

Admission Information

Arrival Date/Time:	Admit Date/Time:	09/12/2019 2309	IP Adm. Date/Time:	09/12/2019 2309
Admission Type: Urgent	Point of Origin:	4 - Outside Hospital	Admit Category:	
Means of Arrival: Hospital Transport	Primary Service:	Critical Care	Secondary Service:	N/A
Transfer Source:	Service Area:	CONE HEALTH SERVICE AREA	Unit:	Moses Cone 3 Midwest Medical ICU
Admit Provider: McQuaid, Douglas B, MD	Attending Provider:	McQuaid, Douglas B, MD	Referring Provider:	

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
09/13/2019 2058	20-expired	Morgue-moses Cone	None	Moses Cone 3 Midwest Medical ICU

Discharge Summaries
Death Summary Note by Scatliffe, Kristen D, MD at 9/13/2019 9:36 PM

Version 1 of 1

Author: Scatliffe, Kristen D, MD Service: Critical Care Author Type: Physician
 Filed: 9/13/2019 9:43 PM Date of Service: 9/13/2019 9:36 PM Status: Signed
 Editor: Scatliffe, Kristen D, MD (Physician)

DEATH SUMMARY
Patient Details

Name: Brandon Embry
MRN: 030772656
DOB: 9/7/1986

Admission/Discharge Information

Admit Date: 9/12/2019
Date of Death:
Time of Death:
Length of Stay: 1
Referring Physician: Patient, No Pcp Per

Reason(s) for Hospitalization

Severe Multiorgan Dysfunction
 Shock
 Acute Kidney Injury secondary to Rhabdomyolysis
 Neurologic injury- poor neurological exam not requiring sedation
 Unknown down time- found by Police (currently under investigation)

Diagnoses

Preliminary cause of death:
Secondary Diagnoses (including complications and co-morbidities):
 Active Problems:
 ARDS (adult respiratory distress syndrome) (HCC)
 Refractory shock (HCC)

Discharge Summaries (continued)**Death Summary Note by Scatliffe, Kristen D, MD at 9/13/2019 9:36 PM (continued)**

Version 1 of 1

Sepsis with multiple organ dysfunction (MOD) (HCC)
Traumatic rhabdomyolysis (HCC)
Leukopenia
Glasgow coma scale total score 3-8 (HCC)
Pressure injury of skin
Acute respiratory failure with hypoxemia (HCC)

Brief Hospital Course (including significant findings, care, treatment, and services provided and events leading to death)

Brandon Embry is a 33 y.o. year old male with h/o anabolic steroid abuse, found down at home presented from Randolph medical currently being managed at MCICU for multiorgan dysfunction on maximum doses of Levophed, Epi, Giapreza, and Vasopressin, severe rhabdomyolysis, Acute Kidney Injury unable to tolerate CVVHDF even with no removal pt has acute decline in hemodynamics, continues on bicarb ggt, Severe Acute Respiratory distress syndrome on PEEP15 only Sat 85%, and with poor neurological exam having general tonic clonic seizures. Burst suppression on EEG.
Poor Prognosis

Pt made comfort care and withdrawal of life supporting measure initiated on 9/13/19.
CDS notified prior to withdrawal
Pastoral Care present
Pt pronounced at 2058 on 9/13/19

Pertinent Labs and Studies**Significant Diagnostic Studies**

Dg Abd 1 View

Result Date: 9/13/2019

CLINICAL DATA: Orogastric tube placement EXAM: ABDOMEN - 1 VIEW COMPARISON: Portable exam 0225 hours compared to CT abdomen and pelvis of 09/12/2019 FINDINGS: Orogastric tube coiled in proximal stomach. Air-filled mildly prominent loops of small bowel in the mid abdomen new since earlier CT. Osseous structures unremarkable. IMPRESSION: Tip of orogastric tube coiled in proximal stomach. Air-filled nonspecific mildly prominent loops of small bowel in the mid abdomen new since prior CT exam. Electronically Signed By: Mark Boles M.D. On: 09/13/2019 03:04

Dg Chest Port 1 View

Result Date: 9/12/2019

CLINICAL DATA: Intubated EXAM: PORTABLE CHEST 1 VIEW COMPARISON: 09/12/2019, 04/04/2019 FINDINGS: Endotracheal tube tip is about 6.1 cm superior to the carina. Extensive bilateral consolidations are again noted. Stable slightly enlarged cardiomeastinal silhouette. No pneumothorax. IMPRESSION: 1. Endotracheal tube tip about 6.1 cm superior to the carina 2. Continued extensive bilateral lung consolidations. Electronically Signed By: Kim Fujinaga M.D. On: 09/12/2019 23:51

Microbiology**Recent Results (from the past 240 hour(s))**

Discharge Summaries (continued)
Death Summary Note by Scatliffe, Kristen D, MD at 9/13/2019 9:36 PM (continued)

Version 1 of 1

MRSA PCR Screening Status: Abnormal

Collection Time: 09/12/19 11:27 PM

Result	Value	Ref Range	Status
MRSA by PCR	POSITIVE (A)	NEGATIVE	Final

Comment:

The GeneXpert MRSA Assay (FDA approved for NASAL specimens only), is one component of a comprehensive MRSA colonization surveillance program. It is not intended to diagnose MRSA infection nor to guide or monitor treatment for MRSA infections.

RESULT CALLED TO, READ BACK BY AND VERIFIED WITH:
 S VIVERITO RN 0247 9/13/19 A BROWNING
 Performed at Moses Cone Hospital Lab, 1200 N. Elm St.,
 Greensboro, NC 27401

Culture, respiratory (non-expectorated) Status: None (Preliminary result)

Collection Time: 09/13/19 3:07 PM

Result	Value	Ref Range	Status
Specimen Description	TRACHEAL ASPIRATE		Final
Special Requests	NONE		Final
Gram Stain			Final

MODERATE WBC PRESENT,BOTH PMN AND MONONUCLEAR
 MODERATE GRAM POSITIVE COCCI IN CLUSTERS
 RARE GRAM POSITIVE RODS
 FEW GRAM POSITIVE COCCI IN PAIRS
 FEW GRAM NEGATIVE COCCOBACILLI
 NO SQUAMOUS EPITHELIAL CELLS PRESENT

Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Culture	PENDING	Incomplete
Report Status	PENDING	Incomplete

Lab
Basic Metabolic Panel:
Recent Labs

Discharge Summaries (continued)
Death Summary Note by Scatliffe, Kristen D, MD at 9/13/2019 9:36 PM (continued)

Version 1 of 1

Lab	09/12/19 2333	09/13/19 0347	09/13/19 0357	09/13/19 0915	09/13/19 1442	09/13/19 1600
NA	142	--	--	144	141	145
K	>7.5*	4.9	--	4.2	4.1	4.3
CL	110	--	--	100	94*	99
CO2	14*	--	--	21*	--	26
GLUCOSE	195*	--	--	336*	254*	199*
BUN	61*	--	--	61*	63*	66*
CREATININE	5.84*	--	--	5.64*	4.90*	5.68*
CALCIUM	6.2*	--	--	5.5*	--	4.6*
MG	3.2*	--	2.9*	--	--	--
PHOS	16.8*	--	18.7*	17.1*	--	14.1*

Liver Function Tests:
Recent Labs

Lab	09/12/19 2333	09/13/19 0915	09/13/19 1600
AST	1,005*	--	--
ALT	264*	--	--
ALKPHOS	34*	--	--
BILITOT	1.4*	--	--
PROT	5.0*	--	--
ALBUMIN	2.6*	2.1*	2.0*

No results for input(s): LIPASE, AMYLASE in the last 168 hours.

Recent Labs

Lab	09/13/19 0819
AMMONIA	67*

CBC:
Recent Labs

Lab	09/12/19 2333	09/13/19 0357	09/13/19 0611	09/13/19 0915	09/13/19 1442	09/13/19 1742
WBC	1.4*	1.0*	--	1.6*	--	4.5
NEUTROABS	0.8*	--	--	--	--	3.3
HGB	15.0	14.9	--	13.1	11.9*	13.3
HCT	47.5	47.1	--	41.6	35.0*	40.6
MCV	99.4	98.1	--	98.1	--	94.4
PLT	115*	84*	58*	61*	--	53*

Cardiac Enzymes:
Recent Labs

Discharge Summaries (continued)
Death Summary Note by Scatliffe, Kristen D, MD at 9/13/2019 9:36 PM (continued)

Version 1 of 1

Lab	09/12/19 2333	09/13/19 0357	09/13/19 0915
CKTOTAL	>50,000*	--	--
TROPONINI	0.05*	0.15*	0.45*

Sepsis Labs:
Recent Labs

Lab	09/12/19 2333	09/13/19 0004	09/13/19 0308	09/13/19 0357	09/13/19 0611	09/13/19 0915	09/13/19 1742
WBC	1.4*	--	--	1.0*	--	1.6*	4.5
LATICACIDVE N	--	4.8*	5.8*	--	6.9*	--	--

TIME OF DEATH: 2058
MEDICAL EXAMINERS CASE

Discussed details with ME at 2137

Pt will be transported to Morgue with all lines and tubes in place

Forensic Pathology to perform Autopsy

Family Informed

Kristen D Scatliffe

 9/13/2019, 9:36 PM^[KS.1]

Electronically signed by Scatliffe, Kristen D, MD at 9/13/2019 9:43 PM

Attribution Key

KS.1 - Scatliffe, Kristen D, MD on 9/13/2019 9:36 PM

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Discharge Information (continued)

History & Physicals**H&P by Hoffman, Paul W, NP at 9/12/2019 11:27 PM**

Version 1 of 1

Author: Hoffman, Paul W, NP

Service: Critical Care

Author Type: Nurse Practitioner

Filed: 9/13/2019 1:14 AM

Date of Service: 9/12/2019 11:27 PM

Status: Attested

Editor: Hoffman, Paul W, NP (Nurse Practitioner)

Cosigner: Scatliffe, Kristen D, MD at
9/13/2019 1:44 AMAttestation signed by Scatliffe, Kristen D, MD at 9/13/2019 1:44 AM

STAFF NOTE

I, Dr Kristen Scatliffe have personally reviewed patient's available data, including medical history, events of note, physical examination and test results as part of my evaluation. I have discussed with NP Hoffman and other care providers such as pharmacist, RN and Elink. In addition, I personally evaluated patient

33 yr old male with PMHx of anabolic steroid abuse, erectile dysfunction on Clomid and previous management for psychosis presenting from Randolph hospital after being found on 9/12/19 by police unresponsive and down. There were signs of significant trauma

Imaging pt received includes CTH, CT Maxillofacial, C-spine, CT Chest Ab/Pelvis as part of trauma workup-

no evidence of fractures, possible lung contusion. b/l infiltrates, CTH showed no significant changes in comparison to imaging from April.

On our evaluation post transfer patient is in critical condition with severe acidosis ph 6.9, Hypotensive and unresponsive not requiring sedation.

Assessment and Plan:

- 1. Severe refractory shock: MAP goal >65mmHg.** started on levophed ggt, added Epi ggt, Vasopressin and stress dose steroids. **2D echo to assess LVEF. May benefit from Flow trac to assess volume status**
- 2. Severe rhabdomyolysis with Acute kidney injury-** consult placed to nephrology. At bedside currently will place dialysis catheter and start CVVHDF as BP tolerates. Currently continues on Bicarb ggt
- 3. Possible neurological shock- ? Anoxic injury of concern due to lack of mental responsiveness and unknown downtime.** Consulted Neurology Dr Lindzen has seen patient we appreciate recs. MRI as soon as pt is clinically stable given h/o headache prior and no evidence of overt injury on CTH. EEG to r/o subclinical seizures.
- 4. ARDS - B/l infiltrates.** Severe hypoxia currently on PEEP 12 FiO2 100%. Plateau pressures not to exceed 30cm H2O. Not sure if patient aspirated will start on empiric abx coverage
- 5. Leukopenia noted -** sent HIV and Hepatitis, steroid use should cause elevation of white count, may indicate an underlying infection. F/u cultures, WBC trend fever curve and LA.

Rest per NP Hoffman whose note I agree with

The patient is critically ill with multiple organ systems failure and requires high complexity decision making for assessment and support, frequent evaluation and titration of therapies, application of advanced monitoring technologies and extensive interpretation of multiple databases.

Critical Care Time devoted to patient care services described in this note is 120 Minutes. This time reflects time of care of this signee Dr Kristen Scatliffe. This critical care time does not reflect procedure time, or teaching time or supervisory time of NP but could involve care discussion time

History & Physicals (continued)

H&P by Hoffman, Paul W, NP at 9/12/2019 11:27 PM (continued)

Version 1 of 1

CC TIME:120 minutes**CODE STATUS:**FULL**CONSULTANTS:**- **Neurology** Lindzen MD- **Nephrology** Kruska MD**DISPOSITION:**ICU**PROGNOSIS:**poor**FAMILY:** Mom at bedside explained in detail current clinical condition and possible outcomes. She expressed understanding during our interactive discussion.Dr. Kristen Scatliffe
Pulmonary Critical Care Medicine9/13/2019
1:14 AM**LeBauer HealthCare**
Pulmonary/Critical Care
Partnering for exceptional care.

[PH.1]

Brandon Embry^[PH.2] **MRN:**^[PH.1]030772656^[PH.2] **DOB:**^[PH.1] 9/7/1986^[PH.2] **DOA:**^[PH.1] 9/12/2019^[PH.2]
PCP:^[PH.1] Patient, No Pcp Per
LOS: 1 day^[PH.2]**Reason for Consult / Chief Complaint:**

ARDS

Consulting MD and date:

Randolph hospital EDP

HPI/Summary of hospital stay:

33 year old male with PMH as below, which is significant for hypertension and steroid abuse. Last known well 9/10 at which time he was complaining of a headache. When his mother went to check on him she was unable to get into his apartment. She called 911 for a well visit. Once police gained access to the home he was found to be unresponsive. Upon arrival to ED he was intubated for airway protection after no response to narkan. Evidence of physical trauma with bruises and abrasions all over body. Workup included pan CT notable for no acute fracture, no acute intracranial abnormality, but severe pulmonary consolidation concerning for contusion.

History & Physicals (continued)**H&P by Hoffman, Paul W, NP at 9/12/2019 11:27 PM (continued)**

Version 1 of 1

He was increasingly difficult to oxygenate and he was transitioned to ARDS protocol ventilation. Laboratory evaluation significant for pH 6.9 (mixed), K 6.8, Creatinine 4.4, AST 1065, CK 64000, and Lactic acid 5.9. He was transferred to Moses Cone for ICU management of multi-organ system failure.

Subjective:**Objective**^[PH.1]

Blood pressure (!) **90/55**, pulse 81, temperature (!) **92.7 °F (33.7 °C)**, resp. rate (!) **30**, weight 134.1 kg, SpO2 (!) **89 %**.

Vent Mode: PRVC
FiO2 (%): [100 %] 100 %
Set Rate: [30 bmp] 30 bmp
Vt Set: [510 mL] 510 mL
PEEP: [12 cmH2O] 12 cmH2O
Plateau Pressure: [29 cmH2O] 29 cmH2O

Intake/Output Summary (Last 24 hours) at 9/13/2019 0109

Last data filed at 9/13/2019 0030

Gross per 24 hour

Intake	116.21 ml
Output	—
Net	116.21 ml

Filed Weights

	09/13/19 0000
Weight:	134.1 kg ^[PH.2]

Examination:

General: young adult male with multiple physical injuries on vent

HENT: NC/AT, R pupil pinpoint, L pupil 4mm and reactive to light.

Lungs: Very coarse bilaterally.

Cardiovascular: RRR, no MRG

Abdomen: Soft, non-tender, non-distended. Multiple areas of bruising, particularly the flanks.

Extremities: Diffuse ecchymosis and abrasions to all extremities.

Neuro: GCS 3. NO sedation. Notably was given Rocuronium at 1630 and is in renal failure, but it is now midnight.

Consults: date of consult/date signed off & final recs:

Nephrology

Neurology

Procedures:

ETT 9/12 >

L fem CVL 9/12 >

History & Physicals (continued)**H&P by Hoffman, Paul W, NP at 9/12/2019 11:27 PM (continued)**

Version 1 of 1

Foley 9/12 >
Art line 9/12 >**Significant Diagnostic Tests:**

CT head, Cspine, maxillofacial 9/12 > No acute intracranial abnormality. Scalp edema without fracture. No facial bone fracture. Small amount of fluid in the R mastoid air cells. No associated temporal bone fracture.
CT abdomen/pelvis 9/12 > diffuse confluent airspace disease in both lungs with wide differential. Otherwise no acute findings

Micro Data:Blood cx 9/13 >
Tracheal asp 9/13 >
Urine 9/13 >**Antimicrobials:**Zosyn 9/13 >
Vanco 9/13 >**Resolved Hospital Problem list****Assessment & Plan:**

ARDS: clear evidence of pulmonary infiltrates on CXR and CT. Suspect pulmonary contusion based on his presentation, however, cannot rule out edema/aspiration/ARDS. Requiring high PEEP/Fio2 and rate 30 in order to ventilate/oxygenate. pH 6.9 on presentation.

- Full vent support per ARDS protocol. Have lowered Vt to 7cc/Kg. Can't go lower, needs to ventilate.
- ABG PRN
- Art line placed
- VAP bundle
- Serial CXR

Shock: etiology not entirely clear. Does no obvious septic etiology, unless what we are seeing on his imaging is pneumonia. Presentation would favor contusion. No cardiac history besides hypertension. If he has suffered a neurologic injury this may be neurogenic. Most likely he is simply hypovolemic.

- Aggressive IVF resuscitation
- Levophed for MAP goal 65 mmHg
- Will add vasopressin and epinephrine.
- Stress dose steroids.
- Trend lactic, troponin
- Empiric antibiotics, pan culture.

Acute renal failure Secondary to rhabdomyolysis and hypovolemia. CK 64k.

Hyperkalemia

- CMP pending
- Aggressive IVF resuscitation
- Nephrology consulted
- Plan to place catheter and start CRRT tonight.

History & Physicals (continued)

H&P by Hoffman, Paul W, NP at 9/12/2019 11:27 PM (continued)

Version 1 of 1

Refractory acidosis mixed metabolic and respiratory

- Vent settings adjusted for maximum ventilation
- Bicarb amp pushes and infusion started
- Awaiting CRRT initiation

Acute metabolic encephalopathy: Severe acidosis and refractory shock.. Cannot rule out neurologic injury

- Neurology following
- Need MRI and EEG once stabilized
- priority as of now is to correct acid/base.

Leukopenia

- Trend CBC

Disposition / Summary of Today's Plan^[PH.1] 09/13/19^[PH.2]

VERY SICK. ARDS, MODS: max vent. 3 pressors. CRRT. Poor prognosis. If can stabilize needs MRI and EEG

DVT prophylaxis: heparin SQ

GI prophylaxis: pepcid

Diet: NPO

Mobility:bed rest

Code Status: full

Family Communication: mother updated.

Labs

CBC:^[PH.1]

Recent Labs

Lab	09/12/19 2333
WBC	1.4*
NEUTROABS	0.8*
HGB	15.0
HCT	47.5
MCV	99.4
PLT	115* ^[PH.2]

Basic Metabolic Panel:^[PH.1]

History & Physicals (continued)

H&P by Hoffman, Paul W, NP at 9/12/2019 11:27 PM (continued)

Version 1 of 1

Recent Labs

Lab	09/12/19 2333
NA	142
K	>7.5*
CL	110
CO2	14*
GLUCOSE	195*
BUN	61*
CREATININE	5.84*
CALCIUM	6.2*
MG	3.2*[PH.2]

GFR:[PH.1]

CrCl cannot be calculated (Unknown ideal weight.).

Recent Labs

Lab	09/12/19 2333	09/13/19 0004
WBC	1.4*	--
LATICACIDVE N	--	4.8*[PH.2]

Liver Function Tests:[PH.1]

Recent Labs

Lab	09/12/19 2333
AST	1,005*
ALT	264*
ALKPHOS	34*
BILITOT	1.4*
PROT	5.0*
ALBUMIN	2.6*

No results for input(s): LIPASE, AMYLASE in the last 168 hours.

No results for input(s): AMMONIA in the last 168 hours.[PH.2]

ABG[PH.1]

Component	Value	Date/Time
PHART	7.033 (LL)	09/13/2019 0036
PCO2ART	62.0 (H)	09/13/2019 0036
PO2ART	49.0 (L)	09/13/2019 0036
HCO3	17.4 (L)	09/13/2019 0036
TCO2	20 (L)	09/13/2019 0036
ACIDBASEDEF	15.0 (H)	09/13/2019 0036
O2SAT	74.0	09/13/2019 0036[PH.2]

History & Physicals (continued)

H&P by Hoffman, Paul W, NP at 9/12/2019 11:27 PM (continued)

Version 1 of 1

Coagulation Profile:^[PH.1]

Recent Labs

Lab	09/12/19 2333
INR	1.79 ^[PH.2]

Cardiac Enzymes:^[PH.1]

Recent Labs

Lab	09/12/19 2333
TROPONINI	0.05 ^[PH.2]

HbA1C:^[PH.1]

 No results found for: HGBA1C^[PH.2]

CBG:^[PH.1]

Recent Labs

Lab	09/12/19 2328
GLUCAP	178 ^[PH.2]

Review of Systems:

Past medical history^[PH.1]

 He^[PH.2], ^[PH.1] has no past medical history on file.^[PH.2]

Surgical History

Social History^[PH.1]

Social History

Socioeconomic History

- Marital status: Single
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Social Needs

- Financial resource strain: Not on file
- Food insecurity:
 - Worry: Not on file
 - Inability: Not on file

History & Physicals (continued)**H&P by Hoffman, Paul W, NP at 9/12/2019 11:27 PM (continued)**

Version 1 of 1

• Transportation needs:

Medical: Not on file

Non-medical: Not on file

Tobacco Use

- Smoking status: Not on file

Substance and Sexual Activity

- Alcohol use: Not on file

- Drug use: Not on file

- Sexual activity: Not on file

Lifestyle

- Physical activity:

Days per week: Not on file

Minutes per session: Not on file

- Stress: Not on file

Relationships

- Social connections:

Talks on phone: Not on file

Gets together: Not on file

Attends religious service: Not on file

Active member of club or organization: Not on file

Attends meetings of clubs or organizations: Not on file

Relationship status: Not on file

- Intimate partner violence:

Fear of current or ex partner: Not on file

Emotionally abused: Not on file

Physically abused: Not on file

Forced sexual activity: Not on file

Other Topics Concern

- Not on file

Social History Narrative

- Not on file
- ^[PH.2]

,

Family history^[PH.1]His family history is not on file.^[PH.2]**Allergies**^[PH.1]Allergies not on file^[PH.2]**Home meds****Prior to Admission****medications**

Not on File

History & Physicals (continued)

H&P by Hoffman, Paul W, NP at 9/12/2019 11:27 PM (continued)

Version 1 of 1

Paul Hoffman, AGACNP-BC
 LeBauer Pulmonology/Critical Care
 Pager 336-913-0022 or (336) 319-0667^[PH.1]

9/13/2019 1:09 AM^[PH.2]

Electronically signed by Scatliffe, Kristen D, MD at 9/13/2019 1:44 AM

Attribution Key

PH.1 - Hoffman, Paul W, NP on 9/12/2019 11:27 PM
 PH.2 - Hoffman, Paul W, NP on 9/13/2019 1:09 AM

Patient Demographics

Address	Phone
780 BRADY STREET EXT RAMSEUR NC 27316	425-299-3993 (Home)

Admission Information

Arrival Date/Time:	Admit Date/Time:	09/12/2019 2309	IP Adm. Date/Time:	09/12/2019 2309
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09/13/2019 2058	20-expired	Morgue-moses Cone	None	Moses Cone 3 Midwest Medical ICU

Consult Notes

Consult Note by Kruska, Lindsay A, MD at 9/13/2019 1:03 AM

Version 1 of 1

Consult Notes (continued)
Consult Note by Kruska, Lindsay A, MD at 9/13/2019 1:03 AM (continued)

Version 1 of 1

Author: Kruska, Lindsay A, MD	Service: Nephrology	Author Type: Physician
Filed: 9/13/2019 1:22 AM	Date of Service: 9/13/2019 1:03 AM	Status: Signed
Editor: Kruska, Lindsay A, MD (Physician)		

CAROLINA KIDNEY ASSOCIATES
Renal Consultation Note
Requesting MD: Dr. Scatliffe

Indication for Consultation: severe acidosis, AKI

HPI: 33M with h/o anabolic steroid use who was found down today. He is found to have hypoxic respiratory failure, rhabdomyolysis, severe AKI.

Per chart review he was c/o HA for several days, parents unable to contact for several days so police obtained entry finding him unresponsive.

He initially was evaluated at Randolph Hospital, intubated for AMS and transferred to MCH ICU for ongoing management. PH has been measured to be < 7 despite multiple bicarb amps, now improved marginally to 7.03/62/49, now IV drip. CK is 64k, K >7.5 on most recent check, Cr 5.8, lactate 4.8. He has possible pulmonary contusions, ARDS. Lokelma 10g has been ordered.

Brandon Embry is a 33 y.o. male.

Creatinine, Ser

Date/Time	Value	Ref Range	Status
09/12/2019 11:33 PM	5.84 (H)	0.61 - 1.24 mg/dL	Final

PMHx:

No past medical history on file.

Family Hx: No family history on file.

Social History: has no tobacco, alcohol, and drug history on file.

Allergies: Allergies not on file

Medications:

Prior to Admission

medications

Not on File

I have reviewed the patient's current medications.

Labs:

Results for orders placed or performed during the hospital encounter of 09/12/19 (from the past 48 hour(s))

Glucose, capillary Status: Abnormal

Collection Time: 09/12/19 11:28 PM

Consult Notes (continued)
Consult Note by Kruska, Lindsay A, MD at 9/13/2019 1:03 AM (continued)

Version 1 of 1

Result	Value	Ref Range
Glucose-Capillary	178 (H)	70 - 99 mg/dL

I-STAT 3, arterial blood gas (G3+) Status: Abnormal

Collection Time: 09/12/19 11:29 PM

Result	Value	Ref Range
pH, Arterial	6.959 (LL)	7.350 - 7.450
pCO2 arterial	68.0 (HH)	32.0 - 48.0 mmHg
pO2, Arterial	54.0 (L)	83.0 - 108.0 mmHg
Bicarbonate	16.1 (L)	20.0 - 28.0 mmol/L
TCO2	18 (L)	22 - 32 mmol/L
O2 Saturation	76.0	%
Acid-base deficit	18.0 (H)	0.0 - 2.0 mmol/L
Patient temperature	33.8 C	
Collection site	RADIAL, ALLEN'S TEST ACCEPTABLE	
Drawn by	RT	
Sample type	ARTERIAL	
Comment	NOTIFIED PHYSICIAN	

Comprehensive metabolic panel Status: Abnormal

Collection Time: 09/12/19 11:33 PM

Result	Value	Ref Range
Sodium	142	135 - 145 mmol/L
Potassium	>7.5 (HH)	3.5 - 5.1 mmol/L
Comment:	NO VISIBLE HEMOLYSIS CRITICAL RESULT CALLED TO, READ BACK BY AND VERIFIED WITH: YOSEF M,RN 09/13/19 0057 WAYK	
Chloride	110	98 - 111 mmol/L
CO2	14 (L)	22 - 32 mmol/L
Glucose, Bld	195 (H)	70 - 99 mg/dL
BUN	61 (H)	6 - 20 mg/dL
Creatinine, Ser	5.84 (H)	0.61 - 1.24 mg/dL
Calcium	6.2 (LL)	8.9 - 10.3 mg/dL
Comment:	CRITICAL RESULT CALLED TO, READ BACK BY AND VERIFIED WITH: YOSEF M,RN 09/13/19 0057 WAYK	
Total Protein	5.0 (L)	6.5 - 8.1 g/dL
Albumin	2.6 (L)	3.5 - 5.0 g/dL
AST	1,005 (H)	15 - 41 U/L
ALT	264 (H)	0 - 44 U/L
Alkaline Phosphatase	34 (L)	38 - 126 U/L
Total Bilirubin	1.4 (H)	0.3 - 1.2 mg/dL
GFR calc non Af Amer	12 (L)	>60 mL/min
GFR calc Af Amer	13 (L)	>60 mL/min
Comment:	(NOTE) The eGFR has been calculated using the CKD EPI equation.	

Consult Notes (continued)
Consult Note by Kruska, Lindsay A, MD at 9/13/2019 1:03 AM (continued)

Version 1 of 1

This calculation has not been validated in all clinical situations.
 eGFR's persistently <60 mL/min signify possible Chronic Kidney Disease.

Anion gap 18 (H) 5 - 15
 Comment: Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

CBC with Differential/Platelet Status: Abnormal

Collection Time: 09/12/19 11:33 PM

Result	Value	Ref Range
WBC	1.4 (LL)	4.0 - 10.5 K/uL
Comment:	REPEATED TO VERIFY CRITICAL RESULT CALLED TO, READ BACK BY AND VERIFIED WITH: S.VIVERITO RN 0018 9/13/19 HMILES	
RBC	4.78	4.22 - 5.81 MIL/uL
Hemoglobin	15.0	13.0 - 17.0 g/dL
HCT	47.5	39.0 - 52.0 %
MCV	99.4	78.0 - 100.0 fL
MCH	31.4	26.0 - 34.0 pg
MCHC	31.6	30.0 - 36.0 g/dL
RDW	13.4	11.5 - 15.5 %
Platelets	115 (L)	150 - 400 K/uL
Comment:	REPEATED TO VERIFY SPECIMEN CHECKED FOR CLOTS PLATELET COUNT CONFIRMED BY SMEAR	
Neutrophils Relative %	55	%
Lymphocytes Relative	37	%
Monocytes Relative	6	%
Eosinophils Relative	1	%
Basophils Relative	1	%
Neutro Abs	0.8 (L)	1.7 - 7.7 K/uL
Lymphs Abs	0.5 (L)	0.7 - 4.0 K/uL
Monocytes Absolute	0.1	0.1 - 1.0 K/uL
Eosinophils Absolute	0.0	0.0 - 0.7 K/uL
Basophils Absolute	0.0	0.0 - 0.1 K/uL
RBC Morphology	BURR CELLS	
Comment:	Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401	

Magnesium Status: Abnormal

Collection Time: 09/12/19 11:33 PM

Result	Value	Ref Range
Magnesium	3.2 (H)	1.7 - 2.4 mg/dL
Comment:	Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401	

Consult Notes (continued)
Consult Note by Kruska, Lindsay A, MD at 9/13/2019 1:03 AM (continued)

Version 1 of 1

Troponin I Status: Abnormal

Collection Time: 09/12/19 11:33 PM

Result	Value	Ref Range
Troponin I	0.05 (HH)	<0.03 ng/mL
Comment:	CRITICAL RESULT CALLED TO, READ BACK BY AND VERIFIED WITH: YOSEF M,RN 09/13/19 0057 WAYK Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401	

Lactate dehydrogenase Status: Abnormal

Collection Time: 09/12/19 11:33 PM

Result	Value	Ref Range
LDH	2,478 (H)	98 - 192 U/L
Comment:	Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401	

Prottime-INR Status: Abnormal

Collection Time: 09/12/19 11:33 PM

Result	Value	Ref Range
Prothrombin Time	20.7 (H)	11.4 - 15.2 seconds
INR	1.79	
Comment:	Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401	

Osmolality, urine Status: None

Collection Time: 09/13/19 12:01 AM

Result	Value	Ref Range
Osmolality, Ur	349	300 - 900 mOsm/kg
Comment:	Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401	

Rapid urine drug screen (hospital performed) Status: Abnormal

Collection Time: 09/13/19 12:01 AM

Result	Value	Ref Range
Opiates	NONE DETECTED	NONE DETECTED
Cocaine	NONE DETECTED	NONE DETECTED
Benzodiazepines	POSITIVE (A)	NONE DETECTED
Amphetamines	NONE DETECTED	NONE DETECTED
Tetrahydrocannabinol	NONE DETECTED	NONE DETECTED
Barbiturates	NONE DETECTED	NONE DETECTED
Comment:	(NOTE) DRUG SCREEN FOR MEDICAL PURPOSES ONLY. IF CONFIRMATION IS NEEDED FOR ANY PURPOSE, NOTIFY LAB WITHIN 5 DAYS. LOWEST DETECTABLE LIMITS FOR URINE DRUG SCREEN Drug Class Cutoff (ng/mL) Amphetamine and metabolites 1000 Barbiturate and metabolites 200 Benzodiazepine 200	

Consult Notes (continued)
Consult Note by Kruska, Lindsay A, MD at 9/13/2019 1:03 AM (continued)

Version 1 of 1

Tricyclics and metabolites	300
Opiates and metabolites	300
Cocaine and metabolites	300
THC	50

Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Lactic acid, plasma Status: Abnormal

Collection Time: 09/13/19 12:04 AM

Result	Value	Ref Range
Lactic Acid, Venous	4.8 (HH)	0.5 - 1.9 mmol/L
Comment:	CRITICAL RESULT CALLED TO, READ BACK BY AND VERIFIED WITH: HOFFMAN P, NP 09/13/19 0039 WAYK Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401	

I-STAT 3, arterial blood gas (G3+) Status: Abnormal

Collection Time: 09/13/19 12:36 AM

Result	Value	Ref Range
pH, Arterial	7.033 (LL)	7.350 - 7.450
pCO2 arterial	62.0 (H)	32.0 - 48.0 mmHg
pO2, Arterial	49.0 (L)	83.0 - 108.0 mmHg
Bicarbonate	17.4 (L)	20.0 - 28.0 mmol/L
TCO2	20 (L)	22 - 32 mmol/L
O2 Saturation	74.0	%
Acid-base deficit	15.0 (H)	0.0 - 2.0 mmol/L
Patient temperature	33.8 C	
Collection site	RADIAL, ALLEN'S TEST ACCEPTABLE	
Drawn by	RT	
Sample type	ARTERIAL	
Comment	NOTIFIED PHYSICIAN	

ROS:

Review of systems not obtained due to patient factors.

Physical Exam:
Vitals:

	09/12/19 2330	09/13/19 0000
BP:		(!) 90/55
Pulse:	74	81
Resp:	(!) 30	(!) 30
Temp:		(!) 92.7 °F (33.7 °C)
SpO2:	91%	(!) 89%

Consult Notes (continued)**Consult Note by Kruska, Lindsay A, MD at 9/13/2019 1:03 AM (continued)**

Version 1 of 1

General: intubated, sedated
HEENT: facial edema and ecchymoses, crusted blood
Eyes: periorbital edema
Neck: in C collar
Heart: RRR
Lungs: coarse, O2 sat 82% on FiO2 100%, PEEP 12
Abdomen: dec BS
Extremities: multiple large ecchymoses
Neuro: unresponsive

Assessment/Plan:

1. Severe mixed acidosis: Patient with marginal response to multiple pushes of IV bicarbonate and further administration limited by severe hypoxic respiratory failure. PCCM placing trialysis catheter and upon insertion will start CRRT to help correct the metabolic portion of his severe acidosis. Discussed with PCCM and will attempt to provide UF despite hypotension given severe hypoxic respiratory failure.
2. Hyperkalemia: will be managed by CRRT. Initiate CRRT with OK dialysate.
3. Severe oliguric AKI: secondary to rhabdomyolysis. CRRT per above.

Kruska, Lindsay A
9/13/2019, 1:03 AM^[LK.1]

Electronically signed by Kruska, Lindsay A, MD at 9/13/2019 1:22 AM

Attribution Key

LK.1 - Kruska, Lindsay A, MD on 9/13/2019 1:03 AM

Consult Note by Lindzen, Eric, MD at 9/13/2019 12:50 AM

Version 1 of 1

Author: Lindzen, Eric, MD Service: Neurology Author Type: Physician
Filed: 9/13/2019 1:13 AM Date of Service: 9/13/2019 12:50 AM Status: Signed
Editor: Lindzen, Eric, MD (Physician)

NEURO HOSPITALIST CONSULT NOTE**Requesting physician:** Dr. Scatliffe**Reason for Consult:** Found down unresponsive**History obtained from:** Communication with CCM Attending and Chart Review**HPI:**

Brandon Embry is an 33 y.o. male who presented to the ICU at MCH after he was found down unresponsive at his apartment with laceration/bruising to face, knees, ankles and hands. Mother had asked police to do a forced entry as her son could not be contacted by phone and was not answering his door. Mother had last communicated with him by text on Tuesday to discuss some personal issues. Prior to that he had texted her

Consult Notes (continued)

Consult Note by Lindzen, Eric, MD at 9/13/2019 12:50 AM (continued)

Version 1 of 1

about a severe headache, possibly the worst he had ever had, since Thursday. The headache was so severe that he had been unable to sleep for several days. Police felt there may have been some foul play, but the symmetric distribution of the external traumatic lesions may reflect having fallen forward onto his face with legs in the bent position, then remaining down for some period of time. He was intubated on arrival to the ED. Following an appropriate interval of time following administration of the paralytic for intubation, the patient remained unresponsive.

CT head showed no definite acute abnormality, although subtle blurring of the margins of the basal ganglia may reflect anoxic brain injury on my review of the images.

HPI from CCM admission note also reviewed: "33 year old male with PMH as below, which is significant for hypertension and steroid abuse. Last known well 9/10 at which time he was complaining of a headache. When his mother went to check on him she was unable to get into his apartment. She called 911 for a well visit. Once police gained access to the home he was found to be unresponsive. Upon arrival to ED he was intubated for airway protection after no response to narcan. Evidence of physical trauma with bruises and abrasions all over body. Workup included pan CT notable for no acute fracture, no acute intracranial abnormality, but severe pulmonary consolidation concerning for contusion. He was increasingly difficult to oxygenate and he was transitioned to ARDS protocol ventilation. Laboratory evaluation significant for pH 6.9 (mixed), K 6.8, Creatinine 4.4, AST 1065, CK 64000, and Lactic acid 5.9. He was transferred to Moses Cone for ICU management of multi-organ system failure."

No past medical history on file.

No family history on file.

Social History: has no tobacco, alcohol, and drug history on file.

Allergies not on file

HOME MEDICATIONS:

No home meds listed in Epic currently.

ROS:

Unable to obtain due to coma.

Blood pressure (!) 90/55, pulse 81, temperature (!) 92.7 °F (33.7 °C), resp. rate (!) 30, SpO2 (!) 89 %.

General Examination:

Physical Exam

HEENT- Extensive facial bruising and reddish discoloration. Laceration above left eye.

Lungs: Intubated

Ext: Diffuse edema. Cool distalmost extremities. Reddish discoloration at knees anterior aspects of lower legs, ankles and hands.

Neurological Examination **Off all sedation.**

Consult Notes (continued)
Consult Note by Lindzen, Eric, MD at 9/13/2019 12:50 AM (continued)

Version 1 of 1

Mental Status: Comatose with GCS 3 off all sedation. No movement to any stimuli.

Cranial Nerves:

II: Pupils 2 mm and unreactive. No blink to threat

III,IV, VI: No doll's eye reflex. Eyes conjugately at the midline. No nystagmus.

V,VII: No corneal reflex bilaterally. Face flaccidly symmetric.

VIII: No response to name or loud clap.

IX,X: No cough or gag reflex

XI: Head at midline in c-collar

XII: Intubated

Motor/Sensory:

Flaccid tone BUE and BLE. LEs with external rotation and abduction at hips, 45 degree flexed position at knees, dropped foot bilaterally, consistent with flaccid tone, which is confirmed with passive movement by examiner. No movement to any stimulus.

Deep Tendon Reflexes: Absent reflexes upper and lower extremities.

Plantars: Mute bilaterally

Cerebellar/Gait: Unable to assess

Other: No jerking, twitching or other adventitious movements to suggest ongoing seizures

Lab Results:
Basic Metabolic Panel:

No results for input(s): NA, K, CL, CO2, GLUCOSE, BUN, CREATININE, CALCIUM, MG, PHOS in the last 168 hours.

CBC:
Recent Labs

Lab	09/12/19 2333
WBC	1.4*
NEUTROABS	PENDING
HGB	15.0
HCT	47.5
MCV	99.4
PLT	PENDING

Cardiac Enzymes:

No results for input(s): CKTOTAL, CKMB, CKMBINDEX, TROPONINI in the last 168 hours.

Lipid Panel:

No results for input(s): CHOL, TRIG, HDL, CHOLHDL, VLDL, LDLCALC in the last 168 hours.

Imaging:

Dg Chest Port 1 View

Result Date: 9/12/2019

CLINICAL DATA: Intubated EXAM: PORTABLE CHEST 1 VIEW COMPARISON: 09/12/2019, 04/04/2019

Consult Notes (continued)
Consult Note by Lindzen, Eric, MD at 9/13/2019 12:50 AM (continued)

Version 1 of 1

FINDINGS: Endotracheal tube tip is about 6.1 cm superior to the carina. Extensive bilateral consolidations are again noted. Stable slightly enlarged cardiomeastinal silhouette. No pneumothorax. IMPRESSION: 1. Endotracheal tube tip about 6.1 cm superior to the carina 2. Continued extensive bilateral lung consolidations. Electronically Signed By: Kim Fujinaga M.D. On: 09/12/2019 23:51

Assessment: 33 year old male found down unresponsive.

1. Exam findings are concerning for possible severe anoxic brain injury. He is comatose with no elicitable brainstem reflexes.
2. CT head showed no definite acute abnormality, although subtle blurring of the margins of the basal ganglia may reflect anoxic brain injury on my review of the images.
3. Police felt there may have been some foul play, but the symmetric distribution of the external traumatic lesions may reflect having fallen forward onto his face with legs in the bent position, then remaining down for some period of time.
4. Rhabdomyolysis is also consistent with an extended down time.

Recommendations:

1. STAT MRI brain to assess for possible diffuse anoxic brain injury or hypoglycemic brain injury.
2. EEG after MRI if MRI is uninformative.
3. Continue off sedation to facilitate neurological exams

45 minutes spent in the emergent neurological evaluation and management of this critically ill patient.

Electronically signed: Dr. Eric Lindzen
 9/13/2019, 12:50 AM^[EL.1]

Electronically signed by Lindzen, Eric, MD at 9/13/2019 1:13 AM

Attribution Key

EL.1 - Lindzen, Eric, MD on 9/13/2019 12:50 AM

Admission Information

Arrival Date/Time:	Admit Date/Time:	09/12/2019 2309	IP Adm. Date/Time:	09/12/2019 2309
Admission Type: Urgent	Point of Origin:	4 - Outside Hospital	Admit Category:	
Means of Arrival: Hospital Transport	Primary Service:	Critical Care	Secondary Service:	N/A
Transfer Source:	Service Area:	CONE HEALTH SERVICE AREA	Unit:	Moses Cone 3 Midwest Medical ICU
Admit Provider: McQuaid, Douglas B, MD	Attending Provider:	McQuaid, Douglas B, MD	Referring Provider:	

Admission Information (continued)
Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
09/13/2019 2058	20-expired	Morgue-moses Cone	None	Moses Cone 3 Midwest Medical ICU

Operative Notes

No notes of this type exist for this encounter.

Admission Information

Arrival Date/Time:	Admit Date/Time:	09/12/2019 2309	IP Adm. Date/Time:	09/12/2019 2309
Admission Type: Urgent	Point of Origin:	4 - Outside Hospital	Admit Category:	
Means of Arrival: Hospital Transport	Primary Service:	Critical Care	Secondary Service:	N/A
Transfer Source:	Service Area:	CONE HEALTH SERVICE AREA	Unit:	Moses Cone 3 Midwest Medical ICU
Admit Provider: McQuaid, Douglas B, MD	Attending Provider:	McQuaid, Douglas B, MD	Referring Provider:	

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
09/13/2019 2058	20-expired	Morgue-moses Cone	None	Moses Cone 3 Midwest Medical ICU

Progress Notes
Progress Notes by Viverito, Stefanie A, RN at 9/13/2019 9:30 PM

Version 1 of 1

Author: Viverito, Stefanie A, RN Service: Nursing Author Type: Registered Nurse
 Filed: 9/13/2019 10:58 PM Date of Service: 9/13/2019 9:30 PM Status: Signed
 Editor: Viverito, Stefanie A, RN (Registered Nurse)

75 ML of morphine wasted in sink with Zeinab Hassan, RN^[SV.1]

Stefanie A Viverito, RN^[SV.2]

Electronically signed by Viverito, Stefanie A, RN at 9/13/2019 10:58 PM

Attribution Key

- SV.1 - Viverito, Stefanie A, RN on 9/13/2019 10:56 PM
- SV.2 - Viverito, Stefanie A, RN on 9/13/2019 10:58 PM

Progress Notes by Viverito, Stefanie A, RN at 9/13/2019 8:58 PM

Version 1 of 1

Author: Viverito, Stefanie A, RN Service: Nursing Author Type: Registered Nurse
 Filed: 9/13/2019 10:55 PM Date of Service: 9/13/2019 8:58 PM Status: Signed
 Editor: Viverito, Stefanie A, RN (Registered Nurse)

Patient's pressors withdrawn resulting in cardiac arrest within 10 minutes. Chaplain available for family. Vent disconnected from patient after cardiac death. MD aware of passing. Verified with two RN's. TOD 2058. Strip printed.^[SV.1]

Progress Notes (continued)
Progress Notes by Viverito, Stefanie A, RN at 9/13/2019 8:58 PM (continued)

Version 1 of 1

 Stefanie A Viverito^[SV.2], RN^[SV.1]

Electronically signed by Viverito, Stefanie A, RN at 9/13/2019 10:55 PM

Attribution Key

-
- SV.1 - Viverito, Stefanie A, RN on 9/13/2019 10:51 PM
 - SV.2 - Viverito, Stefanie A, RN on 9/13/2019 10:54 PM

Progress Notes by Viverito, Stefanie A, RN at 9/13/2019 8:30 PM

Version 1 of 1

Author: Viverito, Stefanie A, RN Service: Nursing Author Type: Registered Nurse
 Filed: 9/13/2019 10:51 PM Date of Service: 9/13/2019 8:30 PM Status: Signed
 Editor: Viverito, Stefanie A, RN (Registered Nurse)

Patient and MD made decision to make patient a full comfort care. Patient given 2 mg morphine push and morphine gtt started. Patient plan of care to begin withdrawing pressors until patient passes. Family at bedside and aware of plan. Per patient's family request chaplain called to pray over patient prior to withdrawal. Remaining with family and continuing to monitor patient.^[SV.1]

 Stefanie A Viverito, RN^[SV.2]

Electronically signed by Viverito, Stefanie A, RN at 9/13/2019 10:51 PM

Attribution Key

-
- SV.1 - Viverito, Stefanie A, RN on 9/13/2019 10:44 PM
 - SV.2 - Viverito, Stefanie A, RN on 9/13/2019 10:51 PM

Progress Notes by Wood, Virginia L, Chaplain at 9/13/2019 9:36 PM

Version 1 of 1

Author: Wood, Virginia L, Chaplain Service: — Author Type: Chaplain
 Filed: 9/13/2019 9:44 PM Date of Service: 9/13/2019 9:36 PM Status: Signed
 Editor: Wood, Virginia L, Chaplain (Chaplain)

	09/13/19 2100
Clinical Encounter Type	
Visited With	Patient and family together
Visit Type	Patient actively dying
Referral From	Nurse
Spiritual Encounters	
Spiritual Needs	Prayer;Grief support;Sacred text;Ritual

Chaplain received call from nurses' station at 8:23 PM that the family had decided to withdraw life support and

Progress Notes (continued)
Progress Notes by Wood, Virginia L, Chaplain at 9/13/2019 9:36 PM (continued)

Version 1 of 1

requested prayer. Chaplain came and offered sacred word and prayer, and stayed with family and staff as patient's support was withdrawn. Patient's case is being referred to medical examiner. Chaplain offered patient placement card to family, and offered final words of hope.^[VW.1]

Electronically signed by Wood, Virginia L, Chaplain at 9/13/2019 9:44 PM

Attribution Key

VW.1 - Wood, Virginia L, Chaplain on 9/13/2019 9:36 PM

Progress Notes by Wood, Virginia L, Chaplain at 9/13/2019 7:51 PM

Version 1 of 1

Author: Wood, Virginia L, Chaplain Service: — Author Type: Chaplain
 Filed: 9/13/2019 8:01 PM Date of Service: 9/13/2019 7:51 PM Status: Signed
 Editor: Wood, Virginia L, Chaplain (Chaplain)

	09/13/19 1900
Clinical Encounter Type	
Visited With	Family
Visit Type	Follow-up;Critical Care;Trauma;Social support;Spiritual support;Psychological support
Referral From	Chaplain
Spiritual Encounters	
Spiritual Needs	Prayer;Grief support;Emotional
Stress Factors	
Patient Stress Factors	Lack of knowledge;Exhausted
Family Stress Factors	Loss of control;Loss

Chaplain received word from outgoing chaplain that the family would appreciate another visit. The mother and sister stepped out of hospital for for two hours and the chaplain decided to visit at 7PM when they returned. Chaplain entered patient's room and introduced herself to patient's mother and sister. Knowing the patient was in a coma, she invited the family to go sit in another room so that they could talk through the shock and trauma of the unknown event that occurred. The family spoke of not knowing what led to patient's condition. Family is working through the possibility that the patient may not recover. Chaplain offered a ministry of presence, listening to stories and looking at pictures of the patient when he was a boy. Chaplain offered prayer for the patient, his mother, his sister, and his father, who is driving to NC from Seattle, Washington. Chaplain offered to return to patient's room during the night if needed. Rev. Virginia Wood^[VW.1]

Electronically signed by Wood, Virginia L, Chaplain at 9/13/2019 8:01 PM

Attribution Key

VW.1 - Wood, Virginia L, Chaplain on 9/13/2019 7:51 PM

Progress Notes (continued)**Progress Notes by Wood, Virginia L, Chaplain at 9/13/2019 7:51 PM (continued)**

Version 1 of 1

Progress Notes by D'Adamo, Haleigh M, RN at 9/13/2019 6:57 PM

Version 1 of 1

Author: D'Adamo, Haleigh M, RN Service: Nursing Author Type: Registered Nurse
Filed: 9/13/2019 6:58 PM Date of Service: 9/13/2019 6:57 PM Status: Signed
Editor: D'Adamo, Haleigh M, RN (Registered Nurse)

Temperature 101.2 reported to MD.
Ice packs applied, RN monitoring^[HD.1]

Electronically signed by D'Adamo, Haleigh M, RN at 9/13/2019 6:58 PM

Attribution Key

HD.1 - D'Adamo, Haleigh M, RN on 9/13/2019 6:57 PM

Progress Notes by McQuaid, Douglas B, MD at 9/13/2019 5:09 PM

Version 1 of 1

Author: McQuaid, Douglas B, MD Service: Critical Care Author Type: Physician
Filed: 9/13/2019 5:17 PM Date of Service: 9/13/2019 5:09 PM Status: Signed
Editor: McQuaid, Douglas B, MD (Physician)

LB PCCM

Called to the patient's bedside due to seizure, worsening hypotension

I called the patient's mother to let her know that his situation was worsening and there was nothing that I could do to reverse the situation. I explained that I will make him DNR because there is nothing more I can do which will be medically effective. She voiced understanding.

Brent McQuaid, MD
LeBauer PCCM
Pager: 319-0987
Cell: (336)312-8069
After 3pm or if no response, call 319-0667^[DM.1]

Electronically signed by McQuaid, Douglas B, MD at 9/13/2019 5:17 PM

Attribution Key

DM.1 - McQuaid, Douglas B, MD on 9/13/2019 5:09 PM

Progress Notes by D'Adamo, Haleigh M, RN at 9/13/2019 4:52 PM

Version 1 of 1

Author: D'Adamo, Haleigh M, RN Service: Nursing Author Type: Registered Nurse
Filed: 9/13/2019 5:05 PM Date of Service: 9/13/2019 4:52 PM Status: Signed
Editor: D'Adamo, Haleigh M, RN (Registered Nurse)

Pt actively seizing. MD paged and to bedside. Seizure lasting approximately 45 seconds.^[HD.1]

Electronically signed by D'Adamo, Haleigh M, RN at 9/13/2019 5:05 PM

Progress Notes (continued)
Progress Notes by D'Adamo, Haleigh M, RN at 9/13/2019 4:52 PM (continued)

Version 1 of 1

Attribution Key

HD.1 - D'Adamo, Haleigh M, RN on 9/13/2019 5:02 PM

Progress Notes by McCarthy, Megan L, RPH at 9/13/2019 4:24 PM

Version 1 of 1

 Author: McCarthy, Megan L, RPH Service: Pharmacy Author Type: Pharmacist
 Filed: 9/13/2019 4:39 PM Date of Service: 9/13/2019 4:24 PM Status: Signed
 Editor: McCarthy, Megan L, RPH (Pharmacist)

Pharmacy Antibiotic Note

Brandon Embry is a 33 y.o. male admitted on 9/12/2019 with AMS/ARF/possible sepsis. Pharmacy has been consulted for vancomycin and zosyn dosing.

Patient received vancomycin 2 g x 1 (9/13 0450)

CRRT was started 9/13 ~ 0300. RN noted access clotted @ 0347. CRRT was on hold until ~ 1340 and patient was only able to tolerate ~ 10 mins due to high pressor requirements and drop in MAP

Per CCM: no plans on resuming CRRT

Due to clinical status, septic shock requiring several vasopressors, and brief session of CRRT after vancomycin administered - will order vancomycin random level to be drawn with AM labs to assess that the patient has adequately been loaded with vancomycin and to guide scheduled dosing intervals thereafter.

Plan:

Vancomycin random level for tomorrow AM

Zosyn 2.25 g q8h (est CrCl <20)

Follow up LOT, clinical status, and vancomycin levels PRN

Height: 5' 10" (177.8 cm)

Weight: (!) **307 lb 5.1 oz (139.4 kg)**

IBW/kg (Calculated) : 73

Temp (24hrs), Avg:95.6 °F (35.3 °C), Min:92.7 °F (33.7 °C), Max:99.7 °F (37.6 °C)

Recent Labs

Lab	09/12/19 2333	09/13/19 0004	09/13/19 0308	09/13/19 0357	09/13/19 0611	09/13/19 0915	09/13/19 1442
WBC	1.4*	--	--	1.0*	--	1.6*	--
CREATININE	5.84*	--	--	--	--	5.64*	4.90*
LATICACIDVE N	--	4.8*	5.8*	--	6.9*	--	--

Estimated Creatinine Clearance: 30.2 mL/min (A) (by C-G formula based on SCr of 4.9 mg/dL (H)).

Allergies not on file

Megan McCarthy, PharmD

Progress Notes (continued)**Progress Notes by McCarthy, Megan L, RPH at 9/13/2019 4:24 PM (continued)**

Version 1 of 1

PGY1 Pharmacy Resident
Phone (336) 832-8078^[MM.1]
9/13/2019 4:37 PM^[MM.2]

Electronically signed by McCarthy, Megan L, RPH at 9/13/2019 4:39 PM

Attribution Key

MM.1 - McCarthy, Megan L, RPH on 9/13/2019 4:24 PM

MM.2 - McCarthy, Megan L, RPH on 9/13/2019 4:37 PM

Progress Notes by McQuaid, Douglas B, MD at 9/13/2019 2:26 PM

Version 1 of 1

Author: McQuaid, Douglas B, MD Service: Critical Care Author Type: Physician
Filed: 9/13/2019 2:26 PM Date of Service: 9/13/2019 2:26 PM Status: Signed
Editor: McQuaid, Douglas B, MD (Physician)

LB PCCM

Informed family that prognosis was poor and we would continue full medical support

Start giaprezza, had some improvement in BP, but unfortunately when we started hemodialysis this afternoon his blood pressure dropped to 70's/40's.

Will not be able to continue CVVHD.

Will update family again, prognosis worse

Brent McQuaid, MD
LeBauer PCCM
Pager: 319-0987
Cell: (336)312-8069
After 3pm or if no response, call 319-0667^[DM.1]

Electronically signed by McQuaid, Douglas B, MD at 9/13/2019 2:26 PM

Attribution Key

DM.1 - McQuaid, Douglas B, MD on 9/13/2019 2:26 PM

Progress Notes by Bhandari, Dron Prasad, MD at 9/13/2019 11:51 AM

Version 3 of 3

Author: Bhandari, Dron Prasad, MD Service: Nephrology Author Type: Physician
Filed: 9/13/2019 2:21 PM Date of Service: 9/13/2019 11:51 AM Status: Addendum
Editor: Bhandari, Dron Prasad, MD (Physician)
Related Notes: Original Note by Bhandari, Dron Prasad, MD (Physician) filed at 9/13/2019 11:59 AM**CAROLINA KIDNEY ASSOCIATES**
NEPHROLOGY PROGRESS NOTE

Progress Notes (continued)
Progress Notes by Bhandari, Dron Prasad, MD at 9/13/2019 11:51 AM (continued)

Version 3 of 3

Assessment/ Plan:

Pt is a 33 y.o. yo male who was found down and initially evaluated at Randolph Hospital, intubated for EMS and transferred to MCR ICU. Patient with hypoxic respiratory failure, rhabdomyolysis with CK 64 K, K >7.5 and severe acidotic. Started CRRT on 9/12.

Assessment/Plan:

AKi due to rhabdomyolysis: Urine output recorded only 215 cc^[DB.1]. P^[DB.2]atient is severely acidotic and hypotensive. The dialysis catheter was clogged and patient became hypotensive during CRRT. TPA used for dialysis catheter to see if there is good blood flow. May need new catheter for dialysis. He is now on 3 pressors with marginal BP.

-continue CRRT with no UF if able to tolerate. D/w ICU team and patient's nurse
 -creatinine 5.6 today. Monitor labs and urine output. Prognosis is poor.

Severe acidosis: changed post-filter fluid with sod bicarb. Lactic acid 6.9.

Hyperkalemia: K 4.2 today. Monitor labs.

DIC^[DB.1]

Addendum: discussed with Dr. Mcquaid from PCCM. Pt is not able to tolerate CCRT due to low BP. Poor prognosis.^[DB.3]

Subjective: Seen and examined in ICU. Intubated, unresponsive, on pressors. Did not tolerated CRRT because of hypotension and the catheter clogged. TPA was applied.

Objective
Vital signs in last 24 hours:
Vitals:

	09/13/19 0800	09/13/19 0900	09/13/19 1000	09/13/19 1128
BP:	(!) 105/50	(!) 90/57	(!) 95/52	
Pulse:	93	93	98	
Resp:	(!) 26	(!) 25	(!) 32	
Temp:	(!) 95.5 °F (35.3 °C)	(!) 96.1 °F (35.6 °C)	(!) 96.6 °F (35.9 °C)	
SpO2:	(!) 85%	(!) 84%	(!) 85%	(!) 85%
Weight:				
Height:				

Weight change:

Intake/Output Summary (Last 24 hours) at 9/13/2019 1151

Last data filed at 9/13/2019 1000

Gross per 24 hour

Intake 4842.32 ml

Output 215 ml

Net 4627.32 ml

Progress Notes (continued)

Progress Notes by Bhandari, Dron Prasad, MD at 9/13/2019 11:51 AM (continued)

Version 3 of 3

Labs:
Basic Metabolic Panel:
Recent Labs

Lab	09/12/19 2333	09/13/19 0347	09/13/19 0357	09/13/19 0915
NA	142	--	--	144
K	>7.5*	4.9	--	4.2
CL	110	--	--	100
CO2	14*	--	--	21*
GLUCOSE	195*	--	--	336*
BUN	61*	--	--	61*
CREATININE	5.84*	--	--	5.64*
CALCIUM	6.2*	--	--	5.5*
PHOS	16.8*	--	18.7*	17.1*

Liver Function Tests:
Recent Labs

Lab	09/12/19 2333	09/13/19 0915
AST	1,005*	--
ALT	264*	--
ALKPHOS	34*	--
BILITOT	1.4*	--
PROT	5.0*	--
ALBUMIN	2.6*	2.1*

No results for input(s): LIPASE, AMYLASE in the last 168 hours.

Recent Labs

Lab	09/13/19 0819
AMMONIA	67*

CBC:
Recent Labs

Progress Notes (continued)
Progress Notes by Bhandari, Dron Prasad, MD at 9/13/2019 11:51 AM (continued)

Version 3 of 3

Lab	09/12/19 2333	09/13/19 0357	09/13/19 0611	09/13/19 0915
WBC	1.4*	1.0*	--	1.6*
NEUTROABS	0.8*	--	--	--
HGB	15.0	14.9	--	13.1
HCT	47.5	47.1	--	41.6
MCV	99.4	98.1	--	98.1
PLT	115*	84*	58*	61*

Cardiac Enzymes:
Recent Labs

Lab	09/12/19 2333	09/13/19 0357	09/13/19 0915
CKTOTAL	>50,000*	--	--
TROPONINI	0.05*	0.15*	0.45*

CBG:
Recent Labs

Lab	09/12/19 2328	09/13/19 0819
GLUCAP	178*	253*

Iron Studies: No results for input(s): IRON, TIBC, TRANSFERRIN, FERRITIN in the last 72 hours.

Studies/Results:

Dg Abd 1 View

Result Date: 9/13/2019

CLINICAL DATA: Orogastric tube placement EXAM: ABDOMEN - 1 VIEW COMPARISON: Portable exam 0225 hours compared to CT abdomen and pelvis of 09/12/2019 FINDINGS: Orogastric tube coiled in proximal stomach. Air-filled mildly prominent loops of small bowel in the mid abdomen new since earlier CT. Osseous structures unremarkable. IMPRESSION: Tip of orogastric tube coiled in proximal stomach. Air-filled nonspecific mildly prominent loops of small bowel in the mid abdomen new since prior CT exam. Electronically Signed By: Mark Boles M.D. On: 09/13/2019 03:04

Dg Chest Port 1 View

Result Date: 9/12/2019

CLINICAL DATA: Intubated EXAM: PORTABLE CHEST 1 VIEW COMPARISON: 09/12/2019, 04/04/2019 FINDINGS: Endotracheal tube tip is about 6.1 cm superior to the carina. Extensive bilateral consolidations are again noted. Stable slightly enlarged cardiomeastinal silhouette. No pneumothorax. IMPRESSION: 1. Endotracheal tube tip about 6.1 cm superior to the carina 2. Continued extensive bilateral lung consolidations. Electronically Signed By: Kim Fujinaga M.D. On: 09/12/2019 23:51

Medications:

Progress Notes (continued)
Progress Notes by Bhandari, Dron Prasad, MD at 9/13/2019 11:51 AM (continued)

Version 3 of 3

Infusions:

• sodium chloride	10 mL/hr at 09/13/19 0800
• angiotensin II (GIAPREZA) infusion	5 ng/kg/min (09/13/19 1101)
• epinephrine	20 mcg/min (09/13/19 1147)
• famotidine (PEPCID) IV	20 mg (09/13/19 0940)
• heparin 10,000 units/ 20 mL infusion syringe	
• norepinephrine (LEVOPHED) Adult infusion	40 mcg/min (09/13/19 0800)
• piperacillin-tazobactam	3.375 g (09/13/19 0808)
• dialysis replacement fluid (prismasate)	
• dialysate (PRISMASATE)	
• sodium bicarbonate (isotonic) infusion in sterile water	250 mL/hr at 09/13/19 0853
• sodium bicarbonate (isotonic) 1000 mL infusion	
• sodium chloride	999 mL/hr at 09/13/19 0226
• [START ON 9/14/2019] vancomycin	
• vasopressin (PITRESSIN) infusion - *FOR SHOCK*	0.03 Units/min (09/13/19 0800)

Scheduled Medications:

• chlorhexidine gluconate (MEDLINE KIT)	15 mL	Mouth Rinse	BID
• Chlorhexidine Gluconate Cloth	6 each	Topical	Q0600
• hydrocortisone sodium succinate	50 mg	Intravenous	Q6H
• mouth rinse	15 mL	Mouth Rinse	10 times per day
• mupirocin ointment	1 application	Nasal	BID

have reviewed scheduled and prn medications.

Physical Exam:
General: Intubated, unresponsive

Heart: Regular rate rhythm S1-S2 normal

Lungs: Coarse breath sound bilateral

Abdomen: soft, Non-tender, non-distended

Extremities: No edema

Dialysis Access: Right femoral catheter

Dron Prasad Bhandari

9/13/2019, 11:51 AM

 LOS: 1 day^[DB.1]

Progress Notes (continued)
Progress Notes by Bhandari, Dron Prasad, MD at 9/13/2019 11:51 AM (continued)

Version 3 of 3

Electronically signed by Bhandari, Dron Prasad, MD at 9/13/2019 2:21 PM

Attribution Key

-
- DB.1 - Bhandari, Dron Prasad, MD on 9/13/2019 11:51 AM
 - DB.2 - Bhandari, Dron Prasad, MD on 9/13/2019 11:59 AM
 - DB.3 - Bhandari, Dron Prasad, MD on 9/13/2019 2:19 PM

Progress Notes by Bhandari, Dron Prasad, MD at 9/13/2019 11:51 AM

Version 2 of 3

Author: Bhandari, Dron Prasad, MD Service: Nephrology Author Type: Physician
 Filed: 9/13/2019 11:59 AM Date of Service: 9/13/2019 11:51 AM Status: Addendum
 Editor: Bhandari, Dron Prasad, MD (Physician)
 Related Notes: Addendum by Bhandari, Dron Prasad, MD (Physician) filed at 9/13/2019 2:21 PM
 Original Note by Bhandari, Dron Prasad, MD (Physician) filed at 9/13/2019 11:59 AM

CAROLINA KIDNEY ASSOCIATES
NEPHROLOGY PROGRESS NOTE
Assessment/ Plan:

Pt is a 33 y.o. yo male who was found down and initially evaluated at Randolph Hospital, intubated for EMS and transferred to MCR ICU. Patient with hypoxic respiratory failure, rhabdomyolysis with CK 64 K, K >7.5 and severe acidotic. Started CRRT on 9/12.

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Hyperkalemia: K 4.2 today. Monitor labs.

DIC

Subjective: Seen and examined in ICU. Intubated, unresponsive, on pressors. Did not tolerated CRRT because of hypotension and the catheter clogged. TPA was applied.

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Vital signs in last 24 hours:
Vitals:

	09/13/19 0800	09/13/19 0900	09/13/19 1000	09/13/19 1128
BP:	(!) 105/50	(!) 90/57	(!) 95/52	
Pulse:	93	93	98	
Resp:	(!) 26	(!) 25	(!) 32	
Temp:	(!) 95.5 °F (35.3 °C)	(!) 96.1 °F (35.6 °C)	(!) 96.6 °F (35.9 °C)	

Progress Notes (continued)
Progress Notes by Bhandari, Dron Prasad, MD at 9/13/2019 11:51 AM (continued)

Version 2 of 3

SpO2: (!) 85% (!) 84% (!) 85% (!) 85%

Weight:

Height:

Weight change:

Intake/Output Summary (Last 24 hours) at 9/13/2019 1151

Last data filed at 9/13/2019 1000

	Gross per 24 hour
Intake	4842.32 ml
Output	215 ml
Net	4627.32 ml

Labs:
Basic Metabolic Panel:
Recent Labs

Lab	09/12/19 2333	09/13/19 0347	09/13/19 0357	09/13/19 0915
NA	142	--	--	144
K	>7.5*	4.9	--	4.2
CL	110	--	--	100
CO2	14*	--	--	21*
GLUCOSE	195*	--	--	336*
BUN	61*	--	--	61*
CREATININE	5.84*	--	--	5.64*
CALCIUM	6.2*	--	--	5.5*
PHOS	16.8*	--	18.7*	17.1*

Liver Function Tests:
Recent Labs

Lab	09/12/19 2333	09/13/19 0915
AST	1,005*	--
ALT	264*	--
ALKPHOS	34*	--
BILITOT	1.4*	--
PROT	5.0*	--
ALBUMIN	2.6*	2.1*

No results for input(s): LIPASE, AMYLASE in the last 168 hours.

Recent Labs

Progress Notes (continued)
Progress Notes by Bhandari, Dron Prasad, MD at 9/13/2019 11:51 AM (continued)

Version 2 of 3

Lab	09/13/19 0819
AMMONIA	67*

CBC:
Recent Labs

Lab	09/12/19 2333	09/13/19 0357	09/13/19 0611	09/13/19 0915
WBC	1.4*	1.0*	--	1.6*
NEUTROABS	0.8*	--	--	--
HGB	15.0	14.9	--	13.1
HCT	47.5	47.1	--	41.6
MCV	99.4	98.1	--	98.1
PLT	115*	84*	58*	61*

Cardiac Enzymes:
Recent Labs

Lab	09/12/19 2333	09/13/19 0357	09/13/19 0915
CKTOTAL	>50,000*	--	--
TROPONINI	0.05*	0.15*	0.45*

CBG:
Recent Labs

Lab	09/12/19 2328	09/13/19 0819
GLUCAP	178*	253*

Iron Studies: No results for input(s): IRON, TIBC, TRANSFERRIN, FERRITIN in the last 72 hours.

Studies/Results:

Dg Abd 1 View

Result Date: 9/13/2019

CLINICAL DATA: Orogastric tube placement EXAM: ABDOMEN - 1 VIEW COMPARISON: Portable exam 0225 hours compared to CT abdomen and pelvis of 09/12/2019 FINDINGS: Orogastric tube coiled in proximal stomach. Air-filled mildly prominent loops of small bowel in the mid abdomen new since earlier CT. Osseous structures unremarkable. IMPRESSION: Tip of orogastric tube coiled in proximal stomach. Air-filled nonspecific mildly prominent loops of small bowel in the mid abdomen new since prior CT exam. Electronically Signed By: Mark Boles M.D. On: 09/13/2019 03:04

Dg Chest Port 1 View

Result Date: 9/12/2019

CLINICAL DATA: Intubated EXAM: PORTABLE CHEST 1 VIEW COMPARISON: 09/12/2019, 04/04/2019 FINDINGS: Endotracheal tube tip is about 6.1 cm superior to the carina. Extensive bilateral consolidations are

Progress Notes (continued)
Progress Notes by Bhandari, Dron Prasad, MD at 9/13/2019 11:51 AM (continued)

Version 2 of 3

again noted. Stable slightly enlarged cardiomeastinal silhouette. No pneumothorax. IMPRESSION: 1. Endotracheal tube tip about 6.1 cm superior to the carina 2. Continued extensive bilateral lung consolidations. Electronically Signed By: Kim Fujinaga M.D. On: 09/12/2019 23:51

Medications:
Infusions:

• sodium chloride	10 mL/hr at 09/13/19 0800
• angiotensin II (GIAPREZA) infusion	5 ng/kg/min (09/13/19 1101)
• epinephrine	20 mcg/min (09/13/19 1147)
• famotidine (PEPCID) IV	20 mg (09/13/19 0940)
• heparin 10,000 units/ 20 mL infusion syringe	
• norepinephrine (LEVOPHED) Adult infusion	40 mcg/min (09/13/19 0800)
• piperacillin-tazobactam	3.375 g (09/13/19 0808)
• dialysis replacement fluid (prismasate)	
• dialysate (PRISMASATE)	
• sodium bicarbonate (isotonic) infusion in sterile water	250 mL/hr at 09/13/19 0853
• sodium bicarbonate (isotonic) 1000 mL infusion	
• sodium chloride	999 mL/hr at 09/13/19 0226
• [START ON 9/14/2019] vancomycin	
• vasopressin (PITRESSIN) infusion - *FOR SHOCK*	0.03 Units/min (09/13/19 0800)

Scheduled Medications:

• chlorhexidine gluconate (MEDLINE KIT)	15 mL	Mouth Rinse	BID
• Chlorhexidine Gluconate Cloth	6 each	Topical	Q0600
• hydrocortisone sodium succinate	50 mg	Intravenous	Q6H
• mouth rinse	15 mL	Mouth Rinse	10 times per day
• mupirocin ointment	1 application	Nasal	BID

have reviewed scheduled and prn medications.

Physical Exam:

General: Intubated, unresponsive

Heart: Regular rate rhythm S1-S2 normal

Lungs: Coarse breath sound bilateral

Abdomen: soft, Non-tender, non-distended

Extremities: No edema

Progress Notes (continued)**Progress Notes by Bhandari, Dron Prasad, MD at 9/13/2019 11:51 AM (continued)**

Version 2 of 3

Dialysis Access: Right femoral catheterDron Prasad Bhandari
9/13/2019, 11:51 AM
LOS: 1 day^[DB.1]

Electronically signed by Bhandari, Dron Prasad, MD at 9/13/2019 11:59 AM

Attribution Key

DB.1 - Bhandari, Dron Prasad, MD on 9/13/2019 11:51 AM

DB.2 - Bhandari, Dron Prasad, MD on 9/13/2019 11:59 AM

Progress Notes by Bhandari, Dron Prasad, MD at 9/13/2019 11:51 AM

Version 1 of 3

Author: Bhandari, Dron Prasad, MD Service: Nephrology Author Type: Physician
Filed: 9/13/2019 11:59 AM Date of Service: 9/13/2019 11:51 AM Status: Signed
Editor: Bhandari, Dron Prasad, MD (Physician)
Related Notes: Addendum by Bhandari, Dron Prasad, MD (Physician) filed at 9/13/2019 11:59 AM**CAROLINA KIDNEY ASSOCIATES**
NEPHROLOGY PROGRESS NOTE**Assessment/ Plan:****Pt is a 33 y.o. yo male who was found down and initially evaluated at Randolph Hospital, intubated for EMS and transferred to MCR ICU. Patient with hypoxic respiratory failure, rhabdomyolysis with CK 64 K, K >7.5 and severe acidotic. Started CRRT on 9/12.****Assessment/Plan:**

AKi due to rhabdomyolysis: Urine output recorded only 215 cc patient is severely acidotic and hypotensive. The dialysis catheter was clogged and patient became hypotensive during CRRT. TPA used for dialysis catheter to see if there is good blood flow. May need new catheter for dialysis. He is now on 3 pressors with marginal BP.

-continue CRRT with no UF if able to tolerate. D/w ICU team and patient's nurse

-creatinine 5.6 today. Monitor labs and urine output. Prognosis is poor.

Severe acidosis: changed post-filter fluid with sod bicarb. Lactic acid 6.9.

Hyperkalemia: K 4.2 today. Monitor labs.

DIC

Subjective: Seen and examined in ICU. Intubated, unresponsive, on pressors. Did not tolerated CRRT because of hypotension and the catheter clogged. TPA was applied.**Objective****Vital signs in last 24 hours:****Vitals:**

09/13/19 0800

09/13/19 0900

09/13/19 1000

09/13/19 1128

Progress Notes (continued)
Progress Notes by Bhandari, Dron Prasad, MD at 9/13/2019 11:51 AM (continued)

Version 1 of 3

BP:	(!) 105/50	(!) 90/57	(!) 95/52	
Pulse:	93	93	98	
Resp:	(!) 26	(!) 25	(!) 32	
Temp:	(!) 95.5 °F (35.3 °C)	(!) 96.1 °F (35.6 °C)	(!) 96.6 °F (35.9 °C)	
SpO2:	(!) 85%	(!) 84%	(!) 85%	(!) 85%
Weight:				
Height:				

Weight change:

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Last data filed at 9/13/2019 1000

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CREATININE	5.84*	--	--	5.64*
CALCIUM	6.2*	--	--	5.5*
PHOS	16.8*	--	18.7*	17.1*

Liver Function Tests:
Recent Labs

Progress Notes (continued)
Progress Notes by Bhandari, Dron Prasad, MD at 9/13/2019 11:51 AM (continued)

Version 1 of 3

Lab	09/12/19 2333	09/13/19 0915
AST	1,005*	--
ALT	264*	--
ALKPHOS	34*	--
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Recent Labs

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NEUTROABS	0.8*	--	--	--
HGB	15.0	14.9	--	13.1
HCT	47.5	47.1	--	41.6
MCV	99.4	98.1	--	98.1
PLT	115*	84*	58*	61*

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Recent Labs

Lab	09/12/19 2333	09/13/19 0357	09/13/19 0915
CKTOTAL	>50,000*	--	--
TROPONINI	0.05*	0.15*	0.45*

CBG:
Recent Labs

Lab	09/12/19 2328	09/13/19 0819
GLUCAP	178*	253*

Iron Studies: No results for input(s): IRON, TIBC, TRANSFERRIN, FERRITIN in the last 72 hours.

Studies/Results:

Dg Abd 1 View

Result Date: 9/13/2019

Progress Notes (continued)
Progress Notes by Bhandari, Dron Prasad, MD at 9/13/2019 11:51 AM (continued)

Version 1 of 3

CLINICAL DATA: Orogastric tube placement EXAM: ABDOMEN - 1 VIEW COMPARISON: Portable exam 0225 hours compared to CT abdomen and pelvis of 09/12/2019 FINDINGS: Orogastric tube coiled in proximal stomach. Air-filled mildly prominent loops of small bowel in the mid abdomen new since earlier CT. Osseous structures unremarkable. IMPRESSION: Tip of orogastric tube coiled in proximal stomach. Air-filled nonspecific mildly prominent loops of small bowel in the mid abdomen new since prior CT exam. Electronically Signed By: Mark Boles M.D. On: 09/13/2019 03:04

Dg Chest Port 1 View

Result Date: 9/12/2019

CLINICAL DATA: Intubated EXAM: PORTABLE CHEST 1 VIEW COMPARISON: 09/12/2019, 04/04/2019 FINDINGS: Endotracheal tube tip is about 6.1 cm superior to the carina. Extensive bilateral consolidations are again noted. Stable slightly enlarged cardiomeastinal silhouette. No pneumothorax. IMPRESSION: 1. Endotracheal tube tip about 6.1 cm superior to the carina 2. Continued extensive bilateral lung consolidations. Electronically Signed By: Kim Fujinaga M.D. On: 09/12/2019 23:51

Medications:
Infusions:

• sodium chloride	10 mL/hr at 09/13/19 0800
• angiotensin II (GIAPREZA) infusion	5 ng/kg/min (09/13/19 1101)
• epinephrine	20 mcg/min (09/13/19 1147)
• famotidine (PEPCID) IV	20 mg (09/13/19 0940)
• heparin 10,000 units/ 20 mL infusion syringe	
• norepinephrine (LEVOPHED) Adult infusion	40 mcg/min (09/13/19 0800)
• piperacillin-tazobactam	3.375 g (09/13/19 0808)
• dialysis replacement fluid (prismasate)	
• dialysate (PRISMASATE)	
• sodium bicarbonate (isotonic) infusion in sterile water	250 mL/hr at 09/13/19 0853
• sodium bicarbonate (isotonic) 1000 mL infusion	
• sodium chloride	999 mL/hr at 09/13/19 0226
• [START ON 9/14/2019] vancomycin	
• vasopressin (PITRESSIN) infusion - *FOR SHOCK*	0.03 Units/min (09/13/19 0800)

Scheduled Medications:

• chlorhexidine gluconate (MEDLINE KIT)	15 mL	Mouth Rinse	BID
• Chlorhexidine Gluconate Cloth	6 each	Topical	Q0600
• hydrocortisone	50 mg	Intravenous	Q6H

Progress Notes (continued)**Progress Notes by Bhandari, Dron Prasad, MD at 9/13/2019 11:51 AM (continued)**

Version 1 of 3

sodium succinate

- | | | | |
|----------------------|---------------|-------------|------------------|
| • mouth rinse | 15 mL | Mouth Rinse | 10 times per day |
| • mupirocin ointment | 1 application | Nasal | BID |

have reviewed scheduled and prn medications.

Physical Exam:**General:** Intubated, unresponsive**Heart:** Regular rate rhythm S1-S2 normal**Lungs:** Coarse breath sound bilateral**Abdomen:** soft, Non-tender, non-distended**Extremities:** No edema**Dialysis Access:** Right femoral catheter

Dron Prasad Bhandari

9/13/2019, 11:51 AM

LOS: 1 day^[DB.1]

Electronically signed by Bhandari, Dron Prasad, MD at 9/13/2019 11:59 AM

Attribution Key

DB.1 - Bhandari, Dron Prasad, MD on 9/13/2019 11:51 AM

Progress Notes by D'Adamo, Haleigh M, RN at 9/13/2019 2:16 PM

Version 1 of 1

Author: D'Adamo, Haleigh M, RN	Service: Nursing	Author Type: Registered Nurse
Filed: 9/13/2019 2:18 PM	Date of Service: 9/13/2019 2:16 PM	Status: Signed
Editor: D'Adamo, Haleigh M, RN (Registered Nurse)		

CRRT started and pressures quickly dropped to 70's systolic, MAP 40's. CRRT stopped, blood returned to patient. Pressures back in the 90's.

MD paged and aware.^[HD.1]

Electronically signed by D'Adamo, Haleigh M, RN at 9/13/2019 2:18 PM

Attribution Key

HD.1 - D'Adamo, Haleigh M, RN on 9/13/2019 2:16 PM

Progress Notes by Moran, Abel, Chaplain at 9/13/2019 1:51 PM

Version 1 of 1

Author: Moran, Abel, Chaplain	Service: —	Author Type: Chaplain
Filed: 9/13/2019 2:00 PM	Date of Service: 9/13/2019 1:51 PM	Status: Signed
Editor: Moran, Abel, Chaplain (Chaplain)		

Progress Notes (continued)
Progress Notes by Moran, Abel, Chaplain at 9/13/2019 1:51 PM (continued)

Version 1 of 1

09/13/19 1345	
Clinical Encounter Type	
Visited With	Patient and family together
Visit Type	Initial
Referral From	Nurse
Spiritual Encounters	
Spiritual Needs	Emotional;Prayer;Grief support
Stress Factors	
Family Stress Factors	Exhausted;Loss of control;Major life changes;Lack of knowledge

Responded to page. PT was unresponsive and mother and daughter were emotional and crying. Family noted that other family members were on their way to see PT. Offered ministry of presence while family was receiving news about PT from Doctor. After receiving news of PT, I gave words of encouragement, and prayer. Chaplain available as needed.^[AM.1]

Electronically signed by Moran, Abel, Chaplain at 9/13/2019 2:00 PM

Attribution Key

AM.1 - Moran, Abel, Chaplain on 9/13/2019 1:51 PM

Progress Notes by D'Adamo, Haleigh M, RN at 9/13/2019 11:58 AM

Version 1 of 1

 Author: D'Adamo, Haleigh M, RN Service: Nursing Author Type: Registered Nurse
 Filed: 9/13/2019 12:00 PM Date of Service: 9/13/2019 11:58 AM Status: Signed
 Editor: D'Adamo, Haleigh M, RN (Registered Nurse)

CRITICAL VALUE ALERT

Critical Value: Ca 5.5

Date & Time Notied: 9/13 1125

Provider Notified: CCM NP, Sarah Groce

 Orders Received/Actions taken: pending^[HD.1]

Electronically signed by D'Adamo, Haleigh M, RN at 9/13/2019 12:00 PM

Attribution Key

HD.1 - D'Adamo, Haleigh M, RN on 9/13/2019 11:58 AM

Progress Notes (continued)**Progress Notes by Murray, Chelsea E at 9/13/2019 11:11 AM**

Version 1 of 1

Author: Murray, Chelsea E Service: EEG Lab Author Type: Technologist
Filed: 9/13/2019 11:11 AM Date of Service: 9/13/2019 11:11 AM Status: Signed
Editor: Murray, Chelsea E (Technologist)

EEG complete - results pending.^[CM.1]

Electronically signed by Murray, Chelsea E at 9/13/2019 11:11 AM

Attribution Key

CM.1 - Murray, Chelsea E on 9/13/2019 11:11 AM

Progress Notes by Arora, Ashish, MD at 9/13/2019 9:39 AM

Version 1 of 1

Author: Arora, Ashish, MD Service: Neurology Author Type: Physician
Filed: 9/13/2019 9:40 AM Date of Service: 9/13/2019 9:39 AM Status: Signed
Editor: Arora, Ashish, MD (Physician)

Same-day follow-up note

Patient seen and examined

Not on any sedation

Intubated

Completely unresponsive to voice or noxious ablation

Left pupil 3 mm very slow reaction

Right pupil 2 mm, very slow reaction

No corneal reflexes

Breathing with the ventilator

No doll's or reflexes

No withdrawal to noxious stimulation on upper or lower extremities

Assessment

His exam findings are concerning for severe anoxic brain injury and possible brain death as with the exception of subtle pupillary response, there is no brainstem response demonstratable.

He is not on any sedation which might be marring the exam but he does have multiple metabolic derangements at this time.

Recommendations:

–She is too unstable to go for an MRI at this time. I would like to get that at some point if he is stabilized.

– Obtain an EEG which might also give us some information about brain activity

– Consider doing a perfusion study if a formal brain death evaluation cannot be performed due to the metabolic derangement.

–Agree with continuing off sedation to facilitate serial exams

Neurology will follow with you

--

Ashish Arora, MD

Triad Neurohospitalist

Pager: 336-349-1408

Progress Notes (continued)**Progress Notes by Arora, Ashish, MD at 9/13/2019 9:39 AM (continued)**

Version 1 of 1

If 7pm to 7am, please call on call as listed on AMION.^[AA.1]

Electronically signed by Arora, Ashish, MD at 9/13/2019 9:40 AM

Attribution Key

AA.1 - Arora, Ashish, MD on 9/13/2019 9:39 AM

Progress Notes by McQuaid, Douglas B, MD at 9/13/2019 8:12 AM

Version 1 of 1

Author: McQuaid, Douglas B, MD Service: Critical Care Author Type: Physician
Filed: 9/13/2019 9:21 AM Date of Service: 9/13/2019 8:12 AM Status: Signed
Editor: McQuaid, Douglas B, MD (Physician)

**LeBauer HealthCare**
Pulmonary/Critical Care
*Partnering for exceptional care.*Brandon Embry **MRN:030772656 DOB: 9/7/1986 DOA: 9/12/2019****PCP:** Patient, No Pcp Per

LOS: 1 day

Reason for Consult / Chief Complaint:Shock^[DM.1], unresponsiveness^[DM.2]**Consulting MD and date:**^[DM.1]Transfer from outside hospital^[DM.2]**HPI/Summary of hospital stay:**^[DM.1]33 y/o male with a history of erectile dysfunction, prior psychotic events and anabolic steroid use presented with acute encephalopathy, multi-organ failure and shock. He had diffuse bruising all over, concern for lung contusion on physical exam. He had ARDS on admission.^[DM.2]**Subjective:**^[DM.1]HD cath clotted off overnight^[DM.2]When CRRT was running last night shock would dramatically worsen^[DM.3]Remains in refractory shock^[DM.2]**Objective**Blood pressure 125/78, pulse 94, temperature (!) **95 °F (35 °C)**, resp. rate (!) **30**, height 5' 10" (1.778 m), weight (!) **139.4 kg**, SpO2 (!) **85 %**.

Vent Mode: PRVC

FiO2 (%): [100 %] 100 %

Set Rate: [30 bmp] 30 bmp

Progress Notes (continued)

Progress Notes by McQuaid, Douglas B, MD at 9/13/2019 8:12 AM (continued)

Version 1 of 1

Vt Set: [510 mL] 510 mL
PEEP: [12 cmH20-15 cmH20] 15 cmH20
Plateau Pressure: [23 cmH20-33 cmH20] 33 cmH20

Intake/Output Summary (Last 24 hours) at 9/13/2019 0812
Last data filed at 9/13/2019 0700

	Gross per 24 hour
Intake	3360.91 ml
Output	215 ml
Net	3145.91 ml

Filed Weights

	09/13/19 0000	09/13/19 0500
Weight:	134.1 kg	(!) 139.4 kg

Examination:^[DM.1]

General: In bed on vent
HENT: laceration over left eye, significant bruising around both eyes with edema, ETT in place
PULM: CTA B, vent supported breathing
CV: RRR, no mgr
GI: BS+, soft, nontender
MSK: no clear bony deformity
Derm: significant bruising over extensor surfaces of legs bilaterally (distal), some bruising left hand with ?pressure ulceration? In middle of left palm, multiple tatoos, no significant edema noted
Neuro: GCS 3 on my exam, no response to pain^[DM.2]

Consults: date of consult/date signed off & final recs:^[DM.1]

Neurology: exam is worrisome for anoxic injury, rec MRI, EEG, hold sedation
Nephrology: CRRT^[DM.2]

Procedures:^[DM.1]

9/12 ETT>
9/13 R fem HD cath >
9/12 L fem CVL>^[DM.2]

Significant Diagnostic Tests:^[DM.1]

CT head, Cspine, maxillofacial 9/12 > No acute intracranial abnormality. Scalp edema without fracture. No facial bone fracture. Small amount of fluid in the R mastoid air cells. No associated temporal bone fracture.
CT abdomen/pelvis 9/12 > diffuse confluent airspace disease in both lungs with wide differential. Otherwise no acute findings^[DM.2]

Micro Data:^[DM.1]

Progress Notes (continued)**Progress Notes by McQuaid, Douglas B, MD at 9/13/2019 8:12 AM (continued)**

Version 1 of 1

Blood cx 9/13 >
Tracheal asp 9/13 >
Urine 9/13 >^[DM.2]

Antimicrobials:^[DM.1]

Zosyn 9/13 >
Vanco 9/13 >^[DM.2]

Resolved Hospital Problem list**Assessment & Plan:**^[DM.1]

ARDS : ddx unclear > severe cap? Aspiration? DAH?
> worsening dead space 9/13 AM
> consider nimbox, will need to sedate which will interfere with neuro exam, will discuss with family this morning
> continue full vent support with ARDS protocol

AKI: due to rhabdo
> continue CRRT if pressure will tolerate
> TPA to HD cath now
> will likely not be able to resume CRRT later if pressure continues to decline

Severe metabolic acidosis
> continue bicarb drip

Acute encephalopathy
> MRI when able
> send stat ammonia given anabolic steroid use
> EEG

Acute liver injury: shock liver? Due to steroid use?
> send ammonia now, acute hepatitis panel now
> follow LFT

DIC:
> monitor for bleeding

Severe CAP/aspiration pneumonia?
> continue broad spectrum antibiotics
> send urine strep antigen, legionella

Acute pancytopenia
> likely due to sepsis?
> send urine strep, EBV, parvo B-19, HIV^[DM.3]

Disposition / Summary of Today's Plan 09/13/19^[DM.1]

Remain in ICU

Progress Notes (continued)
Progress Notes by McQuaid, Douglas B, MD at 9/13/2019 8:12 AM (continued)

Version 1 of 1

 Prognosis grim, will discuss with family today^[DM.3]

DVT prophylaxis:^[DM.1] scd, d/c heparin with DIC^[DM.3]
 GI prophylaxis:^[DM.1] famotidine^[DM.3]
 Diet:^[DM.1] npo^[DM.3]
 Mobility:^[DM.1] bed rest^[DM.3]
 Code Status:^[DM.1] full^[DM.3]
 Family Communication:^[DM.1] will update mother this morning^[DM.3]

Labs
CBC:
Recent Labs

Lab	09/12/19 2333	09/13/19 0357	09/13/19 0611
WBC	1.4*	1.0*	--
NEUTROABS	0.8*	--	--
HGB	15.0	14.9	--
HCT	47.5	47.1	--
MCV	99.4	98.1	--
PLT	115*	84*	58*

Basic Metabolic Panel:
Recent Labs

Lab	09/12/19 2333	09/13/19 0347	09/13/19 0357
NA	142	--	--
K	>7.5*	4.9	--
CL	110	--	--
CO2	14*	--	--
GLUCOSE	195*	--	--
BUN	61*	--	--
CREATININE	5.84*	--	--
CALCIUM	6.2*	--	--
MG	3.2*	--	2.9*
PHOS	16.8*	--	18.7*

GFR:

Estimated Creatinine Clearance: 25.3 mL/min (A) (by C-G formula based on SCr of 5.84 mg/dL (H)).

Recent Labs

Progress Notes (continued)
Progress Notes by McQuaid, Douglas B, MD at 9/13/2019 8:12 AM (continued)

Version 1 of 1

Lab	09/12/19 2333	09/13/19 0004	09/13/19 0308	09/13/19 0357	09/13/19 0611
WBC	1.4*	--	--	1.0*	--
LATICACIDVEN	--	4.8*	5.8*	--	6.9*

Liver Function Tests:
Recent Labs

Lab	09/12/19 2333
AST	1,005*
ALT	264*
ALKPHOS	34*
BILITOT	1.4*
PROT	5.0*
ALBUMIN	2.6*

No results for input(s): LIPASE, AMYLASE in the last 168 hours.

No results for input(s): AMMONIA in the last 168 hours.

ABG

Component	Value	Date/Time
PHART	7.099 (LL)	09/13/2019 0633
PCO2ART	71.7 (HH)	09/13/2019 0633
PO2ART	50.0 (L)	09/13/2019 0633
HCO3	22.9	09/13/2019 0633
TCO2	25	09/13/2019 0633
ACIDBASEDEF	8.0 (H)	09/13/2019 0633
O2SAT	76.0	09/13/2019 0633

Coagulation Profile:
Recent Labs

Lab	09/12/19 2333	09/13/19 0611
INR	1.79	2.15

Cardiac Enzymes:
Recent Labs

Lab	09/12/19 2333	09/13/19 0357
CKTOTAL	>50,000*	--
TROPONINI	0.05*	0.15*

HbA1C:

No results found for: HGBA1C

CBG:

Progress Notes (continued)
Progress Notes by McQuaid, Douglas B, MD at 9/13/2019 8:12 AM (continued)

Version 1 of 1

Recent Labs

Lab	09/12/19 2328
GLUCAP	178*

Review of Systems:
Past medical history

He, has no past medical history on file.

Surgical History^[DM.1]

 Cannot obtain due intubation/mechanical ventilation^[DM.3]
Social History
Social History
Socioeconomic History

- Marital status: Single
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Social Needs

- Financial resource strain: Not on file
- Food insecurity:
 - Worry: Not on file
 - Inability: Not on file
- Transportation needs:
 - Medical: Not on file
 - Non-medical: Not on file

Tobacco Use

- Smoking status: Not on file

Substance and Sexual Activity

- Alcohol use: Not on file
- Drug use: Not on file
- Sexual activity: Not on file

Lifestyle

- Physical activity:
 - Days per week: Not on file
 - Minutes per session: Not on file
- Stress: Not on file

Relationships

- Social connections:

Progress Notes (continued)**Progress Notes by McQuaid, Douglas B, MD at 9/13/2019 8:12 AM (continued)**

Version 1 of 1

Talks on phone: Not on file
Gets together: Not on file
Attends religious service: Not on file
Active member of club or organization: Not on file
Attends meetings of clubs or organizations: Not on file
Relationship status: Not on file
• Intimate partner violence:
Fear of current or ex partner: Not on file
Emotionally abused: Not on file
Physically abused: Not on file
Forced sexual activity: Not on file

Other Topics Concern

- Not on file

Social History Narrative

- Not on file

Family history

His family history is not on file.

Allergies

Allergies not on file

Home meds**Prior to Admission medications**

Not on File^[DM.1]

My cc time 35 minutes

Brent McQuaid, MD

LeBauer PCCM

Pager: 319-0987

Cell: (336)312-8069

After 3pm or if no response, call 319-0667^[DM.3]

Electronically signed by McQuaid, Douglas B, MD at 9/13/2019 9:21 AM

Attribution Key

DM.1 - McQuaid, Douglas B, MD on 9/13/2019 8:12 AM
DM.2 - McQuaid, Douglas B, MD on 9/13/2019 8:46 AM
DM.3 - McQuaid, Douglas B, MD on 9/13/2019 9:03 AM

Progress Notes (continued)**Progress Notes by McQuaid, Douglas B, MD at 9/13/2019 8:12 AM (continued)**

Version 1 of 1

Progress Notes by Dickens, Ashley N, RRT at 9/13/2019 8:57 AM

Version 1 of 1

Author: Dickens, Ashley N, RRT Service: Respiratory Therapy Author Type: Respiratory Therapist
Filed: 9/13/2019 8:58 AM Date of Service: 9/13/2019 8:57 AM Status: Signed
Editor: Dickens, Ashley N, RRT (Respiratory Therapist)

Critical ABG values RBV Dr. Douglas McQuaid, MD at 0855 on 9/13/2019 by Ashley Dickens, RRT^[AD.1]

Electronically signed by Dickens, Ashley N, RRT at 9/13/2019 8:58 AM

Attribution Key

AD.1 - Dickens, Ashley N, RRT on 9/13/2019 8:57 AM

Progress Notes by Dickens, Ashley N, RRT at 9/13/2019 8:46 AM

Version 1 of 1

Author: Dickens, Ashley N, RRT Service: Respiratory Therapy Author Type: Respiratory Therapist
Filed: 9/13/2019 8:46 AM Date of Service: 9/13/2019 8:46 AM Status: Signed
Editor: Dickens, Ashley N, RRT (Respiratory Therapist)

Critical ABG values RBV Haleigh D'Amo, RN by Ashley Dickens, RRT at 0840 on 9/13/2019^[AD.1]

Electronically signed by Dickens, Ashley N, RRT at 9/13/2019 8:46 AM

Attribution Key

AD.1 - Dickens, Ashley N, RRT on 9/13/2019 8:46 AM

Progress Notes by Limon Nunez, Blanca E, RRT at 9/13/2019 6:36 AM

Version 1 of 1

Author: Limon Nunez, Blanca E, RRT Service: — Author Type: Respiratory Therapist
Filed: 9/13/2019 6:38 AM Date of Service: 9/13/2019 6:36 AM Status: Signed
Editor: Limon Nunez, Blanca E, RRT (Respiratory Therapist)

Critical ABG results given to MMC -NP. NP wants ABG draws q1h.^[BL.1]

Electronically signed by Limon Nunez, Blanca E, RRT at 9/13/2019 6:38 AM

Attribution Key

BL.1 - Limon Nunez, Blanca E, RRT on 9/13/2019 6:36 AM

Progress Notes by Hoffman, Paul W, NP at 9/13/2019 6:19 AM

Version 1 of 1

Author: Hoffman, Paul W, NP Service: Critical Care Author Type: Nurse Practitioner
Filed: 9/13/2019 6:22 AM Date of Service: 9/13/2019 6:19 AM Status: Signed
Editor: Hoffman, Paul W, NP (Nurse Practitioner)

PCCM INTERVAL PROGRESS NOTE

Called for clotted HD line. IV team nurse came to see and was able to get it working again. Rather than tpa and wait 2 hours, tried to get CRRT going again. His BP immediately tanked to MAPs in the 30s. This

Progress Notes (continued)**Progress Notes by Hoffman, Paul W, NP at 9/13/2019 6:19 AM (continued)**

Version 1 of 1

improved with us giving him blood back. Notably CRRT line pressures very high during this brief trial. Plan will be to tpa the line, as we give him further fluid bolus then re-try. If it will not work we may need to replace line. Even so, he may simply be too unstable to tolerate CRRT.

Paul Hoffman, AGACNP-BC
LeBauer Pulmonology/Critical Care
Pager 336-913-0022 or (336) 319-0667

9/13/2019 6:19 AM^[PH.1]

Electronically signed by Hoffman, Paul W, NP at 9/13/2019 6:22 AM

Attribution Key

PH.1 - Hoffman, Paul W, NP on 9/13/2019 6:19 AM

Progress Notes by Limon Nunez, Blanca E, RRT at 9/13/2019 5:37 AM

Version 2 of 2

Author: Limon Nunez, Blanca E, RRT Service: — Author Type: Respiratory Therapist
Filed: 9/13/2019 5:47 AM Date of Service: 9/13/2019 5:37 AM Status: Addendum
Editor: Limon Nunez, Blanca E, RRT (Respiratory Therapist)
Related Notes: Original Note by Limon Nunez, Blanca E, RRT (Respiratory Therapist) filed at 9/13/2019 5:37 AM

ETT advanced 3cm per MD. ETT now at 26 at the lips.^[BL.1]

Electronically signed by Limon Nunez, Blanca E, RRT at 9/13/2019 5:47 AM

Attribution Key

BL.1 - Limon Nunez, Blanca E, RRT on 9/13/2019 5:37 AM

Progress Notes by Limon Nunez, Blanca E, RRT at 9/13/2019 5:37 AM

Version 1 of 2

Author: Limon Nunez, Blanca E, RRT Service: — Author Type: Respiratory Therapist
Filed: 9/13/2019 5:37 AM Date of Service: 9/13/2019 5:37 AM Status: Signed
Editor: Limon Nunez, Blanca E, RRT (Respiratory Therapist)
Related Notes: Addendum by Limon Nunez, Blanca E, RRT (Respiratory Therapist) filed at 9/13/2019 5:47 AM

Pt ETT advanced 3cm per MD. ETT now at 26 at the lips.^[BL.1]

Electronically signed by Limon Nunez, Blanca E, RRT at 9/13/2019 5:37 AM

Attribution Key

BL.1 - Limon Nunez, Blanca E, RRT on 9/13/2019 5:37 AM

Progress Notes (continued)**Progress Notes by Limon Nunez, Blanca E, RRT at 9/13/2019 5:37 AM (continued)**

Version 1 of 2

Progress Notes by Limon Nunez, Blanca E, RRT at 9/13/2019 5:15 AM

Version 1 of 1

Author: Limon Nunez, Blanca E, RRT Service: — Author Type: Respiratory Therapist
Filed: 9/13/2019 5:16 AM Date of Service: 9/13/2019 5:15 AM Status: Signed
Editor: Limon Nunez, Blanca E, RRT (Respiratory Therapist)

I-Stat ritical ABG results given to CCM.^[BL.1]

Electronically signed by Limon Nunez, Blanca E, RRT at 9/13/2019 5:16 AM

Attribution Key

BL.1 - Limon Nunez, Blanca E, RRT on 9/13/2019 5:15 AM

Progress Notes by Motley, Jennifer E, RN at 9/13/2019 4:38 AM

Version 1 of 1

Author: Motley, Jennifer E, RN Service: — Author Type: Registered Nurse
Filed: 9/13/2019 4:44 AM Date of Service: 9/13/2019 4:38 AM Status: Signed
Editor: Motley, Jennifer E, RN (Registered Nurse)

CRRT started at 3:07. Running fine until access clotted at 03:47, clot formed in return line. Order for IV team placed at 0402. Nephrology and CCM paged. Orders placed for heparin. IV team paged at 04:30, still waiting to here from them.^[JM.1]

Electronically signed by Motley, Jennifer E, RN at 9/13/2019 4:44 AM

Attribution Key

JM.1 - Motley, Jennifer E, RN on 9/13/2019 4:38 AM

Progress Notes by Abbott, Gregory V, RPH at 9/13/2019 1:54 AM

Version 1 of 1

Author: Abbott, Gregory V, RPH Service: Pharmacy Author Type: Pharmacist
Filed: 9/13/2019 2:01 AM Date of Service: 9/13/2019 1:54 AM Status: Signed
Editor: Abbott, Gregory V, RPH (Pharmacist)

Pharmacy Antibiotic Note

Brandon Embry is a 33 y.o. male admitted on 9/12/2019 with AMS/ARF/possible sepsis. Pharmacy has been consulted for Vancomycin and Zosyn dosing. To start on CRRT.

Plan:

Vancomycin 2 g IV now, then 1 g IV q24h
Zosyn 3.375 g IV q6h

Weight: 295 lb 10.2 oz (134.1 kg)

Temp (24hrs), Avg:92.7 °F (33.7 °C), Min:92.7 °F (33.7 °C), Max:92.7 °F (33.7 °C)

Progress Notes (continued)
Progress Notes by Abbott, Gregory V, RPH at 9/13/2019 1:54 AM (continued)

Version 1 of 1

Recent Labs

Lab	09/12/19 2333	09/13/19 0004
WBC	1.4*	--
CREATININE	5.84*	--
LATICACIDVEN	--	4.8*

CrCl cannot be calculated (Unknown ideal weight.).

Allergies not on file

 Abbott, Gregory Vernon
 9/13/2019 1:54 AM^[GA.1]

Electronically signed by Abbott, Gregory V, RPH at 9/13/2019 2:01 AM

Attribution Key

GA.1 - Abbott, Gregory V, RPH on 9/13/2019 1:54 AM

Progress Notes by Limon Nunez, Blanca E, RRT at 9/13/2019 1:51 AM

Version 1 of 1

 Author: Limon Nunez, Blanca E, RRT Service: — Author Type: Respiratory Therapist
 Filed: 9/13/2019 1:52 AM Date of Service: 9/13/2019 1:51 AM Status: Signed
 Editor: Limon Nunez, Blanca E, RRT (Respiratory Therapist)

 Attempted to get sputum culture not able to get enough. Will try continue to try^[BL.1]

Electronically signed by Limon Nunez, Blanca E, RRT at 9/13/2019 1:52 AM

Attribution Key

BL.1 - Limon Nunez, Blanca E, RRT on 9/13/2019 1:51 AM

Progress Notes by Yousef, Michael, RN at 9/13/2019 1:27 AM

Version 1 of 1

 Author: Yousef, Michael, RN Service: Nursing Author Type: Registered Nurse
 Filed: 9/13/2019 1:31 AM Date of Service: 9/13/2019 1:27 AM Status: Signed
 Editor: Yousef, Michael, RN (Registered Nurse)

 Took critical lab values for patient's RN, and reported them to CCM NP.^[MY.1]

Electronically signed by Yousef, Michael, RN at 9/13/2019 1:31 AM

Attribution Key

MY.1 - Yousef, Michael, RN on 9/13/2019 1:27 AM

Progress Notes by Limon Nunez, Blanca E, RRT at 9/13/2019 12:40 AM

Version 1 of 1

Progress Notes (continued)
Progress Notes by Limon Nunez, Blanca E, RRT at 9/13/2019 12:40 AM (continued)

Version 1 of 1

Author: Limon Nunez, Blanca E, RRT Service: — Author Type: Respiratory Therapist
 Filed: 9/13/2019 12:40 AM Date of Service: 9/13/2019 12:40 AM Status: Signed
 Editor: Limon Nunez, Blanca E, RRT (Respiratory Therapist)

ABG resulted. Abnormal results given to CCM MD.^[BL.1]

Electronically signed by Limon Nunez, Blanca E, RRT at 9/13/2019 12:40 AM

Attribution Key

BL.1 - Limon Nunez, Blanca E, RRT on 9/13/2019 12:40 AM

Progress Notes by Snider, Tim D, RRT at 9/12/2019 11:45 PM

Version 1 of 1

Author: Snider, Tim D, RRT Service: Respiratory Therapy Author Type: Respiratory Therapist
 Filed: 9/13/2019 12:09 AM Date of Service: 9/12/2019 11:45 PM Status: Signed
 Editor: Snider, Tim D, RRT (Respiratory Therapist)

I-stat arterial results given to CCM. Vent changes made.^[TS.1]

Electronically signed by Snider, Tim D, RRT at 9/13/2019 12:09 AM

Attribution Key

TS.1 - Snider, Tim D, RRT on 9/13/2019 12:08 AM

Patient Demographics

Address	Phone
780 BRADY STREET EXT RAMSEUR NC 27316	425-299-3993 (Home)

Admission Information

Arrival Date/Time:	Admit Date/Time:	09/12/2019 2309	IP Adm. Date/Time:	09/12/2019 2309
Admission Type: Urgent	Point of Origin:	4 - Outside Hospital	Admit Category:	
Means of Arrival: Hospital Transport	Primary Service:	Critical Care	Secondary Service:	N/A
Transfer Source:	Service Area:	CONE HEALTH SERVICE AREA	Unit:	Moses Cone 3 Midwest Medical ICU
Admit Provider: McQuaid, Douglas B, MD	Attending Provider:	McQuaid, Douglas B, MD	Referring Provider:	

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
09/13/2019 2058	20-expired	Morgue-moses Cone	None	Moses Cone 3 Midwest Medical ICU

All Results

All Results (continued)

Resulted: 09/18/19 0659, Result status: Final result

Culture, blood (Routine X 2) w Reflex to ID Panel [252317686]

Ordering provider: Hoffman, Paul W, NP 09/13/19 0112 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	BLOOD	09/13/19 0709

Components

Component	Value	Reference Range	Flag	Lab
Specimen Description	BLOOD A-LINE	—	—	CH CLIN LAB
Special Requests	BOTTLES DRAWN AEROBIC AND ANAEROBI C Blood Culture adequate volume	—	—	CH CLIN LAB
Culture	--	—	—	CH CLIN LAB
Result:	NO GROWTH 5 DAYS			
	Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401			
Report Status	09/18/2019	—	—	CH CLIN LAB
	FINAL			

Resulted: 09/18/19 0659, Result status: Final result

Culture, blood (Routine X 2) w Reflex to ID Panel [252317687]

Ordering provider: Hoffman, Paul W, NP 09/13/19 0112 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	BLOOD RIGHT HAND	09/13/19 0620

Components

Component	Value	Reference Range	Flag	Lab
Specimen Description	BLOOD RIGHT HAND	—	—	CH CLIN LAB
Special Requests	BOTTLES DRAWN AEROBIC AND ANAEROBI C Blood Culture adequate volume	—	—	CH CLIN LAB
Culture	--	—	—	CH CLIN LAB
Result:	NO GROWTH 5 DAYS			
	Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401			

All Results (continued)
Culture, blood (Routine X 2) w Reflex to ID Panel [252317687]
(continued)

Resulted: 09/18/19 0659, Result status: Final result

Report Status	09/18/2019	—	—	CH CLIN LAB
	FINAL			

Human parvovirus DNA detection by PCR [252341344]

Resulted: 09/17/19 2335, Result status: Final result

Ordering provider: McQuaid, Douglas B, MD 09/13/19 0857

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0915

Components

Component	Value	Reference Range	Flag	Lab
Parvovirus B19, PCR	Negative	Negative	—	CH CLIN LAB

 Comment:
 (NOTE)

No Parvovirus B19 DNA detected.

This test was developed and its performance characteristics determined by LabCorp Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or research.

 Performed At: BN LabCorp Burlington
 1447 York Court Burlington, NC 272153361
 Nagendra Sanjai MD Ph:8007624344

Resulted: 09/17/19 1200, Result status: Preliminary result

Culture, blood (Routine X 2) w Reflex to ID Panel [252317686]

Ordering provider: Hoffman, Paul W, NP 09/13/19 0112

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	BLOOD	09/13/19 0709

Components

Component	Value	Reference Range	Flag	Lab
Specimen Description	BLOOD A-LINE	—	—	CH CLIN LAB
Special Requests	BOTTLES DRAWN AEROBIC AND ANAEROBI	—	—	CH CLIN LAB
	C Blood Culture adequate volume			
Culture	--	—	—	CH CLIN LAB

All Results (continued)
Culture, blood (Routine X 2) w Reflex to ID Panel [252317686]
(continued)

 Resulted: 09/17/19 1200, Result status:
 Preliminary result

 Result:
 NO GROWTH 4 DAYS
 Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401
 Report Status PENDING — — CH CLIN LAB

 Resulted: 09/17/19 1200, Result status:
 Preliminary result

Culture, blood (Routine X 2) w Reflex to ID Panel [252317687]

Ordering provider: Hoffman, Paul W, NP 09/13/19 0112 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	BLOOD RIGHT HAND	09/13/19 0620

Components

Component	Value	Reference Range	Flag	Lab
Specimen Description	BLOOD RIGHT HAND	—	—	CH CLIN LAB
Special Requests	BOTTLES DRAWN AEROBIC AND ANAEROBI C Blood Culture adequate volume	—	—	CH CLIN LAB
Culture	--	—	—	CH CLIN LAB
Result:	NO GROWTH 4 DAYS			
Performed at	Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401			
Report Status	PENDING	—	—	CH CLIN LAB

 Resulted: 09/16/19 2235, Result status: Final
 result

Legionella pneumophila Total Ab [252341347]

Ordering provider: McQuaid, Douglas B, MD 09/13/19 0857 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0915

Components

Component	Value	Reference Range	Flag	Lab
Legionella Pneumo Total Ab	<0.91	0.00 - 0.90 OD ratio	—	CH CLIN LAB

 Comment:
 (NOTE)

 Negative <0.91
 Equivocal 0.91 - 1.09
 Positive >1.09

All Results (continued)

Resulted: 09/16/19 2235, Result status: Final result

Legionella pneumophila Total Ab [252341347] (continued)

This assay detects IgG/IgM/IgA antibodies to
 L. pneumophila Groups 1-6 by the EIA method.
 Performed At: BN LabCorp Burlington
 1447 York Court Burlington, NC 272153361
 Nagendra Sanjai MD Ph:8007624344

Resulted: 09/16/19 0726, Result status: Preliminary result

Culture, blood (Routine X 2) w Reflex to ID Panel [252317686]

Ordering provider: Hoffman, Paul W, NP 09/13/19 0112 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	BLOOD	09/13/19 0709

Components

Component	Value	Reference Range	Flag	Lab
Specimen Description	BLOOD A-LINE	—	—	CH CLIN LAB
Special Requests	BOTTLES DRAWN AEROBIC AND ANAEROBI C Blood Culture adequate volume	—	—	CH CLIN LAB
Culture	--	—	—	CH CLIN LAB
Result:	NO GROWTH 3 DAYS			
Performed at	Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401			
Report Status	PENDING	—	—	CH CLIN LAB

Resulted: 09/16/19 0726, Result status: Preliminary result

Culture, blood (Routine X 2) w Reflex to ID Panel [252317687]

Ordering provider: Hoffman, Paul W, NP 09/13/19 0112 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	BLOOD RIGHT HAND	09/13/19 0620

Components

Component	Value	Reference Range	Flag	Lab
Specimen Description	BLOOD RIGHT HAND	—	—	CH CLIN LAB
Special Requests	BOTTLES DRAWN AEROBIC AND	—	—	CH CLIN LAB

All Results (continued)
Culture, blood (Routine X 2) w Reflex to ID Panel [252317687]
(continued)

Resulted: 09/16/19 0726, Result status: Preliminary result

	ANAEROBI			
	C Blood			
	Culture			
	adequate			
	volume			
Culture	--	---	---	CH CLIN LAB
Result:				
	NO GROWTH 3 DAYS			
	Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401			
Report Status	PENDING	---	---	CH CLIN LAB

Resulted: 09/15/19 1735, Result status: Final result

Epstein barr vrs(ebv dna by pcr) [252341345]

 Ordering provider: McQuaid, Douglas B, MD 09/13/19
 0857

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	---	09/13/19 0915

Components

Component	Value	Reference Range	Flag	Lab
EBV DNA QN by PCR	Negative	Negative copies/mL	---	CH CLIN LAB

Comment:

(NOTE)

No EBV DNA detected.

The quantitative range of this assay is 100 to 1 million copies/mL.

This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.

Performed At: BN LabCorp Burlington

1447 York Court Burlington, NC 272153361

Nagendra Sanjai MD Ph:8007624344

log10 EBV DNA Qn PCR	UNABLE TO CALCULATE	log10 copy/mL	---	CH CLIN LAB
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Comment:

(NOTE)

Unable to calculate result since non-numeric result obtained for component test.

Resulted: 09/15/19 1548, Result status: Final result

Culture, respiratory (non-expectorated) [252317688]

Ordering provider: Hoffman, Paul W, NP 09/13/19 0112

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Respiratory	Tracheal Aspirate	09/13/19 1507

All Results (continued)

Resulted: 09/15/19 1548, Result status: Final result

Culture, respiratory (non-expectorated) [252317688] (continued)

Components

Component	Value	Reference Range	Flag	Lab
Specimen Description	TRACHEAL ASPIRATE	—	—	CH CLIN LAB
Special Requests	NONE	—	—	CH CLIN LAB
Gram Stain	--	—	—	CH CLIN LAB
Result:				
MODERATE WBC PRESENT,BOTH PMN AND MONONUCLEAR				
MODERATE GRAM POSITIVE COCCI IN CLUSTERS				
RARE GRAM POSITIVE RODS				
FEW GRAM POSITIVE COCCI IN PAIRS				
FEW GRAM NEGATIVE COCCOBACILLI				
NO SQUAMOUS EPITHELIAL CELLS PRESENT				
Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401				
Culture	MODERAT E STAPHYLO COCCUS AUREUS	—	—	CH CLIN LAB
Report Status	09/15/2019 FINAL	—	—	CH CLIN LAB
Organism ID, Bacteria	STAPHYLO COCCUS AUREUS	—	—	CH CLIN LAB

Sensitivities

Organism	Antibiotic	Sensitivity
Staphylococcus aureus MIC	CIPROFLOXACIN	<=0.5 SENSITIVE Sensitive
Staphylococcus aureus MIC	ERYTHROMYCIN	<=0.25 SENSITIVE Sensitive
Staphylococcus aureus MIC	GENTAMICIN	<=0.5 SENSITIVE Sensitive
Staphylococcus aureus MIC	OXACILLIN	0.5 SENSITIVE Sensitive
Staphylococcus aureus MIC	TETRACYCLINE	<=1 SENSITIVE Sensitive
Staphylococcus aureus MIC	VANCOMYCIN	<=0.5 SENSITIVE Sensitive
Staphylococcus aureus MIC	TRIMETH/SULFA	<=10 SENSITIVE Sensitive
Staphylococcus aureus MIC	CLINDAMYCIN	<=0.25 SENSITIVE Sensitive
Staphylococcus aureus MIC	RIFAMPIN	<=0.5 SENSITIVE Sensitive
Staphylococcus aureus MIC	Inducible Clindamycin	NEGATIVE Sensitive

All Results (continued)

Resulted: 09/15/19 1432, Result status:

Culture, blood (Routine X 2) w Reflex to ID Panel [252317686]

Preliminary result

Ordering provider: Hoffman, Paul W, NP 09/13/19 0112 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	BLOOD	09/13/19 0709

Components

Component	Value	Reference Range	Flag	Lab
Specimen Description	BLOOD A-LINE	—	—	CH CLIN LAB
Special Requests	BOTTLES DRAWN AEROBIC AND ANAEROBI	—	—	CH CLIN LAB
Culture	C Blood Culture adequate volume	—	—	CH CLIN LAB
Result:	NO GROWTH 2 DAYS			
Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401				
Report Status	PENDING	—	—	CH CLIN LAB

Resulted: 09/15/19 1432, Result status:

Culture, blood (Routine X 2) w Reflex to ID Panel [252317687]

Preliminary result

Ordering provider: Hoffman, Paul W, NP 09/13/19 0112 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	BLOOD RIGHT HAND	09/13/19 0620

Components

Component	Value	Reference Range	Flag	Lab
Specimen Description	BLOOD RIGHT HAND	—	—	CH CLIN LAB
Special Requests	BOTTLES DRAWN AEROBIC AND ANAEROBI	—	—	CH CLIN LAB
Culture	C Blood Culture adequate volume	—	—	CH CLIN LAB
Result:	NO GROWTH 2 DAYS			
Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401				
Report Status	PENDING	—	—	CH CLIN LAB

All Results (continued)
Culture, blood (Routine X 2) w Reflex to ID Panel [252317687]
(continued)

 Resulted: 09/15/19 1432, Result status:
 Preliminary result

Culture, respiratory (non-expectorated) [252317688]

 Resulted: 09/15/19 1031, Result status:
 Preliminary result

Ordering provider: Hoffman, Paul W, NP 09/13/19 0112 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Respiratory	Tracheal Aspirate	09/13/19 1507

Components

Component	Value	Reference Range	Flag	Lab
Specimen Description	TRACHEAL ASPIRATE	—	—	CH CLIN LAB
Special Requests	NONE	—	—	CH CLIN LAB
Gram Stain	--	—	—	CH CLIN LAB
Result: MODERATE WBC PRESENT,BOTH PMN AND MONONUCLEAR MODERATE GRAM POSITIVE COCCI IN CLUSTERS RARE GRAM POSITIVE RODS FEW GRAM POSITIVE COCCI IN PAIRS FEW GRAM NEGATIVE COCCOBACILLI NO SQUAMOUS EPITHELIAL CELLS PRESENT Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401				
Culture	MODERAT E STAPHYLO COCCUS AUREUS	—	—	CH CLIN LAB
Report Status	PENDING	—	—	CH CLIN LAB
Organism ID, Bacteria	STAPHYLO COCCUS AUREUS	—	—	CH CLIN LAB

Sensitivities

Organism	Antibiotic	Sensitivity
Staphylococcus aureus MIC	CIPROFLOXACIN	<=0.5 SENSITIVE Sensitive
Staphylococcus aureus MIC	ERYTHROMYCIN	<=0.25 SENSITIVE Sensitive
Staphylococcus aureus MIC	GENTAMICIN	<=0.5 SENSITIVE Sensitive
Staphylococcus aureus MIC	OXACILLIN	0.5 SENSITIVE Sensitive
Staphylococcus aureus MIC	TETRACYCLINE	<=1 SENSITIVE Sensitive
Staphylococcus aureus MIC	VANCOMYCIN	<=0.5 SENSITIVE Sensitive
Staphylococcus aureus MIC	TRIMETH/SULFA	<=10 SENSITIVE Sensitive
Staphylococcus aureus MIC	CLINDAMYCIN	<=0.25 SENSITIVE Sensitive

All Results (continued)

Resulted: 09/15/19 1031, Result status: Preliminary result

Culture, respiratory (non-expectorated) [252317688] (continued)

Staphylococcus aureus MIC	RIFAMPIN	<=0.5 SENSITIVE Sensitive
Staphylococcus aureus MIC	Inducible Clindamycin	NEGATIVE Sensitive

Resulted: 09/15/19 0135, Result status: Final result

Calcium, ionized [252341369] (Abnormal)

 Ordering provider: Groce, Sarah F, NP 09/13/19 1204 Resulting lab: CONE HEALTH CLINICAL LABORATORY
 Specimen Information

Type	Source	Collected On
Blood	Vein	09/13/19 1215

Components

Component	Value	Reference Range	Flag	Lab
Calcium, Ionized, Serum	<3.0	4.5 - 5.6 mg/dL	L	CH CLIN LAB

Comment:

(NOTE)

Results verified by repeat testing

 Performed At: BN LabCorp Burlington
 1447 York Court Burlington, NC 272153361
 Nagendra Sanjai MD Ph:8007624344

Resulted: 09/14/19 0939, Result status: Preliminary result

Culture, respiratory (non-expectorated) [252317688]

 Ordering provider: Hoffman, Paul W, NP 09/13/19 0112 Resulting lab: CONE HEALTH CLINICAL LABORATORY
 Specimen Information

Type	Source	Collected On
Respiratory	Tracheal Aspirate	09/13/19 1507

Components

Component	Value	Reference Range	Flag	Lab
Specimen Description	TRACHEAL ASPIRATE	—	—	CH CLIN LAB
Special Requests	NONE	—	—	CH CLIN LAB
Gram Stain	--	—	—	CH CLIN LAB

Result:

 MODERATE WBC PRESENT,BOTH PMN AND MONONUCLEAR
 MODERATE GRAM POSITIVE COCCI IN CLUSTERS
 RARE GRAM POSITIVE RODS
 FEW GRAM POSITIVE COCCI IN PAIRS
 FEW GRAM NEGATIVE COCCOBACILLI
 NO SQUAMOUS EPITHELIAL CELLS PRESENT

Culture -- — — CH CLIN LAB

Result:

 MODERATE STAPHYLOCOCCUS AUREUS
 SUSCEPTIBILITIES TO FOLLOW

Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Report Status PENDING — — CH CLIN LAB

All Results (continued)

 Resulted: 09/14/19 0939, Result status:
 Preliminary result

Culture, respiratory (non-expectorated) [252317688] (continued)

 Resulted: 09/14/19 0933, Result status:
 Preliminary result

Culture, blood (Routine X 2) w Reflex to ID Panel [252317686]

Ordering provider: Hoffman, Paul W, NP 09/13/19 0112 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	BLOOD	09/13/19 0709

Components

Component	Value	Reference Range	Flag	Lab
Specimen Description	BLOOD A-LINE	—	—	CH CLIN LAB
Special Requests	BOTTLES DRAWN AEROBIC AND ANAEROBI	—	—	CH CLIN LAB
Culture	C Blood Culture adequate volume	—	—	CH CLIN LAB
Result:	NO GROWTH 1 DAY			
Report Status	Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401 PENDING	—	—	CH CLIN LAB

 Resulted: 09/14/19 0933, Result status:
 Preliminary result

Culture, blood (Routine X 2) w Reflex to ID Panel [252317687]

Ordering provider: Hoffman, Paul W, NP 09/13/19 0112 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	BLOOD RIGHT HAND	09/13/19 0620

Components

Component	Value	Reference Range	Flag	Lab
Specimen Description	BLOOD RIGHT HAND	—	—	CH CLIN LAB
Special Requests	BOTTLES DRAWN AEROBIC AND ANAEROBI	—	—	CH CLIN LAB
Culture	C Blood Culture adequate volume	—	—	CH CLIN LAB

All Results (continued)**Culture, blood (Routine X 2) w Reflex to ID Panel [252317687]**
(continued)Resulted: 09/14/19 0933, Result status:
Preliminary result

Result:

NO GROWTH 1 DAY

Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Report Status

PENDING —

CH CLIN LAB

Resulted: 09/14/19 0737, Result status: Final
result**Hepatitis C antibody [252318044]**

Ordering provider: Scatliffe, Kristen D, MD 09/13/19 0120 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0347

Components

Component	Value	Reference Range	Flag	Lab
HCV Ab	<0.1	0.0 - 0.9 s/co ratio	—	CH CLIN LAB

Comment:
(NOTE)Negative: < 0.8
Indeterminate: 0.8 - 0.9
Positive: > 0.9

The CDC recommends that a positive HCV antibody result be followed up with a HCV Nucleic Acid Amplification test (550713).

Performed At: BN LabCorp Burlington
1447 York Court Burlington, NC 272153361
Nagendra Sanjai MD Ph:8007624344Resulted: 09/14/19 0737, Result status: Final
result**Hepatitis B surface antibody,qualitative [252318045]**

Ordering provider: Scatliffe, Kristen D, MD 09/13/19 0120 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0347

Components

Component	Value	Reference Range	Flag	Lab
Hep B S Ab	Reactive	—	—	CH CLIN LAB

Comment:
(NOTE)Non Reactive: Inconsistent with immunity,
less than 10 mIU/mL
Reactive: Consistent with immunity,
greater than 9.9 mIU/mLPerformed At: BN LabCorp Burlington
1447 York Court Burlington, NC 272153361
Nagendra Sanjai MD Ph:8007624344

All Results (continued)

Resulted: 09/14/19 0737, Result status: Final result

Hepatitis B surface antibody,qualitative [252318045] (continued)

Resulted: 09/14/19 0737, Result status: Final result

Hepatitis panel, acute [252341362]

Ordering provider: McQuaid, Douglas B, MD 09/13/19 0916

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0943

Components

Component	Value	Reference Range	Flag	Lab
Hepatitis B Surface Ag	Negative	Negative	—	CH CLIN LAB
HCV Ab	<0.1	0.0 - 0.9 s/co ratio	—	CH CLIN LAB

 Comment:
 (NOTE)

 Negative: < 0.8
 Indeterminate: 0.8 - 0.9
 Positive: > 0.9

The CDC recommends that a positive HCV antibody result be followed up with a HCV Nucleic Acid Amplification test (550713).

 Performed At: BN LabCorp Burlington
 1447 York Court Burlington, NC 272153361
 Nagendra Sanjai MD Ph:8007624344

Hep A IgM	Negative	Negative	—	CH CLIN LAB
Hep B C IgM	Negative	Negative	—	CH CLIN LAB

Resulted: 09/14/19 0637, Result status: Final result

HIV Antibody (routine testing w rflx) [252341361]

Ordering provider: McQuaid, Douglas B, MD 09/13/19 0916

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0943

Components

Component	Value	Reference Range	Flag	Lab
HIV Screen 4th Generation wRfx	Non Reactive	Non Reactive	—	CH CLIN LAB

 Comment:
 (NOTE)

 Performed At: BN LabCorp Burlington
 1447 York Court Burlington, NC 272153361
 Nagendra Sanjai MD Ph:8007624344

Resulted: 09/13/19 2015, Result status: Preliminary result

Culture, respiratory (non-expectorated) [252317688]

All Results (continued)

Resulted: 09/13/19 2015, Result status:

Culture, respiratory (non-expectorated) [252317688] (continued)

Preliminary result

Ordering provider: Hoffman, Paul W, NP 09/13/19 0112 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Respiratory	Tracheal Aspirate	09/13/19 1507

Components

Component	Value	Reference Range	Flag	Lab
Specimen Description	TRACHEAL ASPIRATE	—	—	CH CLIN LAB
Special Requests	NONE	—	—	CH CLIN LAB
Gram Stain	--	—	—	CH CLIN LAB
Result:	MODERATE WBC PRESENT,BOTH PMN AND MONONUCLEAR MODERATE GRAM POSITIVE COCCI IN CLUSTERS RARE GRAM POSITIVE RODS FEW GRAM POSITIVE COCCI IN PAIRS FEW GRAM NEGATIVE COCCOBACILLI NO SQUAMOUS EPITHELIAL CELLS PRESENT			
Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401				
Culture	PENDING	—	—	CH CLIN LAB
Report Status	PENDING	—	—	CH CLIN LAB

Resulted: 09/13/19 1946, Result status: Final

CBC with Differential/Platelet [252341363] (Abnormal)

result

Ordering provider: McQuaid, Douglas B, MD 09/13/19 0916 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 1742

Components

Component	Value	Reference Range	Flag	Lab
WBC	4.5	4.0 - 10.5 K/uL	—	CH CLIN LAB
RBC	4.30	4.22 - 5.81	—	CH CLIN LAB
Hemoglobin	13.3	13.0 - 17.0 g/dL	—	CH CLIN LAB
HCT	40.6	39.0 - 52.0 %	—	CH CLIN LAB
MCV	94.4	78.0 - 100.0 fL	—	CH CLIN LAB
MCH	30.9	26.0 - 34.0 pg	—	CH CLIN LAB
MCHC	32.8	30.0 - 36.0 g/dL	—	CH CLIN LAB
RDW	14.1	11.5 - 15.5 %	—	CH CLIN LAB
Platelets	53	150 - 400 K/uL	⚡	CH CLIN LAB
Comment:	REPEATED TO VERIFY CONSISTENT WITH PREVIOUS RESULT			
Neutrophils Relative %	74	%	—	CH CLIN LAB
Lymphocytes Relative	19	%	—	CH CLIN LAB
Monocytes Relative	7	%	—	CH CLIN LAB
Eosinophils Relative	0	%	—	CH CLIN LAB
Basophils Relative	0	%	—	CH CLIN LAB

All Results (continued)

Resulted: 09/13/19 1946, Result status: Final result

CBC with Differential/Platelet [252341363] (Abnormal) (continued)

Neutro Abs	3.3	1.7 - 7.7 K/uL	—	CH CLIN LAB
Lymphs Abs	0.9	0.7 - 4.0 K/uL	—	CH CLIN LAB
Monocytes Absolute	0.3	0.1 - 1.0 K/uL	—	CH CLIN LAB
Eosinophils Absolute	0.0	0.0 - 0.7 K/uL	—	CH CLIN LAB
Basophils Absolute	0.0	0.0 - 0.1 K/uL	—	CH CLIN LAB
RBC Morphology	BURR	—	—	CH CLIN LAB
	CELLS			
WBC Morphology	ATYPICAL	—	—	CH CLIN LAB
	LYMPHOC			
	YTES			

Comment:

MODERATE LEFT SHIFT (>5% METAS AND MYELOS, OCC PRO NOTED)

INCREASED BANDS (>20% BANDS)

Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Resulted: 09/13/19 1905, Result status: Preliminary result

CBC with Differential/Platelet [252341363] (Abnormal)

Ordering provider: McQuaid, Douglas B, MD 09/13/19 0916

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 1742

Components

Component	Value	Reference Range	Flag	Lab
WBC	4.5	4.0 - 10.5 K/uL	—	CH CLIN LAB
RBC	4.30	4.22 - 5.81 MIL/uL	—	CH CLIN LAB
Hemoglobin	13.3	13.0 - 17.0 g/dL	—	CH CLIN LAB
HCT	40.6	39.0 - 52.0 %	—	CH CLIN LAB
MCV	94.4	78.0 - 100.0 fL	—	CH CLIN LAB
MCH	30.9	26.0 - 34.0 pg	—	CH CLIN LAB
MCHC	32.8	30.0 - 36.0 g/dL	—	CH CLIN LAB
RDW	14.1	11.5 - 15.5 %	—	CH CLIN LAB
Platelets	53	150 - 400 K/uL	⚡	CH CLIN LAB

Comment:

REPEATED TO VERIFY

CONSISTENT WITH PREVIOUS RESULT

Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Neutrophils Relative %	PENDING	%	—	CH CLIN LAB
Neutro Abs	PENDING	1.7 - 7.7 K/uL	—	CH CLIN LAB
Band Neutrophils	PENDING	%	—	CH CLIN LAB
Lymphocytes Relative	PENDING	%	—	CH CLIN LAB
Lymphs Abs	PENDING	0.7 - 4.0 K/uL	—	CH CLIN LAB
Monocytes Relative	PENDING	%	—	CH CLIN LAB
Monocytes Absolute	PENDING	0.1 - 1.0 K/uL	—	CH CLIN LAB
Eosinophils Relative	PENDING	%	—	CH CLIN LAB
Eosinophils Absolute	PENDING	0.0 - 0.7 K/uL	—	CH CLIN LAB
Basophils Relative	PENDING	%	—	CH CLIN LAB

All Results (continued)

Resulted: 09/13/19 1905, Result status: Preliminary result

CBC with Differential/Platelet [252341363] (Abnormal) (continued)

Basophils Absolute	PENDING	0.0 - 0.1 K/uL	—	CH CLIN LAB
WBC Morphology	PENDING	—	—	CH CLIN LAB
RBC Morphology	PENDING	—	—	CH CLIN LAB
Smear Review	PENDING	—	—	CH CLIN LAB
nRBC	PENDING	0 /100 WBC	—	CH CLIN LAB
Metamyelocytes Relative	PENDING	%	—	CH CLIN LAB
Myelocytes	PENDING	%	—	CH CLIN LAB
Promyelocytes Relative	PENDING	%	—	CH CLIN LAB
Blasts	PENDING	%	—	CH CLIN LAB

Resulted: 09/13/19 1823, Result status: In process

CBC with Differential/Platelet [252341363]

Ordering provider: McQuaid, Douglas B, MD 09/13/19 0916 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 1742

Resulted: 09/13/19 1656, Result status: Final result

Renal function panel (daily at 1600) [252318036] (Abnormal)

Ordering provider: Kruska, Lindsay A, MD 09/13/19 0114 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 1600

Components

Component	Value	Reference Range	Flag	Lab
Sodium	145	135 - 145 mmol/L	—	CH CLIN LAB
Potassium	4.3	3.5 - 5.1 mmol/L	—	CH CLIN LAB
Chloride	99	98 - 111 mmol/L	—	CH CLIN LAB
CO2	26	22 - 32 mmol/L	—	CH CLIN LAB
Glucose, Bld	199	70 - 99 mg/dL	H	CH CLIN LAB
BUN	66	6 - 20 mg/dL	H	CH CLIN LAB
Creatinine, Ser	5.68	0.61 - 1.24 mg/dL	H	CH CLIN LAB
Calcium	4.6	8.9 - 10.3 mg/dL	LL	CH CLIN LAB

Comment:

 CRITICAL RESULT CALLED TO, READ BACK BY AND VERIFIED WITH:
 H DADAMO,RN 1643 9/13/19 D BRADLEY

Phosphorus	14.1	2.5 - 4.6 mg/dL	H	CH CLIN LAB
Comment:	RESULTS CONFIRMED BY MANUAL DILUTION			
Albumin	2.0	3.5 - 5.0 g/dL	L	CH CLIN LAB
GFR calc non Af Amer	12	>60 mL/min	L	CH CLIN LAB
GFR calc Af Amer	14	>60 mL/min	L	CH CLIN LAB

Comment:

(NOTE)

The eGFR has been calculated using the CKD EPI equation.

This calculation has not been validated in all clinical situations.

All Results (continued)
Renal function panel (daily at 1600) [252318036] (Abnormal)
(continued)

Resulted: 09/13/19 1656, Result status: Final result

eGFR's persistently <60 mL/min signify possible Chronic Kidney Disease.

Anion gap	20	5 - 15	H	CH CLIN LAB
Comment: Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401				

Resulted: 09/13/19 1643, Result status: Preliminary result

Renal function panel (daily at 1600) [252318036] (Abnormal)

Ordering provider: Kruska, Lindsay A, MD 09/13/19 0114 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 1600

Components

Component	Value	Reference Range	Flag	Lab
Sodium	145	135 - 145 mmol/L	—	CH CLIN LAB
Potassium	4.3	3.5 - 5.1 mmol/L	—	CH CLIN LAB
Chloride	99	98 - 111 mmol/L	—	CH CLIN LAB
CO2	26	22 - 32 mmol/L	—	CH CLIN LAB
Glucose, Bld	199	70 - 99 mg/dL	H	CH CLIN LAB
BUN	66	6 - 20 mg/dL	H	CH CLIN LAB
Creatinine, Ser	5.68	0.61 - 1.24 mg/dL	H	CH CLIN LAB
Calcium	4.6	8.9 - 10.3 mg/dL	LL	CH CLIN LAB
Phosphorus	PENDING	2.5 - 4.6 mg/dL	—	CH CLIN LAB
Albumin	2.0	3.5 - 5.0 g/dL	L	CH CLIN LAB
GFR calc non Af Amer	12	>60 mL/min	L	CH CLIN LAB
GFR calc Af Amer	14	>60 mL/min	L	CH CLIN LAB

 Comment:
 CRITICAL RESULT CALLED TO, READ BACK BY AND VERIFIED WITH:
 H DADAMO,RN 1643 9/13/19 D BRADLEY

 Comment:
 (NOTE)
 The eGFR has been calculated using the CKD EPI equation.
 This calculation has not been validated in all clinical situations.
 eGFR's persistently <60 mL/min signify possible Chronic Kidney Disease.

Anion gap	20	5 - 15	H	CH CLIN LAB
Comment: Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401				

Resulted: 09/13/19 1621, Result status: In process

Renal function panel (daily at 1600) [252318036]

Ordering provider: Kruska, Lindsay A, MD 09/13/19 0114 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 1600

All Results (continued)

Resulted: 09/13/19 1619, Result status: Final result

Glucose, capillary [252341389] (Abnormal)

Ordering provider: McQuaid, Douglas B, MD 09/13/19 1619 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
—	—	09/13/19 1619

Components

Component	Value	Reference Range	Flag	Lab
Glucose-Capillary	187	70 - 99 mg/dL	H	CH CLIN LAB

Resulted: 09/13/19 1619, Result status: In process

Glucose, capillary [252341389]

Ordering provider: McQuaid, Douglas B, MD 09/13/19 1619 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
—	—	09/13/19 1619

Resulted: 09/13/19 1550, Result status: In process

Culture, respiratory (non-expectorated) [252317688]

Ordering provider: Hoffman, Paul W, NP 09/13/19 0112 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Respiratory	Tracheal Aspirate	09/13/19 1507

Resulted: 09/13/19 1536, Result status: In process

Culture, respiratory (non-expectorated) [252317688]

Ordering provider: Hoffman, Paul W, NP 09/13/19 0112 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Respiratory	Tracheal Aspirate	09/13/19 1507

Resulted: 09/13/19 1445, Result status: Final result

I-STAT, chem 8 [252341375] (Abnormal)

Ordering provider: McQuaid, Douglas B, MD 09/13/19 1442 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
—	—	09/13/19 1442

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	135 - 145 mmol/L	—	CH CLIN LAB
Potassium	4.1	3.5 - 5.1 mmol/L	—	CH CLIN LAB
Chloride	94	98 - 111 mmol/L	L	CH CLIN LAB
BUN	63	6 - 20 mg/dL	H	CH CLIN LAB
Creatinine, Ser	4.90	0.61 - 1.24	H	CH CLIN LAB

All Results (continued)

Resulted: 09/13/19 1445, Result status: Final result

I-STAT, chem 8 [252341375] (Abnormal) (continued)

		mg/dL		
Glucose, Bld	254	70 - 99 mg/dL	H	CH CLIN LAB
Calcium, Ion	0.64	1.15 - 1.40	LL	CH CLIN LAB
		mmol/L		
TCO2	28	22 - 32 mmol/L	—	CH CLIN LAB
Hemoglobin	11.9	13.0 - 17.0 g/dL	⬇	CH CLIN LAB
HCT	35.0	39.0 - 52.0 %	⬇	CH CLIN LAB
Comment	MD NOTIFIED, REPEAT TEST	—	—	CH CLIN LAB

Resulted: 09/13/19 1445, Result status: In process

I-STAT, chem 8 [252341375]

Ordering provider: McQuaid, Douglas B, MD 09/13/19 1442 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
—	—	09/13/19 1442

Resulted: 09/13/19 1437, Result status: Final result

HIV antibody (Routine Testing) [252317670]

Ordering provider: Hoffman, Paul W, NP 09/13/19 0106 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0347

Components

Component	Value	Reference Range	Flag	Lab
HIV Screen 4th Generation wRfx	Non Reactive	Non Reactive	—	CH CLIN LAB

 Comment:
 (NOTE)
 Performed At: BN LabCorp Burlington
 1447 York Court Burlington, NC 272153361
 Nagendra Sanjai MD Ph:8007624344

Resulted: 09/13/19 1235, Result status: Final result

Glucose, capillary [252341371] (Abnormal)

Ordering provider: McQuaid, Douglas B, MD 09/13/19 1231 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
—	—	09/13/19 1231

Components

Component	Value	Reference Range	Flag	Lab
Glucose-Capillary	290	70 - 99 mg/dL	H	CH CLIN LAB

All Results (continued)

Resulted: 09/13/19 1235, Result status: Final result

Glucose, capillary [252341371] (Abnormal) (continued)

Resulted: 09/13/19 1232, Result status: In process

Glucose, capillary [252341371]

Ordering provider: McQuaid, Douglas B, MD 09/13/19 1231 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
—	—	09/13/19 1231

Resulted: 09/13/19 1231, Result status: In process

Calcium, ionized [252341369]

Ordering provider: Groce, Sarah F, NP 09/13/19 1204 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	Vein	09/13/19 1215

Resulted: 09/13/19 1155, Result status: Final result

Pathologist smear review [252323703]

Ordering provider: Hoffman, Paul W, NP 09/12/19 2333 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
—	—	09/12/19 2333

Components

Component	Value	Reference Range	Flag	Lab
Path Review	Leukopenia with left shift and hypogranularity.	—	—	CH CLIN LAB

Comment:

Giant platelets.

Reviewed by Dawn L. Butler, M.D.

09/13/2019.

Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Resulted: 09/13/19 1135, Result status: Final result

Renal function panel [252341351] (Abnormal)

Ordering provider: Bhandari, Dron Prasad, MD 09/13/19 0908 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0915

Components

Component	Value	Reference Range	Flag	Lab
Sodium	144	135 - 145	—	CH CLIN LAB

All Results (continued)

Resulted: 09/13/19 1135, Result status: Final result

Renal function panel [252341351] (Abnormal) (continued)

Test	Value	Reference Range	Flag	Lab
Potassium	4.2	3.5 - 5.1 mmol/L	—	CH CLIN LAB
Chloride	100	98 - 111 mmol/L	—	CH CLIN LAB
CO2	21	22 - 32 mmol/L	⬇	CH CLIN LAB
Glucose, Bld	336	70 - 99 mg/dL	H	CH CLIN LAB
BUN	61	6 - 20 mg/dL	H	CH CLIN LAB
Creatinine, Ser	5.64	0.61 - 1.24 mg/dL	H	CH CLIN LAB
Calcium	5.5	8.9 - 10.3 mg/dL	LL	CH CLIN LAB
Comment: CRITICAL RESULT CALLED TO, READ BACK BY AND VERIFIED WITH: DADAMO,H RN @ 1125 9/13/19 LEONARD,A				
Phosphorus	17.1	2.5 - 4.6 mg/dL	H	CH CLIN LAB
Comment: RESULTS CONFIRMED BY MANUAL DILUTION				
Albumin	2.1	3.5 - 5.0 g/dL	⬇	CH CLIN LAB
GFR calc non Af Amer	12	>60 mL/min	⬇	CH CLIN LAB
GFR calc Af Amer	14	>60 mL/min	⬇	CH CLIN LAB
Comment: (NOTE) The eGFR has been calculated using the CKD EPI equation. This calculation has not been validated in all clinical situations. eGFR's persistently <60 mL/min signify possible Chronic Kidney Disease.				
Anion gap	23	5 - 15	H	CH CLIN LAB
Comment: Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401				

Resulted: 09/13/19 1126, Result status: Final result

Troponin I [252341367] (Abnormal)

Ordering provider: Bhandari, Dron Prasad, MD 09/13/19 Resulting lab: CONE HEALTH CLINICAL LABORATORY 0915

Specimen Information

Type	Source	Collected On
—	—	09/13/19 0915

Components

Component	Value	Reference Range	Flag	Lab
Troponin I	0.45	<0.03 ng/mL	HH	CH CLIN LAB

 Comment:
 CRITICAL VALUE NOTED. VALUE IS CONSISTENT WITH PREVIOUSLY REPORTED AND CALLED VALUE.
 Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Resulted: 09/13/19 1126, Result status: Preliminary result

Renal function panel [252341351] (Abnormal)

Ordering provider: Bhandari, Dron Prasad, MD 09/13/19 Resulting lab: CONE HEALTH CLINICAL LABORATORY 0908

Specimen Information

Type	Source	Collected On
—	—	—

All Results (continued)

Resulted: 09/13/19 1126, Result status: Preliminary result

Renal function panel [252341351] (Abnormal) (continued)

Blood — 09/13/19 0915

Components

Component	Value	Reference Range	Flag	Lab
Sodium	144	135 - 145 mmol/L	—	CH CLIN LAB
Potassium	4.2	3.5 - 5.1 mmol/L	—	CH CLIN LAB
Chloride	100	98 - 111 mmol/L	—	CH CLIN LAB
CO2	21	22 - 32 mmol/L	⬇	CH CLIN LAB
Glucose, Bld	336	70 - 99 mg/dL	H	CH CLIN LAB
BUN	61	6 - 20 mg/dL	H	CH CLIN LAB
Creatinine, Ser	5.64	0.61 - 1.24 mg/dL	H	CH CLIN LAB
Calcium	5.5	8.9 - 10.3 mg/dL	LL	CH CLIN LAB
Phosphorus	PENDING	2.5 - 4.6 mg/dL	—	CH CLIN LAB
Albumin	2.1	3.5 - 5.0 g/dL	⬇	CH CLIN LAB
GFR calc non Af Amer	12	>60 mL/min	⬇	CH CLIN LAB
GFR calc Af Amer	14	>60 mL/min	⬇	CH CLIN LAB

Comment:

 CRITICAL RESULT CALLED TO, READ BACK BY AND VERIFIED WITH:
 DADAMO,H RN @ 1125 9/13/19 LEONARD,A

Comment:

(NOTE)

 The eGFR has been calculated using the CKD EPI equation.
 This calculation has not been validated in all clinical situations.
 eGFR's persistently <60 mL/min signify possible Chronic Kidney Disease.

Anion gap 23 5 - 15 H CH CLIN LAB

Comment: Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Resulted: 09/13/19 1122, Result status: Final result

CBC [252341350] (Abnormal)

Ordering provider: Bhandari, Dron Prasad, MD 09/13/19 0908 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0915

Components

Component	Value	Reference Range	Flag	Lab
WBC	1.6	4.0 - 10.5 K/uL	⬇	CH CLIN LAB
RBC	4.24	4.22 - 5.81 MIL/uL	—	CH CLIN LAB
Hemoglobin	13.1	13.0 - 17.0 g/dL	—	CH CLIN LAB
HCT	41.6	39.0 - 52.0 %	—	CH CLIN LAB
MCV	98.1	78.0 - 100.0 fL	—	CH CLIN LAB
MCH	30.9	26.0 - 34.0 pg	—	CH CLIN LAB
MCHC	31.5	30.0 - 36.0 g/dL	—	CH CLIN LAB

All Results (continued)

 Resulted: 09/13/19 1122, Result status: Final
 result

CBC [252341350] (Abnormal) (continued)

RDW	13.7	11.5 - 15.5 %	—	CH CLIN LAB
Platelets	61	150 - 400 K/uL	⬇	CH CLIN LAB

Comment:
 REPEATED TO VERIFY
 CONSISTENT WITH PREVIOUS RESULT
 Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

 Resulted: 09/13/19 1119, Result status: Final
 result

Strep pneumoniae urinary antigen [252341346]

 Ordering provider: McQuaid, Douglas B, MD 09/13/19 0857
 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Urine	Urine, Catheterized	09/13/19 0909

Components

Component	Value	Reference Range	Flag	Lab
Strep Pneumo Urinary Antigen	NEGATIVE	NEGATIVE	—	CH CLIN LAB

Comment:
 Infection due to S. pneumoniae cannot be absolutely ruled out since the antigen present may be below the detection limit of the test.
 Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

 Resulted: 09/13/19 1018, Result status: In
 process

Strep pneumoniae urinary antigen [252341346]

 Ordering provider: McQuaid, Douglas B, MD 09/13/19 0857
 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Urine	Urine, Catheterized	09/13/19 0909

 Resulted: 09/13/19 1017, Result status: In
 process

HIV Antibody (routine testing w rflx) [252341361]

 Ordering provider: McQuaid, Douglas B, MD 09/13/19 0916
 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0943

 Resulted: 09/13/19 1017, Result status: In
 process

Hepatitis panel, acute [252341362]

 Ordering provider: McQuaid, Douglas B, MD 09/13/19 0916
 Resulting lab: CONE HEALTH CLINICAL LABORATORY

All Results (continued)

Resulted: 09/13/19 1017, Result status: In process

Hepatitis panel, acute [252341362] (continued)

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0943

Resulted: 09/13/19 1012, Result status: In process

Troponin I [252341367]

Ordering provider: Bhandari, Dron Prasad, MD 09/13/19 0915 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
—	—	09/13/19 0915

Resulted: 09/13/19 1012, Result status: In process

Renal function panel [252341351]

Ordering provider: Bhandari, Dron Prasad, MD 09/13/19 0908 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0915

Resulted: 09/13/19 1009, Result status: In process

Troponin I [252311711]

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0915

Resulted: 09/13/19 1009, Result status: In process

Basic metabolic panel [252323701]

Ordering provider: Kruska, Lindsay A, MD 09/13/19 0700 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0915

Resulted: 09/13/19 1009, Result status: In process

Human parvovirus DNA detection by PCR [252341344]

Ordering provider: McQuaid, Douglas B, MD 09/13/19 0857 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0915

Resulted: 09/13/19 1009, Result status: In process

Epstein barr vrs(ebv dna by pcr) [252341345]

Ordering provider: McQuaid, Douglas B, MD 09/13/19 0857 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0915

All Results (continued)

Resulted: 09/13/19 1009, Result status: In process

Epstein barr vrs(ebv dna by pcr) [252341345] (continued)

Resulted: 09/13/19 1009, Result status: In process

Legionella pneumophila Total Ab [252341347]

Ordering provider: McQuaid, Douglas B, MD 09/13/19 0857 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0915

Resulted: 09/13/19 1009, Result status: In process

CBC [252341350]

Ordering provider: Bhandari, Dron Prasad, MD 09/13/19 0908 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0915

Resulted: 09/13/19 0924, Result status: Final result

Ammonia [252323705] (Abnormal)

Ordering provider: McQuaid, Douglas B, MD 09/13/19 0812 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	Artery	09/13/19 0819

Components

Component	Value	Reference Range	Flag	Lab
Ammonia	67	9 - 35 umol/L	H	CH CLIN LAB

Comment: Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Resulted: 09/13/19 0900, Result status: Final result

Blood gas, arterial [252323707] (Abnormal)

Ordering provider: Hoffman, Paul W, NP 09/13/19 0814 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood, Arterial	Artery	09/13/19 0835

Components

Component	Value	Reference Range	Flag	Lab
FIO2	100.00	—	—	CH CLIN LAB
Delivery systems	VENTILAT	—	—	CH CLIN LAB
Mode	OR	—	—	CH CLIN LAB
	PRESSUR	—	—	CH CLIN LAB
	E	—	—	CH CLIN LAB
	REGULATE	—	—	CH CLIN LAB
	D VOLUME	—	—	CH CLIN LAB
	CONTROL	—	—	CH CLIN LAB
VT	510.0	mL	—	CH CLIN LAB

All Results (continued)

Resulted: 09/13/19 0900, Result status: Final result

Blood gas, arterial [252323707] (Abnormal) (continued)

LHR	30.0	resp/min	—	CH CLIN LAB
Peep/cpap	15.0	cm H2O	—	CH CLIN LAB
pH, Arterial	7.016	7.350 - 7.450	LL	CH CLIN LAB
Comment: CRITICAL RESULT CALLED TO, READ BACK BY AND VERIFIED WITH: HALEY DIADAMO,RN AT 0840, BY ASHLEY DICKEN,RRT AT 0840 AT 9/13/2019				
pCO2 arterial	94.2	32.0 - 48.0 mmHg	HH	CH CLIN LAB
Comment: CRITICAL RESULT CALLED TO, READ BACK BY AND VERIFIED WITH: HALEY DIADAMO,RN AT 0840, BY ASHLEY DICKEN,RRT AT 0840 AT 9/13/2019				
pO2, Arterial	55.0	83.0 - 108.0 mmHg	L	CH CLIN LAB
Bicarbonate	22.9	20.0 - 28.0 mmol/L	—	CH CLIN LAB
Acid-base deficit	6.9	0.0 - 2.0 mmol/L	H	CH CLIN LAB
O2 Saturation	77.6	%	—	CH CLIN LAB
Patient temperature	98.6	—	—	CH CLIN LAB
Collection site	A-LINE	—	—	CH CLIN LAB
Drawn by	23703	—	—	CH CLIN LAB
Sample type	ARTERIAL DRAW	—	—	CH CLIN LAB
Allens test (pass/fail)	PASS	PASS	—	CH CLIN LAB

Resulted: 09/13/19 0858, Result status: In process

Ammonia [252323705]

Ordering provider: McQuaid, Douglas B, MD 09/13/19 0812 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	Artery	09/13/19 0819

Resulted: 09/13/19 0840, Result status: In process

Blood gas, arterial [252323707]

Ordering provider: Hoffman, Paul W, NP 09/13/19 0814 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood, Arterial	Artery	09/13/19 0835

Resulted: 09/13/19 0839, Result status: Final result

DIC (disseminated intravasc coag) panel [252323684] (Abnormal)

Ordering provider: Hoffman, Paul W, NP 09/13/19 0535 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0611

Components

Component	Value	Reference Range	Flag	Lab
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All Results (continued)
DIC (disseminated intravasc coag) panel [252323684] (Abnormal)
(continued)

Resulted: 09/13/19 0839, Result status: Final result

Prothrombin Time	23.8	11.4 - 15.2 seconds	H	CH CLIN LAB
INR	2.15	—	—	CH CLIN LAB
aPTT	37	24 - 36 seconds	H	CH CLIN LAB

Comment:

 IF BASELINE aPTT IS ELEVATED,
 SUGGEST PATIENT RISK ASSESSMENT
 BE USED TO DETERMINE APPROPRIATE
 ANTICOAGULANT THERAPY.

Fibrinogen	521	210 - 475 mg/dL	H	CH CLIN LAB
D-Dimer, Quant	5.41	0.00 - 0.50 ug/mL-FEU	H	CH CLIN LAB

Comment:

(NOTE)

At the manufacturer cut-off of 0.50 ug/mL FEU, this assay has been documented to exclude PE with a sensitivity and negative predictive value of 97 to 99%. At this time, this assay has not been approved by the FDA to exclude DVT/VTE.

Results should be correlated with clinical presentation.

Platelets	58	150 - 400 K/uL	L	CH CLIN LAB
Comment: REPEATED TO VERIFY CONSISTENT WITH PREVIOUS RESULT				

Smear Review	NO SCHISTOCYTES SEEN	—	—	CH CLIN LAB
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Comment: Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Resulted: 09/13/19 0821, Result status: Final result

Glucose, capillary [252323709] (Abnormal)

Ordering provider: McQuaid, Douglas B, MD 09/13/19 0819

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
—	—	09/13/19 0819

Components

Component	Value	Reference Range	Flag	Lab
Glucose-Capillary	253	70 - 99 mg/dL	H	CH CLIN LAB

Resulted: 09/13/19 0821, Result status: In process

Glucose, capillary [252323709]

Ordering provider: McQuaid, Douglas B, MD 09/13/19 0819

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
—	—	—

All Results (continued)

Resulted: 09/13/19 0821, Result status: In process

Glucose, capillary [252323709] (continued)

09/13/19 0819

Resulted: 09/13/19 0800, Result status: Preliminary result

DIC (disseminated intravasc coag) panel [252323684] (Abnormal)

Ordering provider: Hoffman, Paul W, NP 09/13/19 0535

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0611

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time	23.8	11.4 - 15.2 seconds	H	CH CLIN LAB
INR	2.15	—	—	CH CLIN LAB
aPTT	37	24 - 36 seconds	H	CH CLIN LAB

Comment:

IF BASELINE aPTT IS ELEVATED,
 SUGGEST PATIENT RISK ASSESSMENT
 BE USED TO DETERMINE APPROPRIATE
 ANTICOAGULANT THERAPY.

Fibrinogen	521	210 - 475 mg/dL	H	CH CLIN LAB
D-Dimer, Quant	5.41	0.00 - 0.50 ug/mL-FEU	H	CH CLIN LAB

Comment:

(NOTE)

At the manufacturer cut-off of 0.50 ug/mL FEU, this assay has been documented to exclude PE with a sensitivity and negative predictive value of 97 to 99%. At this time, this assay has not been approved by the FDA to exclude DVT/VTE.

Results should be correlated with clinical presentation.

Platelets	58	150 - 400 K/uL	L	CH CLIN LAB
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Comment:

REPEATED TO VERIFY

CONSISTENT WITH PREVIOUS RESULT

Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Smear Review	PENDING	—	—	CH CLIN LAB
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Resulted: 09/13/19 0741, Result status: In process

Pathologist smear review [252323703]

Ordering provider: Hoffman, Paul W, NP 09/12/19 2333

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
—	—	09/12/19 2333

Resulted: 09/13/19 0734, Result status: Preliminary result

DIC (disseminated intravasc coag) panel [252323684] (Abnormal)

All Results (continued)
DIC (disseminated intravasc coag) panel [252323684] (Abnormal)
(continued)

 Resulted: 09/13/19 0734, Result status:
 Preliminary result

Ordering provider: Hoffman, Paul W, NP 09/13/19 0535 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0611

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time	23.8	11.4 - 15.2 seconds	H	CH CLIN LAB
INR	2.15	—	—	CH CLIN LAB
aPTT	37	24 - 36 seconds	H	CH CLIN LAB

Comment:

IF BASELINE aPTT IS ELEVATED,
 SUGGEST PATIENT RISK ASSESSMENT
 BE USED TO DETERMINE APPROPRIATE
 ANTICOAGULANT THERAPY.

Fibrinogen	521	210 - 475 mg/dL	H	CH CLIN LAB
D-Dimer, Quant	5.41	0.00 - 0.50 ug/mL-FEU	H	CH CLIN LAB

Comment:

(NOTE)

At the manufacturer cut-off of 0.50 ug/mL FEU, this assay has been documented to exclude PE with a sensitivity and negative predictive value of 97 to 99%. At this time, this assay has not been approved by the FDA to exclude DVT/VTE.

Results should be correlated with clinical presentation.

Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Platelets	PENDING	150 - 400 K/uL	—	CH CLIN LAB
Smear Review	PENDING	—	—	CH CLIN LAB

 Resulted: 09/13/19 0733, Result status:
 Preliminary result

DIC (disseminated intravasc coag) panel [252323684] (Abnormal)

Ordering provider: Hoffman, Paul W, NP 09/13/19 0535 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0611

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time	23.8	11.4 - 15.2 seconds	H	CH CLIN LAB
INR	2.15	—	—	CH CLIN LAB
aPTT	37	24 - 36 seconds	H	CH CLIN LAB

Comment:

IF BASELINE aPTT IS ELEVATED,

All Results (continued)
DIC (disseminated intravasc coag) panel [252323684] (Abnormal)
(continued)

 Resulted: 09/13/19 0733, Result status:
 Preliminary result

 SUGGEST PATIENT RISK ASSESSMENT
 BE USED TO DETERMINE APPROPRIATE
 ANTICOAGULANT THERAPY.

Fibrinogen	521	210 - 475 mg/dL	H	CH CLIN LAB
Comment: Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401				
D-Dimer, Quant	PENDING	0.00 - 0.50	—	CH CLIN LAB
		ug/mL-FEU		
Platelets	PENDING	150 - 400 K/uL	—	CH CLIN LAB
Smear Review	PENDING	—	—	CH CLIN LAB

 Resulted: 09/13/19 0733, Result status:
 Preliminary result

DIC (disseminated intravasc coag) panel [252323684] (Abnormal)

Ordering provider: Hoffman, Paul W, NP 09/13/19 0535 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0611

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time	PENDING	11.4 - 15.2 seconds	—	CH CLIN LAB
INR	PENDING	—	—	CH CLIN LAB
aPTT	37	24 - 36 seconds	H	CH CLIN LAB

Comment:

 IF BASELINE aPTT IS ELEVATED,
 SUGGEST PATIENT RISK ASSESSMENT
 BE USED TO DETERMINE APPROPRIATE
 ANTICOAGULANT THERAPY.

Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Fibrinogen	PENDING	210 - 475 mg/dL	—	CH CLIN LAB
D-Dimer, Quant	PENDING	0.00 - 0.50	—	CH CLIN LAB
		ug/mL-FEU		
Platelets	PENDING	150 - 400 K/uL	—	CH CLIN LAB
Smear Review	PENDING	—	—	CH CLIN LAB

 Resulted: 09/13/19 0727, Result status: Final
 result

Lactic acid, plasma [252311728] (Abnormal)

Ordering provider: Scatliffe, Kristen D, MD 09/13/19 0008 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0611

Components

Component	Value	Reference Range	Flag	Lab
Lactic Acid, Venous	6.9	0.5 - 1.9 mmol/L	HH	CH CLIN LAB

Comment:

All Results (continued)

 Resulted: 09/13/19 0727, Result status: Final
 result

Lactic acid, plasma [252311728] (Abnormal) (continued)

 CRITICAL RESULT CALLED TO, READ BACK BY AND VERIFIED WITH:
 T.DADANO,RN 9/13/19 0727 DAVISB
 Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

 Resulted: 09/13/19 0709, Result status: In
 process

Culture, blood (Routine X 2) w Reflex to ID Panel [252317687]

Ordering provider: Hoffman, Paul W, NP 09/13/19 0112 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	BLOOD RIGHT HAND	09/13/19 0620

 Resulted: 09/13/19 0709, Result status: In
 process

Culture, blood (Routine X 2) w Reflex to ID Panel [252317686]

Ordering provider: Hoffman, Paul W, NP 09/13/19 0112 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	BLOOD	09/13/19 0709

 Resulted: 09/13/19 0709, Result status: In
 process

Culture, blood (Routine X 2) w Reflex to ID Panel [252317686]

Ordering provider: Hoffman, Paul W, NP 09/13/19 0112 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	BLOOD	09/13/19 0709

 Resulted: 09/13/19 0708, Result status: In
 process

Culture, blood (Routine X 2) w Reflex to ID Panel [252317687]

Ordering provider: Hoffman, Paul W, NP 09/13/19 0112 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	BLOOD RIGHT HAND	09/13/19 0620

 Resulted: 09/13/19 0653, Result status: In
 process

DIC (disseminated intravasc coag) panel [252323684]

Ordering provider: Hoffman, Paul W, NP 09/13/19 0535 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0611

 Resulted: 09/13/19 0653, Result status: In
 process

Lactic acid, plasma [252311728]

Ordering provider: Scatliffe, Kristen D, MD 09/13/19 0008 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0611

All Results (continued)

Resulted: 09/13/19 0635, Result status: Final result

I-STAT 3, arterial blood gas (G3+) [252323696] (Abnormal)

Ordering provider: McQuaid, Douglas B, MD 09/13/19 0633

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
—	—	09/13/19 0633

Components

Component	Value	Reference Range	Flag	Lab
pH, Arterial	7.099	7.350 - 7.450	LL	CH CLIN LAB
pCO2 arterial	71.7	32.0 - 48.0 mmHg	HH	CH CLIN LAB
pO2, Arterial	50.0	83.0 - 108.0 mmHg	L	CH CLIN LAB
Bicarbonate	22.9	20.0 - 28.0 mmol/L	—	CH CLIN LAB
TCO2	25	22 - 32 mmol/L	—	CH CLIN LAB
O2 Saturation	76.0	%	—	CH CLIN LAB
Acid-base deficit	8.0	0.0 - 2.0 mmol/L	H	CH CLIN LAB
Patient temperature	34.9 C	—	—	CH CLIN LAB
Collection site	RADIAL, ALLEN'S TEST	—	—	CH CLIN LAB
	ACCEPTABLE			
Drawn by	RT	—	—	CH CLIN LAB
Sample type	ARTERIAL	—	—	CH CLIN LAB
Comment	NOTIFIED PHYSICIAN	—	—	CH CLIN LAB

Resulted: 09/13/19 0635, Result status: In process

I-STAT 3, arterial blood gas (G3+) [252323696]

Ordering provider: McQuaid, Douglas B, MD 09/13/19 0633

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
—	—	09/13/19 0633

Resulted: 09/13/19 0558, Result status: Final result

Cortisol [252315618]

Ordering provider: Scatliffe, Kristen D, MD 09/13/19 0008

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0349

Components

Component	Value	Reference Range	Flag	Lab
Cortisol, Plasma	>100.0	ug/dL	—	CH CLIN LAB
Comment:	RESULTS CONFIRMED BY MANUAL DILUTION			

All Results (continued)

Resulted: 09/13/19 0558, Result status: Final result

Cortisol [252315618] (continued)

Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Resulted: 09/13/19 0527, Result status: Final result

TSH [252315617]

Ordering provider: Scatliffe, Kristen D, MD 09/13/19 0008 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0349

Components

Component	Value	Reference Range	Flag	Lab
TSH	0.996	0.350 - 4.500 uIU/mL	—	CH CLIN LAB

Comment:

 Performed by a 3rd Generation assay with a functional sensitivity of <=0.01 uIU/mL.
 Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Resulted: 09/13/19 0522, Result status: Final result

Phosphorus [252317679] (Abnormal)

Ordering provider: Hoffman, Paul W, NP 09/13/19 0106 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0357

Components

Component	Value	Reference Range	Flag	Lab
Phosphorus	18.7	2.5 - 4.6 mg/dL	H	CH CLIN LAB

Comment:

 RESULTS CONFIRMED BY MANUAL DILUTION
 Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Resulted: 09/13/19 0513, Result status: Final result

I-STAT 3, arterial blood gas (G3+) [252323680] (Abnormal)

Ordering provider: McQuaid, Douglas B, MD 09/13/19 0511 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
—	—	09/13/19 0511

Components

Component	Value	Reference Range	Flag	Lab
pH, Arterial	6.982	7.350 - 7.450	LL	CH CLIN LAB
pCO2 arterial	78.6	32.0 - 48.0 mmHg	HH	CH CLIN LAB
pO2, Arterial	47.0	83.0 - 108.0	L	CH CLIN LAB

All Results (continued)
I-STAT 3, arterial blood gas (G3+) [252323680] (Abnormal)
(continued)

Resulted: 09/13/19 0513, Result status: Final result

Bicarbonate	19.2	mmHg 20.0 - 28.0	⚡	CH CLIN LAB
TCO2	22	mmol/L 22 - 32 mmol/L	—	CH CLIN LAB
O2 Saturation	65.0	%	—	CH CLIN LAB
Acid-base deficit	14.0	0.0 - 2.0 mmol/L	H	CH CLIN LAB
Patient temperature	35.0 C	—	—	CH CLIN LAB
Collection site	RADIAL, ALLEN'S TEST ACCEPTAB LE	—	—	CH CLIN LAB
Drawn by	RT	—	—	CH CLIN LAB
Sample type	ARTERIAL	—	—	CH CLIN LAB
Comment	NOTIFIED PHYSICIAN	—	—	CH CLIN LAB

Resulted: 09/13/19 0513, Result status: In process

I-STAT 3, arterial blood gas (G3+) [252323680]

Ordering provider: McQuaid, Douglas B, MD 09/13/19 0511

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
—	—	09/13/19 0511

Resulted: 09/13/19 0513, Result status: Final result

Troponin I [252311710] (Abnormal)

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0357

Components

Component	Value	Reference Range	Flag	Lab
Troponin I	0.15	<0.03 ng/mL	HH	CH CLIN LAB

Comment:

 CRITICAL VALUE NOTED. VALUE IS CONSISTENT WITH PREVIOUSLY REPORTED AND CALLED VALUE.
 Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Resulted: 09/13/19 0513, Result status: Final result

Magnesium [252317678] (Abnormal)

Ordering provider: Hoffman, Paul W, NP 09/13/19 0106

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0357

Components

Component	Value	Reference Range	Flag	Lab

All Results (continued)

Resulted: 09/13/19 0513, Result status: Final result

Magnesium [252317678] (Abnormal) (continued)

Magnesium	2.9	1.7 - 2.4 mg/dL	H	CH CLIN LAB
Comment: Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401				

Resulted: 09/13/19 0513, Result status: Final result

Lactic acid, plasma [252311729] (Abnormal)

Ordering provider: Scatliffe, Kristen D, MD 09/13/19 0008 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0308

Components

Component	Value	Reference Range	Flag	Lab
Lactic Acid, Venous	5.8	0.5 - 1.9 mmol/L	HH	CH CLIN LAB

Comment:
 CRITICAL RESULT CALLED TO, READ BACK BY AND VERIFIED WITH:
 HOFFMAN P,RN 09/13/19 0513 WAYK
 Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Resulted: 09/13/19 0458, Result status: Final result

Potassium [252318047]

Ordering provider: Kruska, Lindsay A, MD 09/13/19 0121 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0347

Components

Component	Value	Reference Range	Flag	Lab
Potassium	4.9	3.5 - 5.1 mmol/L	—	CH CLIN LAB

Comment: Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Resulted: 09/13/19 0442, Result status: Final result

CBC [252317676] (Abnormal)

Ordering provider: Hoffman, Paul W, NP 09/13/19 0106 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0357

Components

Component	Value	Reference Range	Flag	Lab
WBC	1.0	4.0 - 10.5 K/uL	LL	CH CLIN LAB

Comment:
 REPEATED TO VERIFY
 CRITICAL VALUE NOTED. VALUE IS CONSISTENT WITH PREVIOUSLY REPORTED AND CALLED VALUE.

RBC	4.80	4.22 - 5.81 MIL/uL	—	CH CLIN LAB
Hemoglobin	14.9	13.0 - 17.0 g/dL	—	CH CLIN LAB

All Results (continued)

 Resulted: 09/13/19 0442, Result status: Final
 result

CBC [252317676] (Abnormal) (continued)

HCT	47.1	39.0 - 52.0 %	—	CH CLIN LAB
MCV	98.1	78.0 - 100.0 fL	—	CH CLIN LAB
MCH	31.0	26.0 - 34.0 pg	—	CH CLIN LAB
MCHC	31.6	30.0 - 36.0 g/dL	—	CH CLIN LAB
RDW	13.6	11.5 - 15.5 %	—	CH CLIN LAB
Platelets	84	150 - 400 K/uL	⬇	CH CLIN LAB

Comment:

CONSISTENT WITH PREVIOUS RESULT

Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

 Resulted: 09/13/19 0430, Result status: In
 process

Troponin I [252311710]

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0357

 Resulted: 09/13/19 0430, Result status: In
 process

CBC [252317676]

Ordering provider: Hoffman, Paul W, NP 09/13/19 0106 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0357

 Resulted: 09/13/19 0430, Result status: In
 process

Magnesium [252317678]

Ordering provider: Hoffman, Paul W, NP 09/13/19 0106 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0357

 Resulted: 09/13/19 0430, Result status: In
 process

Phosphorus [252317679]

Ordering provider: Hoffman, Paul W, NP 09/13/19 0106 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0357

 Resulted: 09/13/19 0428, Result status: In
 process

TSH [252315617]

Ordering provider: Scatliffe, Kristen D, MD 09/13/19 0008 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0349

 Resulted: 09/13/19 0426, Result status: In
 process

Cortisol [252315618]

Ordering provider: Scatliffe, Kristen D, MD 09/13/19 0008 Resulting lab: CONE HEALTH CLINICAL LABORATORY

All Results (continued)

Resulted: 09/13/19 0426, Result status: In process

Cortisol [252315618] (continued)

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0349

Resulted: 09/13/19 0426, Result status: In process

HIV antibody (Routine Testing) [252317670]

Ordering provider: Hoffman, Paul W, NP 09/13/19 0106 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0347

Resulted: 09/13/19 0426, Result status: In process

Hepatitis C antibody [252318044]

Ordering provider: Scatliffe, Kristen D, MD 09/13/19 0120 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0347

Resulted: 09/13/19 0426, Result status: In process

Hepatitis B surface antibody, qualitative [252318045]

Ordering provider: Scatliffe, Kristen D, MD 09/13/19 0120 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0347

Resulted: 09/13/19 0426, Result status: In process

Potassium [252318047]

Ordering provider: Kruska, Lindsay A, MD 09/13/19 0121 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0347

Resulted: 09/13/19 0422, Result status: In process

Lactic acid, plasma [252311729]

Ordering provider: Scatliffe, Kristen D, MD 09/13/19 0008 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0308

Resulted: 09/13/19 0301, Result status: Final result

Urinalysis, Routine w reflex microscopic [252317685] (Abnormal)

Ordering provider: Hoffman, Paul W, NP 09/13/19 0112 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Urine	Urine, Catheterized	09/13/19 0113

Components

Component	Value	Reference Range	Flag	Lab
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All Results (continued)
Urinalysis, Routine w reflex microscopic [252317685] (Abnormal)
(continued)

Resulted: 09/13/19 0301, Result status: Final result

Color, Urine	AMBER	YELLOW	A	CH CLIN LAB
Comment: BIOCHEMICALS MAY BE AFFECTED BY COLOR				
APPEARance	CLOUDY	CLEAR	A	CH CLIN LAB
Specific Gravity, Urine	1.041	1.005 - 1.030	H	CH CLIN LAB
pH	5.0	5.0 - 8.0	—	CH CLIN LAB
Glucose, UA	50	NEGATIVE	A	CH CLIN LAB
Hgb urine dipstick	LARGE	NEGATIVE	A	CH CLIN LAB
Bilirubin Urine	NEGATIVE	NEGATIVE	—	CH CLIN LAB
Ketones, ur	NEGATIVE	NEGATIVE	—	CH CLIN LAB
Protein, ur	100	NEGATIVE	A	CH CLIN LAB
Nitrite	NEGATIVE	NEGATIVE	—	CH CLIN LAB
Leukocytes, UA	NEGATIVE	NEGATIVE	—	CH CLIN LAB
RBC / HPF	21-50	0 - 5 RBC/hpf	—	CH CLIN LAB
Bacteria, UA	RARE	NONE SEEN	A	CH CLIN LAB
Squamous Epithelial / LPF	11-20	0 - 5	—	CH CLIN LAB
Non Squamous Epithelial	0-5	NONE SEEN	A	CH CLIN LAB

Comment: Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Resulted: 09/13/19 0248, Result status: Final result

MRSA PCR Screening [252311683] (Abnormal)

Ordering provider: McQuaid, Douglas B, MD 09/12/19 2327

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Nasopharyngeal	—	09/12/19 2327

Components

Component	Value	Reference Range	Flag	Lab
MRSA by PCR	POSITIVE	NEGATIVE	A	CH CLIN LAB

Comment:

The GeneXpert MRSA Assay (FDA approved for NASAL specimens only), is one component of a comprehensive MRSA colonization surveillance program. It is not intended to diagnose MRSA infection nor to guide or monitor treatment for MRSA infections.

RESULT CALLED TO, READ BACK BY AND VERIFIED WITH:
 S VIVERITO RN 0247 9/13/19 A BROWNING

Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Resulted: 09/13/19 0239, Result status: In process

Urinalysis, Routine w reflex microscopic [252317685]

All Results (continued)

Resulted: 09/13/19 0239, Result status: In process

Urinalysis, Routine w reflex microscopic [252317685] (continued)

Ordering provider: Hoffman, Paul W, NP 09/13/19 0112 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Urine	Urine, Catheterized	09/13/19 0113

Resulted: 09/13/19 0137, Result status: Final result

CK [252311712] (Abnormal)

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/12/19 2333

Components

Component	Value	Reference Range	Flag	Lab
Total CK	>50,000	49 - 397 U/L	H	CH CLIN LAB

Comment:

RESULTS CONFIRMED BY MANUAL DILUTION

Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Resulted: 09/13/19 0109, Result status: Final result

Phosphorus [252311705] (Abnormal)

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/12/19 2333

Components

Component	Value	Reference Range	Flag	Lab
Phosphorus	16.8	2.5 - 4.6 mg/dL	H	CH CLIN LAB

Comment:

RESULTS CONFIRMED BY MANUAL DILUTION

Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Resulted: 09/13/19 0102, Result status: Final result

CBC with Differential/Platelet [252311703] (Abnormal)

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/12/19 2333

Components

Component	Value	Reference Range	Flag	Lab
WBC	1.4	4.0 - 10.5 K/uL	LL	CH CLIN LAB

Comment:

REPEATED TO VERIFY

CRITICAL RESULT CALLED TO, READ BACK BY AND VERIFIED WITH:

All Results (continued)

 Resulted: 09/13/19 0102, Result status: Final
 result

CBC with Differential/Platelet [252311703] (Abnormal) (continued)

S.VIVERITO RN 0018 9/13/19 HMILES

RBC	4.78	4.22 - 5.81 MIL/uL	—	CH CLIN LAB
Hemoglobin	15.0	13.0 - 17.0 g/dL	—	CH CLIN LAB
HCT	47.5	39.0 - 52.0 %	—	CH CLIN LAB
MCV	99.4	78.0 - 100.0 fL	—	CH CLIN LAB
MCH	31.4	26.0 - 34.0 pg	—	CH CLIN LAB
MCHC	31.6	30.0 - 36.0 g/dL	—	CH CLIN LAB
RDW	13.4	11.5 - 15.5 %	—	CH CLIN LAB
Platelets	115	150 - 400 K/uL	⬇	CH CLIN LAB

Comment:

 REPEATED TO VERIFY
 SPECIMEN CHECKED FOR CLOTS
 PLATELET COUNT CONFIRMED BY SMEAR

Neutrophils Relative %	55	%	—	CH CLIN LAB
Lymphocytes Relative	37	%	—	CH CLIN LAB
Monocytes Relative	6	%	—	CH CLIN LAB
Eosinophils Relative	1	%	—	CH CLIN LAB
Basophils Relative	1	%	—	CH CLIN LAB
Neutro Abs	0.8	1.7 - 7.7 K/uL	⬇	CH CLIN LAB
Lymphs Abs	0.5	0.7 - 4.0 K/uL	⬇	CH CLIN LAB
Monocytes Absolute	0.1	0.1 - 1.0 K/uL	—	CH CLIN LAB
Eosinophils Absolute	0.0	0.0 - 0.7 K/uL	—	CH CLIN LAB
Basophils Absolute	0.0	0.0 - 0.1 K/uL	—	CH CLIN LAB
RBC Morphology	BURR CELLS	—	—	CH CLIN LAB

Comment: Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

 Resulted: 09/13/19 0100, Result status: Final
 result

Comprehensive metabolic panel [252311702] (Abnormal)

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/12/19 2333

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	135 - 145 mmol/L	—	CH CLIN LAB
Potassium	>7.5	3.5 - 5.1 mmol/L	HH	CH CLIN LAB
Comment: NO VISIBLE HEMOLYSIS CRITICAL RESULT CALLED TO, READ BACK BY AND VERIFIED WITH: YOSEF M,RN 09/13/19 0057 WAYK				
Chloride	110	98 - 111 mmol/L	—	CH CLIN LAB
CO2	14	22 - 32 mmol/L	⬇	CH CLIN LAB
Glucose, Bld	195	70 - 99 mg/dL	H	CH CLIN LAB
BUN	61	6 - 20 mg/dL	H	CH CLIN LAB

All Results (continued)
Comprehensive metabolic panel [252311702] (Abnormal)
(continued)

Resulted: 09/13/19 0100, Result status: Final result

Creatinine, Ser	5.84	0.61 - 1.24 mg/dL	H	CH CLIN LAB
Calcium	6.2	8.9 - 10.3 mg/dL	LL	CH CLIN LAB
Comment: CRITICAL RESULT CALLED TO, READ BACK BY AND VERIFIED WITH: YOSEF M,RN 09/13/19 0057 WAYK				
Total Protein	5.0	6.5 - 8.1 g/dL	L	CH CLIN LAB
Albumin	2.6	3.5 - 5.0 g/dL	L	CH CLIN LAB
AST	1,005	15 - 41 U/L	H	CH CLIN LAB
ALT	264	0 - 44 U/L	H	CH CLIN LAB
Alkaline Phosphatase	34	38 - 126 U/L	L	CH CLIN LAB
Total Bilirubin	1.4	0.3 - 1.2 mg/dL	H	CH CLIN LAB
GFR calc non Af Amer	12	>60 mL/min	L	CH CLIN LAB
GFR calc Af Amer	13	>60 mL/min	L	CH CLIN LAB

Comment:
 (NOTE)
 The eGFR has been calculated using the CKD EPI equation.
 This calculation has not been validated in all clinical situations.
 eGFR's persistently <60 mL/min signify possible Chronic Kidney Disease.

Anion gap	18	5 - 15	H	CH CLIN LAB
Comment: Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401				

Resulted: 09/13/19 0100, Result status: Final result

Magnesium [252311704] (Abnormal)

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/12/19 2333

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	3.2	1.7 - 2.4 mg/dL	H	CH CLIN LAB

Comment: Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Resulted: 09/13/19 0100, Result status: Final result

Troponin I [252311709] (Abnormal)

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/12/19 2333

Components

Component	Value	Reference Range	Flag	Lab
Troponin I	0.05	<0.03 ng/mL	HH	CH CLIN LAB

Comment:
 CRITICAL RESULT CALLED TO, READ BACK BY AND VERIFIED WITH:

All Results (continued)

Resulted: 09/13/19 0100, Result status: Final result

Troponin I [252311709] (Abnormal) (continued)

YOSEF M,RN 09/13/19 0057 WAYK

Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Resulted: 09/13/19 0100, Result status: Final result

Lactate dehydrogenase [252311713] (Abnormal)

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/12/19 2333

Components

Component	Value	Reference Range	Flag	Lab
LDH	2,478	98 - 192 U/L	H	CH CLIN LAB

Comment: Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Resulted: 09/13/19 0057, Result status: Final result

Osmolality, urine [252311715]

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Urine	Urine, Catheterized	09/13/19 0001

Components

Component	Value	Reference Range	Flag	Lab
Osmolality, Ur	349	300 - 900 mOsm/kg	—	CH CLIN LAB

Comment: Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Resulted: 09/13/19 0052, Result status: Preliminary result

CBC with Differential/Platelet [252311703] (Abnormal)

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/12/19 2333

Components

Component	Value	Reference Range	Flag	Lab
WBC	1.4	4.0 - 10.5 K/uL	LL	CH CLIN LAB

Comment:

REPEATED TO VERIFY

CRITICAL RESULT CALLED TO, READ BACK BY AND VERIFIED WITH:

S.VIVERITO RN 0018 9/13/19 HMILES

RBC	4.78	4.22 - 5.81 MIL/uL	—	CH CLIN LAB
Hemoglobin	15.0	13.0 - 17.0 g/dL	—	CH CLIN LAB
HCT	47.5	39.0 - 52.0 %	—	CH CLIN LAB

All Results (continued)

Resulted: 09/13/19 0052, Result status: Preliminary result

CBC with Differential/Platelet [252311703] (Abnormal) (continued)

MCV	99.4	78.0 - 100.0 fL	—	CH CLIN LAB
MCH	31.4	26.0 - 34.0 pg	—	CH CLIN LAB
MCHC	31.6	30.0 - 36.0 g/dL	—	CH CLIN LAB
RDW	13.4	11.5 - 15.5 %	—	CH CLIN LAB
Platelets	115	150 - 400 K/uL	⬇	CH CLIN LAB

Comment:

REPEATED TO VERIFY

SPECIMEN CHECKED FOR CLOTS

PLATELET COUNT CONFIRMED BY SMEAR

Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Neutrophils Relative %	PENDING	%	—	CH CLIN LAB
Neutro Abs	PENDING	1.7 - 7.7 K/uL	—	CH CLIN LAB
Band Neutrophils	PENDING	%	—	CH CLIN LAB
Lymphocytes Relative	PENDING	%	—	CH CLIN LAB
Lymphs Abs	PENDING	0.7 - 4.0 K/uL	—	CH CLIN LAB
Monocytes Relative	PENDING	%	—	CH CLIN LAB
Monocytes Absolute	PENDING	0.1 - 1.0 K/uL	—	CH CLIN LAB
Eosinophils Relative	PENDING	%	—	CH CLIN LAB
Eosinophils Absolute	PENDING	0.0 - 0.7 K/uL	—	CH CLIN LAB
Basophils Relative	PENDING	%	—	CH CLIN LAB
Basophils Absolute	PENDING	0.0 - 0.1 K/uL	—	CH CLIN LAB
WBC Morphology	PENDING	—	—	CH CLIN LAB
RBC Morphology	PENDING	—	—	CH CLIN LAB
Smear Review	PENDING	—	—	CH CLIN LAB
nRBC	PENDING	0 /100 WBC	—	CH CLIN LAB
Metamyelocytes Relative	PENDING	%	—	CH CLIN LAB
Myelocytes	PENDING	%	—	CH CLIN LAB
Promyelocytes Relative	PENDING	%	—	CH CLIN LAB
Blasts	PENDING	%	—	CH CLIN LAB

Resulted: 09/13/19 0043, Result status: Final result

Prottime-INR [252311714] (Abnormal)

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/12/19 2333

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time	20.7	11.4 - 15.2 seconds	H	CH CLIN LAB
INR	1.79	—	—	CH CLIN LAB

Comment: Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Resulted: 09/13/19 0041, Result status: Final result

I-STAT 3, arterial blood gas (G3+) [252315621] (Abnormal)

Ordering provider: McQuaid, Douglas B, MD 09/13/19 0036 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

All Results (continued)
I-STAT 3, arterial blood gas (G3+) [252315621] (Abnormal)
(continued)

 Resulted: 09/13/19 0041, Result status: Final
 result

Type	Source	Collected On			
—	—	09/13/19 0036			
Components					
Component	Value	Reference Range	Flag	Lab	
pH, Arterial	7.033	7.350 - 7.450	LL	CH CLIN LAB	
pCO2 arterial	62.0	32.0 - 48.0	H	CH CLIN LAB	
		mmHg			
pO2, Arterial	49.0	83.0 - 108.0	L	CH CLIN LAB	
		mmHg			
Bicarbonate	17.4	20.0 - 28.0	L	CH CLIN LAB	
		mmol/L			
TCO2	20	22 - 32 mmol/L	L	CH CLIN LAB	
O2 Saturation	74.0	%	—	CH CLIN LAB	
Acid-base deficit	15.0	0.0 - 2.0 mmol/L	H	CH CLIN LAB	
Patient temperature	33.8 C	—	—	CH CLIN LAB	
Collection site	RADIAL, ALLEN'S TEST ACCEPTAB LE	—	—	CH CLIN LAB	
Drawn by	RT	—	—	CH CLIN LAB	
Sample type	ARTERIAL	—	—	CH CLIN LAB	
Comment	NOTIFIED PHYSICIAN	—	—	CH CLIN LAB	

 Resulted: 09/13/19 0040, Result status: In
 process

I-STAT 3, arterial blood gas (G3+) [252315621]

 Ordering provider: McQuaid, Douglas B, MD 09/13/19
 0036

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
—	—	09/13/19 0036

 Resulted: 09/13/19 0040, Result status: Final
 result

Lactic acid, plasma [252311708] (Abnormal)

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0004

Components

Component	Value	Reference Range	Flag	Lab
Lactic Acid, Venous	4.8	0.5 - 1.9 mmol/L	HH	CH CLIN LAB

Comment:

 CRITICAL RESULT CALLED TO, READ BACK BY AND VERIFIED WITH:
 HOFFMAN P, NP 09/13/19 0039 WAYK

Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

All Results (continued)

Resulted: 09/13/19 0040, Result status: Final result

Lactic acid, plasma [252311708] (Abnormal) (continued)
Rapid urine drug screen (hospital performed) [252311716] (Abnormal)

Resulted: 09/13/19 0034, Result status: Final result

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Urine	Urine, Catheterized	09/13/19 0001

Components

Component	Value	Reference Range	Flag	Lab
Opiates	NONE DETECTED	NONE DETECTED	—	CH CLIN LAB
Cocaine	NONE DETECTED	NONE DETECTED	—	CH CLIN LAB
Benzodiazepines	POSITIVE	NONE DETECTED	A	CH CLIN LAB
Amphetamines	NONE DETECTED	NONE DETECTED	—	CH CLIN LAB
Tetrahydrocannabinol	NONE DETECTED	NONE DETECTED	—	CH CLIN LAB
Barbiturates	NONE DETECTED	NONE DETECTED	—	CH CLIN LAB

Comment:

(NOTE)

DRUG SCREEN FOR MEDICAL PURPOSES ONLY. IF CONFIRMATION IS NEEDED FOR ANY PURPOSE, NOTIFY LAB WITHIN 5 DAYS.

LOWEST DETECTABLE LIMITS FOR URINE DRUG SCREEN

Drug Class	Cutoff (ng/mL)
Amphetamine and metabolites	1000
Barbiturate and metabolites	200
Benzodiazepine	200
Tricyclics and metabolites	300
Opiates and metabolites	300
Cocaine and metabolites	300
THC	50

Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Resulted: 09/13/19 0031, Result status: In process

MRSA PCR Screening [252311683]

Ordering provider: McQuaid, Douglas B, MD 09/12/19 2327 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Nasopharyngeal	—	09/12/19 2327

All Results (continued)

Resulted: 09/13/19 0019, Result status:

CBC with Differential/Platelet [252311703] (Abnormal)

Preliminary result

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/12/19 2333

Components

Component	Value	Reference Range	Flag	Lab
WBC	1.4	4.0 - 10.5 K/uL	LL	CH CLIN LAB

Comment:

REPEATED TO VERIFY

CRITICAL RESULT CALLED TO, READ BACK BY AND VERIFIED WITH:

S.VIVERITO RN 0018 9/13/19 HMILES

RBC	4.78	4.22 - 5.81 MIL/uL	—	CH CLIN LAB
Hemoglobin	15.0	13.0 - 17.0 g/dL	—	CH CLIN LAB
HCT	47.5	39.0 - 52.0 %	—	CH CLIN LAB
MCV	99.4	78.0 - 100.0 fL	—	CH CLIN LAB
MCH	31.4	26.0 - 34.0 pg	—	CH CLIN LAB
MCHC	31.6	30.0 - 36.0 g/dL	—	CH CLIN LAB
RDW	13.4	11.5 - 15.5 %	—	CH CLIN LAB

Comment: Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Platelets	PENDING	150 - 400 K/uL	—	CH CLIN LAB
Neutrophils Relative %	PENDING	%	—	CH CLIN LAB
Neutro Abs	PENDING	1.7 - 7.7 K/uL	—	CH CLIN LAB
Band Neutrophils	PENDING	%	—	CH CLIN LAB
Lymphocytes Relative	PENDING	%	—	CH CLIN LAB
Lymphs Abs	PENDING	0.7 - 4.0 K/uL	—	CH CLIN LAB
Monocytes Relative	PENDING	%	—	CH CLIN LAB
Monocytes Absolute	PENDING	0.1 - 1.0 K/uL	—	CH CLIN LAB
Eosinophils Relative	PENDING	%	—	CH CLIN LAB
Eosinophils Absolute	PENDING	0.0 - 0.7 K/uL	—	CH CLIN LAB
Basophils Relative	PENDING	%	—	CH CLIN LAB
Basophils Absolute	PENDING	0.0 - 0.1 K/uL	—	CH CLIN LAB
WBC Morphology	PENDING	—	—	CH CLIN LAB
RBC Morphology	PENDING	—	—	CH CLIN LAB
Smear Review	PENDING	—	—	CH CLIN LAB
nRBC	PENDING	0 /100 WBC	—	CH CLIN LAB
Metamyelocytes Relative	PENDING	%	—	CH CLIN LAB
Myelocytes	PENDING	%	—	CH CLIN LAB
Promyelocytes Relative	PENDING	%	—	CH CLIN LAB
Blasts	PENDING	%	—	CH CLIN LAB

Resulted: 09/13/19 0004, Result status: In

Lactic acid, plasma [252311708]

process

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/13/19 0004

All Results (continued)

Resulted: 09/13/19 0003, Result status: In process

Comprehensive metabolic panel [252311702]

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/12/19 2333

Resulted: 09/13/19 0003, Result status: In process

CBC with Differential/Platelet [252311703]

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/12/19 2333

Resulted: 09/13/19 0003, Result status: In process

Magnesium [252311704]

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/12/19 2333

Resulted: 09/13/19 0003, Result status: In process

Phosphorus [252311705]

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/12/19 2333

Resulted: 09/13/19 0003, Result status: In process

Troponin I [252311709]

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/12/19 2333

Resulted: 09/13/19 0003, Result status: In process

CK [252311712]

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/12/19 2333

Resulted: 09/13/19 0003, Result status: In process

Lactate dehydrogenase [252311713]

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/12/19 2333

All Results (continued)

Resulted: 09/13/19 0003, Result status: In process

Protime-INR [252311714]

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Blood	—	09/12/19 2333

Resulted: 09/13/19 0001, Result status: In process

Rapid urine drug screen (hospital performed) [252311716]

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Urine	Urine, Catheterized	09/13/19 0001

Resulted: 09/13/19 0001, Result status: In process

Osmolality, urine [252311715]

Ordering provider: Hoffman, Paul W, NP 09/12/19 2330 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
Urine	Urine, Catheterized	09/13/19 0001

Resulted: 09/12/19 2336, Result status: Final result

I-STAT 3, arterial blood gas (G3+) [252311724] (Abnormal)

Ordering provider: McQuaid, Douglas B, MD 09/12/19 2329 Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
—	—	09/12/19 2329

Components

Component	Value	Reference Range	Flag	Lab
pH, Arterial	6.959	7.350 - 7.450	LL	CH CLIN LAB
pCO2 arterial	68.0	32.0 - 48.0 mmHg	HH	CH CLIN LAB
pO2, Arterial	54.0	83.0 - 108.0 mmHg	⊥	CH CLIN LAB
Bicarbonate	16.1	20.0 - 28.0 mmol/L	⊥	CH CLIN LAB
TCO2	18	22 - 32 mmol/L	⊥	CH CLIN LAB
O2 Saturation	76.0	%	—	CH CLIN LAB
Acid-base deficit	18.0	0.0 - 2.0 mmol/L	H	CH CLIN LAB
Patient temperature	33.8 C	—	—	CH CLIN LAB
Collection site	RADIAL, ALLEN'S TEST ACCEPTABLE	—	—	CH CLIN LAB
Drawn by	RT	—	—	CH CLIN LAB
Sample type	ARTERIAL	—	—	CH CLIN LAB
Comment	NOTIFIED PHYSICIAN	—	—	CH CLIN LAB

All Results (continued)
I-STAT 3, arterial blood gas (G3+) [252311724] (Abnormal)
(continued)

 Resulted: 09/12/19 2336, Result status: Final
 result

I-STAT 3, arterial blood gas (G3+) [252311724]

 Resulted: 09/12/19 2336, Result status: In
 process

 Ordering provider: McQuaid, Douglas B, MD 09/12/19
 2329

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
—	—	09/12/19 2329

Glucose, capillary [252311721] (Abnormal)

 Resulted: 09/12/19 2332, Result status: Final
 result

 Ordering provider: McQuaid, Douglas B, MD 09/12/19
 2328

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
—	—	09/12/19 2328

Components

Component	Value	Reference Range	Flag	Lab
Glucose-Capillary	178	70 - 99 mg/dL	H	CH CLIN LAB

Glucose, capillary [252311721]

 Resulted: 09/12/19 2332, Result status: In
 process

 Ordering provider: McQuaid, Douglas B, MD 09/12/19
 2328

Resulting lab: CONE HEALTH CLINICAL LABORATORY

Specimen Information

Type	Source	Collected On
—	—	09/12/19 2328

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
7 - CH CLIN LAB	CONE HEALTH CLINICAL LABORATORY	Unknown	Unknown	07/04/18 1357 - Present

Admission Information

Arrival Date/Time:		Admit Date/Time:	09/12/2019 2309	IP Adm. Date/Time:	09/12/2019 2309
Admission Type:	Urgent	Point of Origin:	4 - Outside Hospital	Admit Category:	
Means of Arrival:	Hospital Transport	Primary Service:	Critical Care	Secondary Service:	N/A
Transfer Source:		Service Area:	CONE HEALTH SERVICE AREA	Unit:	Moses Cone 3 Midwest Medical ICU
Admit Provider:	McQuaid, Douglas B, MD	Attending Provider:	McQuaid, Douglas B, MD	Referring Provider:	

Discharge Information

Discharge Information (continued)

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
09/13/2019 2058	20-expired	Morgue-moses Cone	None	Moses Cone 3 Midwest Medical ICU

Radiology Results

Resulted: 09/13/19 0305, Result status: Final result

DG Abd 1 View [252318056]

 Ordering provider: Scatliffe, Kristen D, MD 09/13/19 0203 Resulted by: Boles, Mark, MD
 Performed: 09/13/19 0230 - 09/13/19 0242 Accession number: 1909131137
 Resulting lab: MOSES CONE RADIOLOGY
 Narrative:
 CLINICAL DATA: Orogastric tube placement

 EXAM:
 ABDOMEN - 1 VIEW

COMPARISON: Portable exam 0225 hours compared to CT abdomen and pelvis of 09/12/2019

 FINDINGS:
 Orogastric tube coiled in proximal stomach.

Air-filled mildly prominent loops of small bowel in the mid abdomen new since earlier CT.

Osseous structures unremarkable.

 IMPRESSION:
 Tip of orogastric tube coiled in proximal stomach.

Air-filled nonspecific mildly prominent loops of small bowel in the mid abdomen new since prior CT exam.

 Electronically Signed
 By: Mark Boles M.D.
 On: 09/13/2019 03:04

Resulted: 09/13/19 0242, Result status: In process

DG Abd 1 View [252318056]

 Ordering provider: Scatliffe, Kristen D, MD 09/13/19 0203 Resulted by: Boles, Mark, MD
 Performed: 09/13/19 0230 - 09/13/19 0242 Accession number: 1909131137

Resulted: 09/13/19 0242, Result status: In process

DG Abd 1 View [252318056]

 Ordering provider: Scatliffe, Kristen D, MD 09/13/19 0203 Resulted by: Boles, Mark, MD
 Performed: 09/13/19 0230 - 09/13/19 0242 Accession number: 1909131137

Resulted: 09/12/19 2351, Result status: Final result

DG CHEST PORT 1 VIEW [252311718]

 Ordering provider: Hoffman, Paul W, NP 09/12/19 2331 Resulted by: Fujinaga, Kim M, MD
 Performed: 09/12/19 2346 - 09/12/19 2347 Accession number: 1909123031
 Resulting lab: MOSES CONE RADIOLOGY
 Narrative:

Radiology Results (continued)

Resulted: 09/12/19 2351, Result status: Final result

DG CHEST PORT 1 VIEW [252311718] (continued)

CLINICAL DATA: Intubated

 EXAM:
 PORTABLE CHEST 1 VIEW

COMPARISON: 09/12/2019, 04/04/2019

 FINDINGS:
 Endotracheal tube tip is about 6.1 cm superior to the carina.
 Extensive bilateral consolidations are again noted. Stable slightly enlarged cardiomeastinal silhouette. No pneumothorax.

 IMPRESSION:
 1. Endotracheal tube tip about 6.1 cm superior to the carina
 2. Continued extensive bilateral lung consolidations.

 Electronically Signed
 By: Kim Fujinaga M.D.
 On: 09/12/2019 23:51

Resulted: 09/12/19 2346, Result status: In process

DG CHEST PORT 1 VIEW [252311718]

 Ordering provider: Hoffman, Paul W, NP 09/12/19 2331
 Performed: 09/12/19 2346 - 09/12/19 2347

 Resulted by: Fujinaga, Kim M, MD
 Accession number: 1909123031

Resulted: 09/12/19 2346, Result status: In process

DG CHEST PORT 1 VIEW [252311718]

 Ordering provider: Hoffman, Paul W, NP 09/12/19 2331
 Performed: 09/12/19 2346 - 09/12/19 2347

 Resulted by: Fujinaga, Kim M, MD
 Accession number: 1909123031

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - Unknown	MOSES CONE RADIOLOGY	Unknown	Unknown	04/28/11 1358 - Present

Admission Information

Arrival Date/Time:		Admit Date/Time:	09/12/2019 2309	IP Adm. Date/Time:	09/12/2019 2309
Admission Type:	Urgent	Point of Origin:	4 - Outside Hospital	Admit Category:	
Means of Arrival:	Hospital Transport	Primary Service:	Critical Care	Secondary Service:	N/A
Transfer Source:		Service Area:	CONE HEALTH SERVICE AREA	Unit:	Moses Cone 3 Midwest Medical ICU
Admit Provider:	McQuaid, Douglas B, MD	Attending Provider:	McQuaid, Douglas B, MD	Referring Provider:	

Discharge Information

Discharge Information (continued)

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
09/13/2019 2058	20-expired	Morgue-moses Cone	None	Moses Cone 3 Midwest Medical ICU

ED Provider Notes

No notes of this type exist for this encounter.

END OF REPORT
