                                                                                                     |                                        |                      |
| <b>Gastrointestinal</b>    | Significant: No                                                                                                                                                                                                                                                                                     |                                        |                      |
| <b>Genitourinary</b>       | Significant: No                                                                                                                                                                                                                                                                                     |                                        |                      |
| <b>Endocrine/Metabolic</b> | Significant: No                                                                                                                                                                                                                                                                                     |                                        |                      |
| <b>Hematology/Oncology</b> | Significant: No                                                                                                                                                                                                                                                                                     |                                        |                      |
| <b>Infectious Disease</b>  | Fever/Chills/Cough/Flu-Like Symptoms in Last 2 Weeks?: No<br>Living with or Exposure to Someone with Test-Positive COVID-19 in the Last 2 Weeks?: No<br>Has Patient Tested Positive for COVID-19 in the Last 2 Weeks?: No<br>Does Patient Have a History of COVID-19 (Resolved): No                 |                                        |                      |
| <b>Psychiatric</b>         | Significant: No                                                                                                                                                                                                                                                                                     |                                        |                      |
| <b>Surgical History</b>    | Significant: No                                                                                                                                                                                                                                                                                     |                                        |                      |
| <b>Anesthesia History</b>  | Patient:<br>Significant: No                                                                                                                                                                                                                                                                         |                                        |                      |
| <b>Social History</b>      | Alcohol Use: 1 Drink/day                                                                                                                                                                                                                                                                            |                                        |                      |
| <b>Physical Exam</b>       | Dental<br>Intact: Yes<br>Airway<br>Airway Assessment: MP I                                                                                                                                                                                                                                          |                                        |                      |



**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Surgical Documentation**

DOCUMENT NAME: Operative Report  
SERVICE DATE/TIME: 4/3/2023 11:51 CDT  
RESULT STATUS: Auth (Verified)  
SIGN INFORMATION: Ali ,Jawad Tahir MD (4/4/2023 19:48 CDT)

ASCENSION SETON HAYS  
KYLE, TEXAS  
OPERATIVE NOTE

PATIENT NAME: KNIGHT, GARY  
MEDICAL RECORD #: 7855705 PATIENT STATUS: I  
ROOM: H522 DOB: 12/08/1939  
DATE OF ADMISSION: 04/01/2023

DATE OF OPERATION:  
04/03/23.

**PREOPERATIVE DIAGNOSES:**

1. Acute cholecystitis.
2. Bilirubin elevation.

**POSTOPERATIVE DIAGNOSES:**

1. Acute cholecystitis.
2. Bilirubin elevation.
3. Cirrhosis of the liver.

**OPERATION:**  
Laparoscopic cholecystectomy.

**SURGEON:**  
Jawad Ali, MD

**ASSISTANT:**  
Lana Lukic, PA; assisted with abdominal entry, retraction, dissection, and closure.

**INDICATIONS FOR SURGERY:**

The patient is an 83-year-old male who presented to Ascension Seton Hays with abdominal pain. His bilirubin was elevated and he had an ERCP, which showed some sludge in the bile duct with no significant stones. An occlusion cholangiogram was normal per the report; however, there was no clear filling of the gallbladder. I discussed risks, benefits and alternatives of laparoscopic cholecystectomy with the patient including risks of injury to bile duct or intestines, requiring further operations, bleeding, infection, need for open operation, need for further surgeries. Questions were welcomed and answered. He elected to proceed.

**ANESTHESIA:**  
General anesthesia.

**ESTIMATED BLOOD LOSS:**

**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY**

**FIN:** 8083802562  
**Admit:** 4/1/2023

**MRN:** 7855705

**Discharge:** 4/4/2023

**Surgical Documentation**

20 mL.

**SPECIMENS:**

Gallbladder.

**FINDINGS:**

Nodular appearing liver with suggestion of venous hypertension. Severely inflamed and distended gallbladder.

**COMPLICATIONS:**

None apparent.

**DESCRIPTION OF PROCEDURE:**

The patient was brought to the OR. He was placed under general anesthesia. He was on treatment antibiotics with Zosyn. He was prepped and draped in the standard sterile fashion. Timeout was performed. A supraumbilical incision was made and carried down to the fascia. Fascia was elevated and a Veress needle was inserted. Position was confirmed using the drop test. The peritoneum was insufflated without complication. Then, a 5 mm trocar was placed using the optical entry technique. There was no evidence of any injury upon entry. Additional trocars were placed in the subxiphoid, right subcostal and right abdominal positions. There was some inflammatory fluid in the peritoneum at time of entry. Also, the gallbladder was very distended. We aspirated it with a laparoscopic needle aspirating about 25 mL of turbid fluid. We then retracted the gallbladder and exposed the infundibulum, dissecting at the cystic duct gallbladder junction. We exposed the cystic duct and the cystic artery, skeletonizing them both. We achieved a critical view of safety. We placed Hem-o-Lok clips twice distally, once proximally on each end ligated them. We then took the gallbladder off its fossa using the L-hook cautery. The distal portion of the gallbladder fossa was oozing, essentially with some evidence of venous hypertension. This was controlled with cautery and Surgicel application. We confirmed hemostasis. We then suctioned out the peritoneum and made sure that all sites were intact and hemostatic. We then removed the gallbladder from the epigastric port site using EndoCatch bag. We closed the fascia using 0 Vicryl in figure-of-eight fashion x2. We removed the ports under visualization and desufflated the abdomen. The skin was closed using 4-0 Monocryl in subcuticular fashion and dressed with Mastisol, Steri-Strips, gauze and Tegaderm. The patient was awoken from anesthesia without complication. All counts were correct x2.

Jawad Ali, MD

JA/PK

D: 04/03/2023 11:51 am

T: 04/03/2023 03:03 pm

Dictation ID: 290625096

Electronically Signed By: Ali, Jawad Tahir, MD, 04-Apr-2023 19:48 CDT

**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Surgical Documentation**

DOCUMENT NAME: Operative Report  
SERVICE DATE/TIME: 4/2/2023 14:35 CDT  
RESULT STATUS: Auth (Verified)  
SIGN INFORMATION: Emmett , Daniel S MD (4/2/2023 20:53 CDT)

ASCENSION SETON HAYS  
KYLE, TEXAS  
OPERATIVE NOTE

PATIENT NAME: KNIGHT, GARY  
MEDICAL RECORD #: 7855705 PATIENT STATUS: I  
ROOM: H522 DOB: 12/08/1939  
DATE OF ADMISSION: 04/01/2023

**GASTROENTEROLOGY PROCEDURE NOTE**

DATE OF PROCEDURE:  
04/02/23

PROCEDURE PERFORMED:  
Endoscopic retrograde cholangiopancreatography (ERCP) with biliary  
sphincterotomy and balloon sweep.

INDICATION:  
Concern for cholangitis with worsening white blood cell count elevation and  
known cholecystitis and cholelithiasis.

MEDICATIONS RECEIVED:  
General anesthesia. The patient is receiving antibiotics as previously ordered  
and received 100 mg indomethacin suppository.

DESCRIPTION OF PROCEDURE:  
The risks, benefits, alternatives and limitations of ERCP were explained to the  
patient in detail. Adequate time was allowed for questions and informed consent  
was obtained. The patient was brought to the fluoroscopy suite where the  
procedure was performed. He was sedated by the anesthesia providers and was  
intubated. A bite block was then placed. The patient was then placed prone on  
the fluoroscopy table. Throughout the procedure, the patient's vital signs  
including blood pressure, heart rate, O2 saturation, respirations were  
continuously monitored. A scout film was obtained, which was unremarkable. The  
Olympus duodenoscope was inserted through the bite block into the mouth,  
esophagus, stomach and duodenum. These structures were grossly normal. The  
ampulla was easily identified in the descending portion of the duodenum. Using  
the Boston Scientific tapered cannula, the bile duct was cannulated on first  
attempt using wire guidance. A 0.035-inch Jagwire was inserted into the biliary  
tree. This was confirmed on fluoroscopy. The cannula followed and contrast was  
then injected. Cholangiogram images revealed a normal-appearing bile duct.  
There was no evidence of ductal dilatation nor were there any filling defects.  
A biliary sphincterotomy was achieved. There was no bleeding associated with  
sphincterotomy. A balloon sweep was performed using a 9-mm balloon multiple  
times. The balloon sweep revealed some sludge, but there were no stones. There

**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Surgical Documentation**

was no overt pus. A closed cholangiogram was then performed, which again revealed a normal-appearing bile duct. The scope was withdrawn. The wire and balloon were then withdrawn. The scope was then slowly withdrawn at which point suction was performed. A pancreatogram was not attempted or achieved.

The patient tolerated the procedure well. There were no complications.

**FINDINGS:**

1. Normal-appearing biliary tree with sludge removed after biliary sphincterotomy and balloon sweep performed.
2. There appears to be good drainage of bile and contrast at the completion of the procedure. There is no indication for stent.

**RECOMMENDATIONS:**

1. Return the patient to hospital ward for ongoing care.
2. Repeat labs tomorrow including CBC and CMP.
3. Continue broad-spectrum antibiotics.
4. Anticipate laparoscopic cholecystectomy tomorrow.
5. Results of ERCP were relayed to the patient's surgeon Dr. John Sabra.

Daniel S. Emmett, MD

**DSE/CF**

D: 04/02/2023 02:35 pm

T: 04/02/2023 07:51 pm

Dictation ID: 290583791

Electronically Signed By: Emmett, Daniel S, MD, 02-Apr-2023 20:53 CDT

**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Procedure Notes**



\* Transcribed \*

7855705SEC  
DOB 12/8/1939 83 Years

KNIGHT, GARY  
Male

8083802562

4/1/2023 9:49:55 PM(DST)

(6)  
Seton Medical Center Hays (6)  
HEP-SBC (80)

Rate 87 Atrial fibrillation.....V-rate 72-97, irreg A-activity  
PR Incomplete RBBB and LAFB.....axis(240,-40), S>R II III aVF  
QRS 106 Low voltage, extremity leads.....all extremity leads <0.5mV  
QT 375 Consider anterior infarct.....Q >30ms in V2-V5  
QTc 451

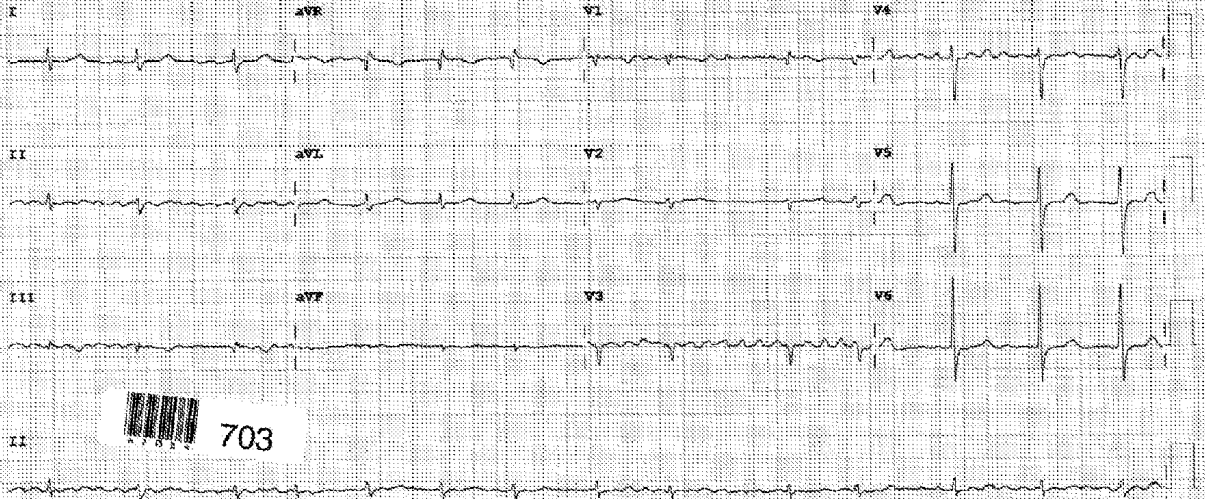
Operator: HO

--AXIS--

P  
QRS -47  
T -15

- ABNORMAL ECG -

Unconfirmed Diagnosis



Device: 1281932873 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60 0.15-100 Hz 1000 CL P9

**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Procedure Notes**

DOCUMENT NAME:  
SERVICE DATE/TIME:  
RESULT STATUS:  
SIGN INFORMATION:

Wave Review  
4/4/2023 09:40 CDT  
Auth (Verified)

**WAVESTRIP.PDF**

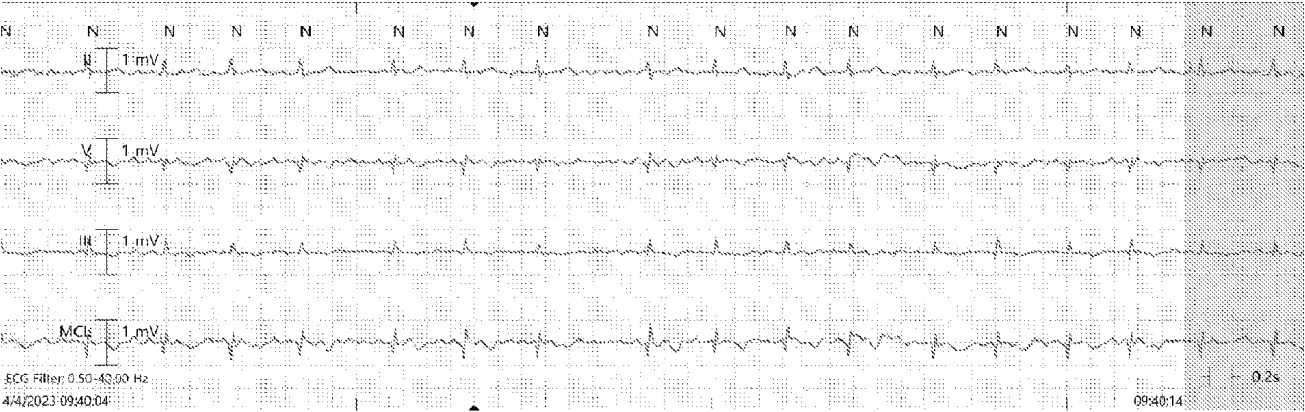
Click on link to view PDF report

11/17/2023 10:53:08 AM ACST PAGE 43/080 Fax Server

Attachment(s): 4/4/2023 09:40 CDT WAVESTRIP.PDF

|              |         |
|--------------|---------|
| Strip Report | SHTL 53 |
| KNIGHT, GARY | 7855705 |

Vitals:  
HR 101 PVC 1  
4/4/2023 09:40:08 Saved strip re-labeled to DC TELE



Printed on 4/4/2023 09:59:38

CMU

GoodHealth

Page 1 of 2

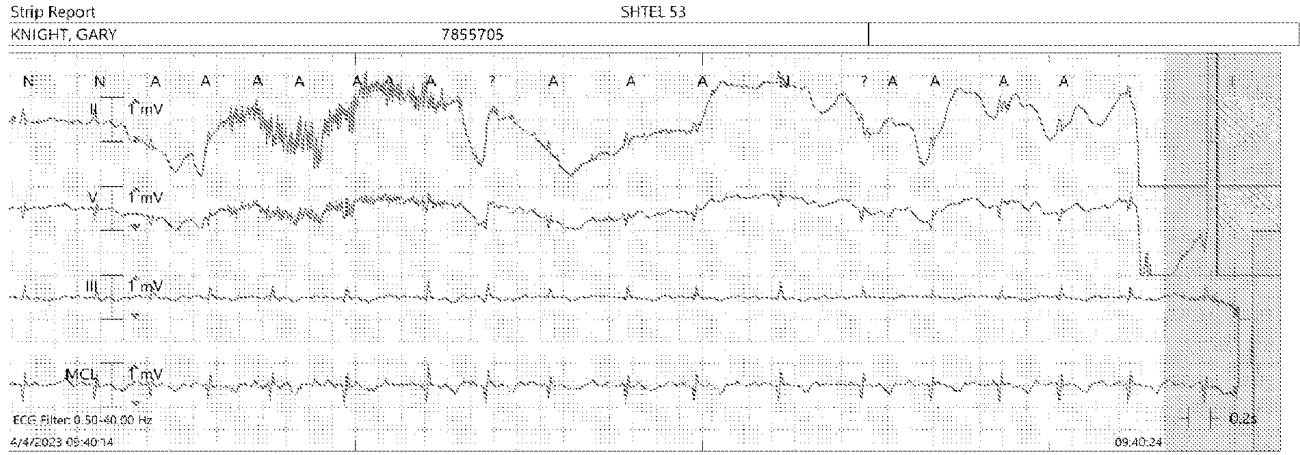
Facility: Hays

Page 42 of 68

Fax Server

11/17/2023 10:53:08 AM ACST PAGE 44/080 Fax Server

Attachment(s): 4/4/2023 09:40 CDT WAVESTRIP.PDF



**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Procedure Notes**

DOCUMENT NAME:  
SERVICE DATE/TIME:  
RESULT STATUS:  
SIGN INFORMATION:

Wave Review  
4/4/2023 07:59 CDT  
Auth (Verified)

**WAVESTRIP.PDF**

Click on link to view PDF report

11/17/2023 10:53:08 AM ACST PAGE 46/080 Fax Server

Attachment(s): 4/4/2023 07:59 CDT WAVESTRIP.PDF

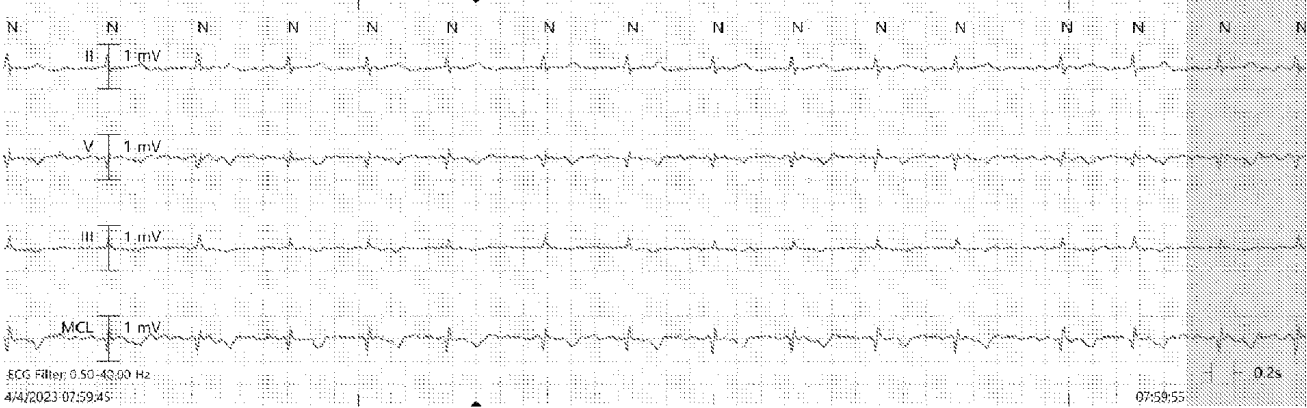
|              |         |
|--------------|---------|
| Strip Report | SHTL 53 |
| KNIGHT, GARY | 7855705 |

Vitals:

HR 79

PVC 1

4/4/2023 07:59:49 Saved strip re-labeled to 0800 Strip QRS 0.09



Printed on 4/4/2023 09:55:43

CMU

GoodHealth

Page 1 of 2

Facility: Hays

Page 45 of 68

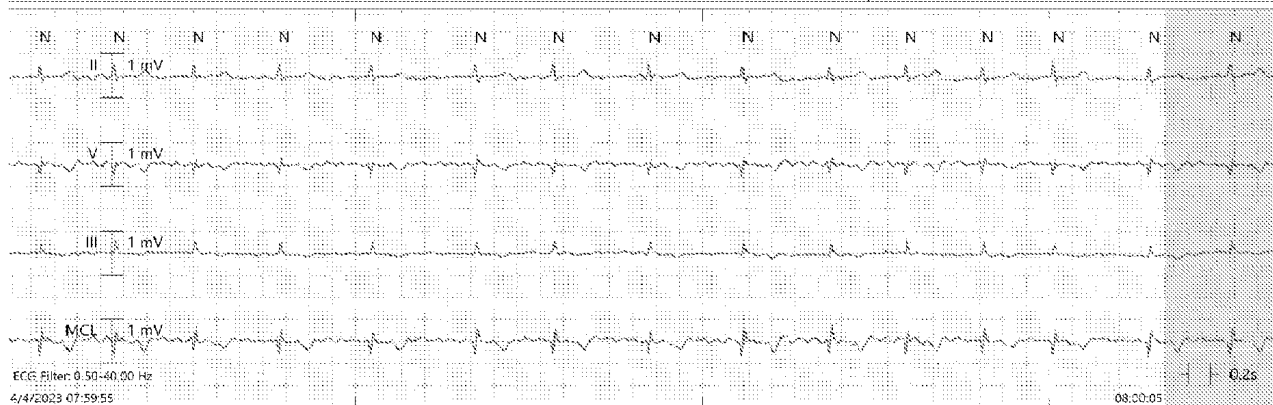
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Strip Report

SHTL 53

KNIGHT, GARY

7855705



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Printed on 4/4/2023 09:55:43

Page 2 of 2

**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Procedure Notes**

DOCUMENT NAME:  
SERVICE DATE/TIME:  
RESULT STATUS:  
SIGN INFORMATION:

Wave Review  
4/3/2023 14:20 CDT  
Auth (Verified)

**WAVESTRIP.PDF**

Click on link to view PDF report

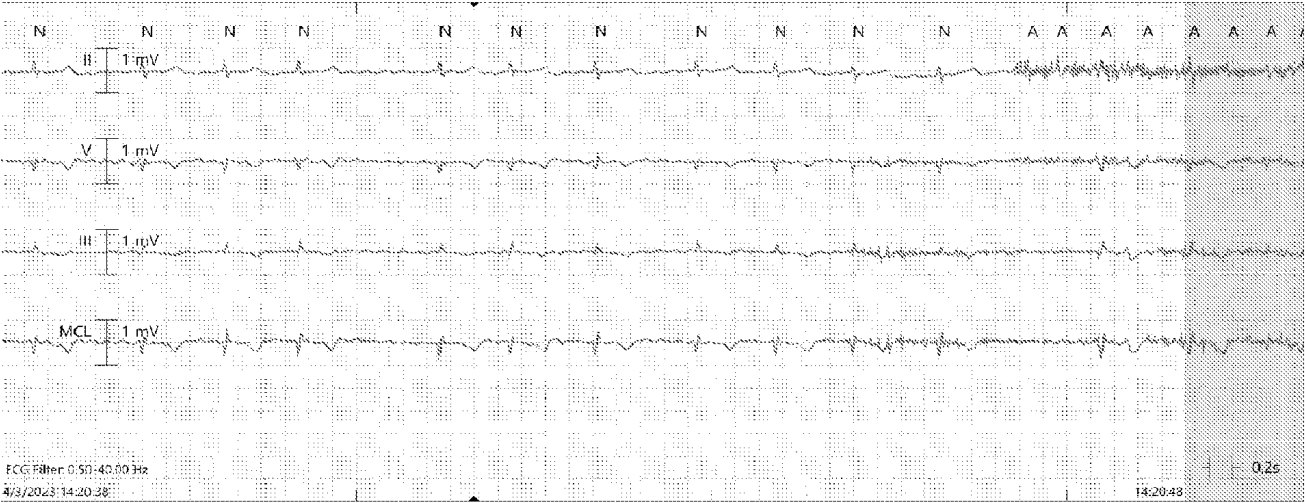


11/17/2023 10:53:08 AM ACST PAGE 49/080 Fax Server

Attachment(s): 4/3/2023 14:20 CDT WAVESTRIP.PDF

|              |         |
|--------------|---------|
| Strip Report | SHTL 53 |
| KNIGHT, GARY | 7855705 |

Vitals:  
HR 77 PVC 2  
4/3/2023 14:20:42 Saved strip re-labeled to Admit Strip



Printed on 4/3/2023 14:27:30

CMU

GoodHealth

Page 1 of 2

Facility: Hays

Page 48 of 68

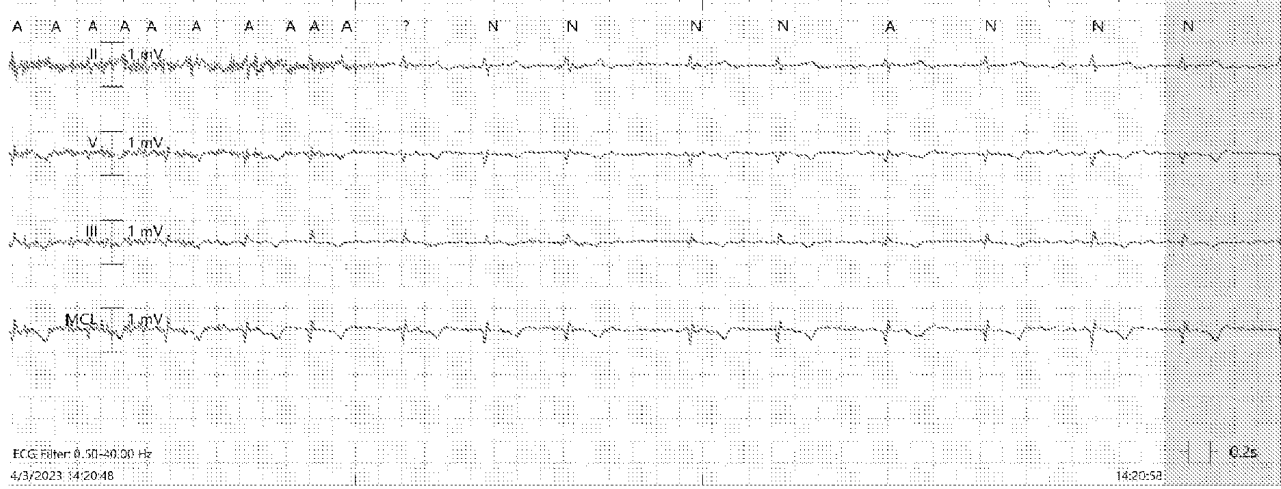
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Strip Report

SHTEL 53

KNIGHT, GARY

7855705



Printed on 4/3/2023 14:27:30


CMU

GoodHealth

Page 2 of 2

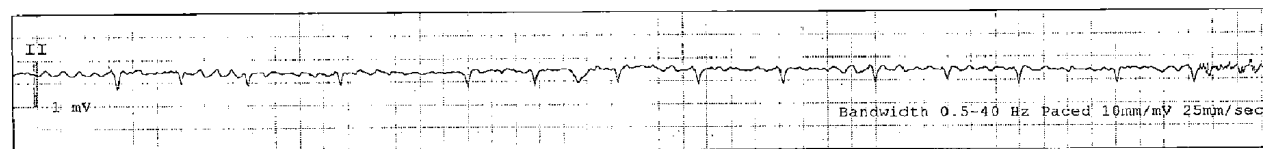
11/17/2023 10:53:08 AM ACST PAGE 51/080 Fax Server

\* Auth (Verified) \*

|                 |  |       |                                                                                    |  |                  |
|-----------------|--|-------|------------------------------------------------------------------------------------|--|------------------|
| SHPO30          |  | No Pa | KNIGHT, GARY                                                                       |  | ADM: 04/01/23    |
| Realtime Report |  |       | FIN: 8083802562 MRN: 7855705                                                       |  |                  |
|                 |  |       | DOB: 12/08/1939 93 Years Male                                                      |  |                  |
|                 |  |       | Alias: Admitting: Default, TBD                                                     |  |                  |
|                 |  |       |  |  |                  |
|                 |  |       | 4                                                                                  |  | 3 Apr 23 9:20:52 |

|                     |                |                         |
|---------------------|----------------|-------------------------|
| Patient Cat.: Adult | Date of Birth: | Weight: -?- kg          |
| Paced Mode: On      | Age: -?- years | BSA: -?- m <sup>2</sup> |
| Gender:             | Height: -?- cm |                         |

|              |                       |           |
|--------------|-----------------------|-----------|
| HR 91 bpm    | QT-HR                 | RR 22 rpm |
| PVC 0 /min   | SpO <sub>2</sub> 97 % | pTaxis    |
| ST-TI -?- mm | Pulse 93 bpm          |           |
| QTc          | Perf 1.9              |           |
| ΔQTc         | NBP 145/83 (99) mmHg  |           |
| QT           | 3 Apr 23 9:18         |           |



218

PHILIPS

HAYS

Page 1 (last)

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Blood Gases**

Legend: @ = Abnormal, ! = Critical, H = High, L = Low, \* = Test performed at this ASCENSION SETON network facility.

| Collected Date<br>Time        |  | 4/2/2023<br>01:17 CDT   |        |               |
|-------------------------------|--|-------------------------|--------|---------------|
| Item                          |  |                         | Units  | Ref. Range    |
| pH Ven                        |  | 7.411 <sup>*1</sup>     |        | [7.350-7.450] |
| pCO2 Ven                      |  | 34.1 <sup>L*1</sup>     | mmHg   | [39.0-51.0]   |
| pO2 Ven                       |  | 52.4 <sup>H*1</sup>     | mmHg   | [30.0-50.0]   |
| HCO3 Ven                      |  | 21.2 <sup>L*1</sup>     | mmol/L | [23.0-27.0]   |
| Base Excess Ven               |  | -2.6 <sup>*1</sup>      | mmol/L | [-3.0-3.0]    |
| O2 Sat Ven                    |  | 87.8 <sup>H*1</sup>     | %      | [60.0-80.0]   |
| Hb Ven                        |  | 14.3 <sup>*1</sup>      | g/dL   | [14.0-18.0]   |
| Venous Measured O2 Saturation |  | 86.0 <sup>H*1</sup>     | %      | [60.0-80.0]   |
| CO Hb Ven                     |  | 1.5 <sup>*1</sup>       | %      | [0.5-1.5]     |
| Met Hb Ven                    |  | 0.3 <sup>*1</sup>       | %      | [0.0-1.5]     |
| Hct Ven                       |  | 42 <sup>*1</sup>        | %      | [40-54]       |
| RT Sodium                     |  | 139.2 <sup>*1</sup>     | mmol/L | [136.0-145.0] |
| RT Potassium                  |  | 3.96 <sup>*1</sup>      | mmol/L | [3.50-5.10]   |
| Ionized Calcium               |  | 1.12 <sup>*1</sup>      | mmol/L | [1.12-1.30]   |
| RT Lactate                    |  | 1.95 <sup>*1</sup>      | mmol/L | [0.50-2.20]   |
| Comments                      |  | Comment <sup>R1*1</sup> |        |               |
| Service Resource              |  | Comment <sup>R2*1</sup> |        |               |

**Result Comments**

R1: Comments

Device ID:61519 Operator ID:1040117302 Site:Venous Draw Allens:NA

R2: Service Resource

CLIA# 45D1101034 Ascension Seton Hays, 6001 Kyle Parkway, Kyle, TX 78640

**Performing Locations**

\*1: This test was performed at:

Seton POC Testing, For Blood Gas Results, Please See Service Resource Result for CLIA, Information, For POC/Glucose Results, Please See Comments for Facility Name, and Address

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Hematology**

Legend: @ = Abnormal, ! = Critical, H = High, L = Low, \* = Test performed at this ASCENSION SETON network facility.

**CBC**

| Collected Date | 4/1/2023          | 4/2/2023             | 4/3/2023          | 4/3/2023          | 4/4/2023          |            |             |
|----------------|-------------------|----------------------|-------------------|-------------------|-------------------|------------|-------------|
| Time           | 21:52 CDT         | 04:57 CDT            | 04:20 CDT         | 16:28 CDT         | 07:44 CDT         |            |             |
| Item           |                   |                      |                   |                   |                   | Units      | Ref. Range  |
| WBC            | 27.2 <sup>H</sup> | 37.5 <sup>H</sup>    | 30.3 <sup>H</sup> | 27.2 <sup>H</sup> | 24.1 <sup>H</sup> | Thou/cu mm | [4.5-11.0]  |
| RBC            | 4.40 <sup>L</sup> | 3.67 <sup>L</sup>    | 3.80 <sup>L</sup> | 3.77 <sup>L</sup> | 3.73 <sup>L</sup> | Mill/cu mm | [4.60-6.20] |
| Hgb            | 14.6              | 12.1 <sup>L</sup> R1 | 12.6 <sup>L</sup> | 12.7 <sup>L</sup> | 12.6 <sup>L</sup> | g/dL       | [14.0-18.0] |
| Hct            | 42.4              | 35.9 <sup>L</sup>    | 37.4 <sup>L</sup> | 37.3 <sup>L</sup> | 36.7 <sup>L</sup> | %          | [40.0-54.0] |
| RDW            | 23.0 <sup>H</sup> | 23.1 <sup>H</sup>    | 23.3 <sup>H</sup> | 23.1 <sup>H</sup> | 23.5 <sup>H</sup> | %          | [11.5-14.5] |
| MCV            | 96.4 <sup>H</sup> | 97.8 <sup>H</sup>    | 98.4 <sup>H</sup> | 98.9 <sup>H</sup> | 98.4 <sup>H</sup> | fL         | [80.0-94.0] |
| MCH            | 33.2 <sup>H</sup> | 33.0 <sup>H</sup>    | 33.2 <sup>H</sup> | 33.7 <sup>H</sup> | 33.8 <sup>H</sup> | pg         | [27.0-31.0] |
| MCHC           | 34.4              | 33.7                 | 33.7              | 34.0              | 34.3              | g/dL       | [32.0-37.0] |
| Platelet       | 274               | 235                  | 217               | 208               | 230               | Thou/cu mm | [150-450]   |
| MPV            | 9.9               | 10.1                 | 10.1              | 10.0              | 10.1              | fL         | [8.8-13.5]  |

**Result Comments**

R1: Hgb

Results called MEGAN SUESS RN

**Differential**

| Collected Date      | 4/1/2023        | 4/2/2023        |            |            |
|---------------------|-----------------|-----------------|------------|------------|
| Time                | 21:52 CDT       | 04:57 CDT       |            |            |
| Item                |                 |                 | Units      | Ref. Range |
| Segs Man            | 96 <sup>H</sup> | 94 <sup>H</sup> | %          | [50-65]    |
| Band Man            | -               | 1               | %          | [<=11]     |
| Lymph Man           | 2 <sup>L</sup>  | 4 <sup>L</sup>  | %          | [30-40]    |
| Monocyte Man        | 2               | 1               | %          | [<=10]     |
| Eos Man             | 0               | 0               | %          | [<=4]      |
| Basophil Man        | 0               | 0               | %          | [<=1]      |
| Abs Neutro Man      | 26.13           | 35.63           | Thou/cu mm |            |
| Abs Lymph Man       | 0.54            | 1.50            | Thou/cu mm |            |
| Abs Mono Man        | 0.54            | 0.38            | Thou/cu mm |            |
| Abs Eos Man         | 0.00            | 0.00            | Thou/cu mm |            |
| Abs Basophil Man    | 0.00            | 0.00            | Thou/cu mm |            |
| Total Cells Counted | 100             | 200             |            |            |
| NRBC Man            | -               | 1               | /100 WBC   |            |
| Platelet Estimate   | Normal          | Normal          |            | [Normal]   |

**Morphology**

| Collected Date | 4/1/2023  | 4/2/2023  | 4/3/2023  |       |            |
|----------------|-----------|-----------|-----------|-------|------------|
| Time           | 21:52 CDT | 04:57 CDT | 04:20 CDT |       |            |
| Item           |           |           |           | Units | Ref. Range |
| Anisocytosis   | 1+        | 1+        | -         |       |            |
| RBC Morph      | Present   | Present   | -         |       | [Normal]   |

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Hematology**

Legend: @ = Abnormal, ! = Critical, H = High, L = Low, \* = Test performed at this ASCENSION SETON network facility.

**Morphology**

| Collected Date            |  | 4/1/2023       | 4/2/2023       | 4/3/2023  | Units    | Ref. Range |
|---------------------------|--|----------------|----------------|-----------|----------|------------|
| Time                      |  | 21:52 CDT      | 04:57 CDT      | 04:20 CDT |          |            |
| Item                      |  |                |                |           |          |            |
| Burr Cells                |  | -              | 1+             | -         |          |            |
| Elliptocytes              |  | 1+             | 1+             | -         |          |            |
| Target Cells              |  | 1+             | 1+             | -         |          |            |
| Smear Review              |  | Smear Reviewed | Smear Reviewed | -         |          |            |
| Automated Nucleated RBC's |  | 0.1            | 0.1            | 0.1       | /100 WBC |            |

| Collected Date            |  | 4/3/2023  | 4/4/2023  | Units    | Ref. Range |
|---------------------------|--|-----------|-----------|----------|------------|
| Time                      |  | 16:28 CDT | 07:44 CDT |          |            |
| Item                      |  |           |           |          |            |
| Automated Nucleated RBC's |  | 0.1       | 0.2       | /100 WBC |            |

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Coagulation**

Legend: @ = Abnormal, ! = Critical, H = High, L = Low, \* = Test performed at this ASCENSION SETON network facility.

|                |                    |           |            |
|----------------|--------------------|-----------|------------|
| Collected Date | 4/2/2023           |           |            |
| Time           | 01:29 CDT          |           |            |
| Item           |                    | Units     | Ref. Range |
| PT             | 14.9 <sup>H</sup>  | second(s) | [9.4-12.5] |
| INR            | 1.35 <sup>^1</sup> |           |            |

## Interpretive Data

<sup>^1</sup>: INR

| INR     | PATIENTS                                                                            |
|---------|-------------------------------------------------------------------------------------|
| <1.5    | Ambulatory surgery                                                                  |
| 2.0-3.0 | DVT, PE, High-risk surgery,<br>Tissue heart valves, Acute MI<br>Atrial fibrillation |
| 2.5-3.5 | Mechanical heart valves,<br>Recurrent MI                                            |

International Normalized Ratio (INR) allows for comparison of patient results from one laboratory to another.

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Urinalysis**

Legend: @ = Abnormal, ! = Critical, H = High, L = Low, \* = Test performed at this ASCENSION SETON network facility.

**UA Macroscopic**

| Collected Date 4/2/2023 |                | Time 01:29 CDT |            |
|-------------------------|----------------|----------------|------------|
| Item                    |                | Units          | Ref Range  |
| UA Color                | Yellow         |                | [Yellow]   |
| UA Appear               | Clear          |                | [Clear]    |
| UA Glucose              | Negative       | mg/dL          | [Negative] |
| UA Bili                 | Negative       |                | [Negative] |
| UA Ketones              | <b>Trace @</b> | mg/dL          | [Negative] |
| Specific Gravity Urine  | 1.010          |                | [<=1.030]  |
| UA pH                   | 5.0            |                | [5.0-9.0]  |
| UA Protein              | <b>Trace @</b> | mg/dL          | [Negative] |
| UA Urobilinogen         | 0.2            | EhrUnits/dL    | [0.2]      |
| UA Nitrite              | Negative       |                | [Negative] |
| UA Blood                | Negative       |                | [Negative] |
| UA Leuk Est             | Negative       |                | [Negative] |

**UA Microscopic**

| Collected Date 4/2/2023 |                | Time 01:29 CDT |              |
|-------------------------|----------------|----------------|--------------|
| Item                    |                | Units          | Ref Range    |
| UA WBC                  | <b>3-5 @</b>   | /HPF           | [Occasional] |
| UA Bacteria             | <b>Trace @</b> |                |              |
| UA Mucous               | <b>1+ @</b>    |                |              |
| UA Epithelial Cells     | <b>0-2 @</b>   | /HPF           | [Occasional] |



**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Chemistry**

Legend: @ = Abnormal, ! = Critical, H = High, L = Low, \* = Test performed at this ASCENSION SETON network facility.

**Routine Chemistry**

| Collected Date     | 4/1/2023               | 4/2/2023               | 4/2/2023               | 4/2/2023                |               |            |
|--------------------|------------------------|------------------------|------------------------|-------------------------|---------------|------------|
| Time               | 21:52 CDT              | 01:29 CDT              | 04:57 CDT              | 21:05 CDT               |               |            |
| Item               |                        |                        |                        |                         | Units         | Ref. Range |
| Sodium Level       | 140                    | -                      | 139                    | -                       | mmol/L        | [136-145]  |
| Potassium Level    | 4.3                    | -                      | 3.7                    | -                       | mmol/L        | [3.5-5.1]  |
| Chloride           | <b>108<sup>H</sup></b> | -                      | <b>114<sup>H</sup></b> | -                       | mmol/L        | [98-107]   |
| CO2                | <b>20<sup>L</sup></b>  | -                      | <b>18<sup>L</sup></b>  | -                       | mmol/L        | [21-31]    |
| AGAP               | 12                     | -                      | 7                      | -                       |               | [4-12]     |
| BUN                | 14                     | -                      | 13                     | -                       | mg/dL         | [6-20]     |
| Creatinine         | 0.8                    | -                      | 0.8                    | -                       | mg/dL         | [0.5-1.2]  |
| Glucose Level      | <b>115<sup>H</sup></b> | -                      | 110                    | -                       | mg/dL         | [70-110]   |
| Glucose Level, POC | -                      | -                      | -                      | <b>113<sup>H</sup>*</b> | mg/dL         | [70-100]   |
| Calcium            | 9.3                    | -                      | <b>7.5<sup>L</sup></b> | -                       | mg/dL         | [8.5-10.5] |
| Phos               | -                      | 2.7                    | -                      | -                       | mg/dL         | [2.5-4.6]  |
| Albumin Level      | 4.0                    | -                      | <b>3.0<sup>L</sup></b> | -                       | g/dL          | [3.2-5.5]  |
| Total Protein      | <b>6.5<sup>L</sup></b> | -                      | <b>4.9<sup>L</sup></b> | -                       | g/dL          | [6.7-8.2]  |
| Alk Phos           | 56                     | -                      | <b>40<sup>L</sup></b>  | -                       | unit(s)/L     | [42-121]   |
| AST                | 30                     | -                      | 30                     | -                       | unit(s)/L     | [5-34]     |
| ALT                | 24                     | -                      | 27                     | -                       | unit(s)/L     | [10-60]    |
| Bili Total         | <b>2.7<sup>H</sup></b> | -                      | <b>2.3<sup>H</sup></b> | -                       | mg/dL         | [0.2-1.2]  |
| Magnesium          | -                      | <b>1.6<sup>L</sup></b> | <b>1.5<sup>L</sup></b> | -                       | mg/dL         | [1.7-2.8]  |
| Lipase Level       | 8                      | <b>6<sup>L</sup></b>   | -                      | -                       | unit(s)/L     | [8-78]     |
| eGFR               | >60 <sup>01</sup> *1   | -                      | >60 <sup>02</sup> *1   | -                       | mL/min/1.73m2 | [>=60]     |

| Collected Date     | 4/3/2023               | 4/3/2023                | 4/4/2023               |           |            |
|--------------------|------------------------|-------------------------|------------------------|-----------|------------|
| Time               | 04:20 CDT              | 07:37 CDT               | 05:12 CDT              |           |            |
| Item               |                        |                         |                        | Units     | Ref. Range |
| Sodium Level       | 141                    | -                       | 142                    | mmol/L    | [136-145]  |
| Potassium Level    | 4.5                    | -                       | 4.3                    | mmol/L    | [3.5-5.1]  |
| Chloride           | <b>113<sup>H</sup></b> | -                       | <b>111<sup>H</sup></b> | mmol/L    | [98-107]   |
| CO2                | <b>20<sup>L</sup></b>  | -                       | 23                     | mmol/L    | [21-31]    |
| AGAP               | 8                      | -                       | 8                      |           | [4-12]     |
| BUN                | 18                     | -                       | <b>24<sup>H</sup></b>  | mg/dL     | [6-20]     |
| Creatinine         | 0.8                    | -                       | 0.9                    | mg/dL     | [0.5-1.2]  |
| Glucose Level      | <b>111<sup>H</sup></b> | -                       | 103                    | mg/dL     | [70-110]   |
| Glucose Level, POC | -                      | <b>106<sup>H</sup>*</b> | -                      | mg/dL     | [70-100]   |
| Calcium            | <b>7.9<sup>L</sup></b> | -                       | <b>8.0<sup>L</sup></b> | mg/dL     | [8.5-10.5] |
| Albumin Level      | <b>2.9<sup>L</sup></b> | -                       | <b>2.9<sup>L</sup></b> | g/dL      | [3.2-5.5]  |
| Total Protein      | <b>4.9<sup>L</sup></b> | -                       | <b>5.4<sup>L</sup></b> | g/dL      | [6.7-8.2]  |
| Alk Phos           | <b>39<sup>L</sup></b>  | -                       | <b>41<sup>L</sup></b>  | unit(s)/L | [42-121]   |
| AST                | 30                     | -                       | <b>48<sup>H</sup></b>  | unit(s)/L | [5-34]     |
| ALT                | 24                     | -                       | 40                     | unit(s)/L | [10-60]    |
| Bili Total         | <b>2.0<sup>H</sup></b> | -                       | <b>1.6<sup>H</sup></b> | mg/dL     | [0.2-1.2]  |
| Bili Direct        | -                      | -                       | <b>0.7<sup>H</sup></b> | mg/dL     | [0.1-0.5]  |

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Chemistry**

Legend: @ = Abnormal, ! = Critical, H = High, L = Low, \* = Test performed at this ASCENSION SETON network facility.

**Routine Chemistry**

| Collected Date | 4/3/2023             | 4/3/2023  | 4/4/2023             |               |            |
|----------------|----------------------|-----------|----------------------|---------------|------------|
| Time           | 04:20 CDT            | 07:37 CDT | 05:12 CDT            |               |            |
| Item           |                      |           |                      | Units         | Ref. Range |
| eGFR           | >60 <sup>03</sup> ^1 | -         | >60 <sup>04</sup> ^1 | mL/min/1.73m2 | [>=60]     |

**Order Comments**

- O1: Glomerular Filtration Rate  
Added by rule.
- O2: Glomerular Filtration Rate  
Added by rule.
- O3: Glomerular Filtration Rate  
Added by rule.
- O4: Glomerular Filtration Rate  
Added by rule.

**Interpretive Data**

- ^1: eGFR  
Effective 08/25/2022 eGFR CKD-EPI is now calculated using the National Kidney Foundation recommended 2021 calculation which no longer includes a race dependency.

**Performing Locations**

- \*1: This test was performed at:  
Seton POC Testing, For Blood Gas Results, Please See Service Resource Result for CLIA, Information, For POC/Glucose Results, Please See Comments for Facility Name, and Address

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Bacteriology**

Legend: C = Corrected, S = Susceptible, I = Intermediate, R = Resistant, N/A = Not Applicable, SDD = Susceptible-Dose Dependent,  
NS = Nonsusceptible, NoINT = No CLSI interpretive guidelines available for this drug/bug combination. Interpret with caution. -----  
\*=Test performed at this ASCENSION SETON facility.

|                     |                         |                      |                    |
|---------------------|-------------------------|----------------------|--------------------|
| PROCEDURE:          | Culture Blood Bacterial | ACCESSION:           | 23-091-006371      |
| SOURCE TYPE:        | Blood                   | COLLECTED DATE/TIME: | 4/2/2023 01:29 CDT |
| SOURCE:             | 2 BTTL                  | BODY SITE:           | Forearm Left       |
| ORDERING PHYSICIAN: | Welch ,Janna M MD       |                      |                    |

**\*\*\*FINAL REPORTS\*\*\***

Final Report

Verified Date/Time/Personnel: 4/7/2023 09:01 CDT ANG Process Server

**No growth at 5 days.****\*\*\*PRELIMINARY REPORTS\*\*\***

Preliminary Report

Verified Date/Time/Personnel: 4/6/2023 09:01 CDT ANG Process Server

**No growth at 4 days.**

Preliminary Report

Verified Date/Time/Personnel: 4/5/2023 09:01 CDT ANG Process Server

**No growth at 3 days.**

Preliminary Report

Verified Date/Time/Personnel: 4/4/2023 09:01 CDT ANG Process Server

**No growth at 2 days.**

Preliminary Report

Verified Date/Time/Personnel: 4/3/2023 09:02 CDT ANG Process Server

**No growth at 1 day.**

Preliminary Report

Verified Date/Time/Personnel: 4/2/2023 09:01 CDT ANG Process Server

**Culture in progress**

|                     |                         |                      |                    |
|---------------------|-------------------------|----------------------|--------------------|
| PROCEDURE:          | Culture Blood Bacterial | ACCESSION:           | 23-091-006372      |
| SOURCE TYPE:        | Blood                   | COLLECTED DATE/TIME: | 4/2/2023 01:29 CDT |
| SOURCE:             | 2 BTTL                  | BODY SITE:           | Forearm Left       |
| ORDERING PHYSICIAN: | Welch ,Janna M MD       |                      |                    |

**\*\*\*FINAL REPORTS\*\*\***

Final Report

Verified Date/Time/Personnel: 4/7/2023 09:01 CDT ANG Process Server

**No growth at 5 days.****\*\*\*PRELIMINARY REPORTS\*\*\***

Preliminary Report

Verified Date/Time/Personnel: 4/6/2023 09:01 CDT ANG Process Server

**No growth at 4 days.**

**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Bacteriology**

Legend: C = Corrected, S = Susceptible, I = Intermediate, R = Resistant, N/A = Not Applicable, SDD = Susceptible-Dose Dependent,  
NS = Nonsusceptible, NoINT = No CLSI interpretive guidelines available for this drug/bug combination. Interpret with caution. -----  
\*=Test performed at this ASCENSION SETON facility.

**\*\*\*PRELIMINARY REPORTS\*\*\***

Preliminary Report

Verified Date/Time/Personnel: 4/5/2023 09:01 CDT ANG Process Server

**No growth at 3 days.**

Preliminary Report

Verified Date/Time/Personnel: 4/4/2023 09:01 CDT ANG Process Server

**No growth at 2 days.**

Preliminary Report

Verified Date/Time/Personnel: 4/3/2023 09:02 CDT ANG Process Server

**No growth at 1 day.**

Preliminary Report

Verified Date/Time/Personnel: 4/2/2023 09:01 CDT ANG Process Server

**Culture in progress**

**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY**

**FIN:** 8083802562  
**Admit:** 4/1/2023

**MRN:** 7855705

**Discharge:** 4/4/2023

**Pathology Documentation**

DOCUMENT NAME: Surgical Pathology Report  
SERVICE DATE/TIME: 4/3/2023 11:35 CDT  
RESULT STATUS: Auth (Verified)

**MS**

Seton Medical Center Hays County  
Department of Pathology  
6001 Kyle Parkway  
Kyle, TX 78640  
Tel: 512-504-5152 Fax: 512-504-5543

Seton Medical Center Hays  
Surgical Pathology Report

Patient Name: KNIGHT, GARY  
Accession #: HS23-1289  
Med. Rec. #: 7855705  
Collected: 4/3/2023  
Acct. #: 8083802562  
Received: 4/3/2023  
DOB: 12/8/1939 (Age: 83)  
Reported: 4/4/2023 13:34  
Gender: M  
Location: 5 SHC

Submitting Phy: Jawad Ali  
Additional Phy:  
Outside Phys:

Final Pathologic Diagnosis:  
GALLBLADDER, CHOLECYSTECTOMY:  
- Cholelithiasis  
- Acute and chronic cholecystitis

ac/4/4/2023 Aaron Cotrell, M.D. \*\*\*Electronically Signed\*\*\*

Clinical History:  
Acute cholecystitis

**Gross Examination:**

Received labeled with the patient's name, identification number and "gallbladder" is a gallbladder that measures 8 cm in length by 2.7 cm in average diameter. The surface is yellow-green and glistening. Opening of the gallbladder reveals multiple ovoid green-black stones that range in size from 0.1-0.2 cm in greatest dimension. The mucosa is green and finely granular. The gallbladder wall has a maximum thickness of 4 mm. Representative sections are submitted in one

**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Pathology Documentation**

cassette.

AC/ac/4/3/2023

Aaron Cotrell, M.D.

**Microscopic Examination:**

A microscopic examination is performed.

Professional pathology interpretation performed at Ascension Seton Hays, 6001 Kyle Parkway, Kyle, Texas 78640, CLIA #45D1103194. Technical pathology services performed at Ascension Seton Medical Center, 1201 W. 38th Street, Austin, TX 78705, CLIA #45D0505053.

**CPT Code(s):**

A; 88304

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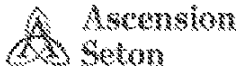
**SHC Surgical Pathology**

Click on link to view PDF report

Patient Name: KNIGHT, GARY  
Date of Birth: 12/8/1939

MRN: 7855705  
FIN: 8083802562

Attachment(s): 4/3/2023 11:35 CDT SHC Surgical Pathology



**Seton Medical Center Hays County**

Department of Pathology

6001 Kyle Parkway

Kyle, TX 78640

Tel: 512-504-5152 Fax: 512-504-5543

**Seton Medical Center Hays  
Surgical Pathology Report**

Patient Name: **KNIGHT, GARY**  
Mec. Rec. #: **7855705**  
Acct. #: **8083802562**  
DOB: **12/8/1939 (Age: 83)**  
Gender: **M**

Accession #: **HS23-1289**  
Collected: **4/3/2023**  
Received: **4/3/2023**  
Reported: **4/4/2023 13:34**

Location: **5 SHC**

Submitting Phy: **Jawad Ali (5125040877)**  
Additional Phy:

**Final Pathologic Diagnosis**

**GALLBLADDER, CHOLECYSTECTOMY:**

- Cholelithiasis
- Acute and chronic cholecystitis

ac/4/4/2023 Aaron Cotrell, M.D. \*\*\*Electronically Signed\*\*\*

**Clinical Diagnosis**

**Acute cholecystitis**

**Gross Examination**

Received labeled with the patient's name, identification number and "gallbladder" is a gallbladder that measures 8 cm in length by 2.7 cm in average diameter. The surface is yellow-green and glistening. Opening of the gallbladder reveals multiple ovoid green-black stones that range in size from 0.1-0.2 cm in greatest dimension. The mucosa is green and finely granular. The gallbladder wall has a maximum thickness of 4 mm. Representative sections are submitted in one cassette.

AC/ac/4/3/2023

Aaron Cotrell, M.D.

**Microscopic Examination**

A microscopic examination is performed.

KNIGHT, GARY

Page 1 of 2

Patient Name: KNIGHT, GARY  
Date of Birth: 12/8/1939

MRN: 7855705  
FIN: 8083802562

Attachment(s): 4/3/2023 11:35 CDT SHC Surgical Pathology

KNIGHT, GARY

SHC Surgical Pathology Report

HS23-1289

Professional pathology interpretation performed at Ascension Seton Hays, 6001 Kyle Parkway, Kyle, Texas 78640, CLIA #4501103194. Technical pathology services performed at Ascension Seton Medical Center, 1201 W. 38th Street, Austin, TX 78705, CLIA #4500505053.

CPT Code(s):

A; 88304



**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Computed Tomography**

DOCUMENT NAME: CT Abd/Pelvis w/ Contrast.  
SERVICE DATE/TIME: 4/1/2023 23:04 CDT  
RESULT STATUS: Auth (Verified)  
TRANSMIT INFORMATION: [Contributor\_system,IDXRAD; Jaimes , Michael A MD  
(4/1/2023 23:30 CDT)]

\*\*\* This document contains a URL not included on this report \*\*\*

ACC #14365162: CT Abdomen w/ and Pelvis w/ Contrast: 4/1/2023 11:04 PM

HISTORY: Other - Specify in Free-text Reason for Exam / abd pain.

COMPARISON: 04/08/2021

TECHNIQUE: Contrast-enhanced images of the abdomen and pelvis were obtained. Dose lowering techniques were utilized which include adjusting the mA and/or kV to protocol and/or patient size.

**FINDINGS:****ABDOMEN AND PELVIS:**

LUNGS: Visualized lung parenchyma is clear without mass or infiltrate.

LIVER: Normal with no focal lesions. The gallbladder is distended and there is high density material/sludge at the gallbladder fundus. Gallbladder fossa free fluid noted. No gross gallbladder wall thickening.

SPLEEN: Normal.

PANCREAS: Normal.

ADRENAL GLANDS: Normal.

KIDNEYS: Normal in size. No hydronephrosis, stone or solid mass lesion is seen.

GI TRACT: Normal.

MESENTERIC VESSELS: Portal veins and mesenteric vessels are patent.

AORTA / IVC: Atherosclerotic change

PROSTATE: Prostatic hypertrophy measuring 6 x 5.4 cm.

URINARY BLADDER: Normal.

OTHER FINDINGS: Stable right inguinal likely hydrocele or inguinal testes.

LYMPH NODES: Normal.

OSSEOUS STRUCTURES AND SOFT TISSUES: Normal.

**IMPRESSION:**

1. Distended gallbladder and nonspecific pericholecystic fluid. There is no clear wall thickening to suggest acute cholecystitis, correlate with patient's clinical symptoms/labs and need to obtain right upper quadrant ultrasound or HIDA scan.
2. No other acute finding in the abdomen or pelvis.

**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Computed Tomography**

Michael Jaimes, MD

Electronically Signed: 4/1/2023 11:30 PM

Finalized: 4/1/2023 11:30 PM

DICOM format image data are available to non-affiliated external healthcare facilities or entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study.

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Diagnostic Radiology**

DOCUMENT NAME: XR Chest 1 View  
SERVICE DATE/TIME: 4/2/2023 00:55 CDT  
RESULT STATUS: Auth (Verified)  
TRANSMIT INFORMATION: [Contributor\_system,IDXRAD; Quintana ,David Jonathan MD  
(4/2/2023 01:51 CDT)]

\*\*\* This document contains a URL not included on this report \*\*\*

ACC #14365291: XR Chest AP or PA: 4/2/2023 12:55 AM

CLINICAL HISTORY: Septic Shock/Severe Sepsis.

COMPARISON: 2021

TECHNIQUE: A single view of the chest was performed.

**FINDINGS:**

The heart, lungs, mediastinum, pleural spaces, and pulmonary vasculature are within normal limits.

**IMPRESSION:**

Normal chest.

David Quintana, MD

Electronically Signed: 4/2/2023 1:50 AM

Finalized: 4/2/2023 1:50 AM

---

DOCUMENT NAME: XR ERCP w/Fluoroscopy  
SERVICE DATE/TIME: 4/2/2023 14:26 CDT  
RESULT STATUS: Auth (Verified)  
TRANSMIT INFORMATION: [Contributor\_system,IDXRAD; McLoughlin ,Ian Daragh MD  
(4/3/2023 09:09 CDT)]

\*\*\* This document contains a URL not included on this report \*\*\*

ACC #14366059: FL ERCP w/ Fluoro: 4/2/2023 2:26 PM

CLINICAL HISTORY: ercp.

COMPARISON: None available.

TECHNIQUE: Fluoroscopic images submitted from an ERCP.

Radiation Exposure Indices: Reference air kerma (KA,r) mGy: 17.7

**FINDINGS:**

**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY**

**FIN:** 8083802562  
**Admit:** 4/1/2023

**MRN:** 7855705

**Discharge:** 4/4/2023

**Diagnostic Radiology**

Retrograde cholangiogram via the ampulla with balloon sweep of the common bile duct.

**IMPRESSION:**

ERCP images as described above.

Ian McLoughlin, MD

Electronically Signed: 4/3/2023 9:08 AM

Finalized: 4/3/2023 9:08 AM

DOCUMENT NAME:

XR Shoulder Complete Left

SERVICE DATE/TIME:

4/1/2023 22:29 CDT

RESULT STATUS:

Auth (Verified)

TRANSMIT INFORMATION:

[Contributor\_system,IDXRAD; Koester ,Dirk Andrew MD  
(4/1/2023 22:33 CDT)]

**\*\*\* This document contains a URL not included on this report \*\*\***

ACC #14365163: XR Shoulder Left 3V or More: 4/1/2023 10:29 PM

CLINICAL HISTORY: left shoulder pain x months.

COMPARISON: None available.

**FINDINGS:**

Mild to moderate degenerative arthrosis of the acromion clavicular joint. Alignment is normal. No acute fracture, dislocation or radiopaque foreign body is present.

**IMPRESSION:**

No acute process identified.

Dirk A. Koester, MD

Electronically Signed: 4/1/2023 10:32 PM

Finalized: 4/1/2023 10:32 PM

**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY****FIN:** 8083802562**Admit:** 4/1/2023**MRN:** 7855705**Discharge:** 4/4/2023**Ultrasound**

DOCUMENT NAME: US Abdomen Limited  
SERVICE DATE/TIME: 4/2/2023 00:22 CDT  
RESULT STATUS: Auth (Verified)  
TRANSMIT INFORMATION: [Contributor\_system,IDXRAD; Simonds ,Justin Scott MD  
(4/2/2023 01:00 CDT)]

\*\*\* This document contains a URL not included on this report \*\*\*

ACC #14365290: US Abdomen Limited: 4/2/2023 12:22 AM

HISTORY: GB distention ro cholecystitis

COMPARISON: 04/01/2023

TECHNIQUE: Longitudinal and transverse views were obtained of the right upper quadrant.

**FINDINGS:**

Liver: Normal.

Gallbladder: Gallbladder contains gallstones with moderate gallbladder wall thickening and no pericholecystic fluid.

Common duct: Common duct is of normal caliber for age.

Pancreas: Unremarkable where visualized.

Right kidney: Normal.

IVC: Unremarkable where visualized.

Fluid: None visible.

**IMPRESSION:**

1. Cholelithiasis with gallbladder wall thickening. In the appropriate clinical setting this could represent cholecystitis.

Justin Simonds, MD

Electronically Signed: 4/2/2023 1:00 AM

Finalized: 4/2/2023 1:00 AM

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****DOB:** 12/8/1939**Admit Age:** 83 years **Gender:** Male**MRN:** 7855705**FIN:** 8084932991**Type:** OP Clinic**Admit:** 9/15/2023**Discharge:** 9/15/2023**Medical Service:** Radiology**PROCEDURE LIST - Historical Across Seton Healthcare Family****Dilation of Common Bile Duct,Via Natural or Artificial Opening Endoscopic****Procedure Date:** 4/3/2023 12:30 CDT (83 years)**Provider:** Ali ,Jawad Tahir MD**Last Updated:** 4/7/2023; Contributor\_system,D77\_SMS**Dilation of Common Bile Duct,Via Natural or Artificial Opening Endoscopic****Procedure Date:** 4/3/2023 12:30 CDT (83 years)**Last Updated:** 4/7/2023; Contributor\_system,D77\_SMS**Resection of Gallbladder,Percutaneous Endoscopic Approach****Procedure Date:** 4/3/2023 12:30 CDT (83 years)**Provider:** Ali ,Jawad Tahir MD**Last Updated:** 4/7/2023; Contributor\_system,D77\_SMS**Resection of Gallbladder,Percutaneous Endoscopic Approach****Procedure Date:** 4/3/2023 12:30 CDT (83 years)**Last Updated:** 4/7/2023; Contributor\_system,D77\_SMS**Drainage of Right Pleural Cavity with Drainage Device,Percutaneous Approach****Procedure Date:** 4/9/2021 16:29 CDT (81 years)**Provider:** Corne Jr,Louis M MD**Last Updated:** 4/14/2021; Contributor\_system,D77\_SMS**Drainage of Right Pleural Cavity with Drainage Device,Percutaneous Approach****Procedure Date:** 4/9/2021 16:29 CDT (81 years)**Last Updated:** 4/14/2021; Contributor\_system,D77\_SMS**Extraction of Finger Nail,External Approach****Procedure Date:** 4/9/2021 16:29 CDT (81 years)**Provider:** Kelley ,Brian Patrick MD**Last Updated:** 4/14/2021; Contributor\_system,D77\_SMS**Extraction of Finger Nail,External Approach****Procedure Date:** 4/9/2021 16:29 CDT (81 years)**Last Updated:** 4/14/2021; Contributor\_system,D77\_SMS**Tonsillectomy****Procedure Date:** 1944 (5 years)**Last Updated:** 10/3/2019; Hernandez ,Laura RN**Last Reviewed:** 4/3/2023; Rhea ,Jennifer APRN AGACNP-BC~~~~~  
Performing Laboratory (\*unless otherwise specified): Ascension Seton Hays, CLIA#45D1103194, 6001 Kyle Parkway, Kyle, TX 78640  
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Ascension Seton Hays

6001 Kyle Parkway
Kyle, TX 78640-6112

KNIGHT, GARY**FIN:** 8084932991**Admit:** 9/15/2023**MRN:** 7855705**Discharge:** 9/15/2023**Magnetic Resonance Imaging**

DOCUMENT NAME: MRI Shoulder w/o Contrast Left
SERVICE DATE/TIME: 9/15/2023 15:35 CDT
RESULT STATUS: Auth (Verified)
TRANSMIT INFORMATION: [Contributor_system,IDXRAD; Swanson , Christopher
Edmond MD (9/15/2023 15:55 CDT)]

*** This document contains a URL not included on this report ***

ACC #14804963: MR Shoulder w/o contrast Left: 9/15/2023 3:35 PM

HISTORY: M25.511 Pain in right shoulder.

COMPARISON: None.

TECHNIQUE: Axial, sagittal, and coronal images of the LEFT SHOULDER were performed without contrast. A 1.5 Tesla MRI unit was used.

FINDINGS:

ROTATOR CUFF AND BICEPS TENDONS: There is a full-thickness tear involving the mid and anterior aspect of the supraspinatus tendon with retraction of approximately 2.5 cm. A few posterior fibers are intact. Infraspinatus unremarkable. Mild edema involving the intra-articular biceps tendon and subscapularis tendon.

LABRUM: Normal in contour and signal.

SUBACROMIAL AND SUBDELTOID BURSA: Normal.

ACROMIOCLAVICULAR JOINT: There is moderate degenerative arthrosis of the acromioclavicular joint. The acromion is type II in morphology.

OSSEOUS STRUCTURES: Normal.

GLENOHUMERAL JOINT: Moderate thinning of the articular cartilage.

Minimal effusion.

SOFT TISSUES: Normal.

IMPRESSION: LEFT SHOULDER. X-rays dated 08/23/2023.

1. Full-thickness tear of most of the supraspinatus tendon with retraction. A few intact fibers posteriorly.
2. Mild tendinopathy of the biceps and subscapularis tendons.
3. Small glenohumeral joint effusion.
4. Hypertrophic changes to the acromioclavicular joint.

Christopher Swanson, MD

Electronically Signed: 9/15/2023 3:54 PM

Finalized: 9/15/2023 3:54 PM

Ascension Seton Hays

6001 Kyle Parkway
Kyle, TX 78640-6112

KNIGHT, GARY**FIN:** 8084932991**Admit:** 9/15/2023**MRN:** 7855705**Discharge:** 9/15/2023**Magnetic Resonance Imaging**

DOCUMENT NAME: MRI Shoulder w/o Contrast Right
SERVICE DATE/TIME: 9/15/2023 15:35 CDT
RESULT STATUS: Auth (Verified)
TRANSMIT INFORMATION: [Contributor_system,IDXRAD; Swanson , Christopher
Edmond MD (9/15/2023 15:58 CDT)]

*** This document contains a URL not included on this report ***

ACC #14804962: MR Shoulder w/o contrast Right: 9/15/2023 3:35 PM

HISTORY: M25.511 Pain in right shoulder.

COMPARISON: None.

TECHNIQUE: Axial, sagittal, and coronal images of the RIGHT SHOULDER
were performed without contrast. A 1.5 Tesla MRI unit was used.

FINDINGS:

ROTATOR CUFF AND BICEPS TENDONS: There is mild subluxation of the
biceps tendon. The biceps tendon, subscapularis tendon as well as the
supraspinatus and infraspinatus tendons are otherwise unremarkable.

LABRUM: Tear undermining the inferior midline labrum.

SUBACROMIAL AND SUBDELTOID BURSA: Small fluid.

ACROMIOCLAVICULAR JOINT: There is moderate degenerative arthrosis of
the acromioclavicular joint. The acromion is type II in morphology.

OSSEOUS STRUCTURES: Normal.

GLENOHUMERAL JOINT: Small effusion.

SOFT TISSUES: Normal.

IMPRESSION: RIGHT SHOULDER.

1. Mild subluxation of the biceps tendon.
2. Possible bursitis but no evidence of significant tendinopathy or
rotator cuff tear.
3. Tear undermining the midline inferior labrum.
4. Small glenohumeral joint effusion.
5. Degenerative changes to the acromioclavicular joint.

Christopher Swanson, MD

Electronically Signed: 9/15/2023 3:57 PM

Finalized: 9/15/2023 3:57 PM

Ascension Seton Hays6001 Kyle Parkway
Kyle, TX 78640-6112**KNIGHT, GARY****DOB:** 12/8/1939

Admit Age: 83 years Gender: Male

MRN: 7855705**FIN:** 8085171527**Type:** OP Emergency**Admit:** 10/14/2023**Discharge:** 10/14/2023**Medical Service:** Emergency Medicine**PROCEDURE LIST - Historical Across Seton Healthcare Family****Dilation of Common Bile Duct,Via Natural or Artificial Opening Endoscopic****Procedure Date:** 4/3/2023 12:30 CDT (83 years)**Provider:** Ali ,Jawad Tahir MD**Last Updated:** 4/7/2023; Contributor_system,D77_SMS**Dilation of Common Bile Duct,Via Natural or Artificial Opening Endoscopic****Procedure Date:** 4/3/2023 12:30 CDT (83 years)**Last Updated:** 4/7/2023; Contributor_system,D77_SMS**Resection of Gallbladder,Percutaneous Endoscopic Approach****Procedure Date:** 4/3/2023 12:30 CDT (83 years)**Provider:** Ali ,Jawad Tahir MD**Last Updated:** 4/7/2023; Contributor_system,D77_SMS**Resection of Gallbladder,Percutaneous Endoscopic Approach****Procedure Date:** 4/3/2023 12:30 CDT (83 years)**Last Updated:** 4/7/2023; Contributor_system,D77_SMS**Drainage of Right Pleural Cavity with Drainage Device,Percutaneous Approach****Procedure Date:** 4/9/2021 16:29 CDT (81 years)**Provider:** Corne Jr,Louis M MD**Last Updated:** 4/14/2021; Contributor_system,D77_SMS**Drainage of Right Pleural Cavity with Drainage Device,Percutaneous Approach****Procedure Date:** 4/9/2021 16:29 CDT (81 years)**Last Updated:** 4/14/2021; Contributor_system,D77_SMS**Extraction of Finger Nail,External Approach****Procedure Date:** 4/9/2021 16:29 CDT (81 years)**Provider:** Kelley ,Brian Patrick MD**Last Updated:** 4/14/2021; Contributor_system,D77_SMS**Extraction of Finger Nail,External Approach****Procedure Date:** 4/9/2021 16:29 CDT (81 years)**Last Updated:** 4/14/2021; Contributor_system,D77_SMS**Tonsillectomy****Procedure Date:** 1944 (5 years)**Last Updated:** 10/3/2019; Hernandez ,Laura RN**Last Reviewed:** 4/3/2023; Rhea ,Jennifer APRN AGACNP-BC~~~~~
Performing Laboratory (*unless otherwise specified): Ascension Seton Hays, CLIA#45D1103194, 6001 Kyle Parkway, Kyle, TX 78640
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**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY****FIN:** 8085171527**Admit:** 10/14/2023**MRN:** 7855705**Discharge:** 10/14/2023**Emergency Documentation**

DOCUMENT NAME:  
SERVICE DATE/TIME:  
RESULT STATUS:  
SIGN INFORMATION:

Physician ED Documentation  
10/14/2023 13:36 CDT  
Auth (Verified)  
Beatty, Brennen James MD (10/14/2023 13:36 CDT)

**Basic Information**

Hospital Admission Date/Time: 10/14/23 12:39 Day #: 0  
Anticipated LOS:  
Inpatient Code Status:  
Advanced Directives: 0

**Chief Complaint**

rash to bilateral upper thighs

**History of Present Illness**

83 yo WM c/o rash. 4 days of rash to his right thigh and buttocks. Thinks is shingles. Moderate pain. Takes Motrin daily for arthritis. No relief. Dry. No weeping. Has constant mod pain. Brought By friend. No shortness of breath. No altered mental status. Patient is slowly gaining weight after his gallbladder surgery earlier in the year.

Past medical history - a fib  
Past surgical history - chole  
Social history - no smoking  
Family history - no related diseases

**Review of Systems**

**Constitutional:** No fever

**Skin:** Rash

**ENMT:** no Sore throat

**Respiratory:** No shortness of breath

**Cardiovascular:** No chest pain

**Gastrointestinal:** No vomiting

**Genitourinary:** No dysuria

**Musculoskeletal:** no back pain

**Neurologic:** No dizziness

**Psychiatric:** No depression

**Heme/Lymph:** No bleeding

**Allergy/Immunologic:**

**Additional ROS info:** Except as noted in the above Review of Systems and in the History of Present Illness all other systems have been reviewed and are negative or noncontributory.

**Problem List/Past Medical History****Ongoing**

No chronic problems

**Historical**

No qualifying data

**Procedure/Surgical History**

- Dilation of Common Bile Duct, Via Natural or Artificial Opening Endoscopic (04/03/2023)
- Resection of Gallbladder, Percutaneous Endoscopic Approach (04/03/2023)
- Drainage of Right Pleural Cavity with Drainage Device, Percutaneous Approach (04/09/2021)
- Extraction of Finger Nail, External Approach (04/09/2021)
- Tonsillectomy (1944)

**Assessment/Plan**

Shingles rash

Orders:

acetaminophen, 500 mg PO (oral) Once,  
Form: Tab  
acetaminophen-HYDROcodone, 1 tab(s) PO  
(oral) Once, Form: Tab  
acetaminophen-HYDROcodone, 1 tab(s), PO  
(oral), q4h, PRN for Pain, 7 tab(s), 0, 0,  
WALGREENS DRUG STORE #15156  
acyclovir, 1 tab(s), PO (oral), 5xDay, 10  
day(s), 50 tab(s), 0, 0, 10/24/23 13:33:00  
CDT, WALGREENS DRUG STORE #15156  
capsaicin topical, 1 application, Topical, tid,  
30 g, 0, 0, WALGREENS DRUG STORE  
#15156  
ED Discharge

**Lab Results****Lab Results****LAB****Referen Date****ce**

**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY****FIN:** 8085171527**Admit:** 10/14/2023**MRN:** 7855705**Discharge:** 10/14/2023**Emergency Documentation****Social History****Home/Environment**

Preferred language (patient): English. Other languages spoken: None. Mobility assistance prior to admission: Independent. Medical devices: None. Lives with: Alone. Sensory deficits: None. Home equipment/treatment: Shower chair, 10/04/2019

**Substance Abuse**

Never, 10/03/2019

**Tobacco**

Never (less than 100 in lifetime), 10/03/2019

**Home Medications****New**

**acetaminophen-HYDROcodone (Norco 325 mg-5 mg oral tablet)**1 tab(s)

Take by mouth every 4 hours as needed for Pain. Refills: 0.

**acyclovir (acyclovir 800 mg oral tablet)**1 tab(s) Take by mouth 5 times a day for 10 Days. Refills: 0.

**capsaicin topical (capsaicin topical 0.025% cream)**1 application Put on skin 3 times a day. Refills: 0.

**Unchanged**

**oxyCODONE (oxyCODONE 5 mg oral tablet)**1 tab(s) Take by mouth every 6 hours as needed for pain. Refills: 0.

**Medication Administration****Scheduled**

acetaminophen (Tylenol) 500 mg PO (oral) Once, Form: Tab ()

acetaminophen-HYDROcodone (Norco 325 mg-5 mg oral tablet) 1 tab(s)  
PO (oral) Once, Form: Tab ()

**Allergies**

NKA

No Known Medication Allergies

**Physical Exam****Vitals & Measurements****Initial:**

**T:** 35.6 °C (Axillary) **T:** 96.0 °F (Axillary) **HR:** 90 (Peripheral) **BP:** 158/85

**RR:** 18 **SpO2:** 98%

**WT:** 55.500 kg (Dosing) **BMI:** 18.07

**Latest:**

**General:** alert , mild distress

**Skin:** warm dry, rash

**Head:** no trauma, normocephalic

**Neck:** trachea midline, no adenopathy, no tenderness.

**Eye:** normal conjunctiva, sclera clear, eomi, perri

ENT - nl nose, lips

**Cardiovascular:** regular rate and rhythm, normal peripheral perfusion

**Respiratory:** lungs CTA, respirations non-labored

**Chest wall:** no deformity. nontender

**Gastrointestinal:** soft, non distended, no tenderness , no guard, no rebound  
back - nontender, no stepoff

**Extremities:** , nl circulation, dark rash ant right thigh and diagonal right buttocks to hamstring c/w shingles. 1 cm excoriation mid hamstring

**Neurological:** oriented x4, LOC appropriate for age, CN II-XII intact motor

**Ascension Seton Hays**

6001 Kyle Parkway  
Kyle, TX 78640-6112

**KNIGHT, GARY****FIN:** 8085171527**Admit:** 10/14/2023**MRN:** 7855705**Discharge:** 10/14/2023**Emergency Documentation**

strength equal & normal bilaterally, sensation equal & normal bilaterally, speech normal

**Psychiatric:** cooperative, sl anxious

**Medical Decision Making**

History source (s) - Patient and friend

See nursing notes for time, dosing and any medications given by me

apapp 500mg po

norco 1 po

Social determinants of health were reviewed and considered by me - no language issues

Comorbidities complicating diagnosis -age, frail

Differential diagnoses considered:

c/w shingles

**Not consistent with pneumonia, dehydration, significant trauma or serious bacterial infection.**

Considered and did not order - other ekg because no cp

more imaging because no other trauma

or surgical findings

more labs because no temp or vomiting

I did shared decision making with the patient and representative and came up with the plan of care .

mild

acute zoster

no

distress

stable

uncomplicated

I, Brennen Beatty, MD, am the primary clinician and doctor of record.

Considered admission however pt has normal hydration status, normal skin turgor, normal tone. cap refill < 3 sec. Good eye contact. Nontoxic appearance. normal vitals, can walk. Taking fluids prior to discharge. I have found a normal exam and behavior after a period of observation. Other prescription medications considered by me.

Discussed with patient diagnosis, treatment plan, risk of worsening and return symptoms. No emergency medical condition.

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****FIN:** 8085171527**Admit:** 10/14/2023**MRN:** 7855705**Discharge:** 10/14/2023**Emergency Documentation****Patient Education**

Shingles, Easy-to-Read

Opioid Education - Ascension (Custom)

**Follow Up**

| With                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | When                      | Contact Information                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------|
| Clinic , CommuniCare Health Centers (Kyle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Within 2 to 4 days (dias) | 2810 Dacy Lane<br>Kyle, TX 78640-<br>(512)-268-8900 |
| Additional Instructions: Tylenol 1000mg and/or Motrin 400 mg every 6 hours for pain<br>Take medicines as prescribed.<br>stay hydrated<br>Follow up with your doctor as discussed.<br>Return for fever, vomiting, chest pain, trouble breathing, dizziness, new or worse pain immediately to this ER.<br><br>Below and what we discussed is what we think is going on with your body today. There is no way to know for sure. Sometimes it takes more time for a serious illness or injury to make itself known. Therefore if you do not get better as expected, you get worse or have new symptoms - return to this ER immediately. |                           |                                                     |

Electronically Signed By:

Beatty, Brennen James, MD, 14-Oct-2023 13:36 CDT

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****DOB:** 12/8/1939**Admit Age:** 83 years **Gender:** Male**MRN:** 7855705**FIN:** 8085263499**Type:** OP Emergency**Admit:** 10/26/2023**Discharge:** 10/26/2023**Medical Service:** Emergency Medicine**PROCEDURE LIST - Historical Across Seton Healthcare Family****Dilation of Common Bile Duct,Via Natural or Artificial Opening Endoscopic****Procedure Date:** 4/3/2023 12:30 CDT (83 years)**Provider:** Ali ,Jawad Tahir MD**Last Updated:** 4/7/2023; Contributor\_system,D77\_SMS**Dilation of Common Bile Duct,Via Natural or Artificial Opening Endoscopic****Procedure Date:** 4/3/2023 12:30 CDT (83 years)**Last Updated:** 4/7/2023; Contributor\_system,D77\_SMS**Resection of Gallbladder,Percutaneous Endoscopic Approach****Procedure Date:** 4/3/2023 12:30 CDT (83 years)**Provider:** Ali ,Jawad Tahir MD**Last Updated:** 4/7/2023; Contributor\_system,D77\_SMS**Resection of Gallbladder,Percutaneous Endoscopic Approach****Procedure Date:** 4/3/2023 12:30 CDT (83 years)**Last Updated:** 4/7/2023; Contributor\_system,D77\_SMS**Drainage of Right Pleural Cavity with Drainage Device,Percutaneous Approach****Procedure Date:** 4/9/2021 16:29 CDT (81 years)**Provider:** Corne Jr,Louis M MD**Last Updated:** 4/14/2021; Contributor\_system,D77\_SMS**Drainage of Right Pleural Cavity with Drainage Device,Percutaneous Approach****Procedure Date:** 4/9/2021 16:29 CDT (81 years)**Last Updated:** 4/14/2021; Contributor\_system,D77\_SMS**Extraction of Finger Nail,External Approach****Procedure Date:** 4/9/2021 16:29 CDT (81 years)**Provider:** Kelley ,Brian Patrick MD**Last Updated:** 4/14/2021; Contributor\_system,D77\_SMS**Extraction of Finger Nail,External Approach****Procedure Date:** 4/9/2021 16:29 CDT (81 years)**Last Updated:** 4/14/2021; Contributor\_system,D77\_SMS**Tonsillectomy****Procedure Date:** 1944 (5 years)**Last Updated:** 10/3/2019; Hernandez ,Laura RN**Last Reviewed:** 4/3/2023; Rhea ,Jennifer APRN AGACNP-BC~~~~~  
Performing Laboratory (\*unless otherwise specified): Ascension Seton Hays, CLIA#45D1103194, 6001 Kyle Parkway, Kyle, TX 78640  
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Ascension Seton Hays

6001 Kyle Parkway
Kyle, TX 78640-6112

KNIGHT, GARY**FIN:** 8085263499**Admit:** 10/26/2023**MRN:** 7855705**Discharge:** 10/26/2023**Emergency Documentation**

DOCUMENT NAME: Physician ED Documentation
SERVICE DATE/TIME: 10/26/2023 18:55 CDT
RESULT STATUS: Auth (Verified)
SIGN INFORMATION: Barak ,Ory MD (10/26/2023 18:55 CDT)

Basic Information

Hospital Admission Date/Time: 10/26/23 17:57 Day #: 0
Anticipated LOS:
Inpatient Code Status:
Advanced Directives: 0

Assessment/Plan

Neuropathy of leg
Shingles rash

Lab Results**Lab Results****LAB**

<u>Referen</u>	<u>Date</u>
<u>ce</u>	

Chief Complaint

pain to shingles on right leg, "going down to the bone", weightloss from gallbladder surgery with weakness

History of Present Illness

Patient is an 83-year-old male, history of paroxysmal atrial fibrillation, recent cholecystectomy, recent diagnosis of shingles, right groin, right buttocks, presenting with increased pain to shingles area. States difficult to sit down, rotate his torso while sleeping. This due to shingles pain. States sharp, needlelike pain. Denies redness, fever. States he finishes antivirals and Norco. Also prescribed capsaicin for same.

PMH: _Per HPI**PSH:** _Per HPI**FH:** _Per HPI**SH:** _Per HPI**Meds:** I have reviewed the patient's documented medications.**Allergies:** I have reviewed the patient's documented medication allergies.**Problem List/Past Medical History****Ongoing**

No chronic problems

Historical

No qualifying data

Procedure/Surgical History

- Dilation of Common Bile Duct, Via Natural or Artificial Opening Endoscopic (04/03/2023)
- Resection of Gallbladder, Percutaneous Endoscopic Approach (04/03/2023)
- Drainage of Right Pleural Cavity with Drainage Device, Percutaneous Approach (04/09/2021)
- Extraction of Finger Nail, External Approach (04/09/2021)
- Tonsillectomy (1944)

Social History**Home/Environment**

Preferred language (patient): English. Other languages spoken: None. Mobility assistance prior to admission: Independent. Medical devices: None. Lives with: Alone. Sensory deficits: None. Home equipment/treatment: Shower chair, 10/04/2019

Substance Abuse

Never, 10/03/2019

Tobacco

Never (less than 100 in lifetime), 10/03/2019

Home Medications

Unchanged

Ascension Seton Hays

6001 Kyle Parkway
Kyle, TX 78640-6112

KNIGHT, GARY**FIN:** 8085263499**Admit:** 10/26/2023**MRN:** 7855705**Discharge:** 10/26/2023**Emergency Documentation****acetaminophen-HYDROcodone (Norco 325 mg-5 mg oral tablet)**1 tab(s)

Take by mouth every 4 hours as needed for Pain. Refills: 0.

capsaicin topical (capsaicin topical 0.025% cream)1 application Put on skin 3 times a day. Refills: 0.**oxyCODONE (oxyCODONE 5 mg oral tablet)**1 tab(s) Take by mouth every 6 hours as needed for pain. Refills: 0.**Medication Administration****Administered:****Medications:**

gabapentin, 100 mg, PO (oral) (10/26/2023 18:54 CDT)

Motrin, 600 mg, PO (oral) (10/26/2023 18:54 CDT)

Norco 325 mg-7.5 mg oral tablet, 1 tab(s), PO (oral) (10/26/2023 18:54 CDT)

There are no medication orders to report.**Allergies**

NKA

No Known Medication Allergies

Physical Exam**Vitals & Measurements****Initial:****HR:** 104 (Peripheral) **BP:** 144/95 **RR:** 20 **SpO2:** 97%**WT:** 57.200 kg (Dosing) **BMI:** 18.62

General: alert , no acute distress, frail hearing

Skin: warm dry, vesicular rash noted right leg, right buttock in S2 dermatomal distribution

Head: no trauma, normocephalic

Neck: trachea midline, no adenopathy, no tenderness.

Eye: normal conjunctiva, sclera clear

Cardiovascular: regular rate and rhythm, normal peripheral perfusion

Respiratory: lungs CTA, respirations non-labored

Chest wall: no deformity.

Gastrointestinal: soft, non distended, no tenderness , guarding no

Extremities: no deformity, no trauma.

Neurological: oriented x4, LOC appropriate for age, CN II-XII intact motor strength

equal & normal bilaterally, sensation equal & normal bilaterally, speech normal

Psychiatric: cooperative, affect appropriate for age , normal judgement,

normal psychiatric thoughts

Medical Decision Making

Differential diagnosis, patient arrives with known diagnosis of shingles. Rule out cellulitis, lymphangitis, sepsis, vesicular rash

MDM, patient arrives with no diagnosis shingles, requesting pain medication. Will represcribe Norco, anticipate home prescription for gabapentin. Offered IV hydration for stated generalized weakness but patient refusing states he feels fine having received IV infusion earlier today.

Follow Up

No qualifying data available

Electronically Signed By:

Barak, Ory , MD, 26-Oct-2023 18:55 CDT