

Randolph Health
364 White Oak St. Asheboro, NC 27203
(336) 625-5151

Patient Name: EMBRY, BRANDON W
DOB: 09/07/1986
Location: ED
Attending/ED Physician: Villard, Douglas R. MD

UNIT#: A00047972036
Account #: A00047972036
Date of Service: 09/12/19 1656
MRN#: M000548005

Emergency Department Report

- General Information

Chief Complaint: Altered Mental Status
Stated Complaint: HEAD INJURY
Time Seen by Provider: 09/12/19 16:12
Allergies/Adverse Reactions:

Allergies

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
No Known Allergies	Allergy			Verified	09/12/19 16:23

- History of Present Illness

Onset: today

HPI:

33-year-old male, unknown past medical history, presents to the emergency department by EMS after a welfare check by police with report of found down. According to EMS, no one had seen the patient for over 48 hours. Unknown mechanism of injury. On arrival to the emergency department the patient had sonorous breathing, in a C-collar, non-rebreather mask in place. As per EMS, Narcan was given without any response. The patient had obvious dried blood air air everywhere, obvious multiple bruises of the upper and lower extremities as well as the chest wall in various stages of healing. The patient was nonverbal and unresponsive.

ED Past Medical History

- History Reviewed

Yes Nurses notes reviewed and agree except as marked

Travel Outside of US in the Last 3 Months?: No

Information Unobtainable: Yes Unable to obtain information due to patient condition (The patient is nonverbal and unresponsive.)

- Patient Medical History

Psychological History: Denies: Depression

- Family Medical History

Reports: Cardiac Disorders (Father, Grandfather). Denies: Hypertension, Diabetes, Cancer, Stroke

- Social Medical History

Smoking Status: Never smoker

- Review of Systems

ROS Unobtainable: Yes Review of systems cannot be obtained due to the patient's medical

Patient Name: EMBRY, BRANDON W **Account #:** A00047972036

condition (The patient is unresponsive and nonverbal.)

- Physical Exam

Constitutional: Somnolent, Other (Obvious trauma to the face in the entire body.)

Recorded Vital Signs:

Initial Vitals

Pulse Rate	71	09/12/19 16:30
Respiratory Rate	20	09/12/19 16:30
Blood Pressure	231/120 H	09/12/19 16:30

Last Vital Signs

Temp	Pulse	Resp	BP	Pulse Ox
90.5 F L	70	16	83/49 L	79 L
09/12/19 21:30	09/12/19 21:30	09/12/19 21:30	09/12/19 21:30	09/12/19 21:30

Temperature 90.5 F

Oxygen

Pulse Oxygen Saturation 79
O2 Device Vent
Oxygen Flow Rate
Fraction of Inspired Oxygen (FIO2) 100

- HEENT

Head: Abrasion, Deformity, Laceration, Swelling, Other (Multiple areas of dried blood on multiple surfaces of the body.)

Eye Exam: Other (Pupils are fixed.)

Oropharynx: Other (Dried blood. No obvious missing teeth. No obvious midface instability.)

Tympanic Membrane: Obscured (Cerumen as well as blood.)

ENT EAC: Blood (Dried.)

TMJ: Normal

Nose: Bleeding

Neck: In Collar, Other (Unable to assess other than palpation. No obvious step-off.). negative: Step off

HEENT Comment:

The patient has obvious significant facial trauma to multiple areas to include multiple abrasions, multiple lacerations, multiple areas of dried blood as well as the nose and oropharynx with dried blood. The patient is in a C-collar.

- Respiratory/Cardiovascular

Respiratory: Diminished

Cardiovascular: Normal (RRR without murmur, gallop or rub)

- GI

Palpation: Normal (Soft, No rebound or guarding, non distended)

Tenderness: Non tender

Murphy's Sign: Negative

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Patient Name: EMBRY, BRANDON W **Account #:** A00047972036

- GU

Bladder: Normal. negative: Palpable, Tender

- Musculoskeletal

Back: Normal (Non-Tender)

Extremities: Other (The patient has multiple areas of ecchymosis on all extremities. Good pulses throughout. No obvious deformities.)

- Integumentary

Skin: Other (See above.)

- Neurologic

Memory Impaired: Unable to Test

Motor Function: Unable to Test

Cranial Nerve: Unable to Test

Cerebellar: Unable to Test

Neurologic Comment:

Prior to intubation, the patient's pupils were fixed bilaterally. The patient moves all extremities and seems to respond only to pain. He was nonverbal, only moaning. He did not follow commands.

ED Procedures

- Central Line

Informed of risks, benefits and alternatives described.: Yes

Central Line Informed Consent Signed: Written

Indication: Hypotension, Volume Resuscitation, Medication Administration

Line Procedure: Chlorhexidine, Sterile drapes applied, Sterile dressing applied

Equipment used during procedure: Hat and Mask, Sterile Gown, Sterile Gloves

Line Lumen: triple

Central Line Position: femoral (L)

Site selection comment: In a C-collar.

Line Position approached and secured by standard fashion: sutured, good blood return

Notes:

The initial site placement was on the right femoral. As the patient's sterile drapes were being removed, the central line was ripped out. This is in spite of being sutured in place. At that point I made the decision to start the central line on the left femoral area.

- Intubation

Informed of risks, benefits and alternatives described.: No

Informed Consent Signed: Unable

Indication: Trauma, Altered Mental Status, Airway Protection

Time of Intubation: 16:30

Pre-oxygenation completed: Yes

Number of Attempts: 1

Storz Used: Yes

Intubation Method: Oral Endotracheal

Utilized: Bouge, Mac4 Blade

Tube Size (cm): 8

Position at Lip: 26

ETCO2 Detector Positive: Yes

Breath Sounds after Intubation: equal

Medications: Versed (rocuronium)

Patient Name: EMBRY, BRANDON W Account #: A00047972036

Intubation Complications: no complications

Post Intubation Procedure CXR ordered?: Yes (good position)

- Differential Diagnosis

Sepsis, Hypothermia, Other

- Re-evaluation

** Re-evaluation 1

Re-evaluation Time: 17:01

Extremely sick patient with obvious trauma. Unknown initial cause or event. Possible head bleed versus overdose versus assault. Due to the patient's expected clinical course and is initial sonorous breathing and lack of effort, the patient was intubated by me. Difficult intubation as the patient had obvious tissue swelling due to the sonorous breathing. Additionally, there was dried blood everywhere. The patient is hypothermic with a temperature of 85°. The patient was rolled, there is no evidence of step-offs or deformities. He has obvious flank ecchymosis which appears to be old. Chest x-ray showed tube in good position. Chest x-ray also showed multiple areas of pulmonary contusion. ARDS protocol was initiated. The patient will need transfer to higher level of care. Concern for rhabdomyolysis, acute renal failure, head bleed, pulmonary contusions, polytrauma.

** Re-evaluation 2

Re-evaluation Time: 20:13

I had the chance to talk to the mother and the sister. Apparently the last time anyone even spoke to the patient was Tuesday morning. The mother reports the patient stating he had a severe headache. Additionally, the mother reports he abuses steroids. The mother given medical history of low testosterone. As per the mother, she received a text message Tuesday morning stating he had a severe headache. The mother went to check on on Thursday afternoon. Whenever they were unable to access his apartment, 911 was called for a welfare check. Upon entry to the room, the patient was found to be unresponsive with dry blood over multiple areas. He was found to be laying down. He is brought to the emergency department.

The patient is severely sick. The patient remains hypothermic despite bear hugger. The patient is in AKI, hyperkalemia, rhabdomyolysis, hypotension, elevated transaminases. The patient also has severe pulmonary contusions. ARDS protocol continues. My suspicion is the patient had a subarachnoid hemorrhage which caused him to become unresponsive on the ground. The patient appears to have laid on the ground for the entire 2 days. No obvious identifiable source for the facial bleeding. The patient has been accepted at the MICU at Baptist. The patient will be flown. Started on Levophed.

- Results

09/12/19 17:39		
3.0L	13.9L	125L
	42.6	

09/12/19 17:39			
138	109H	53H	136H
6.8H*	14L	4.40H	

ED Critical Care Note

- Critical Care Note

Total Time (mins): 50

Comments:

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Due to the presence of polytrauma, altered mental status with the need for transfer to a higher level of care my attendance to this patient required critical care time of 50 minutes, including assessment/ reassessment, documentation, ordering and interpreting ancillary studies, discussion with ED staff and consultants, patient and their family, and excludes time spent on separately billable procedures.

- Departure

Yes I personally saw and evaluated the patient.

Disposition: Trans. to Other Hospital

Condition: Stable

Final Diagnosis:

Altered mental status, Trauma, Hypothermia, Acute renal failure (ARF), Rhabdomyolysis, Hyperkalemia

Education/Counseling Given To: Family Member

Education/Counseling Given Regarding: Diagnosis

Referrals:

Not Identified, Primary Provider [Primary Care Provider] - One Week

New Prescriptions / Home Medications:

No Action

Azithromycin [Zithromax] 500 mg PO DAILY #2 tablet

Decision to Transfer Time: 17:03

- Physician Consulted

** MICU

Time Called: 19:00

Provider Called: Dr. McQuaid

Time Consultant Returned Call: 20:13

Consult Reason: accepts patient. I spoke with "EICU" attending, unknown name.

<Electronically signed by Douglas R. Villard MD> 09/19/19 0020

Courtesy Copy to:~

PRIMARY CARE PHYSICIAN: Primary Care MD not Identified Report: 0912-0071

DISCLAIMER: Please note this report has been created using voice recognition software. While the report has been edited for accuracy, software periodically misinterprets speech dialect, which could result in words being added, misspelled, or other errors contained within the report.

Randolph Health

2 ED Summary (Archive)

Page: 1

Date: 09/22/19 00:29

EMBRY, BRANDON W

Fac: Randolph Health

Loc: *EMERGENCY DEPARTMENT

Bed: -

33 M 09/07/1986

Med Rec Num: M000548005

Visit: A00047972036

Attending:

Reg Date: 09/12/19

Reason: HEAD INJURY

Allergies

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
No Known Allergies	Allergy			Verified	09/12/19 16:23

Vital Signs

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Legal Record

EMBRY, BRANDON W

Fac: Randolph Health
33 M 09/07/1986Loc: *EMERGENCY DEPARTMENT
Med Rec Num: M000548005Bed: -
Visit: A00047972036

Vital Signs - Continued

	Temp	Pulse	Resp	BP	Pulse Ox
09/12/19 21:30	90.5 FL	70	16	83/49 L	79 L
09/12/19 21:13	90.3 FL	69	16	87/49 L	80 L
09/12/19 21:08	90.3 FL	69	16	85/49 L	81 L
09/12/19 21:03	90.3 FL	70	16	85/49 L	80 L
09/12/19 20:59		69	16		82 L
09/12/19 20:58	90.3 FL	70	16	86/47 L	81 L
09/12/19 20:53	90.1 FL	69	16	86/47 L	81 L
09/12/19 20:48	90.1 FL	70	16	86/50 L	82 L
09/12/19 20:43	90.0 FL	70	16	86/48 L	82 L
09/12/19 20:38	90.0 FL	70	16	87/52 L	82 L
09/12/19 20:33	89.4 FL	71	16	88/53 L	83 L
09/12/19 20:28	89.4 FL	72	16	88/54 L	83 L
09/12/19 20:23	89.4 FL	72	16	87/51 L	82 L
09/12/19 20:18	89.2 FL	72	16	88/47 L	84 L
09/12/19 20:13	88.9 FL	75	16	92/46 L	82 L
09/12/19 20:08	88.9 FL	75	16	101/52 L	82 L
09/12/19 20:03	88.9 FL	75	16	109/53 L	83 L
09/12/19 19:58	88.7 FL	76	16	91/48 L	83 L
09/12/19 19:53	88.7 FL	75	16	93/52 L	82 L
09/12/19 19:48	88.7 FL	76	16	93/52 L	83 L
09/12/19 19:43	88.0 FL	76	16	93/53 L	83 L
09/12/19 19:38	88.0 FL	76	16	96/53 L	83 L
09/12/19 19:31	87.6 FL	77	16	96/53 L	82 L
09/12/19 19:26	87.6 FL	77	16	96/53 L	83 L
09/12/19 19:08		79	16	80/39 L	86 L
09/12/19 19:04	87.1 FL	77	20	77/40 L	86 L
09/12/19 18:53	86.9 FL	78	16	77/40 L	86 L
09/12/19 18:36		79	16	80/41 L	86 L
09/12/19 18:31		79	16	80/45 L	96
09/12/19 18:15		79	16	83/50 L	86 L
09/12/19 18:13		79	16	80/48 L	86 L
09/12/19 18:06	86.5 FL	79	16	82/44 L	96
09/12/19 17:55	86.5 FL	80	16	84/46 L	95
09/12/19 17:53			16		
09/12/19 17:43	86.5 FL	81	16	81/44 L	83 L
09/12/19 17:38		81	16	89/47 L	83 L
09/12/19 17:30	86.5 FL	81	16	90/49 L	83 L
09/12/19 17:10		85	16	84/46 L	82 L
09/12/19 16:32		80		162/110 H	
09/12/19 16:30		71	20	231/120 H	

ED Activity

Last Name: EMBRY	Status:	ED Chart Complete
First Name: BRANDON	Priority:	2-Emergent
Middle: W	Condition:	Stable
Birthdate: 09/07/1986	Arrival Date/Time:	09/12/19 16:11

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Fac: Randolph Health
33 M 09/07/1986

Loc: *EMERGENCY DEPARTMENT
Med Rec Num: M000548005

Bed:-
Visit: A00047972036

ED Activity - Continued

Age: 33 Arrival Mode: AMBULANCE
Sex: M Triaged At: 09/12/19 16:20
Language: ENGLISH Time Seen by Provider: 09/12/19 16:12

Stated Complaint: HEAD INJURY
Chief Complaint: Altered Mental Status

ED Location: Major
Area:
Station:
Group:
ED Provider: Villard, Douglas Rosaro
ED Midlevel Provider:
ED Nurse:
Primary Care Provider: Not Identified, Primary Provider

Status/Phase	DtTm/Value	User/Action
ED Chart Complete	09/12/19 23:28:42	Brenner, Cynthia R
Ed Status	ED Chart Complete	Edit
Pend Xfer Other Facility	09/12/19 23:18:19	Brenner, Cynthia R
Status Event	Final ED Status	New
Disposition	Moses Cone Hospital	New
Discharged At	09/12/19 21:30	New
Reg Status	Dep Emergency	Edit
	09/12/19 22:41:23	Coward, Maci O
Station	Bed 1	Deleted
Treatment Area	06	Deleted
	09/12/19 20:13:41	Villard, Douglas Rosaro
Clinical Impression	Hyperkalemia	Added
Clinical Impression	Rhabdomyolysis	Added
Clinical Impression	Hypothermia	Added
Clinical Impression	Acute renal failure (ARF)	Added
	09/12/19 20:12:02	Villard, Douglas Rosaro
Referrals (Provider)	Primary Care MD not Identified	Added
	09/12/19 20:11:04	Coward, Maci O
Assessment	Blood Draw-Central Line	Added
	09/12/19 19:28:30	Coward, Maci O
Assessment	Central Line Bundle Monitoring	Added
	09/12/19 18:46:32	Daemon, Background
Assessment	Bolus/Medication Titration Assessment - Medication Titration	Added
	09/12/19 18:16:28	Berry, Holly J
Triaged At	09/12/19 16:20	Edit
With Doctor	09/12/19 18:00:35	Berry, Holly J
Assessment	ED Skin Rash Assessment	Added
	09/12/19 17:58:28	Berry, Holly J

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Legal Record

EMBRY, BRANDON W

Fac: Randolph Health
33 M 09/07/1986Loc: *EMERGENCY DEPARTMENT
Med Rec Num: M000548005Bed: -
Visit: A00047972036

ED Activity - Continued

Assessment	ED Neuro Assessment	Added
Pend Xfer Other Facility		09/12/19 17:55:42 Berry, Holly J
Status Event	RN Assessed	New
		09/12/19 17:53:36 Bellamy, James L
Assessment	RT Assistance	Added
		09/12/19 17:49:29 Billings, Taylor K
Station	Bed 1	New
With Doctor		09/12/19 17:45:47 Berry, Holly J
Assessment	Ventilator (RT)	Added
Pend Xfer Other Facility		09/12/19 17:28:54 Villard, Douglas Rosaro
Assessment	Collect Specimen - AMMONIA	Added
		09/12/19 17:28:41 Villard, Douglas Rosaro
Assessment	Collect Specimen - URINALYSIS	Added
		09/12/19 17:28:40 Villard, Douglas Rosaro
Assessment	Collect Specimen - LACTIC ACID	Added
		09/12/19 17:28:38 Villard, Douglas Rosaro
Assessment	Collect Specimen - DRUG SCREEN, URINE	Added
		09/12/19 17:03:29 Villard, Douglas Rosaro
Clinical Impression	Trauma	Added
Clinical Impression	Altered mental status	Added
Condition	Stable	New
		09/12/19 17:00:59 Hill, Shelby N
Primary Care Provider	Primary Care MD not Identified	New
Service Date/Time	09/12/19 16:11	New
Reg Status	Reg Emergency	Edit
		09/12/19 16:50:20 Villard, Douglas Rosaro
Ed Status	Pend Xfer Other Facility	Edit
With Doctor		09/12/19 16:40:39 Berry, Holly J
Assessment	Vent/Intubation Assessment(RN)	Added
		09/12/19 16:40:22 Villard, Douglas Rosaro
Ed Provider	Villard, Douglas R MD	Edit
		09/12/19 16:40:04 Berry, Holly J
Assessment	Intubation Procedure	Added
		09/12/19 16:27:59 Berry, Holly J
Status Event	Triaged	New
Triaged At	09/12/19 16:23	New
		09/12/19 16:27 Berry, Holly J
Assessment	Vital Signs-General	Added
Assessment	Note-Nurse Notification (NA)	Added
Assessment	Note-Physician Notification	Added

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EMBRY, BRANDON W

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Med Rec Num: M000548005Bed: -
Visit: A00047972036

ED Activity - Continued

Assessment	Note-Event Nurse/Caregiver	Added
Assessment	Pain Assessment-RH	Added
Assessment	Glasgow Coma Scale	Added
Assessment	IV Care Record	Edit
Assessment	Intake and Output - RH	Edit
Assessment	ED General Re-Assessment	Added
Assessment	ED Altered Mental Status Assessment	Added
Assessment	ED Attach Monitoring/BP	Added
Assessment	ADL (Activities of Daily Living) ED	Added
Chief Complaint	Altered Mental Status	New
Priority	2-Emergent	New
	09/12/19 16:18:43	Daemon,Background
Assessment	IV Contrast Given-HOLD METFORMIN X 48 HR - IV Contrast Given-HOLD METFORMIN	Added
	09/12/19 16:17:30	Daemon,Background
Assessment	Catheter (Foley) Care Documentation - Cath. Urinary Indwell Care	Added
	09/12/19 16:17:29	Daemon,Background
Assessment	Catheter (Foley) Insertion - Cath. Urinary Indwell Insert	Added
	09/12/19 16:17:18	Snyder,Ryan
Assessment	Collect Specimen - CPK (TOTAL ONLY)	Added
	09/12/19 16:13:50	Daemon,Background
Assessment	ED Tech-RN complete Once 12 lead obtain - ED Tech-RN complete Once 12 lead obtaine	Added
	09/12/19 16:13:39	Snyder,Ryan
Assessment	Collect Specimen - TROPONIN-I	Added
	09/12/19 16:13:38	Snyder,Ryan
Assessment	Collect Specimen - TROPONIN-I	Added
	09/12/19 16:13:37	Snyder,Ryan
Assessment	Collect Specimen - TROPONIN-I	Added
	09/12/19 16:13:36	Snyder,Ryan
Assessment	Collect Specimen - PARTIAL THROMB TIME	Added
	09/12/19 16:13:35	Snyder,Ryan
Assessment	Collect Specimen - PROTHROMBIN TIME	Added
	09/12/19 16:13:33	Snyder,Ryan
Assessment	Collect Specimen - COMPLETE METABOLIC	Added
	09/12/19 16:13:32	Snyder,Ryan
Assessment	Collect Specimen - CBC W/DIFF	Added
	09/12/19 16:13:31	Snyder,Ryan
Assessment	Collect Specimen - NT-proBNP	Added
	09/12/19 16:12:57	Snyder,Ryan
Time Seen by Provider	09/12/19 16:12	New
Ed Provider	Snyder,Ryan DO	Edit
Ed Status	With Doctor	Edit
In Room	09/12/19 16:11:50	Hill,Shelby N
Status Event	Received	New
Assessment	SBAR	Added
Assessment	Note-General Nurse	Added
Assessment	IV Care Record	Added
Assessment	Intake and Output - RH	Added
Assessment	Triage Assessment	Added

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EMBRY, BRANDON W

Fac: Randolph Health
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Med Rec Num: M000548005Bed: -
Visit: A00047972036

ED Activity - Continued

Assessment	ED Primary Care Assessment	Added
Assessment	ED Disposition	Added
ED Location	Major	New
Treatment Area	06	New
Ed Provider	Provider,ER	New
Stated Complaint	HEAD INJURY	New
Arrived By	AMBULANCE	New
Ed Status	In Room	Edit

Nursing Orders

09/12/19 16:13

ED Tech-RN complete Once 12 lead obtaine [RC] STAT
Record Obtain Old EKG Routine
Physician Instructions:

09/12/19 16:17

Cath. Urinary Indwell Care [RC] QSHIFT
FOLEY [Cath. Urinary Indwell Insert] [RC] .now
Criteria For Use: Critical to pt Monitoring
*Long-Term/Chronic = Indwelling urinary catheter already in place from a previous medical condition.
*Pressure Ulcer= Assist in healing stage III or IV perineal or sacral ulcer for incontinent female patients.
*Pelvic/Hip Fracture = non-surgical or pre-surgical female patients.
**Indwelling Catheter Removal Protocol will be initiated unless otherwise noted
***Post Removal Managment Protocol will be initiated unless otherwise noted

09/12/19 16:18

IVContrastGiven-HOLD METFORMIN [RC] DAILY

09/12/19 18:46

Medication Titration [RC] PROTOCOL

Lab Orders

09/12/19 17:39

COMPLETE METABOLIC [CHEM] Stat

Comment:

Department: BERHO

Specimen: Has been collected

CREATINE KINASE, TOTAL [CPK (TOTAL ONLY)] [CHEM] Stat

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Lab Orders - Continued

Comment:

Department: BERHO

Specimen: Has been collected

Cbc W/Diff [HEM] Stat

Department: BERHO

DRUG SCREEN, URINE Stat

Comment:

Department: BERHO

Specimen: Has been collected

LACTIC ACID Stat

Comment:

Department: BERHO

Specimen: Has been collected

NT-proBNP [CHEM] Stat

Comment:

Department: BERHO

Specimen: Has been collected

PARTIAL THROMB TIME [COAG] Stat

Comment:

Department: BERHO

Specimen: Has been collected

PROTHROMBIN TIME [COAG] Stat

Comment:

Department: BERHO

Specimen: Has been collected

TROPONIN-I [CHEM] Stat

Comment:

Department: BERHO

Specimen: Has been collected

UA [URINALYSIS] [UA] Stat

Comment:

Department: BERHO

Specimen: Has been collected

UA Source: Clean Catch-mid stream

In/Out cath pt if unable to void within 30min: No

09/12/19 18:20

AMMONIA Stat

Comment:

Department: DOHCY

Specimen: Has been collected

09/12/19 20:26

LACTIC ACID Stat

Department: BURMAC

TROPONIN-I [CHEM] Stat

Comment: 2nd Troponin

Department: BURMAC

Specimen: Has been collected

09/12/19 21:20

ABG [ARTERIAL BLOOD GAS] Stat

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Fac: Randolph Health
33 M 09/07/1986

Loc: *EMERGENCY DEPARTMENT
Med Rec Num: M000548005

Bed: -
Visit: A00047972036

Lab Orders - Continued

Comment:
Department: SMIJEN
Specimen: Send someone from the department to collect
Obtain ABG --- Indicate below.

Imaging Orders

09/12/19 16:55

DG CHEST PORTABLE [RAD] Stat

Comment:
Mode Of Transportation: Portable
Reason For Exam: trauma

09/12/19 17:16

CT CERVICAL SPINE W/O CM [CT] Stat

Comment:
Mode Of Transportation: Stretcher
Reason For Exam: trauma

CT CHEST-ABD-PELV W/IV CM [CT] Stat

Comment: EXAM CHANGED TO W/O AFTER PT GIVEN CONTRAST
Mode Of Transportation: Stretcher
Reason For Exam: ASSAULT

CT FACE W/O CM [CT] Stat

Comment:
Mode Of Transportation: Stretcher
Reason For Exam: trauma

CT HEAD W/O CM [CT] Stat

Comment:
Mode Of Transportation: Stretcher
Reason For Exam: trauma, ams

Therapy Orders

09/12/19 16:13

EKG - EMERGENCY DEPT USE ONLY Stat

Comment:
Reason For Exam: Chest Pain

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EMBRY, BRANDON W

Fac: Randolph Health
33 M 09/07/1986Loc: *EMERGENCY DEPARTMENT
Med Rec Num: M000548005Bed: -
Visit: A00047972036

Medication Orders

09/12/19 16:12

Midazolam [Versed] 2 mg IV .STK-MED ONE
Rocuronium Bromide [Zemuron] 100 mg IV .STK-MED ONE

09/12/19 16:22

Rocuronium Bromide [Zemuron] 50 mg IV .STK-MED ONE

09/12/19 16:28

Rocuronium Bromide [Zemuron] 200 mg IV NOW ONE

09/12/19 16:29

Fentanyl 100 mcg IV NOW ONE
Midazolam [Versed] 2 mg IV NOW ONE

09/12/19 17:00

Alert Notice for Medications [Pharmacy Notice IV Contrast Administration] 1 info NA .IV Contrast Given
Ns [Normal Saline] 1,000 ml IV Q1H

09/12/19 17:50

Ns [Normal Saline] 1,000 ml IV .Bolus IVF x 1 liter

09/12/19 18:46

Norepinephrine in D5W infusion [Levophed Infusion] 8,000 mcg in 250 ml IV Q12H

09/12/19 18:47

Dextrose [Dextrose 50%] 25 gm IV NOW ONE
Sodium Bicarbonate 50 meq IV NOW ONE

09/12/19 19:00

Insulin, Regular [Humulin R] 10 units IV NOW ONE

09/12/19 20:30

Piperacillin and Tazobactam [Zosyn] 4.5 gm D5w 100 ml IV NOW
Expected Duration: One Dose
Indication: Empiric x 72 hours

Discontinued Medications

Dextrose (Dextrose 50%) 25 gm IV NOW ONE
Stop: 09/12/19 18:48
Last Admin: 09/12/19 19:50 Dose: 25 gm
Documented by: BURMAC

EMBRY, BRANDON WFac: Randolph Health
33 M 09/07/1986Loc: *EMERGENCY DEPARTMENT
Med Rec Num: M000548005Bed: -
Visit: A00047972036**ED Infusion or Push**

Document 09/12/19 19:50 MOC (Rec: 09/12/19 19:50 MOC HPT260-012)
 IV Type
 Med Administration Type (IV) IV Push
 IV Infusion
 Infusion Site Right, Antecubital

Fentanyl Citrate (Fentanyl) 100 mcg IV NOW ONE

Stop: 09/12/19 16:30
 Last Admin: 09/12/19 16:29 Dose: 100 mcg
 Documented by: BERHO

Pain/Fever Assessment

Document 09/12/19 16:29 HJB (Rec: 09/12/19 16:31 HJB HPT260-012)
 Indication
 Indication Sedation

Re-Assess: Pain/Fever Med Reassessment

Document 09/12/19 16:59 HJB (Rec: 09/12/19 18:42 HJB HPT610-122)
 Indication
 Indication Sedation

Sodium Chloride (Normal Saline) 1,000 mls @ 999 mls/hr IV Q1H SCH

Stop: 09/12/19 18:59
 Last Admin: 09/12/19 19:02 Dose: 999 mls/hr
 Documented by: BERHO

ED Infusion or Push

Document 09/12/19 19:02 HJB (Rec: 09/12/19 19:02 HJB HPT260-012)
 IV Type
 Med Administration Type (IV) IV Push
 IV Infusion
 IV Rate (ml/hr) 999

Re-Assess: MAR IV Reassessment

Document 09/12/19 19:30 MOC (Rec: 09/12/19 19:30 MOC HPT260-012)
 Fluids
 IV Fluid Bag Completed Yes
 Amount Infused (adds to IV Intake) 1,000

Sodium Chloride (Normal Saline) 1,000 mls @ 999 mls/hr IV .Bolus IVF x 1 liter ONE

Stop: 09/12/19 18:50
 Last Admin: 09/12/19 16:35 Dose: 999 mls/hr
 Documented by: BERHO

ED Infusion or Push

Document 09/12/19 16:35 HJB (Rec: 09/12/19 19:02 HJB HPT260-012)
 IV Type
 Med Administration Type (IV) IV Push
 IV Infusion
 IV Rate (ml/hr) 999

Re-Assess: MAR IV Reassessment

Document 09/12/19 17:35 MOC (Rec: 09/12/19 19:30 MOC HPT260-012)
 Fluids
 IV Fluid Bag Completed Yes
 Amount Infused (adds to IV Intake) 1,000

Norepinephrine Bitartrate (Levophed Infusion) 8,000 mcg in 250 mls @ 18.75 mls/hr IV Q12H STA; Protocol

EMBRY, BRANDON W

Fac: Randolph Health
33 M 09/07/1986Loc: *EMERGENCY DEPARTMENT
Med Rec Num: M000548005Bed:-
Visit: A00047972036

Stop: 09/13/19 08:05

Last Admin: 09/12/19 19:04 Dose: 18.75 mls/hr

Documented by: BERHO

MAR Vital Signs

Document 09/12/19 19:04 HJB (Rec: 09/12/19 19:06 HJB HPT260-012)

Vital Signs

Temperature (97.5 F-100.5 F)	87.1 F
Pulse Rate (60-119)	77
Blood Pressure (99/60-179/100)	77/40
Respiratory Rate (10-24)	20
Pulse Oxygen Saturation (91-100)	86

Re-Assess: IV/VS Medication Reassessment

Edit Result 09/12/19 21:30 MOC (Rec: 09/12/19 21:42 MOC HPT610-122)

Fluids

IV Fluid Bag Completed Continued on Admit/Transfer

Re-Assess: Vital Signs

Edit Result 09/12/19 21:30 MOC (Rec: 09/12/19 21:42 MOC HPT610-122)

Sepsis Assessment

Protocol: SEPSISRISK

WBC LAST RESULT {3.0 xk/uL (3.8-10.8) L}

Piperacillin Sod/Tazobactam (Sod 4.5 gm/ Dextrose) 100 mls @ 200 mls/hr IV NOW ONE; Protocol

Stop: 09/12/19 20:59

Last Admin: 09/12/19 20:27 Dose: 200 mls/hr

Documented by: BURMAC

ED Infusion or Push

Document 09/12/19 20:27 MOC (Rec: 09/12/19 20:28 MOC HPT260-012)

IV Type

Med Administration Type (IV) IV Infusion

IV Infusion

IV Rate (ml/hr) 200

Infusion Site Left, Femoral

Re-Assess: MAR IV Reassessment

Document 09/12/19 21:07 MOC (Rec: 09/12/19 21:07 MOC HPT610-122)

Fluids

IV Fluid Bag Completed Yes

Amount Infused (adds to IV Intake) 100

Symptom Unable to Assess

Insulin Human Regular (Humulin R) 10 units IV NOW ONE

Stop: 09/12/19 19:01

Last Admin: 09/12/19 19:51 Dose: 10 units

Documented by: BURMAC Cosigned by: BRUJOY

Insulin Administration Verific

Document 09/12/19 19:51 MOC (Rec: 09/12/19 19:52 MOC HPT260-012)

Verification

Insulin Verified YES

ED Infusion or Push

Document 09/12/19 19:51 MOC (Rec: 09/12/19 19:52 MOC HPT260-012)

IV Type

Med Administration Type (IV) IV Push

IV Infusion

Infusion Site Right, Antecubital

Midazolam HCl (Versed) 2 mg IV NOW ONE

Continued on Page 12

Legal Record

EMBRY, BRANDON W

Fac: Randolph Health
33 M 09/07/1986Loc: *EMERGENCY DEPARTMENT
Med Rec Num: M000548005Bed:-
Visit: A00047972036

Stop: 09/12/19 16:30
Last Admin: 09/12/19 16:29 Dose: 2 mg
Documented by: BERHO

Midazolam HCl (Versed) 2 mg IV .STK-MED ONE
Stop: 09/12/19 16:13

Rocuronium Bromide (Zemuron) Confirm Administered Dose 50 mg IV .STK-MED ONE
Stop: 09/12/19 16:23
Last Admin: 09/12/19 16:32 Dose: Not Given
Documented by: BERHO
Non-Admin Reason: override pull

Rocuronium Bromide (Zemuron) 200 mg IV NOW ONE
Stop: 09/12/19 16:29
Last Admin: 09/12/19 16:30 Dose: 200 mg
Documented by: BERHO

ED Infusion or Push

Document 09/12/19 16:30 HJB (Rec: 09/12/19 16:32 HJB HPT260-012)
IV Type
Med Administration Type (IV) IV Push

Rocuronium Bromide (Zemuron) 100 mg IV .STK-MED ONE
Stop: 09/12/19 16:13

Sodium Bicarbonate (Sodium Bicarbonate) 50 meq IV NOW ONE
Stop: 09/12/19 18:48
Last Admin: 09/12/19 19:48 Dose: 50 meq
Documented by: BURMAC

ED Infusion or Push

Document 09/12/19 19:48 MOC (Rec: 09/12/19 19:48 MOC HPT260-012)
IV Type
Med Administration Type (IV) IV Push
IV Infusion
Infusion Site Right, Antecubital

Diagnosis

HYPERKALEMIA (09/12/19)
RHABDOMYOLYSIS (09/12/19)
ACUTE KIDNEY FAILURE, UNSPECIFIED (09/12/19)
ALTERED MENTAL STATUS, UNSPECIFIED (09/12/19)
HYPOTHERMIA, NOT ASSOCIATED W LOW ENVIRONMENTAL TEMPERATURE (09/12/19)
CONTUSION OF UNSPECIFIED FRONT WALL OF THORAX, INIT ENC NTR (09/12/19)
EXPOSURE TO OTHER SPECIFIED FACTORS, INITIAL ENCOUNTER (09/12/19)

EMBRY, BRANDON W

Fac: Randolph Health
33 M 09/07/1986Loc: *EMERGENCY DEPARTMENT
Med Rec Num: M000548005Bed: -
Visit: A00047972036**Discharge Information**ED Provider: Villard, Douglas Rosaro
Status: ED Chart Complete
Time Seen by Provider: 09/12/19 16:12
Condition: Stable
Triage At: 09/12/19 16:20Emergency Discharge Date/Time: 09/12/19 21:30
Emergency Discharge Disposition: Moses Cone Hospital
Clinical Impression: Altered mental status
Trauma
Hypothermia
Acute renal failure (ARF)
Rhabdomyolysis
Hyperkalemia

Emergency Discharge Comment:

Discharge Intervention Last Done
Triage Assessment 09/12/19 16:23

Query	Result
Travel Outside of US in the Last 3 Months?	Unable to Determine
History of MRSA	Unknown/Unable
History of MDRO	Unknown/Unable
History of VRE	Unknown/Unable
History of CRE	Unknown/Unable
Patient's height	6 ft 1 in
Patient's weight	300 lb
Weight Method	estimated
BMI	39.5
Weight (Calculated Kilograms)	136.078
Chief Complaint	Altered Mental Status
Onset	today
Description of Symptoms	EMS called out for welfare check, upon EMS arrival pt was found to be lying on the floor on R side with obvious injured to face. Pt was unresponsive on EMS arrival, 2mg narcan given on EMS arrival with no response. Pt arrived to ED with NRB @ 15L-NC, moving all 4 extremities but remains unresponsive. Last seen normal Tuesday.
Mode of Arrival:	Ambulance
EMS Provider	Randolph County
Unable to complete suicide screening because patient is	Unresponsive
Provider	Douglas Rosaro Villard
Notified Date	09/12/19
Notified Time	16:27

EMBRY, BRANDON W

Fac: Randolph Health
33 M 09/07/1986Loc: *EMERGENCY DEPARTMENT
Med Rec Num: M000548005Bed: -
Visit: A00047972036

Discharge Information - Continued

Orders Received	Yes
Priority	2-Emergent
Mode of transportation (for rad)	Stretcher
Nurse Notes	Villard, MD at bedside, unable to obtain BP at this time. Preparing for intubation.

ED Primary Care Assessment 09/12/19 17:53

Query	Result
Triage Assessment Reviewed (Time)	17:54
Code Status	Full Code
Allergies Completed in Meditech	Yes
Home Meds Completed	Yes
Mental Status	Unresponsive
Information Source	Paramedic
Hx Falls	UNKNOWN
Is patient part of a Cancer Clinical Trial	No
Hx Tetanus, Diphtheria Vaccination	Unknown
Feels Threatened In Home Environment	UNKNOWN
Hx Alcohol Use	UNKNOWN
Hx Substance Use	UNKNOWN
Cardiovascular Assessment	No variations from normal
Strength	Bounding
EKG Ectopy	No
EKG Rhythm	Sinus Rhythm
Respiratory Assessment	Variation
Bilateral	
-Breath Sounds	Diminished
Respiratory Rate	16
Respiratory Depth	Normal
Oxygen Delivery Method	Mechanical Ventilator
Hx Depression	No
Hx Migraine	Yes
Hx Other Musculoskeletal Problems	Sharpnel in back
Hx Hepatitis (type)	No
Hx Shoulder Surgery	Yes: Right
Hx Other Musculoskeletal Surgeries	HUMERAL FX left, repaired with surgery

ED Disposition

09/12/19 21:30

Query	Result
Disposition	Trans. to Other Facility
Type/Disposition/Date of Last Visit	ER - to Moses Cone on 09/12/19
Comment	Moses Cone
Other Facility Dept./Room Number	MICU
Other Facility Report To	Stephanie, RN
ED EMTALA Form Completed	YES

Continued on Page 15
Legal Record

EMERY, BRANDON W

Fac: Randolph Health
33 M 09/07/1986Loc: *EMERGENCY DEPARTMENT
Med Rec Num: M000548005Bed: -
Visit: A00047972036

Discharge Information - Continued

Physician's documented condition at transfer	Stable
Transported by	Care Link
Mode of Departure	Ambulance
Temperature	90.5 F
Temperature	32.5 C
Pulse Rate	70
Blood Pressure	83/49
Blood Pressure Mean	60
Respiratory Rate	16
Pulse Oxygen Saturation	79
VS Activity (if Applicable)	At Rest on O2
O2 Device	Vent
WBC LAST RESULT	{3.0 xk/uL (3.8-10.8) L}
Vital Signs Assessed	Yes

IV Care Record

09/12/19 21:30

Query	Result
Left Inner Forearm	
-Assessment Type	Maintenance
-Observation	Asymptomatic
Left Hand	
-Assessment Type	Maintenance
-Observation	Asymptomatic
Right Antecubital	
-Assessment Type	Maintenance
-Observation	Asymptomatic
Left Femoral Multi Lumen Cath	
-Assessment Type	Maintenance
-Observation	Asymptomatic

Intake and Output - RH

SBAR

Instructions:

Stand-Alone Forms:

Prescriptions:

Visit Report

- Forms:

- Referrals: Not Identified, Primary Provider (Primary Care Provider) - One Week

Randolph Hospital ED Summary Report**09/12/19 16:20**

Note-General Nurse

Freq:

Protocol:

Document HJB (Rec: 09/12/19 18:16 HJB HPT260-012)

Start: 09/12/19 16:12

Status: Discharge

Continued on Page 16

Legal Record

EMBRY, BRANDON W

Fac: Randolph Health
33 M 09/07/1986Loc: *EMERGENCY DEPARTMENT
Med Rec Num: M000548005Bed:-
Visit: A00047972036Note-General Nurse
Comment

Asheboro PD and CSI at bedside

09/12/19 16:23

Triage Assessment

Start: 09/12/19 16:12

Freq:

Status: Discharge

Protocol:

Document HJB (Rec: 09/12/19 16:27 HJB HPT260-012)

Travel History

Travel Outside of US in the Last 3
Months?

Unable to Determine

History of MRSA

Unknown/Unable

History of MDRO

Unknown/Unable

History of VRE

Unknown/Unable

History of CRE

Unknown/Unable

Height & Weight(ED)

Patient's height

6 ft 1 in

Patient's weight

300 lb

Weight Method

estimated

BMI

39.5

Weight (Calculated Kilograms)

136.078

Chief Complaint & History

Chief Complaint

Altered Mental Status

Onset- Timeframe

today

Description of Symptoms

EMS called out for welfare check, upon EMS arrival pt was found to be lying on the floor on R side with obvious injured to face. Pt was unresponsive on EMS arrival, 2mg narcan given on EMS arrival with no response. Pt arrived to ED with NRB @15L-NC , moving all 4 extremities but remains unresponsive. Last seen normal Tuesday.

Mode of Arrival:

Ambulance

EMS Provider

Randolph County

Columbia-Suicide Severity Rating Scale

Unable to complete suicide screening
because patient is

Unresponsive

Provider Notified of VS

Provider

Douglas Rosaro Villard

Notified Date

09/12/19

Notified Time

16:27

Orders Received

Yes

Acuity Level (ESI)

Acuity Level (ESI)

2-Emergent

Mode of transportation (for rad)

Stretcher

Triage Notes

Nurse Notes

Villard, MD at bedside, unable to obtain BP at this time.
Preparing for intubation.

09/12/19 16:25

Continued on Page 17

Legal Record

EMBRY, BRANDON WFac: Randolph Health
33 M 09/07/1986Loc: *EMERGENCY DEPARTMENT
Med Rec Num: M000548005Bed: -
Visit: A00047972036IV Care Record Start: 09/12/19 16:12
Freq: Status: Discharge
Protocol:

Document HJB (Rec: 09/12/19 16:34 HJB HPT260-012)

IV Care Record

Right Antecubital

Assessment Type	Insertion
IV Start Date	09/12/19
IV Gauge	20
Number of Attempts	1
Central Line Insertion/Access	Positive blood return, Flushes easily
Blood Drawn w/ IV Start	No
Fluids	Fluids Infusing
Observation	Asymptomatic, Intact, Patent
Site Condition	Catheter Intact, No Redness, No Swelling

Left Hand

Assessment Type	Insertion
IV Start Date	09/12/19
Fluids Present on Arrival	Saline Lock
IV Gauge	20
Number of Attempts	1
Central Line Insertion/Access	Positive blood return, Flushes easily
Blood Drawn w/ IV Start	No
Fluids	Fluids Infusing
Observation	Asymptomatic, Intact, Patent
Site Condition	Catheter Intact, No Redness, No Swelling

Left Inner Forearm

Assessment Type	Present On Arrival
Fluids Present on Arrival	Saline Lock
IV Gauge	20
Central Line Insertion/Access	Flushes easily
Started by Other Provider	EMS
Fluids	Saline Lock
Observation	Asymptomatic, Intact, Patent
Site Condition	Catheter Intact, No Redness, No Swelling

09/12/19 16:32Note-General Nurse Start: 09/12/19 16:12
Freq: Status: Discharge
Protocol:

Document HJB (Rec: 09/12/19 16:35 HJB HPT260-012)

Note-General Nurse

Comment Villard, MD attempting intubation at this time.

09/12/19 16:36Note-General Nurse Start: 09/12/19 16:12
Freq: Status: Discharge
Protocol:

Document HJB (Rec: 09/12/19 16:38 HJB HPT260-012)

Note-General Nurse

Continued on Page 18
Legal Record

EMBRY, BRANDON W

Fac: Randolph Health
33 M 09/07/1986Loc: *EMERGENCY DEPARTMENT
Med Rec Num: M000548005Bed: -
Visit: A00047972036

Comment

Intubation successful at this
time with Villard, MD and
sytle removed.**09/12/19 16:45**

Note-General Nurse

Start: 09/12/19 16:12

Freq:

Status: Discharge

Protocol:

Document HJB (Rec: 09/12/19 17:18 HJB HPT260-012)

Note-General Nurse

Comment

Pt transported to CT with RN
on monitor. RT to follow with
intubation .**09/12/19 17:19**

Note-General Nurse

Start: 09/12/19 16:12

Freq:

Status: Discharge

Protocol:

Document HJB (Rec: 09/12/19 17:58 HJB HPT260-012)

Note-General Nurse

Comment

Temp foley prob placed, rectal
temp noted at 86.1. Villard,
MD aware and bare hugger
placed at this time with warm
blankets.**09/12/19 17:41**

Collect Specimen: NT-proBNP

Start: 09/12/19 17:41

Freq: ONCE

Status: Complete

Protocol:

Document HJB (Rec: 09/12/19 17:41 HJB HPT260-012)

Collect Specimen: CBC W/DIFF

Start: 09/12/19 17:41

Freq: ONCE

Status: Complete

Protocol:

Document HJB (Rec: 09/12/19 17:41 HJB HPT260-012)

Collect Specimen: COMPLETE METABOLIC

Start: 09/12/19 17:41

Freq: ONCE

Status: Complete

Protocol:

Document HJB (Rec: 09/12/19 17:41 HJB HPT260-012)

Collect Specimen: PROTHROMBIN TIME

Start: 09/12/19 17:41

Freq: ONCE

Status: Complete

Protocol:

Document HJB (Rec: 09/12/19 17:41 HJB HPT260-012)

Collect Specimen: PARTIAL THROMB TIME

Start: 09/12/19 17:41

Freq: ONCE

Status: Complete

Protocol:

Document HJB (Rec: 09/12/19 17:41 HJB HPT260-012)

Collect Specimen: TROPONIN-I

Start: 09/12/19 17:41

Freq: ONCE

Status: Complete

Protocol:

Document HJB (Rec: 09/12/19 17:41 HJB HPT260-012)

Collect Specimen: CPK (TOTAL ONLY)

Start: 09/12/19 17:41

Freq: ONCE

Status: Complete

Protocol:

Document HJB (Rec: 09/12/19 17:41 HJB HPT260-012)

Collect Specimen: DRUG SCREEN, URINE

Start: 09/12/19 17:41

Freq: ONCE

Status: Complete

Continued on Page 19
Legal Record

EMBRY, BRANDON WFac: Randolph Health
33 M 09/07/1986Loc: *EMERGENCY DEPARTMENT
Med Rec Num: M000548005Bed: -
Visit: A00047972036

Protocol:

Document HJB (Rec: 09/12/19 17:41 HJB HPT260-012)

Collect Specimen: LACTIC ACID

Start: 09/12/19 17:41

Freq: ONCE

Status: Complete

Protocol:

Document HJB (Rec: 09/12/19 17:41 HJB HPT260-012)

Collect Specimen: URINALYSIS

Start: 09/12/19 17:41

Freq: ONCE

Status: Complete

Protocol:

Document HJB (Rec: 09/12/19 17:41 HJB HPT260-012)

Collect Specimen: AMMONIA

Start: 09/12/19 17:41

Freq: ONCE

Status: Complete

Protocol:

Document HJB (Rec: 09/12/19 17:41 HJB HPT260-012)

09/12/19 17:53

ED Primary Care Assessment

Start: 09/12/19 16:12

Freq:

Status: Complete

Protocol:

Document HJB (Rec: 09/12/19 17:55 HJB HPT260-012)

ED Primary Assessment

Triage Assessment Reviewed (Time)	17:54
Code Status	Full Code
Allergies Completed in Meditech	Yes
Home Medications Completed	Yes
Mental Status	Unresponsive
Information Source	Paramedic
Hx Falls	UNKNOWN
Is patient part of a Cancer Clinical Trial	No
Hx Tetanus, Diphtheria Vaccination	Unknown
Feels Threatened In Home Environment	UNKNOWN
Hx Alcohol Use	UNKNOWN
Hx Substance Use	UNKNOWN

Cardiac Assessment

Cardiovascular Assessment	No variations from normal
Strength	Bounding
EKG Ectopy	No
EKG Rhythm	Sinus Rhythm

ED Respiratory Assessment

Respiratory Assessment	Variation
Bilateral	
Breath Sounds	Diminished
Respiratory Rate (10-24)	16
Respiratory Depth	Normal
Oxygen Delivery Method	Mechanical Ventilator

Past Medical/Surgical History

Hx Depression	No
Hx Migraine	Yes
Hx Other Musculoskeletal Problems	Sharpnel in back
Hx Hepatitis (type)	No
Hx Shoulder Surgery	Yes: Right
Hx Other Musculoskeletal Surgeries	HUMERAL FX left, repaired with surgery

09/12/19 17:58Continued on Page 20
Legal Record

EMBRY, BRANDON WFac: Randolph Health
33 M 09/07/1986Loc: *EMERGENCY DEPARTMENT
Med Rec Num: M000548005Bed: -
Visit: A00047972036

ED Neuro Assessment

Start: 09/12/19 17:58

Freq:

Status: Discharge

Protocol:

Document HJB (Rec: 09/12/19 18:00 HJB HPT260-012)

Neuro

Comment	unresponsive
Bilateral	
Pupil reaction	Fixed
Nurse Notes	Bilateral pupils are noted to be at 3mm and non-ractive.

Glasgow Coma Scale

Is the Pt. on a Ventilator or Sedated	Yes
Coma Scale Eye Opening	None
Coma Scale Motor Response	None
Coma Scale Verbal Response	None
Coma Scale Total	3-Notify Carolina Donor Services if score 5 or less with neurological insult.

09/12/19 18:00

ED Skin Rash Assessment

Start: 09/12/19 18:00

Freq:

Status: Discharge

Protocol:

Document HJB (Rec: 09/12/19 18:12 HJB HPT260-012)

Rash

Comment	2cm laceration noted above L eye brow 6.5cm x 6cm bruise noted to L chest wall Excessively large contusion note to L forearm/elbow region 4.5cm x 3cm contusion noted to L lower abdomen Excessively large contusion noted to L knee extending down into shin Excessively large contusion noted to R ankle and R knee extending down into shin Excessively large contusion noted to R buttock Large contusion noted to bilateral knuckles 2cm laceration noted to R inner wrist Small puncture wound to L inner palm Dried blood noted all over face, nares, and bilateral ears
---------	---

09/12/19 18:37

Note-General Nurse

Start: 09/12/19 16:12

Freq:

Status: Discharge

Protocol:

Document HJB (Rec: 09/12/19 18:38 HJB HPT260-012)

Note-General Nurse

Continued on Page 21
Legal Record

EMBRY, BRANDON W

Fac: Randolph Health
33 M 09/07/1986Loc: *EMERGENCY DEPARTMENT
Med Rec Num: M000548005Bed: -
Visit: A00047972036

Comment	RT at bedside to adjust the ETT, ETT is 23 at the lip.
---------	---

09/12/19 18:39

Note-General Nurse	Start: 09/12/19 16:12
Freq:	Status: Discharge

Protocol:

Document HJB (Rec: 09/12/19 18:39 HJB HPT260-012)

Note-General Nurse

Comment	Mother and sister at bedside.
Transported By	Carried

09/12/19 19:12

Note-General Nurse	Start: 09/12/19 16:12
Freq:	Status: Discharge

Protocol:

Document HJB (Rec: 09/12/19 19:13 HJB HPT260-012)

Note-General Nurse

Comment	MOTer to sign consent for central line at this time. Villard, MD at bedside to place with Maci, RN at this time. Report given to Maci, RN . Levophed started at 10mcg/ min.
---------	---

09/12/19 20:00

IV Care Record	Start: 09/12/19 16:12
Freq:	Status: Discharge

Protocol:

Document MOC (Rec: 09/12/19 21:48 MOC HPT610-122)

IV Care Record

Left Femoral Multi Lumen Cath	
Assessment Type	Central Line Insertion/Access
IV Start Date	09/12/19
IV Gauge	16
Number of Attempts	3
Central Line Insertion/Access	Positive blood return, Flushes easily
Blood Drawn w/ IV Start	No
Started by Other Provider	Villard, MD
Fluids	Saline Lock
Observation	Asymptomatic, Intact, Patent
IV Comment	two failed attempts in right femoral per dr. villard
Site Condition	No Redness, No Swelling

09/12/19 20:07

Note-General Nurse	Start: 09/12/19 16:12
Freq:	Status: Discharge

Protocol:

Document MOC (Rec: 09/12/19 20:09 MOC HPT260-012)

Note-General Nurse

Comment	levofed switchede to central line at this time due to dr. villards verbal order.
---------	--

09/12/19 20:27

Collect Specimen: TROPONIN-I	Start: 09/12/19 20:27
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Continued on Page 22
Legal Record

EMBRY, BRANDON WFac: Randolph Health
33 M 09/07/1986Loc: *EMERGENCY DEPARTMENT
Med Rec Num: M000548005Bed: -
Visit: A00047972036

Freq: ONCE Status: Complete

Protocol:

Document MOC (Rec: 09/12/19 20:27 MOC HPT260-012)

09/12/19 20:40

Note-General Nurse

Start: 09/12/19 16:12

Freq:

Status: Discharge

Protocol:

Document MOC (Rec: 09/12/19 20:55 MOC HPT610-122)

Note-General Nurse

Comment

Family at bedside at this time
. Dr. Villard at bedside as
well discussing care**09/12/19 20:53**

Note-General Nurse

Start: 09/12/19 16:12

Freq:

Status: Discharge

Protocol:

Document MOC (Rec: 09/12/19 20:53 MOC HPT610-122)

Note-General Nurse

Comment

report called to care link at
this time. ETA 30 min.**09/12/19 21:07**

Note-General Nurse

Start: 09/12/19 16:12

Freq:

Status: Discharge

Protocol:

Document MOC (Rec: 09/12/19 21:07 MOC HPT610-122)

Note-General Nurse

Comment

Report called to Stephanie, RN
at moses cone.**09/12/19 21:17**

Note-General Nurse

Start: 09/12/19 16:12

Freq:

Status: Discharge

Protocol:

Document MOC (Rec: 09/12/19 21:17 MOC HPT260-012)

Note-General Nurse

Comment

RT at bedside performing ABG
at this time**09/12/19 21:30**

IV Care Record

Start: 09/12/19 16:12

Freq:

Status: Discharge

Protocol:

Document MOC (Rec: 09/12/19 21:50 MOC HPT610-122)

IV Care Record

Left Femoral Multi Lumen Cath

Assessment Type

Maintenance

Observation

Asymptomatic

Right Antecubital

Assessment Type

Maintenance

Observation

Asymptomatic

Left Hand

Assessment Type

Maintenance

Observation

Asymptomatic

Left Inner Forearm

Assessment Type

Maintenance

Observation

Asymptomatic

Continued on Page 23

Legal Record

EMBRY, BRANDON W

Fac: Randolph Health
33 M 09/07/1986

Loc: *EMERGENCY DEPARTMENT

Med Rec Num: M000548005

Bed: -
Visit: A00047972036**User Key**

Monogram	Mnemonic	Name	Credentials	Provider Type
HJB	BERHO	Berry, Holly J	RN	Registered Nurse
MOC	BURMAC	Coward, Maci O	RN	Registered Nurse

Printed on 09/22/19 00:29
Legal Record

Name: EMBRY, BRANDON ID: M000548005 12-Sep-2019 17:51

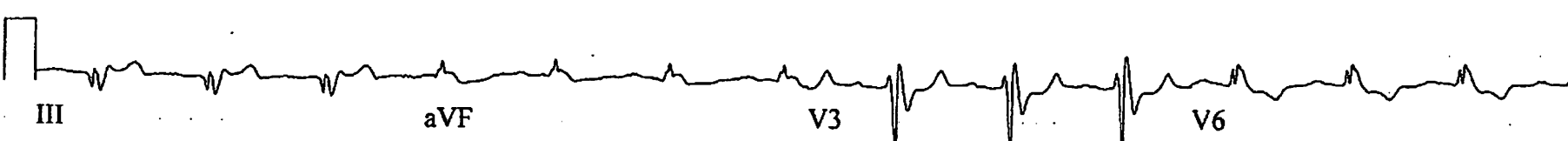
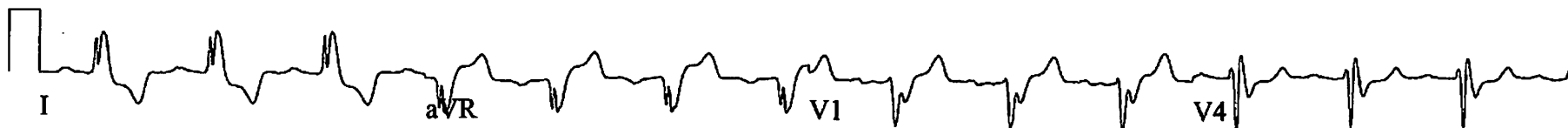
58 years
33 yr

Vent. rate 81 /min
PR interval 232 ms
QRS duration 178 ms
QT/QTc 406/471 ms
P-R-T axes 44 16 191

*** Age and gender specific ECG analysis ***
Sinus rhythm with 1st degree AV block
Nonspecific intraventricular block
Abnormal ECG

Loc: I2
Room: 6

A00047972036 M000548005
EMBRY, BRANDON W MNG
DOB 09/07/1986 33 ED
09/12/19 M
Dohay



Randolph Health
P.O. Box 1048
Asheboro, NC 27203-1045
(336)-625-5151

Cardiac Diagnostics EKG Report

Patient Name: EMBRY, BRANDON W	Unit #: M000548005
DOB: 09/07/1986 Age: 33	Exam Date: 09/12/19
Account #: A00047972036	Report #: 0912-0034
Ordering Physician: Snyder, Ryan DO	Order Data: 0912-0048 EKG/EKG - EMERGENCY DEPT USE ONLY

Randolph Health - Emergency Dept
Asheboro, NC

Test Date: 2019-09-12

Pat Name: BRANDON EMBRY Department:
Patient ID: M000548005 Room: 06
Gender: Male Technician:
DOB: 1986-09-07 Requested By: Ryan Snyder
Order Number: R0083646001 Reading MD: Douglas Villard MD

Measurements

Intervals	Axis
Rate: 81	P: 44
PR: 232	QRS: 16
QRSD: 178	T: 191
QT: 406	
QTc: 471	

Interpretive Statements

*** Age and gender specific ECG analysis ***

Sinus rhythm with 1st degree AV block
Nonspecific intraventricular block
Abnormal ECG

Interpreted and Electronically Signed On 9-12-2019 21:06:58 EDT by Douglas Villard MD

<http://rh-cardio1/store/M0/M000548005/ecg/M000548005_20190912175151.pdf>
M0/M000548005/ecg/M000548005_20190912175151.pdf
09/12/19 2106

Dictated By: Villard, Douglas R MD 09/12/19 2106
Transcribed By: Epiphany

Randolph Health Laboratory
 364 White Oak Street, Asheboro, NC 27203
 Discharge Summary Report for LIS EChart

RUN DATE: 09/13/19
 RUN TIME: 0042

PAGE 1

PATIENT: EMBRY, BRANDON W	ACCT: A00047972036	LOC: ED	U: M000548005
REG DR: Villard, Douglas R MD	AGE/SX: 33/M	ROOM:	REG: 09/12/19
	DOB: 09/07/1986	BED:	DIS:
	STATUS: DEP ER	TLOC:	

*

 * H E M A T O L O G Y *

 *

Day	1				
Date	09/12/19				
Time	1739			Reference	Units

=>WBC	3.0	L		[3.8-10.8]	xk/uL
=>RBC	4.39	L		[4.70-6.10]	xM/uL
=>HGB	13.9	L		[14.0-18.0]	g/dL
=>HCT	42.6			[42-52]	%
=>MCV	97	H		[80-94]	fL
=>MCH	31.7			[27-32]	pg
=>MCHC	32.6	L		[33-36]	g/dl
=>RDW	14.4			[11.5-14.5]	%
=>PLT	125	L		[130-400]	xk/uL
=>MPV	10.2			[7.4-10.4]	fL
=>SEG	27	L		[45-76]	%
=>BAND	23	H		[0-5]	%
=>LYMPH	25			[17-44]	%
=>MONO	3			[0-10]	%
=>EOS	0			[0-5]	%
=>BASO	0			[0-2]	%
=>META	20	H		[0]	%
=>ANC: ABS NEUT C	1.50	L		[1.7-8.2]	xk/uL
=>ALC: ABS LYMPH	0.75			[0.65-4.75]	xk/uL
=>PLT EST	NORM			[NORMAL]	
=>RBC MORPH	(A)				

(A) 1+ ANISO, 2+ POIK, 2+ BURR

RUN DATE: 09/13/19
 RUN TIME: 0042

Patient: EMBRY, BRANDON W

A00047972036

(Continued)

 * H E M A T O L O G Y *

TESTS	RESULTS	FLAG	REFERENCE RANGE
-------	---------	------	-----------------

----- MANUAL DIFF/SMEAR REVIEW -----

Day	1	Reference	Units
Date	09/12/19		
Time	1739		

=>SEG	27	L	[45-76]	%
=>BAND	23	H	[0-5]	%
=>LYMPH	25		[17-44]	%
=>MONO	3		[0-10]	%
=>EOS	0		[0-5]	%
=>BASO	0		[0-2]	%
=>META	20	H	[0]	%
=>ANC:ABS NEUT C	1.50	L	[1.7-8.2]	xk/uL
=>ALC:ABS LYMPH	0.75		[0.65-4.75]	xk/uL
=>PLT EST	NORM		[NORMAL]	
=>RBC MORPH	(B)			

(B) 1+ ANISO, 2+ POIK, 2+ BURR

Patient: EMBRY, BRANDON W		A00047972036		(Continued)	
***** * C H E M I S T R Y * *****					
***** * P R O F I L E S & B A S I C C H E M I S T R I E S * *****					
Day	1				
Date	09/12/19				
Time	1739			Reference	Units
=>NA	138			[137-146]	mEq/L
=>K	6.8(C) PH			[3.5-5.1]	mEq/L
<p>(C) NO CLINICALLY SIGNIFICANT HEMOLYSIS. THIS RESULT WAS VERIFIED BY REPEAT TESTING. Critical value called to ED on 09/12/19 at 1824 by RUMRI. Report given to and read back by BERHO.</p>					
=>CL	109 H			[98-107]	mEq/L
=>CO2	14 L			[22-33]	mMOL/L
=>GLUCOSE	136 H			[70-99]	mg/dL
=>BUN	53 H			[9-20]	MG/DL
=>CREATININE	4.40 H			[0.66-1.25]	MG/DL
=>eGFR	16 L			[>=60]	mL/min
=>ANION GAP	22 H			[8-16]	mEq/L
=>CALCIUM	6.5 PL			[8.4-10.2]	MG/DL
=>CALC CORRECTED	7.9 L			[8.4-10.2]	MG/DL
=>ALBUMIN	2.6 L			[3.5-5.0]	G/DL
=>TOTAL PROTEIN	4.8 L			[6.3-8.2]	G/DL
=>CPK	64532(D) H			[55-170]	IU/L
<p>(D) The test ordered is for TOTAL CPK only. No fractionation will be performed.</p>					
=>T BILI	1.2			[0.2-1.3]	MG/DL
=>SGOT	1065 H			[17-59]	IU/L
=>SGPT	195 H			[21-72]	IU/L
=>ALKPHOS	24 L			[38-126]	IU/L
=>CALC OSMOLALIT	282			[270-290]	MOS/Kg

Patient: EMBRY, BRANDON W		A00047972036		(Continued)	
***** CHEMISTRY ***** (continued)					
***** * MISCELLANEOUS CHEMISTRIES * *****					
Day	1				
Date	-----09/12/19-----				
Time	2026	1820	1739	Reference	Units
=>AMMONIA		18.0		[9.0-30.0]	umol/L
=>COCAINE-UR				NEG(G)	[NEG]
(G) THRESHOLD VALUE = 300 ng/mL					
=>MARIJUANA-UR				NEG(H)	[NEG]
(H) THRESHOLD VALUE = 50 ng/mL					
=>AMPHETAMINES-U				NEG(I)	[NEG]
(I) THRESHOLD VALUE = 1000 ng/mL					
=>OPIATES-UR				NEG(J)	[NEG]
(J) THRESHOLD VALUE = 2000ng/ml					
=>BENZO-UR				NEG(K)	[NEG]
(K) THRESHOLD VALUE = 300 ng/mL					
=>BARBITURATES-U				NEG(L)	[NEG]
(L) THRESHOLD VALUE = 300 ng/mL					
=>METHADONE-UR				NEG(M)	[NEG]
(M) THRESHOLD VALUE = 300NG/ML					
<p>**DISCLAIMER: Results provided in this screen are to be considered preliminary analytical test results and should be used only for medical and other professional in vitro diagnostic determinations. A more specific alternate chemical method must be used in order to obtain confirmed analytical results. Gas chromatography/mass spectrometry (GC/MS) is the preferred confirmatory method. Clinical consideration and professional judgment should be applied to any drug of abuse test result, particularly when preliminary positive results are used.</p>					
=>LACTIC ACID				5.9(N) PH	[0.7-2.1] mEq/L
(N) Critical value called to ED on 09/12/19 at 1838 by RUMRI. Report given to and read back by BERHO.					

Randolph Health
P.O Box 1048
Asheboro, N.C. 27204-1048
(336)-625-5151



Diagnostic Imaging Services

Patient Name: EMBRY, BRANDON W	MRN: M000548005 LOC: ED
DOB: 09/07/1986 AGE: 33	Order Date: 09/12/19 Date of Service: 09/12/19
Account # A00047972036	Report # 0912-0204
Ord Physician: Snyder, Ryan DO	Exam # 19-0060362
Emergency Physician: Villard, Douglas R MD	

Exam(s): 0912-0082 RAD/DG CHEST PORTABLE
CLINICAL DATA: Unresponsive. Apparent assault

EXAM:
PORTABLE CHEST 1 VIEW

COMPARISON: April 24, 2019

FINDINGS:
Endotracheal tube tip is 3.7 cm above the carina. There is no appreciable pneumothorax. There is widespread airspace consolidation throughout the lungs bilaterally. No appreciable pleural effusion. Heart is mildly prominent but stable. Pulmonary vascularity is normal. No adenopathy. No appreciable fractures. Stomach is distended with air.

IMPRESSION:
Endotracheal tube as described without appreciable pneumothorax. Widespread airspace opacity bilaterally. Question diffuse pneumonia or potentially aspiration. An allergic type phenomenon/drug reaction could account for this appearance. Diffuse pulmonary hemorrhage, potentially from trauma, is a differential consideration as well.

Stable cardiac silhouette. Stomach distended with air. No pneumothorax or fractures demonstrable on this study.

Electronically Signed
By: William Woodruff III M.D.
On: 09/12/2019 17:01

Electronically Signed By: Woodruff III, William MD
Electronically Signed Date/Time: 09/12/19 1703
Dictate Date/Time: 09/12/19 1658

Technologist: Gray, Kenneth W
Transcribed By: VRTran
Transcribed Date/Time: 09/12/19 1701

Courtesy Copy to:
Diagnostic Imaging Report

Randolph Health
P.O Box 1048
Asheboro, N.C. 27204-1048
(336)-625-5151



Diagnostic Imaging Services

Patient Name: EMBRY, BRANDON W	MRN: M000548005 LOC: ED
DOB: 09/07/1986 AGE: 33	Order Date: 09/12/19 Date of Service: 09/12/19
Account # A00047972036	Report # 0912-0213
Ord Physician: Snyder, Ryan DO	Exam # 19-0060366
Emergency Physician: Villard, Douglas R MD	

Exam(s): 0912-0045 CT/CT CERVICAL SPINE W/O CM
CLINICAL DATA: Trauma, found unresponsive.

EXAM:

CT HEAD WITHOUT CONTRAST

CT MAXILLOFACIAL WITHOUT CONTRAST

CT CERVICAL SPINE WITHOUT CONTRAST

TECHNIQUE:

Multidetector CT imaging of the head, cervical spine, and maxillofacial structures were performed using the standard protocol without intravenous contrast. Multiplanar CT image reconstructions of the cervical spine and maxillofacial structures were also generated.

COMPARISON: None.

FINDINGS:

CT HEAD FINDINGS

Brain: Ventricles are normal in size and configuration. There is no hemorrhage, edema or other evidence of acute parenchymal abnormality. No extra-axial hemorrhage seen.

Vascular: No hyperdense vessel or unexpected calcification.

Skull: Normal. Negative for fracture or focal lesion.

Other: Scalp edema overlying the RIGHT frontoparietal and temporal bones. No underlying skull fractures seen.

CT MAXILLOFACIAL FINDINGS

Osseous: Lower frontal bones are intact. No displaced nasal bone fracture seen. Osseous structures about the orbits appear intact and normally aligned bilaterally. Bilateral zygomatic arches and pterygoid plates appear intact. Walls of the maxillary sinuses appear intact and normally aligned bilaterally. No mandible fracture or displacement.

Orbits: Negative. No traumatic or inflammatory finding.

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Diagnostic Imaging Report

Patient Name: EMBRY, BRANDON W **Account #** A00047972036

Sinuses: Fluid within the RIGHT maxillary sinus and sphenoid sinuses. Small amount of fluid within the RIGHT mastoid air cells.

Soft tissues: Edema within the superficial soft tissues overlying the RIGHT temporal bone. No underlying fracture seen.

CT CERVICAL SPINE FINDINGS

Alignment: Mild dextroscoliosis which may be related to patient positioning. No evidence of acute vertebral body subluxation.

Skull base and vertebrae: No fracture line or displaced fracture fragment seen. Facet joints appear intact and normally aligned throughout.

Soft tissues and spinal canal: No prevertebral fluid or swelling. No visible canal hematoma.

Disc levels: Disc spaces are well preserved throughout.

Upper chest: Dense consolidations within the upper lobes bilaterally, incompletely imaged. Endotracheal tube in place.

Other: None.

IMPRESSION:

1. No acute intracranial abnormality. No intracranial hemorrhage or edema. No skull fracture.
2. Scalp edema overlying the RIGHT frontoparietal and temporal bones. No underlying skull fracture.
3. No facial bone fracture or dislocation seen.
4. Small amount of fluid in the RIGHT mastoid air cells. No associated temporal bone fracture identified. This could indicate occult temporal bone fracture, considered unlikely.
5. No fracture or acute subluxation within the cervical spine.
6. Prominent consolidations within the upper lungs bilaterally, incompletely imaged.

Electronically Signed

By: Stan Maynard M.D.

On: 09/12/2019 17:32

Electronically Signed By: Maynard, Stan MD

Electronically Signed Date/Time: 09/12/191734

Dictate Date/Time: 09/12/19 1720

Technologist: Trogdon, Laranda

Transcribed By: VRTran

Transcribed Date/Time: 09/12/19 1732

Courtesy Copy to:

Diagnostic Imaging Report

Randolph Health
P.O Box 1048
Asheboro, N.C. 27204-1048
(336)-625-5151



Diagnostic Imaging Services

Patient Name: EMBRY, BRANDON W	MRN: M000548005 LOC: ED
DOB: 09/07/1986 AGE: 33	Order Date: 09/12/19 Date of Service: 09/12/19
Account # A00047972036	Report # 0912-0214
Ord Physician: Snyder, Ryan DO	Exam # 19-0060366
Emergency Physician: Villard, Douglas R MD	

Exam(s): 0912-0046 CT/CT HEAD W/O CM
CLINICAL DATA: Trauma, found unresponsive.

EXAM:
CT HEAD WITHOUT CONTRAST

CT MAXILLOFACIAL WITHOUT CONTRAST

CT CERVICAL SPINE WITHOUT CONTRAST

TECHNIQUE:
Multidetector CT imaging of the head, cervical spine, and maxillofacial structures were performed using the standard protocol without intravenous contrast. Multiplanar CT image reconstructions of the cervical spine and maxillofacial structures were also generated.

COMPARISON: None.

FINDINGS:
CT HEAD FINDINGS

Brain: Ventricles are normal in size and configuration. There is no hemorrhage, edema or other evidence of acute parenchymal abnormality. No extra-axial hemorrhage seen.

Vascular: No hyperdense vessel or unexpected calcification.

Skull: Normal. Negative for fracture or focal lesion.

Other: Scalp edema overlying the RIGHT frontoparietal and temporal bones. No underlying skull fractures seen.

CT MAXILLOFACIAL FINDINGS

Osseous: Lower frontal bones are intact. No displaced nasal bone fracture seen. Osseous structures about the orbits appear intact and normally aligned bilaterally. Bilateral zygomatic arches and pterygoid plates appear intact. Walls of the maxillary sinuses appear intact and normally aligned bilaterally. No mandible fracture or displacement.

Orbits: Negative. No traumatic or inflammatory finding.

Courtesy Copy to:
Diagnostic Imaging Report

Patient Name: EMBRY, BRANDON W **Account #** A00047972036

Sinuses: Fluid within the RIGHT maxillary sinus and sphenoid sinuses. Small amount of fluid within the RIGHT mastoid air cells.

Soft tissues: Edema within the superficial soft tissues overlying the RIGHT temporal bone. No underlying fracture seen.

CT CERVICAL SPINE FINDINGS

Alignment: Mild dextroscoliosis which may be related to patient positioning. No evidence of acute vertebral body subluxation.

Skull base and vertebrae: No fracture line or displaced fracture fragment seen. Facet joints appear intact and normally aligned throughout.

Soft tissues and spinal canal: No prevertebral fluid or swelling. No visible canal hematoma.

Disc levels: Disc spaces are well preserved throughout.

Upper chest: Dense consolidations within the upper lobes bilaterally, incompletely imaged. Endotracheal tube in place.

Other: None.

IMPRESSION:

1. No acute intracranial abnormality. No intracranial hemorrhage or edema. No skull fracture.
2. Scalp edema overlying the RIGHT frontoparietal and temporal bones. No underlying skull fracture.
3. No facial bone fracture or dislocation seen.
4. Small amount of fluid in the RIGHT mastoid air cells. No associated temporal bone fracture identified. This could indicate occult temporal bone fracture, considered unlikely.
5. No fracture or acute subluxation within the cervical spine.
6. Prominent consolidations within the upper lungs bilaterally, incompletely imaged.

Electronically Signed

By: Stan Maynard M.D.

On: 09/12/2019 17:32

Electronically Signed By: Maynard, Stan MD

Electronically Signed Date/Time: 09/12/19 17:34

Dictate Date/Time: 09/12/19 17:20

Technologist: Trogdon, Laranda

Transcribed By: VRTran

Transcribed Date/Time: 09/12/19 17:32

Courtesy Copy to:

Diagnostic Imaging Report

Randolph Health
P.O Box 1048
Asheboro, N.C. 27204-1048
(336)-625-5151



Diagnostic Imaging Services

Patient Name: EMBRY, BRANDON W	MRN: M000548005 LOC: ED
DOB: 09/07/1986 AGE: 33	Order Date: 09/12/19 Date of Service: 09/12/19
Account # A00047972036	Report # 0912-0215
Ord Physician: Snyder, Ryan DO	Exam # 19-0060367
Emergency Physician: Villard, Douglas R MD	

Exam(s): 0912-0047 CT/CT FACE W/O CM
CLINICAL DATA: Trauma, found unresponsive.

EXAM:
CT HEAD WITHOUT CONTRAST

CT MAXILLOFACIAL WITHOUT CONTRAST

CT CERVICAL SPINE WITHOUT CONTRAST

TECHNIQUE:
Multidetector CT imaging of the head, cervical spine, and maxillofacial structures were performed using the standard protocol without intravenous contrast. Multiplanar CT image reconstructions of the cervical spine and maxillofacial structures were also generated.

COMPARISON: None.

FINDINGS:
CT HEAD FINDINGS

Brain: Ventricles are normal in size and configuration. There is no hemorrhage, edema or other evidence of acute parenchymal abnormality. No extra-axial hemorrhage seen.

Vascular: No hyperdense vessel or unexpected calcification.

Skull: Normal. Negative for fracture or focal lesion.

Other: Scalp edema overlying the RIGHT frontoparietal and temporal bones. No underlying skull fractures seen.

CT MAXILLOFACIAL FINDINGS

Osseous: Lower frontal bones are intact. No displaced nasal bone fracture seen. Osseous structures about the orbits appear intact and normally aligned bilaterally. Bilateral zygomatic arches and pterygoid plates appear intact. Walls of the maxillary sinuses appear intact and normally aligned bilaterally. No mandible fracture or displacement.

Orbits: Negative. No traumatic or inflammatory finding.

Courtesy Copy to:
Diagnostic Imaging Report

Patient Name: EMBRY, BRANDON W **Account #** A00047972036

Sinuses: Fluid within the RIGHT maxillary sinus and sphenoid sinuses. Small amount of fluid within the RIGHT mastoid air cells.

Soft tissues: Edema within the superficial soft tissues overlying the RIGHT temporal bone. No underlying fracture seen.

CT CERVICAL SPINE FINDINGS

Alignment: Mild dextroscoliosis which may be related to patient positioning. No evidence of acute vertebral body subluxation.

Skull base and vertebrae: No fracture line or displaced fracture fragment seen. Facet joints appear intact and normally aligned throughout.

Soft tissues and spinal canal: No prevertebral fluid or swelling. No visible canal hematoma.

Disc levels: Disc spaces are well preserved throughout.

Upper chest: Dense consolidations within the upper lobes bilaterally, incompletely imaged. Endotracheal tube in place.

Other: None.

IMPRESSION:

1. No acute intracranial abnormality. No intracranial hemorrhage or edema. No skull fracture.
2. Scalp edema overlying the RIGHT frontoparietal and temporal bones. No underlying skull fracture.
3. No facial bone fracture or dislocation seen.
4. Small amount of fluid in the RIGHT mastoid air cells. No associated temporal bone fracture identified. This could indicate occult temporal bone fracture, considered unlikely.
5. No fracture or acute subluxation within the cervical spine.
6. Prominent consolidations within the upper lungs bilaterally, incompletely imaged.

Electronically Signed

By: Stan Maynard M.D.

On: 09/12/2019 17:32

Electronically Signed By: Maynard, Stan MD

Electronically Signed Date/Time: 09/12/191734

Dictate Date/Time: 09/12/19 1720

Technologist: Trogdon, Laranda

Transcribed By: VRTran

Transcribed Date/Time: 09/12/19 1732

Courtesy Copy to:
Diagnostic Imaging Report

Randolph Health
P.O Box 1048
Asheboro, N.C. 27204-1048
(336)-625-5151



Diagnostic Imaging Services

Patient Name: EMBRY, BRANDON W	MRN: M000548005 LOC: ED
DOB: 09/07/1986 AGE: 33	Order Date: 09/12/19 Date of Service: 09/12/19
Account # A00047972036	Report # 0912-0216
Ord Physician: Villard, Douglas R MD	Exam # 19-0060380
Emergency Physician: Villard, Douglas R MD	

Exam(s): 0912-0050 CT/CT CHEST-ABD-PELV W/IV CM
CLINICAL DATA: Unresponsive. Question trauma. Ventilator dependence.

EXAM:
CT CHEST, ABDOMEN, AND PELVIS WITH CONTRAST

TECHNIQUE:
Multidetector CT imaging of the chest, abdomen and pelvis was performed following the standard protocol during bolus administration of intravenous contrast.

CONTRAST: 100 cc Isovue 370

COMPARISON: Abdomen and pelvis CT 10/05/2018.

FINDINGS:
CT CHEST FINDINGS

Note: Image quality of the chest markedly degraded by scanning with the patient's arms at his side.

Cardiovascular: Heart size upper normal. No substantial pericardial effusion. Prominence of the pulmonary arteries raises concern for pulmonary arterial hypertension.

Mediastinum/Nodes: No mediastinal lymphadenopathy. Confluent airspace consolidation tracks into both hilar regions. The esophagus has normal imaging features. There is no axillary lymphadenopathy.

Lungs/Pleura: The tip of the endotracheal tube is at the carina, directed towards the right mainstem bronchus. Confluent airspace disease in both lungs is symmetric and has a somewhat central predominance. No pleural effusion.

Musculoskeletal: No worrisome lytic or sclerotic osseous abnormality.

CT ABDOMEN PELVIS FINDINGS

Note: Image quality markedly degraded by artifact from scanning with the patient's arms at his side.

Courtesy Copy to:
Diagnostic Imaging Report

Patient Name: EMBRY, BRANDON W **Account #** A00047972036

Pancreas: No focal abnormality within the liver parenchyma. There is no evidence for gallstones, gallbladder wall thickening, or pericholecystic fluid. No intrahepatic or extrahepatic biliary dilation. **Hepatobiliary:** No focal mass lesion. No dilatation of the main duct. No intraparenchymal cyst. No peripancreatic edema.

Spleen: No splenomegaly. No focal mass lesion.

Adrenals/Urinary Tract: No adrenal nodule or mass. Kidneys not well seen due to streak artifact but within this limitation no gross abnormality evident. No evidence for hydronephrosis. The urinary bladder appears normal for the degree of distention.

Stomach/Bowel: Stomach is distended with fluid and gas. Duodenum is normally positioned as is the ligament of Treitz. No small bowel wall thickening. No small bowel dilatation. The terminal ileum is normal. The appendix is normal. No gross colonic mass. No colonic wall thickening. No substantial diverticular change.

Vascular/Lymphatic: No abdominal aortic aneurysm. No abdominal aortic atherosclerotic calcification. There is no gastrohepatic or hepatoduodenal ligament lymphadenopathy. No intraperitoneal or retroperitoneal lymphadenopathy. No pelvic sidewall lymphadenopathy.

Reproductive: The prostate gland and seminal vesicles have normal imaging features.

Other: No intraperitoneal free fluid.

Musculoskeletal: No worrisome lytic or sclerotic osseous abnormality.

IMPRESSION:

1. Image quality degraded by necessity of scanning with patient's arms at his side.
2. Diffuse relatively confluent airspace disease in both lungs is symmetric and has a central predominance. Differential considerations include pulmonary edema, alveolar hemorrhage, massive aspiration, infection, and ARDS.
3. Otherwise no acute findings in the chest, abdomen, or pelvis.

Electronically Signed

By: Eric Mansell M.D.

On: 09/12/2019 17:43

Electronically Signed By: Mansell, Eric A MD
Electronically Signed Date/Time: 09/12/191745
Dictate Date/Time: 09/12/19 1727

Technologist: Trogon, Laranda

Transcribed By: VRTran

Transcribed Date/Time: 09/12/19 1743

Courtesy Copy to:
Diagnostic Imaging Report

20

EMTALA Transfer Form

Emergency Medical Condition (EMC) Identified: (Mark appropriate box(s), then go to Section II)

I. MEDICAL CONDITION:
Diagnosis Angiokemia, AKI, Anabdo, Hypotensive AMS

No Emergency Medical Condition Identified: This patient has been examined and an EMC has not been identified

Patient Stable - The patient has been examined and any medical condition stabilized such that, within reasonable clinical confidence, no material deterioration of this patient's condition is likely to result from or occur during transfer.

Patient Unstable - The patient has been examined, an EMC has been identified and patient is not stable, but the transfer is medically indicated and in the best interest of the patient.
I have examined this patient and based upon the reasonable risks and benefits described below and upon the information available to me, I certify that the medical benefits reasonably expected from the provision of appropriate medical treatment at another facility outweigh the increased risk to this patient's medical condition that may result from affecting this transfer.

II. REASON FOR TRANSFER: Medically Indicated Patient Requested

III. RISK AND BENEFIT FOR TRANSFER:

<p>Medical Benefits:</p> <p><input checked="" type="checkbox"/> Obtain level of care/ service not available at Randolph Health Service Needed: <u>MICU</u></p> <p><input checked="" type="checkbox"/> Benefits outweigh Risks of Transfer</p> <p><input type="checkbox"/> Other:</p>	<p>Medical Risks:</p> <p><input checked="" type="checkbox"/> Deterioration of condition in route.</p> <p><input checked="" type="checkbox"/> Worsening of condition or death if the patient stays at Randolph Health There is always risk of traffic delay/accident resulting in condition deterioration.</p> <p><input type="checkbox"/> Other:</p>
--	--

IV. Physician-- (Complete Applicable Orders)

Mode of transportation for transfer: BLS ALS Helicopter Neonatal Unit Ambulance Car

Support/Treatment during transfer: None Cardiac Monitor Oxygen(Liters/Type): Pulse Oximeter

IV Pump IV Fluid Type: lactated Rate: 18.75ml/hr Restraints - Type:

Other Support:

Radio on-line medical direction control (if necessary): Transfer Hospital Destination Hospital

V. Receiving Facility and Individual: The receiving facility has the capability for the treatment of this patient including adequate equipment and medical personnel) and has agreed to accept the transfer and provide appropriate medical treatment.

Receiving Facility accepting transfer: Moses Cone Date: 9/12/19 Time: 2000

Receiving Physician Name: Dr. McQuaid

Randolph Health Physician who arranged the transfer: Douglas V. McQuaid Printed Physician Name Physician Signature

Randolph Health Physician Certifying the Transfer: Douglas V. McQuaid Printed Physician Name Physician Signature Date: 9/12/19 Time: 2135

1. Send ORIGINAL document of both pages (1&2) to HIM Department for the Randolph MEDICAL RECORD
2. Send a COPY of both pages (1&2) to the RECEIVING FACILITY



164100106
EMTALATRANSFER

*** Randolph Health

revised 6-2018
Patient Transfer Form

A00047972036
EMBRY, BRANDON W
DOB 09/07/1986 33 ED
09/12/19 M

M000548005
MNG



PHYSICIAN

POOR ORIGINAL

NURSING

VI. TRANSPORTATION

Transporting Agency Name: Care Link

RH staff accompanying patient (if applicable): Print Name: _____ Title: _____

VII. ACCOMPANYING DOCUMENTATION - sent via: Patient/Responsible Party Fax Transporter

Copy of Transfer Form (must go with the patient)

Copy of Pertinent Medical Record Lab/ EKG/ Imaging Court Order Advanced Directive

List Other Documents: _____

Report given to:

Print Name: Stephanie Title: RN

Vital Signs Just Prior to Transfer: T 90.5 Pulse 70 R 16 O2 Sat 79 BP 83/49 Date: 9/12/19 Time: 2130

Time of Transfer: 2130 Date: 9/12/19

Nurse Printed Name: Maci Caward Nurse Signature: Maci Caward Date: 9/12/19 Time: 2130

PATIENT

VIII. PATIENT CONSENT TO "MEDICALLY INDICATED" OR "PATIENT REQUEST" TRANSFER:

I hereby CONSENT TO TRANSFER to another facility. I understand that it is the opinion of the physician responsible for my care that the benefits of transfer outweigh the risks of transfer. I have been informed of the risks and benefits upon which this transfer is being made.

I hereby REQUEST TRANSFER to _____ I understand and have considered the hospital's responsibilities, the risks and benefits of transfer, and the physician's recommendation. I make this request upon my own suggestion and not that of the hospital, physician, or anyone associated the hospital.

The reason I request transfer is:

I choose NOT to be transferred, due to reason(s) listed _____

Patient Responsible Person Sarah Lee Date: 9/12/19 Time: 2108
Printed Name Signature

Relationship of Responsible Person Mother

If the patient is unable to sign, list reason unable to sign and responsible person's initials:

Intubated/Sedated

Witness: Maci Caward Maci Caward Date: 9/12/19 Time: 2108
Printed Name Signature
Sya Ollison Sya Ollison

- 1. Send ORIGINAL document of both pages (1&2) to HIM Department for the Randolph MEDICAL RECORD
- 2. Send a COPY of both pages (1&2) to the RECEIVING FACILITY



*** Randolph Health ***



Patient Information				Clinical Impression			
Last	EMBRY	Address	711 S CHURCH ST	Primary Impression	Respiratory Failure		
First	BRANDON	Address 2	APT A	Secondary Impression	Altered Mental Status		
Middle	W	City	Asheboro	Protocol Used	Universal Patient Care		
Gender	Male	State	NC	Anatomic Position	General/Global		
DOB	09/07/1986	Zip	27203	Chief Complaint	RESP DIST		
Age	33 Yrs, 0 Months, 5 Days	Country	US	Duration	2	Units	Days
Weight		Tel		Secondary Complaint	AMS		
Pedi Color		Physician		Duration	2	Units	Days
SSN	407299943	Ethnicity	Not Hispanic or Latino	Patient's Level of Distress	Severe		
Race	White			Signs & Symptoms	Respiratory - Acute respiratory distress		
Advance Directive				Injury	--		
Resident Status				Medical/Trauma	Medical & Trauma		
				Barriers of Care	Unconscious		
				Alcohol/Drugs	None Reported		
				Pregnancy			
				Initial Patient Acuity	Critical (Red)		
				Final Patient Acuity			
				Patient Activity			

Medication/Allergies/History	
Medications	Unable to Obtain - Other Reason
Allergies	Unable to Obtain - Other Reason
History	Unable to Obtain - Other Reason

Vital Signs															
Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifier	RTS	PTS
15:50	Unresponsive		Sit	/	60 R	10 I				110			11=4+2+5/NQ		
16:05	Unresponsive	R	Lay	70/40 M	58 R	10 I	Ox						11=4+2+5/NQ	9	

ECG			
Time	Type	Rhythm	Notes
16:05	12-Lead	Sinus Bradycardia	

Flow Chart			
Time	Treatment	Description	Provider
16:00	Oxygen	Non Re-breather Mask (NRB); Flow Rate 15 lpm; Patient Response: Unchanged; Successful;	BEECH, RAPHAEL
16:02	12-Lead ECG	Patient Response: Unchanged; Successful;	HUNTER, RYAN
16:03	IV Therapy	20 ga; Forearm-Right; Saline Lock; Total Fluid 0 ml; Patient Response: Unchanged; Unsuccessful;	BEECH, RAPHAEL
16:05	IV Therapy	20 ga; Forearm-Right; Saline Lock; Total Fluid 0 ml; Patient Response: Unchanged; Unsuccessful;	BEECH, RAPHAEL
16:07	IV Therapy	20 ga; Forearm-Left; Saline Lock; Total Fluid 10 ml; Patient Response: Unchanged; Successful;	HUNTER, RYAN
16:07	Narcan	2 Milligrams (mg); Intravenous (IV); Patient Response: Unchanged;	HUNTER, RYAN

Initial Assessment			
Category	Comments	Abnormalities	
Mental Status		Mental Status	+ Unresponsive
Skin		Skin	+ Cold, Cyanotic, Pale
HEENT		Head/Face	+ Other, Swelling
		Eyes	Not Assessed
		Neck/Airway	Not Assessed
Chest	BRUISING TO CHEST	Chest	Not Assessed
		Heart Sounds	Not Assessed
		Lung Sounds	Not Assessed

Initial Assessment			
Category	Comments	Abnormalities	
Abdomen	BRUISING TO ABDOMEN	General	+ Other
		Left Upper	Not Assessed
		Right Upper	Not Assessed
		Left Lower	Not Assessed
		Right Lower	Not Assessed
Back	BRUISING TO BACK	Cervical	Not Assessed
		Thoracic	Not Assessed
		Lumbar/Sacral	Not Assessed
Pelvis/GU/GI		Pelvis/GU/GI	No Abnormalities
Extremities	BRUISING NOTED TO BILATERAL UPPER AND LOWER EXTREMITIES	Left Arm	Not Assessed
		Right Arm	Not Assessed
		Left Leg	Not Assessed
		Right Leg	Not Assessed
		Pulse	Not Assessed
		Capillary Refill	Not Assessed
		Neurological	

Assessment Time: 09/12/2019 15:49:00

Ongoing Assessment			
Category	Comments	Abnormalities	
Mental Status	SAME	Mental Status	Not Assessed
Skin	SAME	Skin	Not Assessed
HEENT	SAME	Head/Face	Not Assessed
		Eyes	Not Assessed
		Neck/Airway	Not Assessed
Chest	SAME	Chest	Not Assessed
		Heart Sounds	Not Assessed
		Lung Sounds	Not Assessed
Abdomen	SAME	General	Not Assessed
		Left Upper	Not Assessed
		Right Upper	Not Assessed
		Left Lower	Not Assessed
		Right Lower	Not Assessed
Back	SAME	Cervical	Not Assessed
		Thoracic	Not Assessed
		Lumbar/Sacral	Not Assessed
Pelvis/GU/GI		Pelvis/GU/GI	No Abnormalities
Extremities	SAME	Left Arm	Not Assessed
		Right Arm	Not Assessed
		Left Leg	Not Assessed
		Right Leg	Not Assessed
		Pulse	Not Assessed
		Capillary Refill	Not Assessed
		Neurological	

Assessment Time: 09/12/2019 16:05:00

Narrative

DISP REF WELFARE CHECK. ATF APD ON SCENE WITH 33 Y/O M NAKED LEFT LATERAL RECLINING IN BEDROOM FLOOR OF APARTMENT. SKIN COLD, PALE AND MOTTLED WITH MULTIPLE OLD BRUISES THROUGHOUT ENTIRE BODY. NOTED THESE BRUISES TO FACE, ABDOMEN, CHEST AND BILATERAL UPPER/LOWER EXTREMITIES. NOTED DRIED BLOOD TO FACE AND HEAD WITH LARGE POOL OF COAGULATED BLOOD ON FLOOR AROUND HEAD. PER APD PT WAS LAST SEEN 2 DAYS AGO. NOTED PT WITH SHALLOW, GRUNTING TYPE RESPIRATIONS APPX 12 BPM. VERY DIFFICULT TO ACCESS PT DUE TO HIS LOCATION IN ROOM AND CLUTTER IN ROOM. CARDIAC MONITOR S-BRADY. BGL 110 MG/DL. PUPILS SMALL AND REACTIVE. REQUESTED 834 AND FD PERSONNEL 10-18. PLACED C-COLLAR TO PT. PT WILL PULL AWAY FROM EMS WHEN ATTEMPTING EXAM BUT WILL NOT FOLLOW COMMANDS PT LOG ROLLED ONTO MEGA-MOVER AND LOADED TO STRETCHER TO UNIT WITHOUT CHANGES OR INCIDENTS. PT ON 15 LPM O2 NRB. FD PERSONNEL DROVE UNIT INTO HOSP WITH 834 IN BACK OF UNIT. SHORT ETA TO HOSP. 12-LEAD S-BRADY. IV ATTEMPT RIGHT ARM * 2 WITHOUT SUCCESS. EST IV 20 GA LEFT FOREARM NAEL LOCK. ADMIN 2 MG NARCAN IV WITHOUT CHANGES. NO OTHER OBVIOUS INJURIES FOUND ON SECONDARY EXAM. NOTIFIED RANDOLPH HOSP ED ENROUTE. POSITIVE MOVEMENT TO ALL EXTREMITIES ON ARRIVAL TO ED. NO FURTHER CHANGES OR INCIDENTS ENROUTE. PT CARE AND MEDS LEFT WITH ER NURSING STAFF WITH REPORT GIVEN.

Incident Details		Destination Details		Incident Times	
Location Type	Home/Residence	Disposition	Transported Lights/Siren	PSAP Call	15:19:18

Name: EMBRY, BRANDON

Incident #: 19E016075

Date: 09/12/2019

Patient 1 of 1

Incident Details		Destination Details		Incident Times	
Location		Transport Due To	Closest Facility	Dispatch Notified	15:19:18
Address	711 S CHURCH ST	Transported To	RANDOLPH HEALTH	Call Received	15:19:18
Address 2	APT A	Requested By	Family	Dispatched	15:38:14
Mile Marker		Destination	Hospital	En Route	15:39:52
City	Asheboro	Department	Emergency Room	Resp on Scene	
County	Randolph	Address	364 WHITE OAK ST	On Scene	15:46:00
State	NC	Address 2		At Patient	15:47:00
Zip	27203	City	ASHEBORO	Care Transferred	
Medic Unit	854	County	RANDOLPH	Depart Scene	16:03:00
Medic Vehicle	EMS 5	State	North Carolina	At Destination	16:09:00
Run Type	911 Response	Zip	27203	Pt. Transferred	16:12:00
Priority Scene	Emergent	Zone	Base-4 District	Call Closed	16:35:00
Shift	B-Shift	Condition at Destination	Unchanged	In District	16:35:00
Zone	Base-4 District	Destination Record #		At Landing Area	
Level of Service	Advanced Life Support	Trauma Registry ID			
EMD Complaint	Well Person Check	STEMI Registry ID			
EMD Card Number		Stroke Registry ID			

Crew Members		
Personnel	Role	Certification Level
HUNTER, RYAN	Lead	Paramedic - P013751
CRIGGER, ASHLEE	Driver	Emergency Medical Technician (North Carolina) - P116419
BEECH, RAPHAEL	Other	Paramedic - P009624

Insurance Details					
Insured's Name	BRANDON EMBRY	Primary Payer	Insurance	Dispatch Nature	WELFARE CHECK
Relationship	Self	Medicare		Response Urgency	Immediate
Insured SSN	407299943	Medicaid		Job Related Injury	
Insured DOB	09/07/1986	Primary Insurance	CIGNA HEALTHCARE OF NC	Employer	
Address1	711 S CHURCH ST	Policy #		Contact	
Address2	APT A	Group #		Phone	
Address3		Secondary Ins			
City	Asheboro	Policy #			
State	NC	Group #			
Zip	27203				
Country	US				

Mileage		Delays		Additional Agencies	
Scene	1.0	Category	Delays	Asheboro Fire (Station 1 & 2), Randolph Co EMS	
Destination	1.9	Dispatch Delays	None/No Delay		
Loaded Miles	0.9	Response Delays	None/No Delay		
Start	0.1	Scene Delays	None/No Delay		
End	2.1	Transport Delays	None/No Delay		
Total Miles	2.0	Turn Around Delays	None/No Delay		

Next of Kin					
Next of Kin Name	JESSICA COCKER	Address1	711 S CHURCH ST	City	Asheboro
Relationship to Patient		Address2	APT A	State	NC
Phone	3366903472	Address3		Zip	27203
				Country	US

Personal Items		
Item	Given To	Comment
Medications		

Patient Transport Details			
How was Patient Moved to Ambulance	Stretcher	How was Patient Moved From Ambulance	Stretcher
Patient Position During Transport	Supine	Condition of Patient at Destination	Unchanged

Transfer Details	

Name: EMBRY, BRANDON

Incident #: 19E016075

Date: 09/12/2019

Patient 1 of 1

PAN		Sending Physician	
PCS		Sending Record #	
ABN		Receiving Physician	
CMS Service Level	ALS, Level 1 Emergency	Condition Code	
ICD-9 Code		Condition Code Modifier	
Transfer Reason			
Other/Services			
Medical Necessity	Emergency, Oxygen-		

Billing Authorization

Authorization

Section I - Patient / Parent of Minor Authorization Signature

Signature

Signed On

Notice of Privacy Practices Provided

Printed Parent Name

Billing Authorization

HIPAA Acknowledgement

Section II - Authorized Representative Signature

Complete this section only if the patient is physically or mentally unable to sign.
Authorized representatives include only the following: (Check one)

- Patient's Legal Guardian
- Patient's Medical Power of Attorney
- Relative or other person who receives benefits on behalf of the patient
- Relative or other person who arranges treatment or handles the patient's affairs
- Representative of an agency or institution that provided care, services or assistance to patient

I am signing on behalf of the patient to authorize the submission of a claim for payment to Medicare, Medicaid, or any other payer for any services provided to the patient by the transporting ambulance service now or in the past or in the future. By signing below, I acknowledge that I am one of the authorized signers listed below. **My signature is not an acceptance of financial responsibility for the services rendered.**

Signature



Signed On	09/12/2019 16:33:09
Notice of Privacy Practices Provided	
Printed Name	AMANDA, RN
Reason unable to sign	UNRESPONSIVE

Section III - EMS Personnel and Facility Signatures

Complete this section if the patient was mentally or physically incapable of signing, and no Authorized Representative (section I) was available or willing to sign on behalf of the patient at the time of service.

EMS Personnel Signature

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. **My signature is not an acceptance of financial responsibility for the services rendered.**

--

Signed On	
Printed Name	
Reason unable to sign	

Facility Representative Signature

The patient named on this form was received by this facility on the date and at the time indicated and this facility furnished care, services or assistance to the patient. **My signature is not an acceptance of financial responsibility for the services rendered.**

--

Signed On	
Notice of Privacy Practices Provided	
Printed Name	
Title of Representative	

Facility Signatures


--

Signed On	09/12/2019 16:32:49
Receiving	AMANDA, RN

--

Signed On	
Paperwork Received	

--

Signed On	
Airway Confirmation	

Provider Signatures



Lead Provider	HUNTER, RYAN	Certification Level	Paramedic - P013751
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Provider	CRIGGER, ASHLEE	Certification Level	Emergency Medical Technician (North Carolina) - P116419
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Provider	BEECH, RAPHAEL	Certification Level	Paramedic - P009624
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Provider		Certification Level	
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Randolph County EMS
Patient Care Record

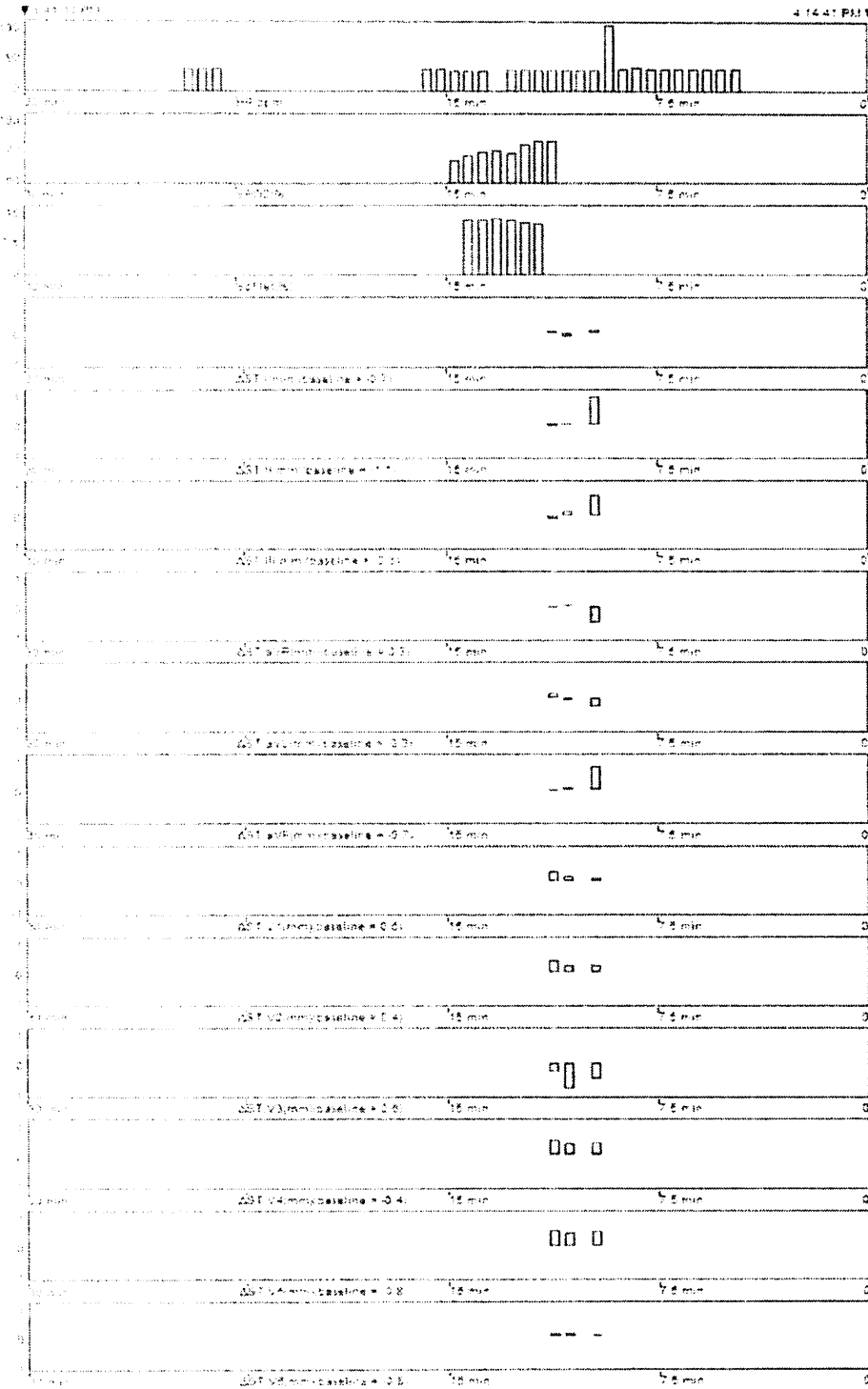
Name: EMBRY, BRANDON

Incident #: 19E016075

Date: 09/12/2019

Patient 1 of 1

Unit: 1012591511
Physician: [blank]
Address: [blank]
City: [blank]
State: [blank]
Age: 21
Sex: M
DOB: 05/03/1997
LR#: 42011703
Physio-Control Inc
024-00



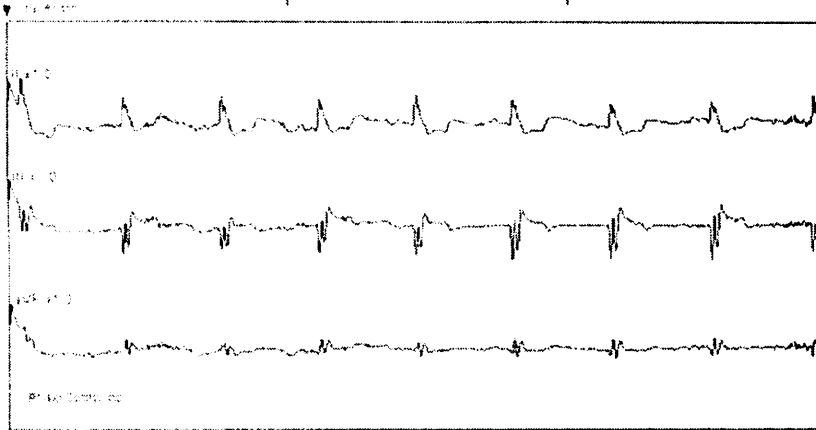
Name: LARRY, BRANDON

Incident #: 19E016075

Date: 09/12/2019

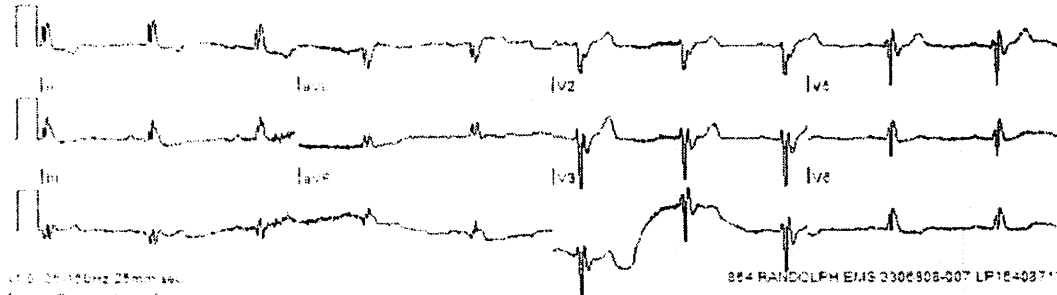
Patient 1 of 1

Name	Initial Rhythm	3:00:19 PM
ID	001249355011	
Patient ID		
Incident ID		
Age	Sex	M
09/12/2019		



001249355011 RANDOLPH EMS 3306308-007 LP14037130

Name	ID	10-Lead	HR	Abnormal ECG "Unconfirmed"
LARRY, BRANDON	001249355011	3:10:2019	4:02:16 PM	Sinus rhythm with borderline 1st degree AV block
Patient ID		PR	0:215s	IV conduction delay
Incident ID		QTc	0.424s	Possible inferior infarct - age undetermined
Age	Sex	P	QRS T Axis	45-10-180°
09/12/2019	M	F	19/R	Lateral ST-T abnormality may be due to myocardial ischemia



001249355011 RANDOLPH EMS 3306308-007 LP140371783