

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Labs (continued)**

Frequency: Pending Discharge Once 03/07/25 0300 - 1 occurrence  
Quantity: 1  
Instance released by: Annmaria George, RN 3/7/2025 12:56 AM

Class: Unit Collect  
Lab status: Final result

**Questionnaire**

Question	Answer
Release to patient	Immediate

**Specimen Information**

ID	Type	Draw Type	Source	Collected By
25TM-066-HE0077	Blood	Arterial Line	Blood, Venous	Annmaria George, RN 03/07/25 0125

**Automated Differential (Abnormal)**

Resulted: 03/07/25 0505, Result status: Final result

Ordering provider: Omar Naji Saab Saab, MD 03/07/25 0056  
Filed by: Lab, Background User 03/07/25 0505  
Resulting lab: MH TMC HOSPITAL LAB

Order status: Completed  
Collected by: Annmaria George, RN 03/07/25 0125  
CLIA number: 45D0053104

**Components**

Component	Value	Reference Range	Flag	Lab
Segs %	54.7	40.6 - 75.7 %	—	TMC Lab
Lymphs %	34.1	14.9 - 47.8 %	—	TMC Lab
Monos %	7.5	4.2 - 12.6 %	—	TMC Lab
Eos %	2.1	0.2 - 5.0 %	—	TMC Lab
Basos %	1.3	0.2 - 1.3 %	—	TMC Lab
Immature Grans %	0.3	0.1 - 1 %	—	TMC Lab
Segs #	3.65	1.48 - 6.56 10 <sup>3</sup> /uL	—	TMC Lab
Lymphs #	2.28	0.86 - 3.84 10 <sup>3</sup> /uL	—	TMC Lab
Monos #	0.50	0.29 - 0.96 10 <sup>3</sup> /uL	—	TMC Lab
Eos #	0.14	0.00 - 0.46 10 <sup>3</sup> /uL	—	TMC Lab
Basos #	0.09	0.01 - 0.08 10 <sup>3</sup> /uL	H ^	TMC Lab
Imm Grans #	0.02	0.01 - 0.07 10 <sup>3</sup> /uL	—	TMC Lab

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

**POC Glucose (Final result)**

Electronically signed by: Interface, Telcor Results To Beaker on 03/07/25 0537

Status: Completed

Ordering user: Interface, Telcor Results To Beaker 03/07/25 0537

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

Frequency: Routine Once 03/07/25 0540 - 1 occurrence

Class: Point Of Care

Quantity: 1

Lab status: Final result

Instance released by: Interface, Telcor Results To Beaker (auto-released) 3/7/2025 5:39 AM

**Questionnaire**

Question	Answer
Release to patient	Immediate

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Labs (continued)**

**Specimen Information**

ID	Type	Source	Collected By
25TM-066-PC0305	Blood	Blood, Capillary	03/07/25 0537

**POC Glucose (Abnormal)**

Resulted: 03/07/25 0539, Result status: Final result

Order status: Completed  
Collected by: 03/07/25 0537  
CLIA number: 45D0053104

Filed by: Lab, Background User 03/07/25 0539  
Resulting lab: MH TMC HOSPITAL LAB

**Components**

Component	Value	Reference Range	Flag	Lab
POC Glu	122	70 - 99 mg/dL	H^	TMC Lab
POC Performing Location	J5E NEURO	—	—	TMC Lab

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

**Creatine Kinase (Discontinued)**

Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 0941

Status: Discontinued

Ordering user: Omar Naji Saab Saab, MD 03/07/25 0941

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

Frequency: STAT STAT 03/07/25 0942 - 1 occurrence

Class: Unit Collect

Quantity: 1

Instance released by: Omar Naji Saab Saab, MD (auto-released)  
3/7/2025 9:41 AM

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]

**Questionnaire**

Question	Answer
Release to patient	Immediate

**Specimen Information**

ID	Type	Source	Collected By
25TM-066-CH1318	Blood	Blood, Venous	—

**Candida Auris Fungal Culture Surveillance (Final result)**

Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 1401

Status: Completed

Ordering user: Omar Naji Saab Saab, MD 03/07/25 1401

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

Frequency: Routine Once 03/07/25 1402 - 1 occurrence

Class: Unit Collect

Quantity: 1

Lab status: Final result

Instance released by: Omar Naji Saab Saab, MD (auto-released) 3/7/2025 2:01 PM

**Questionnaire**

Question	Answer
Release to patient	Immediate

**Specimen Information**

ID	Type	Source	Collected By
25SW-066-MI0815	E-Swab	Groin	Shaniya Polk, RN 03/07/25 1437

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

## Labs (continued)

### Candida Auris Fungal Culture Surveillance

Resulted: 03/10/25 0841, Result status: Final result

Ordering provider: Omar Naji Saab Saab, MD 03/07/25 1401

Filed by: Abbigail Marrs, MT 03/10/25 0841

Resulting lab: MH SOUTHWEST HOSPITAL LAB

Acknowledged by: Omar Naji Saab Saab, MD on 03/11/25 0714

Order status: Completed

Collected by: Shaniya Polk, RN 03/07/25 1437

CLIA number: 45D0493380

### Components

Component	Value	Reference Range	Flag	Lab
Candida auris Culture	No Candida auris isolated	—	—	SW Lab

### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000050 - SW Lab	MH SOUTHWEST HOSPITAL LAB	Dr. Richard Brown	7600 Beechnut St Houston TX 77074	09/21/24 1554 - 04/09/25 1045

### Candida Auris Fungal Culture Surveillance

Resulted: 03/09/25 1011, Result status: Preliminary  
result

Ordering provider: Omar Naji Saab Saab, MD 03/07/25 1401

Filed by: David Hernandez, MT 03/09/25 1011

Resulting lab: MH SOUTHWEST HOSPITAL LAB

Order status: Completed

Collected by: Shaniya Polk, RN 03/07/25 1437

CLIA number: 45D0493380

### Components

Component	Value	Reference Range	Flag	Lab
Candida auris Culture	No growth at 2 days	—	—	SW Lab

### Reviewed by

Omar Naji Saab Saab, MD on 03/11/25 0714

### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000050 - SW Lab	MH SOUTHWEST HOSPITAL LAB	Dr. Richard Brown	7600 Beechnut St Houston TX 77074	09/21/24 1554 - 04/09/25 1045

### Candida Auris Fungal Culture Surveillance

Resulted: 03/08/25 0845, Result status: Preliminary  
result

Ordering provider: Omar Naji Saab Saab, MD 03/07/25 1401

Filed by: David Hernandez, MT 03/08/25 0845

Resulting lab: MH SOUTHWEST HOSPITAL LAB

Order status: Completed

Collected by: Shaniya Polk, RN 03/07/25 1437

CLIA number: 45D0493380

### Components

Component	Value	Reference Range	Flag	Lab
Candida auris Culture	No growth at 1 day	—	—	SW Lab

### Reviewed by

Omar Naji Saab Saab, MD on 03/11/25 0714

### Testing Performed By

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000050 - SW Lab	MH SOUTHWEST HOSPITAL LAB	Dr. Richard Brown	7600 Beechnut St Houston TX 77074	09/21/24 1554 - 04/09/25 1045

All Reviewers List

Omar Naji Saab Saab, MD on 3/11/2025 07:14



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)**

**Imaging**

**Echocardiography**

**Transthoracic echo (TTE) complete (Final result)**

Electronically signed by: Michael Alexis Goutnik, MD on 03/03/25 1750

Status: Completed

This order may be acted on in another encounter.

Ordering user: Michael Alexis Goutnik, MD 03/03/25 1750

Ordering provider: Bhrugesh Jogeshkumar Shah, MD

Authorized by: Bhrugesh Jogeshkumar Shah, MD

Ordering mode: Standard

Frequency: STAT Once 03/03/25 1751 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Lab status: Final result

Instance released by: Michael Alexis Goutnik, MD (auto-released) 3/3/2025 5:50 PM

**Questionnaire**

Question	Answer
Will this procedure be performed by a physician?	No
Where should test be performed?	Bedside
Reason for exam:	osteo, source
Is the technologist authorized to use Echo contrast if needed?	Yes
If indicated, perform bubble study?	Yes
If indicated, perform strain echo?	Yes
If indicated, perform 3D echo?	Yes
Release to patient	Immediate

**Transthoracic echo (TTE) complete**

Resulted: 03/04/25 1101, Result status: Final result

Ordering provider: Bhrugesh Jogeshkumar Shah, MD 03/03/25 1750

Order status: Completed

Resulted by:

Filed by: David Dugald McPherson, MD 03/04/25 1101

Hina Yogesh Patel, MD

David Dugald McPherson, MD

Performed: 03/04/25 0418 - 03/04/25 0446

Accession number: 250304103796

Resulting lab: AGFA

Narrative:

- Left Ventricle: Left ventricle size is normal. Normal wall motion of left ventricle. Normal systolic function with an estimated EF of 55 - 60%.
- Lumason used to enhance the endomyocardial border. No LV apical thrombus visualized.
- Right Ventricle: Right ventricle size is normal. Normal systolic function in the right ventricle.
- Aortic Valve: Aortic valve is structurally normal. Leaflet motion is normal. No aortic regurgitation present. No aortic stenosis present.
- Pulmonic Valve: No pulmonic regurgitation present. No pulmonic valve stenosis present.
- Mitral Valve: Mitral valve is structurally normal. Mitral leaflet motion is normal. Trace mitral regurgitation present. No mitral stenosis present.
- Tricuspid Valve: Tricuspid valve is structurally normal. Normal motion of the tricuspid valve. No tricuspid regurgitation present. No tricuspid valve stenosis present.
- Left Atrium: Left atrium size is normal.
- Right Atrium: Right atrium size is normal.
- IVC/SVC: IVC diameter is less than or equal to 21 mm and decreases greater than 50% during inspiration; therefore the estimated right atrial pressure is normal (~3 mmHg).
- Aorta: was not well visualized.
- Pericardium: No pericardial effusion present.
- No evidence of endocarditis.

**Components**

Component	Value	Reference Range	Flag	Lab
LA Vol I (A4C) BSA	10.70	ml/m2	—	—

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Imaging (continued)

LVOT Vmax/AV Vmax	0.74	{ratio}	—	—
LVOT Vmean	0.46	m/s	—	—
LV SV (A4C)	46.80	ml	—	—
LV SI (A2C)	68.60	ml	—	—
LV SV (BP)	60.80	ml	—	—
LV SI (A4C)	24.60	ml/m2	—	—
LV SI (A2C)	36.10	ml/m2	—	—
LV SI (BP)	32.00	ml/m2	—	—
LVLs (A4C)	69.10	mm	—	—
LVLs (A2C)	70.60	mm	—	—
LVLd (A4C)	77.10	mm	—	—
LVLd (A2C)	84.60	mm	—	—
LV ESV A2C	31.40	mL	—	—
LV EDV A4C	84.00	mL	—	—
LA area A4C	10.20	cm2	—	—
LV ESV A4C	37.10	mL	—	—
LV EDV A2C	100.00	mL	—	—
TAPSE	16	mm	—	—
LV est EF	64	%	—	—
LV EDV BP	95.00	mL	—	—
LV ESV BP	34.20	mL	—	—
MV A pk vel	0.73	m/s	—	—
MV E pk vel	0.60	m/s	—	—
AV pk grad	4.00	mmHg	—	—
AV VTI	21.4	cm	—	—
AV pk vel	0.96	m/s	—	—
LVOT VTI	17.4	cm	—	—
LVOT pk vel	0.71	m/s	—	—
MV DT	313	ms	—	—
MV e' lateral vel	7.51	cm/s	—	—
MV E/A ratio	0.80	—	—	—
LVOT pk grad	2.00	mmHg	—	—
AV mn grad	2.00	mmHg	—	—
MV E/e' septal	8.90	—	—	—
LVOT mn grad	1.00	mmHg	—	—
LV A4C EF	56	%	—	—
LV A2C EF	69	%	—	—
AV mn vel	0.64	m/s	—	—
LV biplane EF	64.0	%	—	—
MV E/e' lateral	8.00	—	—	—
MV e' septal vel	6.74	cm/s	—	—
BSA	1.91	m2	—	—

Procedures Performed

Chargeables

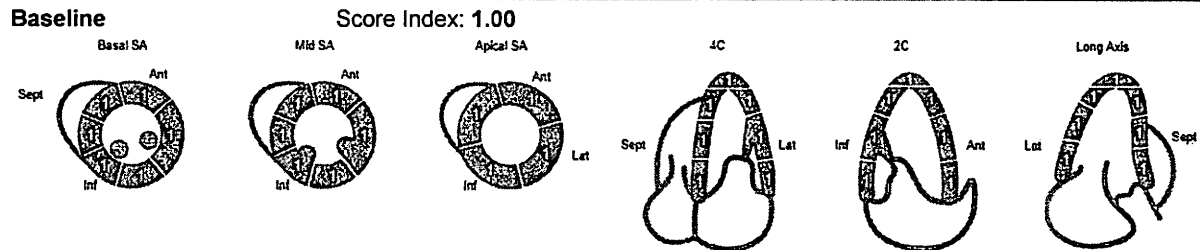
TRANSTHORACIC ECHO (TTE) COMPLETE W/  
CONTRAST [ECH112]

Wall Scoring

Wall Scoring

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

## Imaging (continued)



The left ventricular wall motion is normal.

- ① Hyperkinesis ② Normal ③ Hypokinesis ④ Akinesis ⑤ Dyskinesis ⑥ Aneurysmal

## Result Findings

### Left Ventricle

Left ventricle size is normal. Normal wall motion of left ventricle. Normal systolic function with an estimated EF of 55 - 60%. Normal diastolic function of the left ventricle.

### Right Ventricle

Right ventricle size is normal. Normal systolic function in the right ventricle.

### Left Atrium

Left atrium size is normal.

### Right Atrium

Right atrium size is normal.

### IVC/SVC

IVC diameter is less than or equal to 21 mm and decreases greater than 50% during inspiration; therefore the estimated right atrial pressure is normal (~3 mmHg).

### Mitral Valve

Mitral valve is structurally normal. Mitral leaflet motion is normal. Trace mitral regurgitation present. No mitral stenosis present.

### Tricuspid Valve

Tricuspid valve is structurally normal. Normal motion of the tricuspid valve. No tricuspid regurgitation present. No tricuspid valve stenosis present.

### Aortic Valve

Aortic valve is structurally normal. Leaflet motion is normal. No aortic regurgitation present. No aortic stenosis present.

### Pulmonic Valve

No pulmonic regurgitation present. No pulmonic valve stenosis present.

### Ascending Aorta

was not well visualized.

### Pericardium

No pericardial effusion present.

### Study Details

Study quality was poor. A complete 2D echocardiogram was performed. Lumason ultrasound enhancing agent used.

### Prior Study

No prior study available for comparison.

## Transthoracic echo (TTE) complete

Resulted: 03/04/25 1057, Result status: Preliminary result

Ordering provider: Bhrugesh Jogeshkumar Shah, MD 03/03/25 Order status: Completed

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Imaging (continued)

1750

Resulted by:

Hina Yogesh Patel, MD

David Dugald McPherson, MD

Performed: 03/04/25 0418 - 03/04/25 0446

Resulting lab: AGFA

Narrative:

Filed by: Hina Yogesh Patel, MD 03/04/25 1057

Accession number: 250304103796

- Left Ventricle: Left ventricle size is normal. Normal wall motion of left ventricle. Normal systolic function with an estimated EF of 55 - 60%.
- Lumason used to enhance the endomyocardial border. No LV apical thrombus visualized.
- Right Ventricle: Right ventricle size is normal. Normal systolic function in the right ventricle.
- Aortic Valve: Aortic valve is structurally normal. Leaflet motion is normal. No aortic regurgitation present. No aortic stenosis present.
- Pulmonic Valve: No pulmonic regurgitation present. No pulmonic valve stenosis present.
- Mitral Valve: Mitral valve is structurally normal. Mitral leaflet motion is normal. Trace mitral regurgitation present. No mitral stenosis present.
- Tricuspid Valve: Tricuspid valve is structurally normal. Normal motion of the tricuspid valve. No tricuspid regurgitation present. No tricuspid valve stenosis present.
- Left Atrium: Left atrium size is normal.
- Right Atrium: Right atrium size is normal.
- IVC/SVC: IVC diameter is less than or equal to 21 mm and decreases greater than 50% during inspiration; therefore the estimated right atrial pressure is normal (~3 mmHg).
- Aorta: was not well visualized.
- Pericardium: No pericardial effusion present.
- No evidence of endocarditis.

Components

Component	Value	Reference Range	Flag	Lab
LA Vol I (A4C) BSA	10.70	ml/m2	—	—
LVOT Vmax/AV Vmax	0.74	{ratio}	—	—
LVOT Vmean	0.46	m/s	—	—
LV SV (A4C)	46.80	ml	—	—
LV SI (A2C)	68.60	ml	—	—
LV SV (BP)	60.80	ml	—	—
LV SI (A4C)	24.60	ml/m2	—	—
LV SI (A2C)	36.10	ml/m2	—	—
LV SI (BP)	32.00	ml/m2	—	—
LVLs (A4C)	69.10	mm	—	—
LVLs (A2C)	70.60	mm	—	—
LVLd (A4C)	77.10	mm	—	—
LVLd (A2C)	84.60	mm	—	—
LV ESV A2C	31.40	mL	—	—
LV EDV A4C	84.00	mL	—	—
LA area A4C	10.20	cm2	—	—
LV ESV A4C	37.10	mL	—	—
LV EDV A2C	100.00	mL	—	—
TAPSE	16	mm	—	—
LV est EF	64	%	—	—
LV EDV BP	95.00	mL	—	—
LV ESV BP	34.20	mL	—	—
MV A pk vel	0.73	m/s	—	—
MV E pk vel	0.60	m/s	—	—

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

## Imaging (continued)

AV pk grad	4.00	mmHg	—	—
AV VTI	21.4	cm	—	—
AV pk vel	0.96	m/s	—	—
LVOT VTI	17.4	cm	—	—
LVOT pk vel	0.71	m/s	—	—
MV DT	313	ms	—	—
MV e' lateral vel	7.51	cm/s	—	—
MV E/A ratio	0.80	—	—	—
LVOT pk grad	2.00	mmHg	—	—
AV mn grad	2.00	mmHg	—	—
MV E/e' septal	8.90	—	—	—
LVOT mn grad	1.00	mmHg	—	—
LV A4C EF	56	%	—	—
LV A2C EF	69	%	—	—
AV mn vel	0.64	m/s	—	—
LV biplane EF	64.0	%	—	—
MV E/e' lateral	8.00	—	—	—
MV e' septal vel	6.74	cm/s	—	—
BSA	1.91	m2	—	—

## Procedures Performed

## Chargeables

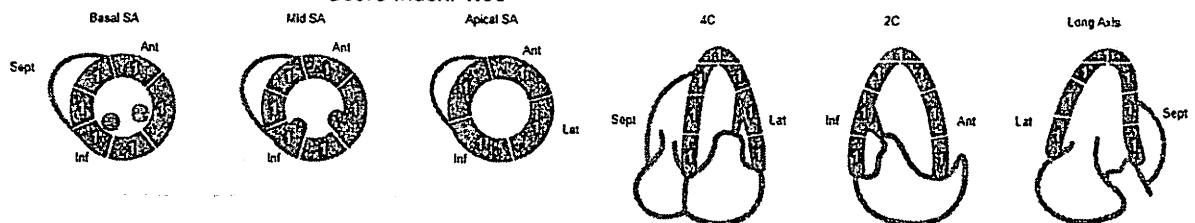
TRANSTHORACIC ECHO (TTE) COMPLETE W/  
CONTRAST [ECH112]

## Wall Scoring

### Wall Scoring

#### Baseline

Score Index: 1.00



The left ventricular wall motion is normal.

- ① Hyperkinesis   ① Normal   ② Hypokinesis   ③ Akinesis   ④ Dyskinesis   ⑤ Aneurysmal

## Result Findings

### Left Ventricle

Left ventricle size is normal. Normal wall motion of left ventricle. Normal systolic function with an estimated EF of 55 - 60%. Normal diastolic function of the left ventricle.

### Right Ventricle

Right ventricle size is normal. Normal systolic function in the right ventricle.

### Left Atrium

Left atrium size is normal.

### Right Atrium

Right atrium size is normal.

### IVC/SVC

IVC diameter is less than or equal to 21 mm and decreases greater than 50% during inspiration; therefore the estimated right atrial pressure is normal (~3 mmHg).

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

**Mitral Valve**

Mitral valve is structurally normal. Mitral leaflet motion is normal. Trace mitral regurgitation present. No mitral stenosis present.

**Tricuspid Valve**

Tricuspid valve is structurally normal. Normal motion of the tricuspid valve. No tricuspid regurgitation present. No tricuspid valve stenosis present.

**Aortic Valve**

Aortic valve is structurally normal. Leaflet motion is normal. No aortic regurgitation present. No aortic stenosis present.

**Pulmonic Valve**

No pulmonic regurgitation present. No pulmonic valve stenosis present.

**Ascending Aorta**

was not well visualized.

**Pericardium**

No pericardial effusion present.

**Study Details**

Study quality was poor. A complete 2D echocardiogram was performed. Lumason ultrasound enhancing agent used.

**Prior Study**

No prior study available for comparison.

Resulted: 03/04/25 1056, Result status: Preliminary result

**Transthoracic echo (TTE) complete**

Ordering provider: Bhrugesh Jogeshkumar Shah, MD 03/03/25 1750 Order status: Completed

Resulted by:

Filed by: Hina Yogesh Patel, MD 03/04/25 1056

Hina Yogesh Patel, MD

David Dugald McPherson, MD

Performed: 03/04/25 0418 - 03/04/25 0446

Accession number: 250304103796

Resulting lab: AGFA

Narrative:

- Left Ventricle: Left ventricle size is normal. Normal wall motion of left ventricle. Normal systolic function with an estimated EF of 55 - 60%.
- Lumason used to enhance the endomyocardial border. No LV apical thrombus visualized.
- Right Ventricle: Right ventricle size is normal. Normal systolic function in the right ventricle.
- Aortic Valve: Aortic valve is structurally normal. Leaflet motion is normal. No aortic regurgitation present. No aortic stenosis present.
- Pulmonic Valve: No pulmonic regurgitation present. No pulmonic valve stenosis present.
- Mitral Valve: Mitral valve is structurally normal. Mitral leaflet motion is normal. Trace mitral regurgitation present. No mitral stenosis present.
- Tricuspid Valve: Tricuspid valve is structurally normal. Normal motion of the tricuspid valve. No tricuspid regurgitation present. No tricuspid valve stenosis present.
- Left Atrium: Left atrium size is normal.
- Right Atrium: Right atrium size is normal.
- IVC/SVC: IVC diameter is less than or equal to 21 mm and decreases greater than 50% during inspiration; therefore the estimated right atrial pressure is normal (~3 mmHg).
- Aorta: was not well visualized.
- Pericardium: No pericardial effusion present.

**Components**

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

## Imaging (continued)

Component	Value	Reference Range	Flag	Lab
LA Vol I (A4C) BSA	10.70	ml/m2	—	—
LVOT Vmax/AV Vmax	0.74	{ratio}	—	—
LVOT Vmean	0.46	m/s	—	—
LV SV (A4C)	46.80	ml	—	—
LV SI (A2C)	68.60	ml	—	—
LV SV (BP)	60.80	ml	—	—
LV SI (A4C)	24.60	ml/m2	—	—
LV SI (A2C)	36.10	ml/m2	—	—
LV SI (BP)	32.00	ml/m2	—	—
LVLs (A4C)	69.10	mm	—	—
LVLs (A2C)	70.60	mm	—	—
LVLd (A4C)	77.10	mm	—	—
LVLd (A2C)	84.60	mm	—	—
LV ESV A2C	31.40	mL	—	—
LV EDV A4C	84.00	mL	—	—
LA area A4C	10.20	cm2	—	—
LV ESV A4C	37.10	mL	—	—
LV EDV A2C	100.00	mL	—	—
TAPSE	16	mm	—	—
LV est EF	64	%	—	—
LV EDV BP	95.00	mL	—	—
LV ESV BP	34.20	mL	—	—
MV A pk vel	0.73	m/s	—	—
MV E pk vel	0.60	m/s	—	—
AV pk grad	4.00	mmHg	—	—
AV VTI	21.4	cm	—	—
AV pk vel	0.96	m/s	—	—
LVOT VTI	17.4	cm	—	—
LVOT pk vel	0.71	m/s	—	—
MV DT	313	ms	—	—
MV e' lateral vel	7.51	cm/s	—	—
MV E/A ratio	0.80	—	—	—
LVOT pk grad	2.00	mmHg	—	—
AV mn grad	2.00	mmHg	—	—
MV E/e' septal	8.90	—	—	—
LVOT mn grad	1.00	mmHg	—	—
LV A4C EF	56	%	—	—
LV A2C EF	69	%	—	—
AV mn vel	0.64	m/s	—	—
LV biplane EF	64.0	%	—	—
MV E/e' lateral	8.00	—	—	—
MV e' septal vel	6.74	cm/s	—	—
BSA	1.91	m2	—	—

## Procedures Performed

## Chargeables

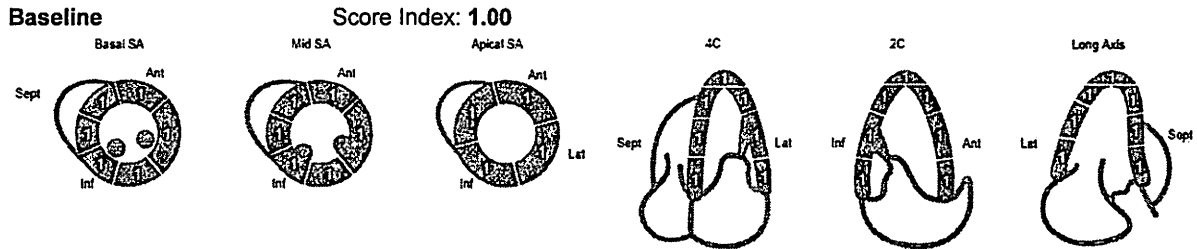
TRANSTHORACIC ECHO (TTE) COMPLETE W/  
CONTRAST [ECH112]

## Wall Scoring

## Wall Scoring

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

## Imaging (continued)



The left ventricular wall motion is normal.

① Hyperkinesis ② Normal ③ Hypokinesis ④ Akinesis ⑤ Dyskinesis ⑥ Aneurysmal

## Result Findings

### Left Ventricle

Left ventricle size is normal. Normal wall motion of left ventricle. Normal systolic function with an estimated EF of 55 - 60%. Normal diastolic function of the left ventricle.

### Right Ventricle

Right ventricle size is normal. Normal systolic function in the right ventricle.

### Left Atrium

Left atrium size is normal.

### Right Atrium

Right atrium size is normal.

### IVC/SVC

IVC diameter is less than or equal to 21 mm and decreases greater than 50% during inspiration; therefore the estimated right atrial pressure is normal (~3 mmHg).

### Mitral Valve

Mitral valve is structurally normal. Mitral leaflet motion is normal. Trace mitral regurgitation present. No mitral stenosis present.

### Tricuspid Valve

Tricuspid valve is structurally normal. Normal motion of the tricuspid valve. No tricuspid regurgitation present. No tricuspid valve stenosis present.

### Aortic Valve

Aortic valve is structurally normal. Leaflet motion is normal. No aortic regurgitation present. No aortic stenosis present.

### Pulmonic Valve

No pulmonic regurgitation present. No pulmonic valve stenosis present.

### Ascending Aorta

was not well visualized.

### Pericardium

No pericardial effusion present.

### Study Details

Study quality was poor. A complete 2D echocardiogram was performed. Lumason ultrasound enhancing agent used.

## Transthoracic echo (TTE) complete

Resulted: 03/04/25 0449, Result status: In process

Ordering provider: Bhruvish Jogeshkumar Shah, MD 03/03/25 1750 Order status: Completed

Resulted by:

Filed by: Hang Cortes, RT 03/04/25 0449

Hina Yogesh Patel, MD

David Dugald McPherson, MD



03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

## Imaging (continued)

Performed: 03/04/25 0418 - 03/04/25 0446  
Resulting lab: AGFA

Accession number: 250304103796

### Components

Component	Value	Reference Range	Flag	Lab
LA Vol I (A4C) BSA	10.70	ml/m2	—	—
LVOT Vmax/AV Vmax	0.74	{ratio}	—	—
LVOT Vmean	0.46	m/s	—	—
LV SV (A4C)	46.80	ml	—	—
LV SI (A2C)	68.60	ml	—	—
LV SV (BP)	60.80	ml	—	—
LV SI (A4C)	24.60	ml/m2	—	—
LV SI (A2C)	36.10	ml/m2	—	—
LV SI (BP)	32.00	ml/m2	—	—
LVLs (A4C)	69.10	mm	—	—
LVLs (A2C)	70.60	mm	—	—
LVLd (A4C)	77.10	mm	—	—
LVLd (A2C)	84.60	mm	—	—
LV ESV A2C	31.40	mL	—	—
LV EDV A4C	84.00	mL	—	—
LA area A4C	10.20	cm2	—	—
LV ESV A4C	37.10	mL	—	—
LV EDV A2C	100.00	mL	—	—
TAPSE	16	mm	—	—
LV est EF	64	%	—	—
LV EDV BP	95.00	mL	—	—
LV ESV BP	34.20	mL	—	—
MV A pk vel	0.73	m/s	—	—
MV E pk vel	0.60	m/s	—	—
AV pk grad	4.00	mmHg	—	—
AV VTI	21.4	cm	—	—
AV pk vel	0.96	m/s	—	—
LVOT VTI	17.4	cm	—	—
LVOT pk vel	0.71	m/s	—	—
MV DT	313	ms	—	—
MV e' lateral vel	7.51	cm/s	—	—
MV E/A ratio	0.80	—	—	—
LVOT pk grad	2.00	mmHg	—	—
AV mn grad	2.00	mmHg	—	—
MV E/e' septal	8.90	—	—	—
LVOT mn grad	1.00	mmHg	—	—
LV A4C EF	56	%	—	—
LV A2C EF	69	%	—	—
AV mn vel	0.64	m/s	—	—
LV biplane EF	64.0	%	—	—
MV E/e' lateral	8.00	—	—	—
MV e' septal vel	6.74	cm/s	—	—
BSA	1.91	m2	—	—

### Procedures Performed

TRANSTHORACIC ECHO (TTE) COMPLETE W/  
CONTRAST [ECH112]

### Chargeables

### Result Findings

#### Study Details

Study quality was poor. A complete 2D echocardiogram was performed. Lumason ultrasound enhancing agent used.

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

## Imaging (continued)

### Transthoracic echo (TTE) complete

Resulted: 03/04/25 0447, Result status: In process

Ordering provider: Bhrugesh Jogeshkumar Shah, MD 03/03/25 1750 Order status: Completed

Resulted by:

Filed by: Hang Cortes, RT 03/04/25 0418

Hina Yogesh Patel, MD

David Dugald McPherson, MD

Performed: 03/04/25 0418 - 03/04/25 0446

Accession number: 250304103796

Resulting lab: AGFA

### Components

Component	Value	Reference Range	Flag	Lab
LA Vol I (A4C) BSA	10.70	ml/m2	—	—
LVOT Vmax/AV Vmax	0.74	{ratio}	—	—
LVOT Vmean	0.46	m/s	—	—
LV SV (A4C)	46.80	ml	—	—
LV SI (A2C)	68.60	ml	—	—
LV SV (BP)	60.80	ml	—	—
LV SI (A4C)	24.60	ml/m2	—	—
LV SI (A2C)	36.10	ml/m2	—	—
LV SI (BP)	32.00	ml/m2	—	—
LVLs (A4C)	69.10	mm	—	—
LVLs (A2C)	70.60	mm	—	—
LVLd (A4C)	77.10	mm	—	—
LVLd (A2C)	84.60	mm	—	—
LV ESV A2C	31.40	mL	—	—
LV EDV A4C	84.00	mL	—	—
LA area A4C	10.20	cm2	—	—
LV ESV A4C	37.10	mL	—	—
LV EDV A2C	100.00	mL	—	—
TAPSE	16	mm	—	—
LV est EF	64	%	—	—
LV EDV BP	95.00	mL	—	—
LV ESV BP	34.20	mL	—	—
MV A pk vel	0.73	m/s	—	—
MV E pk vel	0.60	m/s	—	—
AV pk grad	4.00	mmHg	—	—
AV VTI	21.4	cm	—	—
AV pk vel	0.96	m/s	—	—
LVOT VTI	17.4	cm	—	—
LVOT pk vel	0.71	m/s	—	—
MV DT	313	ms	—	—
MV e' lateral vel	7.51	cm/s	—	—
MV E/A ratio	0.80	—	—	—
LVOT pk grad	2.00	mmHg	—	—
AV mn grad	2.00	mmHg	—	—
MV E/e' septal	8.90	—	—	—
LVOT mn grad	1.00	mmHg	—	—
LV A4C EF	56	%	—	—
LV A2C EF	69	%	—	—
AV mn vel	0.64	m/s	—	—
LV biplane EF	64.0	%	—	—
MV E/e' lateral	8.00	—	—	—
MV e' septal vel	6.74	cm/s	—	—
BSA	1.91	m2	—	—

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Imaging (continued)

Procedures Performed

Chargeables

TRANSTHORACIC ECHO (TTE) COMPLETE W/  
CONTRAST [ECH112]

Signed

Electronically signed by David Dugald McPherson, MD on 3/4/25 at 1101 CST

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

## Imaging (continued)

### Imaging

#### MRI lumbar spine w and wo IV contrast (Final result)

Electronically signed by: Lukman Olufemi Telufusi, PA on 03/03/25 0204

Status: Completed

This order may be acted on in another encounter.

Ordering user: Lukman Olufemi Telufusi, PA 03/03/25 0204

Ordering provider: Lukman Olufemi Telufusi, PA

Authorized by: Lukman Olufemi Telufusi, PA

Ordering mode: Standard

Frequency: Routine Once 03/03/25 0205 - 1 occurrence

Class: Ancillary Performed

Quantity: 1

Lab status: Final result

Instance released by: Lukman Olufemi Telufusi, PA (auto-released) 3/3/2025 2:04 AM

#### Questionnaire

Question	Answer
Is metal artifact supression needed (MARS)?	No
Reason for exam:	lower back pain
What is the patient's sedation requirement?	No Sedation
Request CAIP review and image post-processing?	No
Release to patient	Immediate

#### Screening Form

##### General Information

Patient Name: Kaminczak, Steve

MRN: 38345229

Date of Birth: 5/28/1974

Work Phone: 713-556-9200

Sex Assigned at Birth: Male

Mobile: 976-436-5969

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
MRI LUMBAR SPINE W AND WO IV CONTRAST	Lukman Olufemi Telufusi, PA , 713-704-4060	Lukman Olufemi Telufusi, PA , 713-704-4060	3/3/2025 10:45 AM TMC MRI 2 3T PHILIPS TMC MRI

#### Screening Form Questions

	Answer	Comment
Who are you obtaining information from?	Patient	
Have you had any prior surgeries or procedures (e.g. arthroscopy, endoscopy)?	Yes	
Please list the date and type of surgery:	laminectomy, discectomy	
Do you have a history of renal disease, kidney surgery, or cancer involving one kidney?	No	
Are you on dialysis?	No	
Do you have a single kidney or kidney transplant?	No	
Have you had prior therapy for back pain?	No	
If yes, please specify:		
Have you had a prior diagnostic imaging study or examination (MRI, CT, Ultrasound, X-ray, etc.)?	Yes	
If yes, please specify:	MRI, CT	
Have you experienced any problems related to a previous MRI ?	No	
If yes, please describe:		
Have you had an injury to the eye involving a metallic object or fragment ( e.g. metallic slivers, shavings, foreign body, etc)?	No	
If yes, please describe:		
Have you ever been injured by a bullet, shrapnel, or any metal fragments that may still be inside your body?	No	

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Imaging (continued)

If yes, please describe:	
Do you have a history of asthma, allergic reaction, respiratory disease or reaction to a contrast medium or dye used for an MRI, CT or an X-ray examination?	No
Do you have anemia or any disease(s) that affects your blood, a history of renal (kidney) disease, diabetes, on dialysis, renal or liver transplant, or seizures?	No
If yes, please describe:	
Is the patient Claustrophobic?	No
Does the patient require any pre-med prior to scan?	
Can patient hold still for 30 minutes?	No
Can you lay flat?	No
Cardiac Pacemaker/Defibrillator (ICD)	No
Does patient have an implant card/identifier?	
Other Cardiac Implants?	No
Stimulator? Neurostimulator, diaphragmatic , deep brain, vagus nerve, bone growth, spinal cord, sphenopalatine ganglion (SPG), gastric, respiratory, or any biostimulator (in-place or removed)?	No
Aneurysm clip	No
Any type of prosthesis (eye, penile, etc.)	No
Artificial or prosthetic limb	No
Body piercings	No
Any implanted items (e.g., pins, rods, screws, nails, plates, wires)	No
Breathing problem or motion disorder	No
Cochlear implant	No
Removable denture, false teeth, or partial plate	No
Electrode patch	No
Electronic implant device	No
Eyelid spring and/or eyelid weight	No
Hearing Aid	No
Heart valve prosthesis	No
IUD	No
Implanted drug pump (e.g., insulin, baclofen, chemotherapy, pain medicine)	No
Removable drug pump (e.g., insulin, Baclofen, Neulasta)	No
Any type of internal electrodes or wires	No
Joint replacement (hip, knee, etc.)	No
Magnetically-activated implant or device	No
Medication patch (e.g., nitroglycerine, nicotine)	No
Any type of coil, filter, or stent	No
Radiation Seeds	No
Shunt	No
Any type of surgical clip or staple	No
Swan-Ganz or thermodilution catheter	No
Tattoo, permanent makeup or magnetic eyelashes	No
Tissue Expander (e.g., breast)	No
Any IV access port (e.g., Broviac, Port-a-Cath, Hickman, PICC line)	No
Wire mesh implant	No
Wig, hair implants	No

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

## Imaging (continued)

Compression clothing/undergarment with metallic fibers No  
Any type of surgically implanted implant held in place by a magnet? No  
Any other type of surgically implanted medical devices, removable medical devices, or personal items not covered above? No  
If yes, list type:

## Proceed with Exam

Proceed?	User	Time
Proceed	Juan Valenzuela	03/03/2025 10:47 AM CST

## MRI lumbar spine w and wo IV contrast

Resulted: 03/03/25 1649, Result status: Final result

Ordering provider: Lukman Olufemi Telufusi, PA 03/03/25 0204

Order status: Completed

Resulted by:

Filed by: Interface, Radiology Results In 03/03/25 1652

Reema Faisal H. Alrasheed, MD

Andres Felipe Rodriguez Gonzalez, MD

Performed: 03/03/25 1102 - 03/03/25 1219

Accession number: 250303315028

Resulting lab: POWERSCRIBE

Narrative:

EXAM: MRI LUMBAR SPINE WITHOUT AND WITH CONTRAST

DATE: 3/3/2025 11:02

INDICATION: lower back pain .

COMPARISON: Correlation to abdomen pelvis CT 12/11/2020

TECHNIQUE: Multiplanar, multisequence, precontrast and postcontrast MR imaging of the lumbar spine.

IV contrast: Refer to MRI technologist documentation

## FINDINGS:

Numbering: The inferior-most, lumbar-type vertebral body is referred to as L5.

Alignment: Minimal retrolisthesis of L3 over L4. Postsurgical changes of posterior decompression at L5-S1.

Postoperative: L4 and L5 laminectomy.

Bones: T1 hypointense T2 hyperintense signal is noted at L5 vertebral body consistent with bone marrow edema. Otherwise the vertebral body bone marrow shows normal signal. L5 pathologic fracture with approximately 30% height loss without significant retropulsion.

Associated epidural enhancement at L4, L5 and S1 levels. There is paravertebral enhancement at L5.

Conus medullaris: Normal in size and signal. Terminates at L1-L2.

Cauda equina: Nonenlarged.

Individual levels:

L1-L2: Normal.

L2-L3: Normal.

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

## Imaging (continued)

L3-L4: Disc bulge and facet joint hypertrophy results in moderate bilateral neural foraminal narrowing and mild spinal canal stenosis.  
L4-L5: Disc bulge and facet joint hypertrophy, with an associated central disc protrusion results in severe right and moderate left neural foraminal narrowing.  
L5-S1: Disc bulge, facet joint hypertrophy and endplate spurring resulting in severe bilateral neural foraminal narrowing there is a central disc protrusion.  
No significant spinal canal stenosis.

Other: Incidental retroperitoneal structures are unremarkable

Postcontrast: Peripheral enhancement of the disc and L5 vertebral body with evidence of diffusion restriction in keeping with osteomyelitis (chronic versus acute on chronic) (series 601/602 image 4). There is also associated abnormal enhancement of the posterior paraspinal and anterior paraspinal muscles (series 901 image 14). No organized/drainable fluid

### IMPRESSION:

- \* Findings concerning for a discitis osteomyelitis at L4-5 and L5-S1, with an associated epidural phlegmon.
- \* No evidence of fluid collections.
- \* Fracture of L5 vertebral body causing 20 to 30% height loss without significant retropulsion.

This report was dictated by a Radiology Resident/Fellow/APP: Reema AlRasheed, RES 3/3/2025 14:41

This report was dictated by a Radiology Resident/Fellow/Physician Assistant. I have personally reviewed the images as well as the interpretation and agree with the findings.

Report finalized by: Andres Rodriguez Gonzalez, MD 3/3/2025 16:49

### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
77 - IMG	POWERSCRIBE	Unknown	Unknown	11/22/23 1234 - Present

### MRI lumbar spine w and wo IV contrast

Resulted: 03/03/25 1649, Result status: In process

Ordering provider: Lukman Olufemi Telufusi, PA 03/03/25 0204	Order status: Completed
Resulted by: Reema Faisal H. Alrasheed, MD	Filed by: Andres Felipe Rodriguez Gonzalez, MD 03/03/25 1649
Andres Felipe Rodriguez Gonzalez, MD	
Performed: 03/03/25 1102 - 03/03/25 1219	Accession number: 250303315028
Resulting lab: IMAGING	

### MRI lumbar spine w and wo IV contrast

Resulted: 03/03/25 1417, Result status: In process

Ordering provider: Lukman Olufemi Telufusi, PA 03/03/25 0204	Order status: Completed
Resulted by: Reema Faisal H. Alrasheed, MD	Filed by: Reema Faisal H. Alrasheed, MD 03/03/25 1417
Andres Felipe Rodriguez Gonzalez, MD	
Performed: 03/03/25 1102 - 03/03/25 1219	Accession number: 250303315028
Resulting lab: IMAGING	

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

## Imaging (continued)

### MRI lumbar spine w and wo IV contrast

Resulted: 03/03/25 1409, Result status: In process

Ordering provider: Lukman Olufemi Telufusi, PA 03/03/25  
0204  
Resulted by:  
Reema Faisal H. Alrasheed, MD  
Andres Felipe Rodriguez Gonzalez, MD  
Performed: 03/03/25 1102 - 03/03/25 1219  
Resulting lab: IMAGING

Order status: Completed  
Filed by: Reema Faisal H. Alrasheed, MD 03/03/25 1409  
Accession number: 250303315028

### MRI lumbar spine w and wo IV contrast

Resulted: 03/03/25 1120, Result status: In process

Ordering provider: Lukman Olufemi Telufusi, PA 03/03/25  
0204  
Resulted by:  
Reema Faisal H. Alrasheed, MD  
Andres Felipe Rodriguez Gonzalez, MD  
Performed: 03/03/25 1102 - 03/03/25 1219  
Resulting lab: IMAGING

Order status: Completed  
Filed by: Juan Valenzuela 03/03/25 1120  
Accession number: 250303315028

## Signed

Electronically signed by Andres Felipe Rodriguez Gonzalez, MD on 3/3/25 at 1649 CST

### MRI entire spine w and wo IV contrast (Discontinued)

Electronically signed by: Michael Alexis Goutnik, MD on 03/03/25 1750  
Ordering user: Michael Alexis Goutnik, MD 03/03/25 1750  
Authorized by: Bhrugeth Jogeshkumar Shah, MD  
Frequency: STAT Once 03/03/25 1751 - 1 occurrence  
Quantity: 1

Status: Discontinued

Ordering provider: Bhrugeth Jogeshkumar Shah, MD  
Ordering mode: Standard  
Class: Ancillary Performed  
Instance released by: Michael Alexis Goutnik, MD (auto-released)  
3/3/2025 5:50 PM

Discontinued by: Michael Alexis Goutnik, MD 03/04/25 0722

## Questionnaire

Question	Answer
Which protocol are you requesting? If pt has known hardware at or near the region to be imaged please add "with metal artifact reduction"	Standard protocol
Is metal artifact suppression needed (MARS)?	No
Reason for exam:	osteo
What is the patient's sedation requirement?	No Sedation
Request CAIP review and image post-processing?	No
Release to patient	Immediate

### MRI entire spine w and wo IV contrast (Discontinued)

Electronically signed by: Michael Alexis Goutnik, MD on 03/04/25 0722  
Ordering user: Michael Alexis Goutnik, MD 03/04/25 0722  
Authorized by: Michael Alexis Goutnik, MD  
Frequency: STAT Once 03/04/25 0723 - 1 occurrence  
Quantity: 1

Status: Discontinued

Ordering provider: Michael Alexis Goutnik, MD  
Ordering mode: Standard  
Class: Ancillary Performed  
Instance released by: Michael Alexis Goutnik, MD (auto-released)  
3/4/2025 7:22 AM

Discontinued by: Michael Alexis Goutnik, MD 03/04/25 0722

## Questionnaire

Question	Answer
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03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

## Imaging (continued)

Which protocol are you requesting? If pt has known hardware at or near the region to be imaged please add "with metal artifact reduction" Standard protocol  
Is metal artifact suppression needed (MARS)? No  
Reason for exam: osteo  
What is the patient's sedation requirement? No Sedation  
Request CAIP review and image post-processing? No  
Release to patient Immediate

## Screening Form

### General Information

Patient Name: Kaminczak, Steve MRN: 38345229  
Date of Birth: 5/28/1974 Work Phone: 713-556-9200  
Sex Assigned at Birth: Male Mobile: 976-436-5969

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
MRI ENTIRE SPINE W AND WO IV CONTRAST	Michael Alexis Goutnik, MD 713-704-4000	Michael Alexis Goutnik, MD 713-704-4000	

### Screening Form Questions

Question	Answer	Comment
Who are you obtaining information from?	Patient	
Have you had any prior surgeries or procedures (e.g. arthroscopy, endoscopy)?	Yes	
Please list the date and type of surgery:	gastric sleeves, laminectomy, g-tube placement	
Do you have a history of renal disease, kidney surgery, or cancer involving one kidney?	No	
Are you on dialysis?	No	
Do you have a single kidney or kidney transplant?	No	
Have you had prior therapy for back pain?	No	
If yes, please specify:		
Have you had a prior diagnostic imaging study or examination (MRI, CT, Ultrasound, X-ray, etc.)?	Yes	
If yes, please specify:	back	
Have you experienced any problems related to a previous MRI ?	No	
If yes, please describe:		
Have you had an injury to the eye involving a metallic object or fragment ( e.g. metallic slivers, shavings, foreign body, etc)?	No	
If yes, please describe:		
Have you ever been injured by a bullet, shrapnel, or any metal fragments that may still be inside your body?	No	
If yes, please describe:		
Do you have a history of asthma, allergic reaction, respiratory disease or reaction to a contrast medium or dye used for an MRI, CT or an X-ray examination?	Yes	
Do you have anemia or any disease(s) that affects your blood, a history of renal (kidney) disease, diabetes, on dialysis, renal or liver transplant, or seizures?	No	
If yes, please describe:		

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Imaging (continued)

Is the patient Claustrophobic?	No
Does the patient require any pre-med prior to scan?	
Can patient hold still for 30 minutes?	Yes
Can you lay flat?	Yes
Cardiac Pacemaker/Defibrillator (ICD)	No
Does patient have an implant card/identifier?	
Other Cardiac Implants?	No
Stimulator? Neurostimulator, diaphragmatic , deep brain, vagus nerve, bone growth, spinal cord, sphenopalatine ganglion (SPG), gastric, respiratory, or any biostimulator (in-place or removed)?	No
Aneurysm clip	No
Any type of prosthesis (eye, penile, etc.)	No
Artificial or prosthetic limb	No
Body piercings	No
Any implanted items (e.g., pins, rods, screws, nails, plates, wires)	No
Breathing problem or motion disorder	No
Cochlear implant	No
Removable denture, false teeth, or partial plate	No
Electrode patch	No
Electronic implant device	No
Eyelid spring and/or eyelid weight	No
Hearing Aid	No
Heart valve prosthesis	No
IUD	No
Implanted drug pump (e.g., insulin, baclofen, chemotherapy, pain medicine)	No
Removable drug pump (e.g., insulin, Baclofen, Neulasta)	No
Any type of internal electrodes or wires	No
Joint replacement (hip, knee, etc.)	No
Magnetically-activated implant or device	No
Medication patch (e.g., nitroglycerine, nicotine)	No
Any type of coil, filter, or stent	No
Radiation Seeds	No
Shunt	No
Any type of surgical clip or staple	No
Swan-Ganz or thermodilution catheter	No
Tattoo, permanent makeup or magnetic eyelashes	No
Tissue Expander (e.g., breast)	No
Any IV access port (e.g., Broviac, Port-a-Cath, Hickman, PICC line)	No
Wire mesh implant	No
Wig, hair implants	No
Compression clothing/undergarment with metallic fibers	No
Any type of surgically implanted implant held in place by a magnet?	No
Any other type of surgically implanted medical devices, removable medical devices, or personal items not covered above?	No
If yes, list type:	

Proceed with Exam

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

Proceed?	User	Time
Proceed	Daine Joseph, RN	03/04/2025 05:17 AM CST

**MRI cervical spine w and wo IV contrast (Final result)**

Electronically signed by: **Michael Alexis Goutnik, MD on 03/04/25 0722** Status: **Completed**  
 This order may be acted on in another encounter.  
 Ordering user: Michael Alexis Goutnik, MD 03/04/25 0722  
 Authorized by: Michael Alexis Goutnik, MD  
 Frequency: STAT Once 03/04/25 0723 - 1 occurrence  
 Quantity: 1  
 Instance released by: Michael Alexis Goutnik, MD (auto-released) 3/4/2025 7:22 AM

Ordering provider: Michael Alexis Goutnik, MD  
 Ordering mode: Standard  
 Class: Ancillary Performed  
 Lab status: Final result

**Questionnaire**

Question	Answer
Is metal artifact supression needed (MARS)?	No
Reason for exam:	osteo workup
What is the patient's sedation requirement?	No Sedation
Request CAIP review and image post-processing?	No
Release to patient	Immediate

**Screening Form**

**General Information**

Patient Name: Kaminczak, Steve  
 Date of Birth: 5/28/1974  
 Sex Assigned at Birth: Male  
 MRN: 38345229  
 Work Phone: 713-556-9200  
 Mobile: 976-436-5969

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
MRI CERVICAL SPINE W AND WO IV CONTRAST	Michael Alexis Goutnik, MD 713-704-4000	Michael Alexis Goutnik, MD 713-704-4000	3/4/2025 5:00 PM TMC MRI 4 3T GE TMC MRI

**Screening Form Questions**

	Answer	Comment
Who are you obtaining information from?	Patient	
Have you had any prior surgeries or procedures (e.g. arthroscopy, endoscopy)?	Yes	
Please list the date and type of surgery:	laminectomy, discectomy	
Do you have a history of renal disease, kidney surgery, or cancer involving one kidney?	No	
Are you on dialysis?	No	
Do you have a single kidney or kidney transplant?	No	
Have you had prior therapy for back pain?	No	
If yes, please specify:		
Have you had a prior diagnostic imaging study or examination (MRI, CT, Ultrasound, X-ray, etc.)?	Yes	
If yes, please specify:	MRI, CT	
Have you experienced any problems related to a previous MRI ?	No	
If yes, please describe:		
Have you had an injury to the eye involving a metallic object or fragment ( e.g. metallic slivers, shavings, foreign body, etc)?	No	

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Imaging (continued)

If yes, please describe:	
Have you ever been injured by a bullet, shrapnel, or any metal fragments that may still be inside your body?	No
If yes, please describe:	
Do you have a history of asthma, allergic reaction, respiratory disease or reaction to a contrast medium or dye used for an MRI, CT or an X-ray examination?	No
Do you have anemia or any disease(s) that affects your blood, a history of renal (kidney) disease, diabetes, on dialysis, renal or liver transplant, or seizures?	No
If yes, please describe:	
Is the patient Claustrophobic?	No
Does the patient require any pre-med prior to scan?	
Can patient hold still for 30 minutes?	No
Can you lay flat?	No
Cardiac Pacemaker/Defibrillator (ICD)	No
Does patient have an implant card/identifier?	
Other Cardiac Implants?	No
Stimulator? Neurostimulator, diaphragmatic , deep brain, vagus nerve, bone growth, spinal cord, sphenopalatine ganglion (SPG), gastric, respiratory, or any biostimulator (in-place or removed)?	No
Aneurysm clip	No
Any type of prosthesis (eye, penile, etc.)	No
Artificial or prosthetic limb	No
Body piercings	No
Any implanted items (e.g., pins, rods, screws, nails, plates, wires)	No
Breathing problem or motion disorder	No
Cochlear implant	No
Removable denture, false teeth, or partial plate	No
Electrode patch	No
Electronic implant device	No
Eyelid spring and/or eyelid weight	No
Hearing Aid	No
Heart valve prosthesis	No
IUD	No
Implanted drug pump (e.g., insulin, baclofen, chemotherapy, pain medicine)	No
Removable drug pump (e.g., insulin, Baclofen, Neulasta)	No
Any type of internal electrodes or wires	No
Joint replacement (hip, knee, etc.)	No
Magnetically-activated implant or device	No
Medication patch (e.g., nitroglycerine, nicotine)	No
Any type of coil, filter, or stent	No
Radiation Seeds	No
Shunt	No
Any type of surgical clip or staple	No
Swan-Ganz or thermodilution catheter	No
Tattoo, permanent makeup or magnetic eyelashes	No
Tissue Expander (e.g., breast)	No

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

## Imaging (continued)

Any IV access port (e.g., Broviac, Port-a-Cath, Hickman, PICC line) No  
Wire mesh implant No  
Wig, hair implants No  
Compression clothing/undergarment with metallic fibers No  
Any type of surgically implanted implant held in place by a magnet? No  
Any other type of surgically implanted medical devices, removable medical devices, or personal items not covered above? No  
If yes, list type:

## Proceed with Exam

Proceed?	User	Time
Proceed	Didio Vela	03/04/2025 05:10 PM CST

G tube for 6 years; DV

## MRI cervical spine w and wo IV contrast

Resulted: 03/04/25 2230, Result status: Final result

Ordering provider: Michael Alexis Goutnik, MD 03/04/25 0722 Order status: Completed  
Resulted by: Arash Kamali, MD Filed by: Interface, Radiology Results In 03/04/25 2233  
Performed: 03/04/25 1709 - 03/04/25 1825 Accession number: 250304130175  
Resulting lab: POWERSCRIBE

## Narrative:

EXAM: MRI CERVICAL SPINE WITH AND WITHOUT CONTRAST  
EXAM: MRI OF THE THORACIC SPINE WITHIN WITHOUT CONTRAST

DATE: 3/4/2025 17:09

INDICATION: osteo workup ,

COMPARISON: None.

## TECHNIQUE:

- Multiplanar MR imaging of the cervical spine, with and without contrast.
- Multiplanar MR imaging of the thoracic spine, with and without contrast.

## FINDINGS:

### CERVICAL SPINE:

The axial postcontrast sequences are limited by motion artifacts. There is exaggerated cervical lordosis. No significant spinal canal narrowing is present in the interval. No cord compression or focal cord signal abnormality. No abnormal enhancement is identified. Uncovertebral change resulting in moderate bilateral foraminal narrowing at C3-C4, C4-C5 through C6-C7.

### THORACIC SPINE:

The axial postcontrast sequences are limited by motion artifacts. Exaggerated thoracic kyphosis. No cord compression or definite focal cord signal abnormality. No abnormal enhancement. Focal disc protrusion/extrusion at T9-T10 resulting in moderate spinal canal narrowing at this level.

## IMPRESSION:

1. No imaging evidence of osteomyelitis in the cervical or thoracic spine. Degenerative changes, as detailed above.

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)**

**Imaging (continued)**

Report finalized by: Arash Kamali, MD 3/4/2025 22:30

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
77 - IMG	POWERSCRIBE	Unknown	Unknown	11/22/23 1234 - Present

**MRI cervical spine w and wo IV contrast**

Resulted: 03/04/25 2230, Result status: In process

Ordering provider: Michael Alexis Goutnik, MD 03/04/25 0722 Order status: Completed  
Resulted by: Arash Kamali, MD Filed by: Arash Kamali, MD 03/04/25 2230  
Performed: 03/04/25 1709 - 03/04/25 1825 Accession number: 250304130175  
Resulting lab: IMAGING

**MRI cervical spine w and wo IV contrast**

Resulted: 03/04/25 1710, Result status: In process

Ordering provider: Michael Alexis Goutnik, MD 03/04/25 0722 Order status: Completed  
Resulted by: Arash Kamali, MD Filed by: Didio Vela 03/04/25 1710  
Performed: 03/04/25 1709 - 03/04/25 1825 Accession number: 250304130175  
Resulting lab: IMAGING

**Signed**

Electronically signed by Arash Kamali, MD on 3/4/25 at 2230 CST

**MRI thoracic spine w and wo IV contrast (Final result)**

Electronically signed by: Michael Alexis Goutnik, MD on 03/04/25 0722 Status: Completed  
This order may be acted on in another encounter.  
Ordering user: Michael Alexis Goutnik, MD 03/04/25 0722 Ordering provider: Michael Alexis Goutnik, MD  
Authorized by: Michael Alexis Goutnik, MD Ordering mode: Standard  
Frequency: STAT Once 03/04/25 0723 - 1 occurrence Class: Ancillary Performed  
Quantity: 1 Lab status: Final result  
Instance released by: Michael Alexis Goutnik, MD (auto-released) 3/4/2025 7:22 AM

**Questionnaire**

Question	Answer
Is metal artifact supression needed (MARS)?	No
Reason for exam:	osteo workup
What is the patient's sedation requirement?	No Sedation
Request CAIP review and image post-processing?	No
Release to patient	Immediate

**Screening Form**

**General Information**

Patient Name: Kaminczak, Steve MRN: 38345229  
Date of Birth: 5/28/1974 Work Phone: 713-556-9200  
Sex Assigned at Birth: Male Mobile: 976-436-5969

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
MRI THORACIC SPINE W AND WO IV CONTRAST	Michael Alexis Goutnik, MD 713-704-4000	Michael Alexis Goutnik, MD 713-704-4000	3/4/2025 6:00 PM TMC MRI 4 3T GE TMC MRI

**Screening Form Questions**

Answer	Comment
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03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Imaging (continued)

Who are you obtaining information from?	Patient
Have you had any prior surgeries or procedures (e.g. arthroscopy, endoscopy)?	Yes
Please list the date and type of surgery:	laminectomy, discectomy
Do you have a history of renal disease, kidney surgery, or cancer involving one kidney?	No
Are you on dialysis?	No
Do you have a single kidney or kidney transplant?	No
Have you had prior therapy for back pain?	No
If yes, please specify:	
Have you had a prior diagnostic imaging study or examination (MRI, CT, Ultrasound, X-ray, etc.)?	Yes
If yes, please specify:	MRI, CT
Have you experienced any problems related to a previous MRI ?	No
If yes, please describe:	
Have you had an injury to the eye involving a metallic object or fragment ( e.g. metallic slivers, shavings, foreign body, etc)?	No
If yes, please describe:	
Have you ever been injured by a bullet, shrapnel, or any metal fragments that may still be inside your body?	No
If yes, please describe:	
Do you have a history of asthma, allergic reaction, respiratory disease or reaction to a contrast medium or dye used for an MRI, CT or an X-ray examination?	No
Do you have anemia or any disease(s) that affects your blood, a history of renal (kidney) disease, diabetes, on dialysis, renal or liver transplant, or seizures?	No
If yes, please describe:	
Is the patient Claustrophobic?	No
Does the patient require any pre-med prior to scan?	
Can patient hold still for 30 minutes?	No
Can you lay flat?	No
Cardiac Pacemaker/Defibrillator (ICD)	No
Does patient have an implant card/identifier?	
Other Cardiac Implants?	No
Stimulator? Neurostimulator, diaphragmatic , deep brain, vagus nerve, bone growth, spinal cord, sphenopalatine ganglion (SPG), gastric, respiratory, or any biostimulator (in-place or removed)?	No
Aneurysm clip	No
Any type of prosthesis (eye, penile, etc.)	No
Artificial or prosthetic limb	No
Body piercings	No
Any implanted items (e.g., pins, rods, screws, nails, plates, wires)	No
Breathing problem or motion disorder	No
Cochlear implant	No

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

Removable denture, false teeth, or partial plate	No
Electrode patch	No
Electronic implant device	No
Eyelid spring and/or eyelid weight	No
Hearing Aid	No
Heart valve prosthesis	No
IUD	No
Implanted drug pump (e.g., insulin, baclofen, chemotherapy, pain medicine)	No
Removable drug pump (e.g., insulin, Baclofen, Neulasta)	No
Any type of internal electrodes or wires	No
Joint replacement (hip, knee, etc.)	No
Magnetically-activated implant or device	No
Medication patch (e.g., nitroglycerine, nicotine)	No
Any type of coil, filter, or stent	No
Radiation Seeds	No
Shunt	No
Any type of surgical clip or staple	No
Swan-Ganz or thermodilution catheter	No
Tattoo, permanent makeup or magnetic eyelashes	No
Tissue Expander (e.g., breast)	No
Any IV access port (e.g., Broviac, Port-a-Cath, Hickman, PICC line)	No
Wire mesh implant	No
Wig, hair implants	No
Compression clothing/undergarment with metallic fibers	No
Any type of surgically implanted implant held in place by a magnet?	No
Any other type of surgically implanted medical devices, removable medical devices, or personal items not covered above?	No
If yes, list type:	

**Proceed with Exam**

Proceed?	User	Time
Proceed	Didio Vela	03/04/2025 05:11 PM CST

G tube for 6 years; DV

**MRI thoracic spine w and wo IV contrast**

Resulted: 03/04/25 2230, Result status: Final result

Ordering provider: Michael Alexis Goutnik, MD 03/04/25 0722

Order status: Completed

Resulted by: Arash Kamali, MD

Filed by: Interface, Radiology Results In 03/04/25 2233

Performed: 03/04/25 1710 - 03/04/25 1834

Accession number: 250304130203

Resulting lab: POWERSCRIBE

Narrative:

EXAM: MRI CERVICAL SPINE WITH AND WITHOUT CONTRAST

EXAM: MRI OF THE THORACIC SPINE WITHIN WITHOUT CONTRAST

DATE: 3/4/2025 17:09

INDICATION: osteo workup ,

COMPARISON: None.



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

**TECHNIQUE:**

- Multiplanar MR imaging of the cervical spine, with and without contrast.
- Multiplanar MR imaging of the thoracic spine, with and without contrast.

**FINDINGS:**

**CERVICAL SPINE:**

The axial postcontrast sequences are limited by motion artifacts. There is exaggerated cervical lordosis. No significant spinal canal narrowing is present in the interval. No cord compression or focal cord signal abnormality. No abnormal enhancement is identified. Uncovertebral change resulting in moderate bilateral foraminal narrowing at C3-C4, C4-C5 through C6-C7.

**THORACIC SPINE:**

The axial postcontrast sequences are limited by motion artifacts. Exaggerated thoracic kyphosis. No cord compression or definite focal cord signal abnormality. No abnormal enhancement. Focal disc protrusion/extrusion at T9-T10 resulting in moderate spinal canal narrowing at this level.

**IMPRESSION:**

1. No imaging evidence of osteomyelitis in the cervical or thoracic spine. Degenerative changes, as detailed above.

Report finalized by: Arash Kamali, MD 3/4/2025 22:30

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
77 - IMG	POWERSCRIBE	Unknown	Unknown	11/22/23 1234 - Present

**MRI thoracic spine w and wo IV contrast**

Resulted: 03/04/25 2230, Result status: In process

Ordering provider: Michael Alexis Goutnik, MD 03/04/25 0722 Order status: Completed  
Resulted by: Arash Kamali, MD Filed by: Arash Kamali, MD 03/04/25 2230  
Performed: 03/04/25 1710 - 03/04/25 1834 Accession number: 250304130203  
Resulting lab: IMAGING

**MRI thoracic spine w and wo IV contrast**

Resulted: 03/04/25 1718, Result status: In process

Ordering provider: Michael Alexis Goutnik, MD 03/04/25 0722 Order status: Completed  
Resulted by: Arash Kamali, MD Filed by: Didio Vela 03/04/25 1718  
Performed: 03/04/25 1710 - 03/04/25 1834 Accession number: 250304130203  
Resulting lab: IMAGING

**Signed**

Electronically signed by Arash Kamali, MD on 3/4/25 at 2230 CST

**XR chest 1 v for placement (Final result)**

Electronically signed by: Alberto Benitez, RN on 03/06/25 1452 Status: Completed  
This order may be acted on in another encounter.  
Ordering user: Alberto Benitez, RN 03/06/25 1452  
Authorized by: Omar Naji Saab Saab, MD  
Frequency: STAT Once 03/06/25 1453 - 1 occurrence  
Ordering provider: Omar Naji Saab Saab, MD  
Ordering mode: Secondary Order  
Class: Ancillary Performed

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

Quantity: 1 Lab status: Final result  
Instance released by: Alberto Benitez, RN (auto-released) 3/6/2025 2:52 PM

**Questionnaire**

Question	Answer
Portable?	Yes
Reason for exam:	RUE PICC insertion (tip location)

**Screening Form**

**General Information**

Patient Name: Kaminczak, Steve MRN: 38345229  
Date of Birth: 5/28/1974 Work Phone: 713-556-9200  
Sex Assigned at Birth: Male Mobile: 976-436-5969

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 V FOR PLACEMENT	Omar Naji Saab Saab, MD 713-500-7885	Omar Naji Saab Saab, MD 713-500-7885	3/6/2025 2:55 PM TMC XR 1 TMC XR

**Screening Form Questions**

No questionnaires are associated with this screening form.

**XR chest 1 v for placement**

Resulted: 03/06/25 1743, Result status: Final result

Ordering provider: Omar Naji Saab Saab, MD 03/06/25 1452 Order status: Completed  
Resulted by: Cihan Duran, MD Filed by: Interface, Radiology Results In 03/06/25 1746  
Amir Hussein Khadivi, MD  
Performed: 03/06/25 1509 - 03/06/25 1515 Accession number: 250306327766  
Resulting lab: POWERSCRIBE  
Narrative:  
EXAM: XR CHEST 1 VIEW

DATE: 3/6/2025 15:09

INDICATION: RUE PICC insertion (tip location)

COMPARISON: Chest radiograph dated June 30, 2007

TECHNIQUE: AP chest.

IMPRESSION: Patient is rotated.

Lines, tubes and hardware: Interval placement of a right-sided PICC line with tip overlying the distal SVC.

Lungs and pleura: The lungs are clear. The costophrenic sulci are sharp without effusion. Small right pleural effusion. No definite left pleural effusion. No pneumothorax within this semierect film.

Heart and mediastinum: The heart size is normal. The mediastinal contours are normal.

Bones and soft tissues: No acute abnormality.

This report was dictated by a Radiology Resident/Fellow/APP: Amir Khadivi, RES, MD 3/6/2025 15:32

This report was dictated by a Radiology Resident/Fellow/Physician Assistant. I

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

have personally reviewed the images as well as the interpretation and agree with the findings.

Report finalized by: Cihan Duran, MD 3/6/2025 17:43

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
77 - IMG	POWERSCRIBE	Unknown	Unknown	11/22/23 1234 - Present

**XR chest 1 v for placement**

Resulted: 03/06/25 1743, Result status: In process

Ordering provider: Omar Naji Saab Saab, MD 03/06/25 1452  
Resulted by:  
Cihan Duran, MD  
Amir Hussein Khadivi, MD  
Performed: 03/06/25 1509 - 03/06/25 1515  
Resulting lab: IMAGING

Order status: Completed  
Filed by: Cihan Duran, MD 03/06/25 1743

Accession number: 250306327766

**XR chest 1 v for placement**

Resulted: 03/06/25 1509, Result status: In process

Ordering provider: Omar Naji Saab Saab, MD 03/06/25 1452  
Resulted by:  
Cihan Duran, MD  
Amir Hussein Khadivi, MD  
Performed: 03/06/25 1509 - 03/06/25 1515  
Resulting lab: IMAGING

Order status: Completed  
Filed by: Saul Rodriguez 03/06/25 1509

Accession number: 250306327766

**Signed**

Electronically signed by Cihan Duran, MD on 3/6/25 at 1743 CST

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

## Imaging (continued)

### Imaging Consult

#### Request for IR (Completed)

Electronically signed by: Omar Naji Saab Saab, MD on 03/05/25 1322

Status: Completed

Ordering user: Omar Naji Saab Saab, MD 03/05/25 1322

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

Frequency: Routine Once 03/05/25 1322 - 1 occurrence

Class: Ancillary Performed

Quantity: 1

Instance released by: Omar Naji Saab Saab, MD (auto-released)  
3/5/2025 1:22 PM

#### Questionnaire

Question	Answer
Requested Procedure	Drainage
Type of drainage procedure	Abscess drain
Abscess region	Other (comment) Comment - spinal
Laterality	N/A
Reason for Consult?	He has L4-L5-S1 OM/discitis, ID is asking if there is a window that IR can use to drain any abscess
Need labs/specimens?	Yes
Have you placed the specimen orders for this test?	Yes

#### Screening Form

##### General Information

Patient Name: Kaminczak, Steve

MRN: 38345229

Date of Birth: 5/28/1974

Work Phone: 713-556-9200

Sex Assigned at Birth: Male

Mobile: 976-436-5969

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
REQUEST FOR IR PROCEDURE	Omar Naji Saab Saab, MD , 713-500-7885	Omar Naji Saab Saab, MD , 713-500-7885	

#### Screening Form Questions

No questionnaires are associated with this screening form.

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

Case 202390

**Surgery Information**

**General Information**

Date: 3/5/2025	Time:	Status: Canceled
Location: TMC MAIN OR	Room:	Service: Neurosurgery
Patient class: Inpatient	Case classification: E - Elective	

**Diagnosis Information**

No pre-op diagnosis codes associated with the case.

**Panel Information**

**Panel 1**

Surgeon	Role	Service
Karl M Schmitt, MD	Primary	Neurosurgery

**Procedure: LUMBAR 5 CORPECTOMY, LUMBAR 3- PELVIS POSTERIOR SPINAL FUSION**

Laterality	Anesthesia	Op Region	Length
N/A	General	Back	215

REQ 0730 2ND ROOM, C-ARM, O-ARM, GLOBUS, SI BONE, NEURO MONITORING, JACKSON TABLE, VENDOR PRESENT, OFFICE REQ 240 MIN

**Surgeons**

Name	Panel	Role
Karl M Schmitt, MD	Panel 1	Primary

**Staff**

Name	Type
(Not assigned)	Circulator - Primary
(Not assigned)	Scrub Person - Primary

**Anesthesia Staff**

Name	Type
(Not assigned)	Anesthesiologist

**SmartForms**

**Kidney Surgical Information**

0

Donor Organ  
Donor UNOS ID: REDACTED Donor type:  
Organ:  
Arterial site:  
Venous site:  
Arterial anatomy:  
Venous anatomy:  
Ureteral anatomy:  
Damaged during procurement?  
Damage comments:  
IntraOp  
Donor cross clamp:  
Organ in room:  
Organ out of ice:  
Anastomosis start:  
Clamp off:  
Procedure Detail

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Case 202390 (continued)**

Back table:

Type:

Organ received on:

Pump preservation  
solution:

Specify:

Organ stayed on:

Organ stayed on:

Machine perfusion  
started:

Machine perfusion  
ended:

Time on perfusion  
machine (min):

Final resistance:

Final flow rate  
(mL/min):

Preservation

solution:

Other, specify:

Volume of preservation  
solution (mL):

Lot number of

preservation solution:

Expiration date of  
preservation solution:

EBL (mL):

Fluid administered:

Fluid	Amount
Crystalloid (mL)	
Colloid (mL)	
RBC (Units)	
FFP (Units)	
Cryoprecipitate (Units)	
Platelets (Units)	
Non-Autologous PRBCs (Units)	
Autologous PRBCs (Units)	
Cell Saver (CCs)	
Phlebotomy Units	
Albumin (Units)	
Other	

Recipient Site

Incision site:

Implant site:

Arterial site:

Specify:

Venous site:

Ureteral

reconstruction:

Used ureteral stent?

Urine production in  
the OR?

Reperfusion quality:

Overall graft quality:

Extra vessels used:

**Heart Surgical Information**

Donor Information

Donor type:

Donor

arterial site:

Donor

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Case 202390 (continued)

venous  
site:  
Donor  
clamp on:  
Transporte  
d in  
TransMedi  
c heart in a  
box:  
Time on  
device:  
Time off  
device:  
Total time on device (min):  
Damaged  
during  
procurement?  
Damage  
comments:  
IntraOp  
Pre  
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03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Case 202390 (continued)

start  
:  
Recipient clamp off:  
Operative Procedure  
Transplant  
type:  
Primary  
procedure:  
Pre-op  
mechanical  
support:  
Specify:  
Sternotomy approach:  
Total # of  
prior  
sternotomies:  
Arterial  
vascular  
access:  
Specify:  
Venous  
vascular  
access:  
Specify:  
Devices  
explanted:  
Specify:  
PFO identified:  
Chest closed?  
Closure technique:  
Specify:

# of IM wires:  
# of subcutaneous wires:  
Reason chest left open:  
Specify:

Return to CPB?

Post-op mechanical  
support:  
Specify:

Reason for return to CPB:  
Specify:

Procedure Details  
Cardiopulmonary bypass time (minutes):  
EBL (mL):  
Fluids administered:

Fluid	Amount
Crystalloid (mL)	
Colloid (mL)	
RBC (Units)	
FFP (Units)	
Cryoprecipitate (Units)	
Platelets (Units)	
Non-Autologous PRBCs (Units)	
Autologous PRBCs (Units)	
Cell Saver (CCs)	
Phlebotomy Units	
Albumin (Units)	
Other	

Extra vessels used:  
Reperfusion quality:  
Overall graft quality:



03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Case 202390 (continued)

## Lung Surgical Information

0

### Donor Information

Donor type:

CXR measurements:

Airways pressures:

Arterial pressures:

Donor clamp on:

Damaged during procurement?

Damage comments:

IntraOp

Preservation solution:

Specify:

Lot number of preservation  
solution:

Expiration date of preservation  
solution:

Aortic clamp time:

Organ in room:

Organ out of ice:

Anastomosis start:

Recipient clamp off:

### Operative Procedure

Primary procedure:

Ex-vivo perfusion:

Organ received on:

Organ stayed on:

Organ stayed on:

Time on perfusion machine  
(min):

Perfusion occurred at:

Perfusion performed by:

Incision:

Position:

Perfusion support:

Specify:

Vessel repairs:

Arterial vascular access:

Specify:

Venous vascular access:

Specify:

Pleural adhesions:

Pleural adhesions site:

Anterior pericardiotomy:

Pneumonectomy/implant order:

Pneumonectomy/implant  
method:

Bronchial anastomotic  
technique:

Tracheal anastomotic  
technique:

Diaphragm plication:

Completion fiberoptic  
bronchoscopy:

Procedure Details

Reperfusion quality:

Overall graft quality:

Cardiopulmonary bypass

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)**

**Case 202390 (continued)**

time (min):  
Completion FiO2:  
Completion PA pressure  
- chest open (mmHg):  
Completion PA pressure  
- chest closed (mmHg):  
Chest tubes:  
Specify:  
Closure technique:  
# of IM wires:  
# of subcutaneous wires:  
Results  
EBL (mL):  
Hemostasis:  
Fluids administered:

Fluid	Amount
Crystalloid (mL)	
Colloid (mL)	
RBC (Units)	
FFP (Units)	
Cryoprecipitate (Units)	
Platelets (Units)	
Non-Autologous PRBCs (Units)	
Autologous PRBCs (Units)	
Cell Saver (CCs)	
Phlebotomy Units	
Albumin (Units)	
Other	

Extra vessels used:

**Donor Nephrectomy Information**

0

Donor UNOS ID: REDACTED

IntraOp

Flush duration (minutes):

**Procedure Details**

Console duration (minutes):

Fluid administered:	Fluid	Amount
	Crystalloid (mL)	
	Colloid (mL)	
	RBC (Units)	
	FFP (Units)	
	Cryoprecipitate (Units)	
	Platelets (Units)	
	Non-Autologous PRBCs (Units)	
	Autologous PRBCs (Units)	
	Cell Saver (CCs)	
	Phlebotomy Units	
	Albumin (Units)	
	Other	

**Liver Surgical Information**

0

Donor Organ

Donor UNOS ID: REDACTED

Donor type:

Organ:

Preservation solution:

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Case 202390 (continued)

Specify:

Lot number of  
preservation  
solution:

Expiration date of  
preservation  
solution:

Anatomy:  
Split method:  
Arterial anatomy:  
Specify:  
Artery  
reconstruction:  
Specify:  
Arterial inflow:  
Biliary drainage site:  
Donor warm ischemia  
time (min):  
  Damaged during  
  procurement?  
  Damage comments:  
  IntraOp  
  Donor  
  cross  
  clamp  
  :  
  Organ  
  in  
  room:  
  Recipi  
  ent  
  vena  
  cava  
  cross  
  clamp  
  :  
  Organ  
  out of  
  ice:  
  Anast  
  omosi  
  s  
  start:  
  Portal  
  clamp  
  off:  
  Arteri  
  al  
  clamp  
  off:  
Back Table  
Back table flush:  
Back table flush solution:  
Specify:  
Back table out of  
ice:  
Back table return  
to ice:  
Back table out of ice time (min):  
Procedure Detail  
Back table:  
Anastomosis type:  
Portal vein flush:

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Case 202390 (continued)

Portal vein flush  
solution:  
Specify:  
Portal vein flush  
temperature:  
Veno-venous  
bypass:  
Arterial flush:  
Arterial flush  
solution:  
Specify:  
EBL (mL):  
Number of drains:  
Fluid administered:

Ascites (mL):

Fluid	Amount
Crystalloid (mL)	
Colloid (mL)	
RBC (Units)	
FFP (Units)	
Cryoprecipitate (Units)	
Platelets (Units)	
Non-Autologous PRBCs (Units)	
Autologous PRBCs (Units)	
Cell Saver (CCs)	
Phlebotomy Units	
Albumin (Units)	
Other	

Back table team:  
Recipient Site  
Portal vein:  
Specify:  
Venous outflow:  
Vein treatment:  
Alternative:  
Arterial anatomy:  
Specify:  
Arterial inflow:  
Specify:  
Portal vein  
thrombecotmy:  
Anastomosis:  
Specify:  
Biliary anastomosis:  
Type:  
Biliary drainage site:  
Bile duct stent:  
Specify:  
Superior vena cava  
completion time:  
Inferior vena cava  
completion time:  
Bile duct completion  
time:  
Vena cava bypass start  
time:  
Vena cava bypass end  
time:  
Cell Saver used?  
Catecholamines used?  
Bile production in the  
OR?  
Arterial graft performed?

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Case 202390 (continued)

Portal vein graft  
performed?  
Reperfusion quality:  
Organ quality at end of  
operation:  
Overall graft quality:  
Extra vessels used:

**Pancreas Surgical Information**

Donor Organ

Donor UNOS ID: REDACTED Donor type:  
Organ:  
Damaged during  
procurement?  
Damage comments:  
IntraOp  
Donor cross clamp:  
  
Organ in room:  
Organ out of ice:  
Anastomosis start:  
Clamp off:

Procedure Details  
Drainage type:  
Graft placement:  
Operative technique:  
Venous extension  
graft:  
Venous vascular  
management:  
Arterial  
reconstruction:  
Specify:  
Duct management:  
Specify:  
Preservation  
solution:  
Specify:  
Lot number of  
preservation solution:  
Expiration date of  
preservation solution:  
EBL (mL):  
Fluid administered:

Fluid	Amount
Crystalloid (mL)	
Colloid (mL)	
RBC (Units)	
FFP (Units)	
Cryoprecipitate (Units)	
Platelets (Units)	
Non-Autologous PRBCs (Units)	
Autologous PRBCs (Units)	
Cell Saver (CCs)	
Phlebotomy Units	
Albumin (Units)	
Other	

Recipient Site  
Incision site:  
Implant site:

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Case 202390 (continued)

Arterial site:  
Venous site:  
Reperfusion quality:  
Overall graft quality:  
Extra vessels used:

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

## Anesthesia on 03/07/25

### Anesthesia Information

**Anesthesia Summary - Kaminczak, Steve [38345229] Male 50 y.o.** Current as of 04/21/25 1613

Height: 1.753 m (5' 9.02") (03/04/25)  
Weight: 74.8 kg (164 lb 14.5 oz) (03/04/25)  
BMI: 24.34 (03/04/25)  
NPO Status: Not recorded  
Allergies: No Known Allergies

### Procedure Summary

Date: 03/07/25	Room / Location:
Anesthesia Start:	Anesthesia Stop:
Procedure: Pain Service Consult	Diagnosis:
Scheduled Providers:	Responsible Provider:
Anesthesia Type: Not recorded	ASA Status: Not recorded

### Responsible Staff

No responsible staff documented.

### Events

No anesthesia events filed

### Medications

None

### Preprocedure Signoff

Not yet signed.

### Signoff Status

None

### Anesthesia Graph

No data available

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations**

**acetaminophen (Tylenol) tablet 1,000 mg [231440881]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD

Status: Discontinued (Past End Date/Time), Reason: Patient discharge

Ordered On: 03/04/25 0050

Starts/Ends: 03/04/25 0055 - 03/07/25 2204

Ordered Dose (Remaining/Total): 1,000 mg (—/—)

Route: Oral

Frequency: Every 6 hours scheduled

Ordered Rate/Order Duration: — / —

Admin Instructions: Max acetaminophen from all sources = 4,000 mg in 24 hrs.

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 03/07/25 1800 Documented: 03/07/25 2204	Canceled Entry —	—	—	Performed by: Automatic Discharge Provider Comments: Automatically canceled at discontinue of medication order
Performed 03/07/25 1435 Documented: 03/07/25 1437	Given	1,000 mg	Oral	Performed by: Shaniya Polk, RN Comments: . Scanned Package: 0904-6720-80, 0904-6720-80
Performed 03/07/25 0531 Documented: 03/07/25 0531	Given	1,000 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 0904-6720-80, 0904-6720-80
Performed 03/06/25 2351 Documented: 03/06/25 2352	Given	1,000 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 0904-6730-80, 0904-6730-80
Performed 03/06/25 1905 Documented: 03/06/25 1905	Given	1,000 mg	Oral	Performed by: Shaniya Polk, RN Comments: . Scanned Package: 0904-6720-80, 0904-6720-80
Performed 03/06/25 1311 Documented: 03/06/25 1314	Given	1,000 mg	Oral	Performed by: Shaniya Polk, RN Comments: . Scanned Package: 0904-6720-80, 0904-6720-80
Performed 03/06/25 0510 Documented: 03/06/25 0511	Not Given Other	1,000 mg	Oral	Performed by: Annmaria George, RN Comments: CUMULATIVE OVERDOSE WARNING Scanned Package: 0904-6720-80, 0904-6720-80
Performed 03/05/25 2357 Documented: 03/05/25 2358	Given	1,000 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 0904-6730-80, 0904-6730-80



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Performed 03/05/25 Given 1920 Documented: 03/05/25 1920	1,000 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 0904-6720-80, 0904-6720-80
Performed 03/05/25 Given 1246 Documented: 03/05/25 1247	1,000 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 57896-201-10, 57896-201-10
Performed 03/05/25 Given 0616 Documented: 03/05/25 0617	1,000 mg	Oral	Performed by: Joseph Gitahi, RN Scanned Package: 0904-6720-80, 0904-6720-80
Performed 03/04/25 Given 2351 Documented: 03/04/25 2352	1,000 mg	Oral	Performed by: Joseph Gitahi, RN Scanned Package: 0904-6720-80, 0904-6720-80
Performed 03/04/25 Given 1919 Documented: 03/04/25 1919	1,000 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 0904-6720-80, 0904-6720-80
Performed 03/04/25 Given 1137 Documented: 03/04/25 1137	1,000 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 0904-6730-80, 0904-6730-80
Performed 03/04/25 Given 0513 Documented: 03/04/25 0513	1,000 mg	Oral	Performed by: Daine Joseph, RN Scanned Package: 0904-6730-80, 0904-6730-80
Performed 03/04/25 Given 0146 Documented: 03/04/25 0147	1,000 mg	Oral	Performed by: Charcie Cagle, RN Scanned Package: 0904-6720-80, 0904-6720-80

**acetaminophen (Tylenol) tablet 650 mg [230816008]**

Ordering Provider: Ryan Drey Walsh, MD	Status: Completed (Past End Date/Time)
Ordered On: 03/02/25 1846	Starts/Ends: 03/02/25 1850 - 03/02/25 1915
Ordered Dose (Remaining/Total): 650 mg (0/1)	Route: Oral
Frequency: Once	Ordered Rate/Order Duration: — / —
Admin Instructions: Max acetaminophen = 4000mg/day(4gm/day)	

Timestamps	Action	Dose	Route	Other Information
Performed 03/02/25 Given 1915 Documented: 03/02/25 1916		650 mg	Oral	Performed by: Maria Campos Neri, PMD Scanned Package: 0904-6773-61, 0904-6773-61

**acetaminophen-codeine (Tylenol w/ Codeine #3) 300-30 MG per tablet 1 tablet [231162193]**

Ordering Provider: Malini Randeep, PA	Status: Completed (Past End Date/Time)
Ordered On: 03/03/25 1253	Starts/Ends: 03/03/25 1255 - 03/03/25 1257

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Ordered Dose (Remaining/Total): 1 tablet (0/1)  
Frequency: Once

Route: Oral  
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 1257 Documented: 03/03/25 1257	Given	1 tablet	Oral	Performed by: Gerardo Salazar, RN Scanned Package: 0406-0484-23

**DAPTOmycin (Cubicin) 600 mg in sodium chloride 0.9 % 100 mL IVPB [233127331]**

Ordering Provider: Omar Naji Saab Saab, MD

Status: Discontinued (Past End Date/Time), Reason: Patient discharge

Ordered On: 03/07/25 0905

Starts/Ends: 03/07/25 1000 - 03/07/25 2204

Ordered Dose (Remaining/Total): 8 mg/kg (6/7)

Route: Intravenous

Frequency: Every 24 hours

Ordered Rate/Order Duration: 224 mL/hr / 30 Minutes

Note to pharmacy: Per ID recs

Question	Answer	Comment
Suspected Indication (Select all that apply):	Bone/Joint Infection	—

Line	Med Link Info	Comment
LDA PICC 03/06/25 Single-lumen 4 Right Brachial vein	03/07/25 1435 by Shaniya Polk, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 03/07/25 1435 Documented: 03/07/25 1437	New Bag	600 mg 224 mL/hr 30 Minutes	Intravenous	Performed by: Shaniya Polk, RN Comments: . Scanned Package: 0338-0049-38, 0409-4888-03, 0409-4888-03, 43598-413-11, 43598-413-11

**dextrose 50 % solution 12.5 g [231440860]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD

Status: Discontinued (Past End Date/Time), Reason: Patient discharge

Ordered On: 03/04/25 0050

Starts/Ends: 03/04/25 0048 - 03/07/25 2204

Ordered Dose (Remaining/Total): 12.5 g (—/—)

Route: Intravenous

Frequency: As needed

Ordered Rate/Order Duration: — / —

Admin Instructions: For BG 51-69 mg/dL and patient UNCONSCIOUS OR UNABLE TO SWALLOW OR NPO: Give 25 mL of D50W IV push and notify MD.

(No admins scheduled or recorded for this medication in the specified date/time range)

**dextrose 50 % solution 25 g [231440861]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD

Status: Discontinued (Past End Date/Time), Reason: Patient discharge

Ordered On: 03/04/25 0050

Starts/Ends: 03/04/25 0048 - 03/07/25 2204

Ordered Dose (Remaining/Total): 25 g (—/—)

Route: Intravenous

Frequency: As needed

Ordered Rate/Order Duration: — / —

Admin Instructions: If BG  $\leq$  50 mg/dL, give 50 mL of D50W IV push STAT and notify MD.

(No admins scheduled or recorded for this medication in the specified date/time range)

**docusate sodium (Colace) capsule 100 mg [231440882]**

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Ordering Provider: Bhrugeth Jogeshkumar Shah, MD  
Ordered On: 03/04/25 0050  
Ordered Dose (Remaining/Total): 100 mg (—/—)  
Frequency: 2 times daily  
Admin Instructions: Stool softener. Hold for loose stools.

Status: Discontinued (Past End Date/Time)  
Starts/Ends: 03/04/25 0900 - 03/04/25 0620  
Route: Oral  
Ordered Rate/Order Duration: — / —

(No admins scheduled or recorded for this medication in the specified date/time range)

**DULoxetine (Cymbalta) DR capsule 30 mg [231441829]**

Ordering Provider: Bhrugeth Jogeshkumar Shah, MD  
Ordered On: 03/04/25 0059  
Ordered Dose (Remaining/Total): 30 mg (—/—)  
Frequency: Daily 630  
Admin Instructions: Do not crush or chew.

Status: Discontinued (Past End Date/Time)  
Starts/Ends: 03/04/25 0630 - 03/06/25 0748  
Route: Oral  
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/06/25 0632 Documented: 03/06/25 0632	Given	30 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 68001-595-08
Performed 03/05/25 0617 Documented: 03/05/25 0617	Given	30 mg	Oral	Performed by: Joseph Gitahi, RN Scanned Package: 68001-595-08
Performed 03/04/25 0546 Documented: 03/04/25 0546	Given	30 mg	Oral	Performed by: Daine Joseph, RN Scanned Package: 60687-734-11

**DULoxetine (Cymbalta) DR capsule 30 mg [232559898]**

Ordering Provider: Omar Naji Saab Saab, MD  
Ordered On: 03/06/25 0748  
Ordered Dose (Remaining/Total): 30 mg (0/1)  
Frequency: Once  
Admin Instructions: May open capsule and sprinkle contents on food  
Do not crush or chew.

Status: Completed (Past End Date/Time)  
Starts/Ends: 03/06/25 0800 - 03/06/25 0904  
Route: Oral  
Ordered Rate/Order Duration: — / —  
Note to pharmacy: Total of 60 mg today

Timestamps	Action	Dose	Route	Other Information
Performed 03/06/25 0904 Documented: 03/06/25 0904	Given	30 mg	Oral	Performed by: Shaniya Polk, RN Comments: . Scanned Package: 68001-595-08

**DULoxetine (Cymbalta) DR capsule 60 mg [232559897]**

Ordering Provider: Omar Naji Saab Saab, MD  
Ordered On: 03/06/25 0748  
Ordered Dose (Remaining/Total): 60 mg (—/—)  
Frequency: Daily  
Admin Instructions: Do not crush or chew.

Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
Starts/Ends: 03/07/25 0900 - 03/07/25 2204  
Route: Oral  
Ordered Rate/Order Duration: — / —

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Timestamps	Action	Dose	Route	Other Information
Performed 03/07/25 0836 Documented: 03/07/25 0849	Given	60 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 68001-596-08

**enoxaparin (Lovenox) syringe 40 mg [232915014]**

Ordering Provider: Omar Naji Saab Saab, MD  
Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
Ordered On: 03/06/25 1823  
Starts/Ends: 03/06/25 1830 - 03/07/25 2204  
Ordered Dose (Remaining/Total): 40 mg (—/—)  
Route: Subcutaneous  
Frequency: Every 24 hours  
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
Performed 03/07/25 1830 Documented: 03/07/25 2204	Canceled Entry —	—	—	Performed by: Automatic Discharge Provider Comments: Automatically canceled at discontinue of medication order
Performed 03/06/25 1905 Documented: 03/06/25 1905	Given	40 mg	Subcutaneous Right Upper Arm (Back)	Performed by: Shaniya Polk, RN Scanned Package: 63323-564-21

**gabapentin (Neurontin) capsule 800 mg [230984388]**

Ordering Provider: Malini Randeep, PA  
Status: Completed (Past End Date/Time)  
Ordered On: 03/03/25 0821  
Starts/Ends: 03/03/25 0825 - 03/03/25 0852  
Ordered Dose (Remaining/Total): 800 mg (0/1)  
Route: Oral  
Frequency: Once  
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 0852 Documented: 03/03/25 0853	Given	800 mg	Oral	Performed by: Gerardo Salazar, RN Scanned Package: 60687-591-11, 60687-591-11, 60687-580-11, 60687-580-11

**gabapentin (Neurontin) capsule 800 mg [231389783]**

Ordering Provider: Abbey Lauren Pastorelle, MD  
Status: Completed (Past End Date/Time)  
Ordered On: 03/03/25 2131  
Starts/Ends: 03/03/25 2135 - 03/03/25 2234  
Ordered Dose (Remaining/Total): 800 mg (0/1)  
Route: Oral  
Frequency: Once  
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 2234 Documented: 03/03/25 2234	Given	800 mg	Oral	Performed by: Julian Malone, RN Scanned Package: 60687-591-11, 60687-591-11, 60687-580-11, 60687-580-11

**gabapentin (Neurontin) capsule 800 mg [231441828]**

Ordering Provider: Bhruqesh Jogeshkumar Shah, MD  
Status: Discontinued (Past End Date/Time)  
Ordered On: 03/04/25 0059  
Starts/Ends: 03/04/25 0900 - 03/04/25 2017

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Ordered Dose (Remaining/Total): 800 mg (—/—)  
Frequency: 2 times daily

Route: Oral  
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/04/25 0832 Documented: 03/04/25 0835	Given	800 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 60687-602-11, 60687-602-11

**gabapentin (Neurontin) capsule 800 mg [231888890]**

Ordering Provider: Benjamin D Mouser, MD

Status: Discontinued (Past End Date/Time), Reason: Patient discharge

Ordered On: 03/04/25 2017

Starts/Ends: 03/04/25 2030 - 03/07/25 2204

Ordered Dose (Remaining/Total): 800 mg (—/—)

Route: Oral

Frequency: 3 times daily

Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/07/25 1700 Documented: 03/07/25 2204	Canceled Entry —	—	—	Performed by: Automatic Discharge Provider Comments: Automatically canceled at discontinue of medication order
Performed 03/07/25 1435 Documented: 03/07/25 1437	Given	800 mg	Oral	Performed by: Shaniya Polk, RN Comments: . Scanned Package: 60687-602-11, 60687-602-11
Performed 03/07/25 0836 Documented: 03/07/25 0849	Given	800 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 60687-602-11, 60687-602-11
Performed 03/06/25 1649 Documented: 03/06/25 1651	Given	800 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 60687-602-11, 60687-602-11
Performed 03/06/25 1311 Documented: 03/06/25 1314	Given	800 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 60687-602-11, 60687-602-11
Performed 03/06/25 0903 Documented: 03/06/25 0903	Given	800 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 60687-602-11, 60687-602-11
Performed 03/05/25 1701 Documented: 03/05/25 1703	Given	800 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 60687-602-11, 60687-602-11
Performed 03/05/25 1246 Documented: 03/05/25 1247	Given	800 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 60687-602-11, 60687-602-11

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Medication Administrations (continued)

Performed 03/05/25 Given 800 mg Oral Performed by: Isoken Iyamu, RN  
0944 Scanned Package: 60687-602-11,  
Documented: 60687-602-11  
03/05/25 0944

Performed 03/04/25 Given 800 mg Oral Performed by: Joseph Gitahi, RN  
2024 Scanned Package: 60687-602-11,  
Documented: 60687-602-11  
03/04/25 2024

gadobenate dimeglumine (Multihance) injection 15 mL [231100952]

Ordering Provider: Lukman Olufemi Telufusi, PA Status: Completed (Past End Date/Time)  
Ordered On: 03/03/25 1121 Starts/Ends: 03/03/25 1121 - 03/03/25 1157  
Ordered Dose (Remaining/Total): 0.1 mmol/kg (0/1) Route: Intravenous  
Frequency: Once in imaging Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 03/02/25 Anterior;Left Forearm	03/03/25 1157 by Juan Valenzuela	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 1157 Documented: 03/03/25 1157	Given	15 mL	Intravenous	Performed by: Juan Valenzuela Comments: lot# ST4110A

gadoterate Meglumine (Clariscan, Dotarem) injection 13.5 mL [231860789]

Ordering Provider: Michael Alexis Goutnik, MD Status: Completed (Past End Date/Time)  
Ordered On: 03/04/25 1824 Starts/Ends: 03/04/25 1824 - 03/04/25 1824  
Ordered Dose (Remaining/Total): 13.5 mL (0/1) Route: Intravenous  
Frequency: Once in imaging Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 03/02/25 Anterior;Left Forearm	03/04/25 1824 by Didio Vela	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/04/25 1824 Documented: 03/04/25 1825	Given	13.5 mL	Intravenous	Performed by: Didio Vela Comments: Clariscan 13.5mL lot 16816231 exp 5/16/27

glucagon injection 1 mg [231440862]

Ordering Provider: Bhrugeth Jogeshkumar Shah, MD Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
Ordered On: 03/04/25 0050 Starts/Ends: 03/04/25 0048 - 03/07/25 2204  
Ordered Dose (Remaining/Total): 1 mg (—/—) Route: Intramuscular  
Frequency: As needed Ordered Rate/Order Duration: — / —  
Admin Instructions: For BG < 70 mg/dL if no IV access and patient is either Unconscious, unable to swallow or npo and notify MD.

(No admins scheduled or recorded for this medication in the specified date/time range)

HYDROcodone-acetaminophen (Norco) 5-325 MG per tablet 1 tablet [230928999]

Ordering Provider: Lukman Olufemi Telufusi, PA Status: Completed (Past End Date/Time)

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Ordered On: 03/03/25 0511  
Ordered Dose (Remaining/Total): 1 tablet (0/1)  
Frequency: Once  
Starts/Ends: 03/03/25 0515 - 03/03/25 0611  
Route: Oral  
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 0611 Documented: 03/03/25 0611	Given	1 tablet	Oral	Performed by: Madeline Kotarski, RN Scanned Package: 60687-396-11

**ibuprofen tablet 800 mg [231888891]**

Ordering Provider: Benjamin D Mouser, MD  
Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
Ordered On: 03/04/25 2017  
Starts/Ends: 03/04/25 2016 - 03/07/25 2204  
Ordered Dose (Remaining/Total): 800 mg (—/—)  
Route: Oral  
Frequency: Every 8 hours PRN  
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/06/25 0514 Documented: 03/06/25 0514	Given	800 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 60687-446-11, 60687-446-11

**ketorolac (Toradol) injection 15 mg [231336759]**

Ordering Provider: Abbey Lauren Pastorelle, MD  
Status: Completed (Past End Date/Time)  
Ordered On: 03/03/25 1809  
Starts/Ends: 03/03/25 1810 - 03/03/25 1818  
Ordered Dose (Remaining/Total): 15 mg (0/1)  
Route: Intravenous  
Frequency: Once  
Ordered Rate/Order Duration: — / —  
Admin Instructions: Administer IVP.

Line	Med Link Info	Comment
Peripheral IV 03/02/25 Anterior; Left Forearm	03/03/25 1818 by Gerardo Salazar, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 1818 Documented: 03/03/25 1819	Given	15 mg	Intravenous	Performed by: Gerardo Salazar, RN Scanned Package: 63323-162-00

**lidocaine PF (Xylocaine) 1 % injection 5 mL [232628597]**

Ordering Provider: Omar Naji Saab Saab, MD  
Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
Ordered On: 03/06/25 0938  
Starts/Ends: 03/06/25 0938 - 03/07/25 2204  
Ordered Dose (Remaining/Total): 5 mL (1/1)  
Route: Intradermal  
Frequency: Oncall  
Ordered Rate/Order Duration: — / —

(No admins scheduled or recorded for this medication in the specified date/time range)

**LORazepam (Ativan) tablet 1 mg [231890775]**

Ordering Provider: Benjamin D Mouser, MD  
Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
Ordered On: 03/04/25 2023  
Starts/Ends: 03/04/25 2023 - 03/07/25 2204

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Medication Administrations (continued)

Ordered Dose (Remaining/Total): 1 mg (—/—)  
Frequency: Daily PRN  
Admin Instructions: Hold for sedation

Route: Oral  
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/05/25 2224 Documented: 03/05/25 2224	Given	1 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 69315-904-01, 69315-904-01
Performed 03/04/25 2352 Documented: 03/04/25 2352	Given	1 mg	Oral	Performed by: Joseph Gitahi, RN Scanned Package: 69315-904-01, 69315-904-01

losartan (Cozaar) tablet 100 mg [232019679]

Ordering Provider: Omar Naji Saab Saab, MD  
Ordered On: 03/05/25 0715  
Ordered Dose (Remaining/Total): 100 mg (—/—)  
Frequency: Daily

Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
Starts/Ends: 03/05/25 0900 - 03/07/25 2204  
Route: Oral  
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/07/25 0836 Documented: 03/07/25 0849	Given	100 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 68084-347-11, 68084-347-11
Performed 03/06/25 0903 Documented: 03/06/25 0903	Given	100 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 68084-347-11, 68084-347-11
Performed 03/05/25 0944 Documented: 03/05/25 0944	Given	100 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 0904-7048-61, 0904-7048-61

losartan (Cozaar) tablet 50 mg [231441830]

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD  
Ordered On: 03/04/25 0059  
Ordered Dose (Remaining/Total): 50 mg (—/—)  
Frequency: Daily RT

Status: Discontinued (Past End Date/Time)  
Starts/Ends: 03/04/25 0800 - 03/04/25 0620  
Route: Oral  
Ordered Rate/Order Duration: — / —

(No admins scheduled or recorded for this medication in the specified date/time range)

losartan (Cozaar) tablet 50 mg [231485849]

Ordering Provider: Benjamin D Mouser, MD  
Ordered On: 03/04/25 0620  
Ordered Dose (Remaining/Total): 50 mg (—/—)  
Frequency: Daily

Status: Discontinued (Past End Date/Time)  
Starts/Ends: 03/04/25 0900 - 03/05/25 0715  
Route: Oral  
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
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**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Performed 03/04/25 Given 50 mg Oral	Performed by: Isoken Iyamu, RN
0832	Scanned Package: 0904-7048-61
Documented: 03/04/25 0835	

**melatonin tablet 6 mg [232431242]**

Ordering Provider: Erica Burns, PA	Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Ordered On: 03/05/25 2058	Starts/Ends: 03/05/25 2058 - 03/07/25 2204
Ordered Dose (Remaining/Total): 6 mg (—/—)	Route: Oral
Frequency: Nightly PRN	Ordered Rate/Order Duration: — / —

(No admins scheduled or recorded for this medication in the specified date/time range)

**methocarbamol (Robaxin) tablet 500 mg [233186999]**

Ordering Provider: Omar Naji Saab Saab, MD	Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Ordered On: 03/07/25 1035	Starts/Ends: 03/07/25 1200 - 03/07/25 2204
Ordered Dose (Remaining/Total): 500 mg (—/—)	Route: Oral
Frequency: Every 6 hours scheduled	Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/07/25 1800	Canceled Entry —	—	—	Performed by: Automatic Discharge Provider
Documented: 03/07/25 2204				Comments: Automatically canceled at discontinue of medication order
Performed 03/07/25 1435	Given	500 mg	Oral	Performed by: Shaniya Polk, RN
Documented: 03/07/25 1437				Comments: .
				Scanned Package: 60687-559-11

**morphine PF injection 4 mg [230904299]**

Ordering Provider: Lukman Olufemi Telufusi, PA	Status: Completed (Past End Date/Time)
Ordered On: 03/03/25 0206	Starts/Ends: 03/03/25 0210 - 03/03/25 0310
Ordered Dose (Remaining/Total): 4 mg (0/1)	Route: Intravenous
Frequency: Once	Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 03/02/25 Anterior; Left Forearm	03/03/25 0310 by Madeline Kotarski, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 0310	Given	4 mg	Intravenous	Performed by: Madeline Kotarski, RN
Documented: 03/03/25 0310				Scanned Package: 72572-440-01

**morphine PF injection 4 mg [230987905]**

Ordering Provider: Malini Randeep, PA	Status: Completed (Past End Date/Time)
Ordered On: 03/03/25 0827	Starts/Ends: 03/03/25 0830 - 03/03/25 0853
Ordered Dose (Remaining/Total): 4 mg (0/1)	Route: Intravenous

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Frequency: Once  
Admin Instructions: Administer IVP.  
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 03/02/25 Anterior, Left Forearm	03/03/25 0853 by Gerardo Salazar, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 0853 Documented: 03/03/25 0853	Given	4 mg	Intravenous	Performed by: Gerardo Salazar, RN Scanned Package: 72572-440-01

**naloxone (Narcan) injection 0.04 mg [231440878]**

Ordering Provider: Bhruvish Jogeshkumar Shah, MD  
Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
Ordered On: 03/04/25 0050  
Starts/Ends: 03/04/25 0049 - 03/07/25 2204  
Ordered Dose (Remaining/Total): 0.04 mg (8/8)  
Route: Intravenous  
Frequency: As needed  
Ordered Rate/Order Duration: — / —  
Admin Instructions: Give up to 8 doses of 0.04 mg as needed to reverse over sedation. Keep available for immediate use. Call ordering physician STAT. (Dilute 0.4 mg/mL in 9 mL of saline)

(No admins scheduled or recorded for this medication in the specified date/time range)

**ondansetron (Zofran) injection 4 mg [230904300]**

Ordering Provider: Lukman Olufemi Telufusi, PA  
Status: Completed (Past End Date/Time)  
Ordered On: 03/03/25 0206  
Starts/Ends: 03/03/25 0210 - 03/03/25 0310  
Ordered Dose (Remaining/Total): 4 mg (0/1)  
Route: Intravenous  
Frequency: Once  
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 03/02/25 Anterior, Left Forearm	03/03/25 0310 by Madeline Kotarski, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 0310 Documented: 03/03/25 0310	Given	4 mg	Intravenous	Performed by: Madeline Kotarski, RN Scanned Package: 72572-520-01

**oxyCODONE (Roxicodone) immediate release tablet 10 mg [232241388]**

Ordering Provider: Omar Naji Saab Saab, MD  
Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
Ordered On: 03/05/25 1307  
Starts/Ends: 03/05/25 1307 - 03/07/25 2204  
Ordered Dose (Remaining/Total): 10 mg (—/—)  
Route: Oral  
Frequency: Every 6 hours PRN  
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/07/25 1443 Documented: 03/07/25 1446	Given	10 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 68084-354-11, 68084-354-11

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Performed 03/07/25 Given 0836 Documented: 03/07/25 0849	10 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 68084-354-11, 68084-354-11
Performed 03/07/25 Given 0112 Documented: 03/07/25 0112	10 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 68084-354-11, 68084-354-11
Performed 03/06/25 Given 1649 Documented: 03/06/25 1651	10 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 68084-354-11, 68084-354-11
Performed 03/06/25 Given 0903 Documented: 03/06/25 0903	10 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 68084-354-11, 68084-354-11
Performed 03/06/25 Given 0152 Documented: 03/06/25 0152	10 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 68084-354-11, 68084-354-11
Performed 03/05/25 Given 1830 Documented: 03/05/25 1830	10 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 68084-354-11, 68084-354-11

**oxyCODONE (Roxicodone) immediate release tablet 5 mg [231440879]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD Ordered On: 03/04/25 0050 Ordered Dose (Remaining/Total): 5 mg (—/—) Frequency: Every 6 hours PRN	Status: Discontinued (Past End Date/Time) Starts/Ends: 03/04/25 0049 - 03/05/25 1307 Route: Oral Ordered Rate/Order Duration: — / —
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Timestamps	Action	Dose	Route	Other Information
Performed 03/05/25 Given 1246 Documented: 03/05/25 1247		5 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 68084-354-11
Performed 03/05/25 Given 0616 Documented: 03/05/25 0617		5 mg	Oral	Performed by: Joseph Gitahi, RN Scanned Package: 68084-354-11
Performed 03/05/25 Given 0114 Documented: 03/05/25 0114		5 mg	Oral	Performed by: Joseph Gitahi, RN Scanned Package: 68084-354-11
Performed 03/04/25 Given 1556 Documented: 03/04/25 1556		5 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 68084-354-11

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Performed 03/04/25 Given 0833 Documented: 03/04/25 0835	5 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 68084-354-11
Performed 03/04/25 Given 0146 Documented: 03/04/25 0147	5 mg	Oral	Performed by: Charcie Cagle, RN Scanned Package: 68084-354-11, 68084-354-11

**oxyCODONE (Roxicodone) immediate release tablet 5 mg [231888561]**

Ordering Provider: Benjamin D Mouser, MD Ordered On: 03/04/25 2015 Ordered Dose (Remaining/Total): 5 mg (0/1) Frequency: Once	Status: Completed (Past End Date/Time) Starts/Ends: 03/04/25 2030 - 03/04/25 2024 Route: Oral Ordered Rate/Order Duration: — / —
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Timestamps	Action	Dose	Route	Other Information
Performed 03/04/25 2024 Documented: 03/04/25 2024	Given	5 mg	Oral	Performed by: Joseph Gitahi, RN Scanned Package: 68084-354-11

**oxyCODONE-acetaminophen (Percocet) 5-325 MG per tablet 1 tablet [230816009]**

Ordering Provider: Ryan Drey Walsh, MD Ordered On: 03/02/25 1846 Ordered Dose (Remaining/Total): 1 tablet (0/1) Frequency: Once	Status: Completed (Past End Date/Time) Starts/Ends: 03/02/25 1850 - 03/02/25 1915 Route: Oral Ordered Rate/Order Duration: — / —
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Timestamps	Action	Dose	Route	Other Information
Performed 03/02/25 1915 Documented: 03/02/25 1916	Given	1 tablet	Oral	Performed by: Maria Campos Neri, PMD Scanned Package: 50268-644-11

**polyethylene glycol (PEG) 3350 (Miralax) packet 17 g [231440883]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD Ordered On: 03/04/25 0050 Ordered Dose (Remaining/Total): 17 g (—/—) Frequency: Daily Admin Instructions: 17 grams of powder dissolved in 4 - 8 ounces of beverage. Hold for loose stools.	Status: Discontinued (Past End Date/Time), Reason: Patient discharge Starts/Ends: 03/04/25 0900 - 03/07/25 2204 Route: Oral Ordered Rate/Order Duration: — / — Dissolve 17 g in 120 to 240 mL (4 to 8 ounces) of beverage.
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Timestamps	Action / Reason	Dose	Route	Other Information
Performed 03/07/25 0857 Documented: 03/07/25 0858	Not Given Patient/family refused	17 g	Oral	Performed by: Shaniya Polk, RN

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Performed 03/06/25 0907 Documented: 03/06/25 0907	Not Given Patient/family refused	17 g	Oral	Performed by: Shaniya Polk, RN Scanned Package: 60687-431-99
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Performed 03/05/25 0943 Documented: 03/05/25 0944	Given	17 g	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 60687-431-99
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Performed 03/04/25 0834 Documented: 03/04/25 0835	Not Given Patient/family refused	17 g	Oral	Performed by: Isoken Iyamu, RN
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**sennosides (Senokot) tablet 17.2 mg [231485820]**

Ordering Provider: Benjamin D Mouser, MD  Ordered On: 03/04/25 0620 Ordered Dose (Remaining/Total): 2 tablet (—/—) Frequency: Nightly Admin Instructions: Hold for loose stools	Status: Discontinued (Past End Date/Time), Reason: Patient discharge Starts/Ends: 03/04/25 2100 - 03/07/25 2204 Route: Oral Ordered Rate/Order Duration: — / —
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Timestamps	Action / Reason	Dose	Route	Other Information
Performed 03/07/25 2100 Documented: 03/07/25 2204	Canceled Entry —	—	—	Performed by: Automatic Discharge Provider Comments: Automatically canceled at discontinue of medication order
Performed 03/06/25 2105 Documented: 03/06/25 2106	Not Given Patient/family refused	8.6 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 0904-7252-61
Performed 03/05/25 2046 Documented: 03/05/25 2048	Not Given Patient/family refused	17.2 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 0904-7252-61, 0904-7252-61
Performed 03/04/25 2024 Documented: 03/04/25 2024	Given	17.2 mg	Oral	Performed by: Joseph Gitahi, RN Scanned Package: 0904-7252-61, 0904-7252-61

**sodium chloride (NS) 0.9 % flush 10 mL [231440857]**

Ordering Provider: Bhargesh Jogeshkumar Shah, MD Ordered On: 03/04/25 0050 Ordered Dose (Remaining/Total): 10 mL (—/—) Frequency: Every 12 hours scheduled Admin Instructions: Administer at least once every 12 hours	Status: Discontinued (Past End Date/Time) Starts/Ends: 03/04/25 0055 - 03/06/25 0941 Route: Intravenous Ordered Rate/Order Duration: — / —
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Line	Med Link Info	Comment
Peripheral IV 03/02/25 Anterior; Left Forearm	03/04/25 0055 by Charlie Cagle, RN	—

Timestamps	Action	Dose	Route	Other Information
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**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Performed 03/06/25 0907 Documented: 03/06/25 0907	Given	10 mL	Intravenous	Performed by: Shaniya Polk, RN Scanned Package: 8290-306546
Performed 03/05/25 2046 Documented: 03/05/25 2048	Given	10 mL	Intravenous	Performed by: Annmaria George, RN Scanned Package: 8290-306546
Performed 03/05/25 0944 Documented: 03/05/25 0944	Given	10 mL	Intravenous	Performed by: Isoken Iyamu, RN Scanned Package: 8290-306546
Performed 03/04/25 2024 Documented: 03/04/25 2024	Given	10 mL	Intravenous	Performed by: Joseph Gitahi, RN Scanned Package: 8290-306546
Performed 03/04/25 0837 Documented: 03/04/25 0837	Given	10 mL	Intravenous	Performed by: Isoken Iyamu, RN Scanned Package: 8290-306546
Performed 03/04/25 0055 Documented: 03/04/25 0147	Given	10 mL	Intravenous	Performed by: Charlcie Cagle, RN

**sodium chloride (NS) 0.9 % flush 10 mL [231440858]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD Ordered On: 03/04/25 0050 Ordered Dose (Remaining/Total): 10 mL (—/—) Frequency: As needed	Status: Discontinued (Past End Date/Time) Starts/Ends: 03/04/25 0048 - 03/06/25 0941 Route: Intravenous Ordered Rate/Order Duration: — / —
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(No admins scheduled or recorded for this medication in the specified date/time range)

**sodium chloride (NS) 0.9 % flush 10 mL [232628598]**

Ordering Provider: Omar Naji Saab Saab, MD Ordered On: 03/06/25 0938 Ordered Dose (Remaining/Total): 10 mL (—/—) Frequency: Every 8 hours scheduled Admin Instructions: Flush all ports Q8H to clear the line.	Status: Discontinued (Past End Date/Time), Reason: Patient discharge Starts/Ends: 03/06/25 0945 - 03/07/25 2204 Route: Intravenous Ordered Rate/Order Duration: — / —
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Line	Med Link Info	Comment
Peripheral IV 03/02/25 Anterior;Left Forearm	03/06/25 0945 by Shaniya Polk, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/07/25 2200 Documented: 03/07/25 2204	Canceled Entry —	—	—	Performed by: Automatic Discharge Provider Comments: Automatically canceled at discontinue of medication order

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Performed 03/07/25 Given 1446 Documented: 03/07/25 1446	10 mL	Intravenous	Performed by: Shaniya Polk, RN Scanned Package: 8290-306546
Performed 03/07/25 Given 0531 Documented: 03/07/25 0531	10 mL	Intravenous	Performed by: Annmaria George, RN Scanned Package: 8290-306546
Performed 03/06/25 Given 2106 Documented: 03/06/25 2106	10 mL	Intravenous	Performed by: Annmaria George, RN Scanned Package: 8290-306546
Performed 03/06/25 Given 1313 Documented: 03/06/25 1314	10 mL	Intravenous	Performed by: Shaniya Polk, RN Scanned Package: 8290-306546
Performed 03/06/25 Given 0945 Documented: 03/06/25 1115	10 mL	Intravenous	Performed by: Shaniya Polk, RN

**sodium chloride (NS) 0.9 % flush 10 mL [232628599]**

Ordering Provider: Omar Naji Saab Saab, MD	Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Ordered On: 03/06/25 0938	Starts/Ends: 03/06/25 0938 - 03/07/25 2204
Ordered Dose (Remaining/Total): 10 mL (—/—)	Route: Intravenous
Frequency: As needed	Ordered Rate/Order Duration: — / —
Admin Instructions: Flush to clear line before and after all medications, lab draws, and blood products.	

(No admins scheduled or recorded for this medication in the specified date/time range)

**sulfur hexafluoride lipid-type A microspheres (Lumason) 60.7-25 MG Injectable suspension 2 mL [231471171]**

Ordering Provider: Benjamin D Mouser, MD	Status: Completed (Past End Date/Time)
Ordered On: 03/04/25 0447	Starts/Ends: 03/04/25 0447 - 03/04/25 0447
Ordered Dose (Remaining/Total): 2 mL (0/1)	Route: Intravenous
Frequency: Once in imaging	Ordered Rate/Order Duration: — / —
Admin Instructions: Reconstitute with 5 mL of PF NS only using provided Mini-Spike; shake vigorously for 20 sec until a homogenous white milky suspension forms. Use immediately. May repeat once during procedure.	

Line	Med Link Info	Comment
Peripheral IV 03/02/25 Anterior, Left Forearm	03/04/25 0447 by Hang Cortes, RT	—

Timestamps	Action	Dose	Route / Site	Other Information
Performed 03/04/25 0447 Documented: 03/04/25 0447	Given	2 mL	Intravenous Left Forearm	Performed by: Hang Cortes, RT

**traMADol (Ultram) tablet 100 mg [232241741]**

Ordering Provider: Omar Naji Saab Saab, MD	Status: Discontinued (Past End Date/Time), Reason: Patient
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**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

**Other Orders (group 1 of 3)**

**Admission**

**Admit to inpatient (Completed) [231400029]**

Electronically signed by: Georges Israel Labaze, MD on 03/03/25 2228	Status: Completed
Ordering user: Georges Israel Labaze, MD 03/03/25 2228	Ordering provider: Georges Israel Labaze, MD
Authorized by: Georges Israel Labaze, MD	Ordering mode: Standard
Frequency: Routine Once 03/03/25 2229 - 1 occurrence	Class: Hospital Performed
Quantity: 1	Instance released by: Georges Israel Labaze, MD (auto-released) 3/3/2025 10:28 PM

**Questionnaire**

Question	Answer
Unit	TMC JONES 5 NEUROSCIENCE ACUTE CARE

**Updates**

Admitting provider: Benjamin D Mouser, MD	Attending provider: Benjamin D Mouser, MD
Diagnosis: Acute midline low back pain with right-sided sciatica [M54.41]	Estimated length of stay: 5 days
Level of care: Acute	Patient class: Inpatient
Service: General Medicine	

**Appointment Requests**

**Follow Up In Internal Medicine (Active) [232568591]**

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0803	Status: Active
Ordering user: Omar Naji Saab Saab, MD 03/06/25 0803	Ordering provider: Omar Naji Saab Saab, MD
Authorized by: Omar Naji Saab Saab, MD	Ordering mode: Standard
Frequency: Routine 03/06/25 -	Class: Clinic Performed
Quantity: 1	

**Questionnaire**

Question	Answer
Who is this follow-up with?	Me
Allow Telemedicine?	No Preference

**Consult**

**Inpatient consult to Neurosurgery (Completed) [231265843]**

Electronically signed by: Malini Randeep, PA on 03/03/25 1554	Status: Completed
Ordering user: Malini Randeep, PA 03/03/25 1554	Ordering provider: Malini Randeep, PA
Authorized by: Malini Randeep, PA	Ordering mode: Standard
Frequency: STAT Once 03/03/25 1554 - 1 occurrence	Class: Hospital Performed
Quantity: 1	Instance released by: Malini Randeep, PA (auto-released) 3/3/2025 3:54 PM

**Questionnaire**

Question	Answer
Reason for Consult?	diskitis L5-S1

**Inpatient consult to Social Work (Completed) [231891221]**

Electronically signed by: Benjamin D Mouser, MD on 03/04/25 2025	Status: Completed
Ordering user: Benjamin D Mouser, MD 03/04/25 2025	Ordering provider: Benjamin D Mouser, MD
Authorized by: Benjamin D Mouser, MD	Ordering mode: Standard

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Other Orders (group 1 of 3) (continued)**

Frequency: Routine Once 03/04/25 2025 - 1 occurrence  
Quantity: 1

Class: Hospital Performed  
Instance released by: Benjamin D Mouser, MD (auto-released)  
3/4/2025 8:25 PM

**Questionnaire**

Question	Answer
Is discharge planning needed? If yes, who is requesting discharge planning?	Provider
Reason for Consult?	pt wants to defer surgery until summer as concerned about being out of work while teaching. NSGY requests any info on shortterm disability or resources to convince pt of have surgery now

**Inpatient consult to Infectious Diseases (Completed) [232022004]**

Electronically signed by: Omar Naji Saab Saab, MD on 03/05/25 0721  
Ordering user: Omar Naji Saab Saab, MD 03/05/25 0721  
Authorized by: Omar Naji Saab Saab, MD  
Frequency: Routine Once 03/05/25 0721 - 1 occurrence  
Quantity: 1

Status: Completed

Ordering provider: Omar Naji Saab Saab, MD  
Ordering mode: Standard  
Class: Hospital Performed  
Instance released by: Omar Naji Saab Saab, MD (auto-released)  
3/5/2025 7:21 AM

**Questionnaire**

Question	Answer
Reason for Consult?	L4-L5-S1 OM/discitis , was on suppressive ABX , NSGY offered surgery but patient postpone it to the Summer

**Inpatient consult to Vascular Access Team (Completed) [232628738]**

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0938  
Ordering user: Omar Naji Saab Saab, MD 03/06/25 0938  
Authorized by: Omar Naji Saab Saab, MD  
Frequency: Routine Once 03/06/25 0939 - 1 occurrence  
Quantity: 1

Status: Completed

Ordering provider: Omar Naji Saab Saab, MD  
Ordering mode: Standard  
Class: Hospital Performed  
Instance released by: Omar Naji Saab Saab, MD (auto-released)  
3/6/2025 9:38 AM

**Questionnaire**

Question	Answer
Reason for Consult?	PICC line

**Inpatient consult to Pain Management (Completed) [233185416]**

Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 1032  
Ordering user: Omar Naji Saab Saab, MD 03/07/25 1032  
Authorized by: Omar Naji Saab Saab, MD  
Frequency: STAT Once 03/07/25 1033 - 1 occurrence  
Quantity: 1

Status: Completed

Ordering provider: Omar Naji Saab Saab, MD  
Ordering mode: Standard  
Class: Hospital Performed  
Instance released by: Omar Naji Saab Saab, MD (auto-released)  
3/7/2025 10:32 AM

**Questionnaire**

Question	Answer
Reason for Consult?	Spine OM , severe pain

**CORE MEASURES**

**Reason for No Pharmacological VTE Prophylaxis (Completed) [231440897]**

Electronically signed by: Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050  
Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050  
Authorized by: Bhrugesh Jogeshkumar Shah, MD  
Frequency: Routine Once 03/04/25 0050 - 1 occurrence

Status: Completed

Ordering provider: Bhrugesh Jogeshkumar Shah, MD  
Ordering mode: Standard  
Class: Normal

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Other Orders (group 1 of 3) (continued)**

Quantity: 1

Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM

**Questionnaire**

Question	Answer
Reason for no VTE prophylaxis at admission?	At low risk for VTE - No VTE Prophylaxis required
Release to patient	Immediate

**Apply graduated compression stockings (Completed) [231440898]**

Electronically signed by: Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050 Status: **Completed**  
 Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050 Ordering provider: Bhrugesh Jogeshkumar Shah, MD  
 Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard  
 Frequency: Routine Once 03/04/25 0050 - 1 occurrence Class: Normal  
 Quantity: 1 Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM

**Diet**

**Adult Diet Regular (Discontinued) [231440885]**

Electronically signed by: Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050 Status: **Discontinued**  
 Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050 Ordering provider: Bhrugesh Jogeshkumar Shah, MD  
 Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard  
 Frequency: Routine Effective now 03/04/25 0049 - Until Specified Class: Hospital Performed  
 Quantity: 1 Diet: General  
 Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]

**Questionnaire**

Question	Answer
Diet type	Regular

**Discharge**

**Discharge patient (Discontinued) [233325805]**

Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 1429 Status: **Discontinued**  
 Ordering user: Omar Naji Saab Saab, MD 03/07/25 1429 Ordering provider: Omar Naji Saab Saab, MD  
 Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard  
 Frequency: Routine Once 03/07/25 1426 - 1 occurrence Class: Hospital Performed  
 Quantity: 1 Instance released by: Omar Naji Saab Saab, MD (auto-released) 3/7/2025 2:29 PM

Discontinued by: Omar Naji Saab Saab, MD 03/07/25 1826

**Updates**

Discharge date and time: 3/7/2025 1425

Discharge disposition: Home with Home Health

**Discharge patient (Completed) [233420716]**

Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 1848 Status: **Completed**  
 Ordering user: Omar Naji Saab Saab, MD 03/07/25 1848 Ordering provider: Omar Naji Saab Saab, MD  
 Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard  
 Frequency: Routine Once 03/07/25 1849 - 1 occurrence Class: Hospital Performed  
 Quantity: 1 Instance released by: Omar Naji Saab Saab, MD (auto-released) 3/7/2025 6:48 PM

**Updates**

Discharge date and time: 3/7/2025 1848

Discharge disposition: Home with Home Health

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Other Orders (group 1 of 3) (continued)

General Supply

Walker rolling (Active) [232248576]

Electronically signed by: Omar Naji Saab Saab, MD on 03/05/25 1320 Status: Active  
Ordering user: Omar Naji Saab Saab, MD 03/05/25 1320 Ordering provider: Omar Naji Saab Saab, MD  
Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard  
Frequency: Routine 03/05/25 - Class: Clinic Performed  
Quantity: 1

Diagnoses

Acute midline low back pain with right-sided sciatica [M54.41]  
Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC) [S32.050A]

Questionnaire

Question	Answer
The face to face evaluation was performed on	3/5/2025
Justification	Canes, Crutches, Walkers, Patient Lift (Home Health)
Canes, Crutches, Walkers, Patient Lift	Walker: Patient will be unable to safely ambulate with a cane in the home but a walker will allow the patient to accomplish mobility related daily living activities. Other: See Comments

Indications

Acute midline low back pain with right-sided sciatica [M54.41 (ICD-10-CM)]  
Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC) [S32.050A (ICD-10-CM)]

Walker rolling (Active) [232629556]

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0940 Status: Active  
Ordering user: Omar Naji Saab Saab, MD 03/06/25 0940 Ordering provider: Omar Naji Saab Saab, MD  
Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard  
Frequency: Routine 03/06/25 - Class: Clinic Performed  
Quantity: 1

Diagnoses

Acute midline low back pain with right-sided sciatica [M54.41]  
Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC) [S32.050A]

Questionnaire

Question	Answer
The face to face evaluation was performed on	3/6/2025
Justification	Canes, Crutches, Walkers, Patient Lift (Home Health)
Canes, Crutches, Walkers, Patient Lift	Walker: Patient will be unable to safely ambulate with a cane in the home but a walker will allow the patient to accomplish mobility related daily living activities. Other: See Comments

Indications

Acute midline low back pain with right-sided sciatica [M54.41 (ICD-10-CM)]  
Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC) [S32.050A (ICD-10-CM)]

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Other Orders (group 2 of 3)**

**Medications**

**gadobenate dimeglumine (Multihance) 529 MG/ML injection - Pyxis Override Pull (Active) [231126875]**

Electronically signed by: **Juan Valenzuela on 03/03/25 1150** Status: Active  
Ordering user: Juan Valenzuela 03/03/25 1150 Ordering mode: Standard  
Frequency: 03/03/25 1150 - Until Discontinued  
Admin instructions: Created by cabinet override  
Medication comments: Created by cabinet override  
Package: 0270-5164-14

**sulfur hexafluoride lipid-type A microspheres (Lumason) 60.7-25 MG Injectable suspension - Pyxis Override Pull (Active) [231505784]**

Electronically signed by: **Hang Cortes, RT on 03/04/25 0735** Status: Active  
Ordering user: Hang Cortes, RT 03/04/25 0735 Ordering mode: Standard  
Frequency: 03/04/25 0735 - Until Discontinued  
Admin instructions: Created by cabinet override  
Reconstitute with 5 mL of PF NS only using provided Mini-Spike; shake vigorously for 20 sec until a homogenous white milky suspension forms. Use immediately. May repeat once during procedure.  
Medication comments: Created by cabinet override  
Package: 0270-7099-16

**gadoterate Meglumine (Clariscan, Dotarem) 10 MMOL/20ML injection - Pyxis Override Pull (Active) [231855828]**

Electronically signed by: **Didio Vela on 03/04/25 1803** Status: Active  
Ordering user: Didio Vela 03/04/25 1803 Ordering mode: Standard  
Frequency: 03/04/25 1803 - Until Discontinued  
Admin instructions: Created by cabinet override  
Medication comments: Created by cabinet override  
Package: 67684-2000-3

**acetaminophen (Tylenol) tablet 650 mg (Completed) [230816008]**

Electronically signed by: **Ryan Drey Walsh, MD on 03/02/25 1846** Status: Completed  
Ordering user: Ryan Drey Walsh, MD 03/02/25 1846 Ordering provider: Ryan Drey Walsh, MD  
Authorized by: Ryan Drey Walsh, MD Ordering mode: Standard  
Frequency: STAT Once 03/02/25 1850 - 1 occurrence Class: Normal  
Acknowledged: Madeline Kotarski, RN 03/03/25 0438 for Placing Order  
Admin instructions: Max acetaminophen = 4000mg/day(4gm/day)  
Package: 0904-6773-61

**oxyCODONE-acetaminophen (Percocet) 5-325 MG per tablet 1 tablet (Completed) [230816009]**

Electronically signed by: **Ryan Drey Walsh, MD on 03/02/25 1846** Status: Completed  
Ordering user: Ryan Drey Walsh, MD 03/02/25 1846 Ordering provider: Ryan Drey Walsh, MD  
Authorized by: Ryan Drey Walsh, MD Ordering mode: Standard  
Frequency: STAT Once 03/02/25 1850 - 1 occurrence Class: Normal  
Acknowledged: Madeline Kotarski, RN 03/03/25 0438 for Placing Order  
Package: 50268-644-11

**morphine PF injection 4 mg (Completed) [230904299]**

Electronically signed by: **Lukman Olufemi Telufusi, PA on 03/03/25 0206** Status: Completed  
Ordering user: Lukman Olufemi Telufusi, PA 03/03/25 0206 Ordering provider: Lukman Olufemi Telufusi, PA  
Authorized by: Lukman Olufemi Telufusi, PA Ordering mode: Standard  
Frequency: STAT Once 03/03/25 0210 - 1 occurrence Class: Normal  
Acknowledged: Madeline Kotarski, RN 03/03/25 0438 for Placing Order  
Package: 63323-454-00

**ondansetron (Zofran) injection 4 mg (Completed) [230904300]**

Electronically signed by: **Lukman Olufemi Telufusi, PA on 03/03/25 0206** Status: Completed  
Ordering user: Lukman Olufemi Telufusi, PA 03/03/25 0206 Ordering provider: Lukman Olufemi Telufusi, PA  
Authorized by: Lukman Olufemi Telufusi, PA Ordering mode: Standard

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Other Orders (group 2 of 3) (continued)**

Frequency: STAT Once 03/03/25 0210 - 1 occurrence Class: Normal  
Acknowledged: Madeline Kotarski, RN 03/03/25 0438 for Placing Order  
Package: 60505-6130-0

**HYDROcodone-acetaminophen (Norco) 5-325 MG per tablet 1 tablet (Completed) [230928999]**

Electronically signed by: **Lukman Olufemi Telufusi, PA on 03/03/25 0511** Status: **Completed**  
Ordering user: Lukman Olufemi Telufusi, PA 03/03/25 0511 Ordering provider: Lukman Olufemi Telufusi, PA  
Authorized by: Lukman Olufemi Telufusi, PA Ordering mode: Standard  
Frequency: STAT Once 03/03/25 0515 - 1 occurrence Class: Normal  
Acknowledged: Madisyn Nall, RN 03/03/25 0622 for Placing Order  
Package: 50268-401-11

**gabapentin (Neurontin) capsule 800 mg (Completed) [230984388]**

Electronically signed by: **Malini Randeep, PA on 03/03/25 0821** Status: **Completed**  
Ordering user: Malini Randeep, PA 03/03/25 0821 Ordering provider: Malini Randeep, PA  
Authorized by: Malini Randeep, PA Ordering mode: Standard  
Frequency: STAT Once 03/03/25 0825 - 1 occurrence Class: Normal  
Acknowledged: Gerardo Salazar, RN 03/03/25 0846 for Placing Order

**Mixture Ingredients**

Medication	Ordered Dose	Calculated Dose
gabapentin (Neurontin)	200 mg	200 mg
gabapentin (Neurontin)	600 mg	600 mg

Package: 60687-580-11, 60687-591-11

**morphine PF injection 4 mg (Completed) [230987905]**

Electronically signed by: **Malini Randeep, PA on 03/03/25 0827** Status: **Completed**  
Ordering user: Malini Randeep, PA 03/03/25 0827 Ordering provider: Malini Randeep, PA  
Authorized by: Malini Randeep, PA Ordering mode: Standard  
Frequency: STAT Once 03/03/25 0830 - 1 occurrence Class: Normal  
Acknowledged: Gerardo Salazar, RN 03/03/25 0846 for Placing Order  
Admin instructions: Administer IVP.  
Package: 72572-440-01

**gadobenate dimeglumine (Multihance) injection 15 mL (Completed) [231100952]**

Electronically signed by: **Juan Valenzuela on 03/03/25 1121** Status: **Completed**  
Ordering user: Juan Valenzuela 03/03/25 1121 Ordering provider: Lukman Olufemi Telufusi, PA  
Authorized by: Lukman Olufemi Telufusi, PA Ordering mode: Secondary Order  
Frequency: Routine Once in imaging 03/03/25 1121 - 1 occurrence Class: Normal  
Acknowledged: Gerardo Salazar, RN 03/03/25 1123 for Placing Order  
Package: 0270-5164-14

**acetaminophen-codeine (Tylenol w/ Codeine #3) 300-30 MG per tablet 1 tablet (Completed) [231162193]**

Electronically signed by: **Malini Randeep, PA on 03/03/25 1253** Status: **Completed**  
Ordering user: Malini Randeep, PA 03/03/25 1253 Ordering provider: Malini Randeep, PA  
Authorized by: Malini Randeep, PA Ordering mode: Standard  
Frequency: STAT Once 03/03/25 1255 - 1 occurrence Class: Normal  
Acknowledged: Gerardo Salazar, RN 03/03/25 1253 for Placing Order  
Package: 0406-0484-01

**ketorolac (Toradol) injection 15 mg (Completed) [231336759]**

Electronically signed by: **Abbey Lauren Pastorelle, MD on 03/03/25 1809** Status: **Completed**  
Ordering user: Abbey Lauren Pastorelle, MD 03/03/25 1809 Ordering provider: Abbey Lauren Pastorelle, MD  
Authorized by: Abbey Lauren Pastorelle, MD Ordering mode: Standard  
Frequency: STAT Once 03/03/25 1810 - 1 occurrence Class: Normal  
Acknowledged: Gerardo Salazar, RN 03/03/25 1809 for Placing Order  
Admin instructions: Administer IVP.

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Other Orders (group 2 of 3) (continued)**

Package: 0409-3795-19

**gabapentin (Neurontin) capsule 800 mg (Completed) [231389783]**

Electronically signed by: **Abbey Lauren Pastorelle, MD on 03/03/25 2131** Status: **Completed**  
Ordering user: Abbey Lauren Pastorelle, MD 03/03/25 2131 Ordering provider: Abbey Lauren Pastorelle, MD  
Authorized by: Abbey Lauren Pastorelle, MD Ordering mode: Standard  
Frequency: STAT Once 03/03/25 2135 - 1 occurrence Class: Normal  
Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order

**Mixture Ingredients**

Medication	Ordered Dose	Calculated Dose
gabapentin (Neurontin)	200 mg	200 mg
gabapentin (Neurontin)	600 mg	600 mg

Package: 60687-580-11, 60687-591-11

**sodium chloride (NS) 0.9 % flush 10 mL (Discontinued) [231440857]**

Electronically signed by: **Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050** Status: **Discontinued**  
Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050 Ordering provider: Bhrugesh Jogeshkumar Shah, MD  
Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard  
Frequency: Routine q12h SCH 03/04/25 0055 - 03/06/25 0941 Class: Normal  
Discontinued by: Natalie Wilson, PharmD 03/06/25 0941  
Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order Shaniya Polk, RN 03/06/25 0954 for D/C Order  
Admin instructions: Administer at least once every 12 hours  
Package: 8290-306546

**sodium chloride (NS) 0.9 % flush 10 mL (Discontinued) [231440858]**

Electronically signed by: **Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050** Status: **Discontinued**  
Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050 Ordering provider: Bhrugesh Jogeshkumar Shah, MD  
Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard  
PRN reasons: line care  
PRN Comment: Line Flush  
Frequency: Routine PRN 03/04/25 0048 - 03/06/25 0941 Class: Normal  
Discontinued by: Natalie Wilson, PharmD 03/06/25 0941  
Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order Shaniya Polk, RN 03/06/25 0954 for D/C Order  
Package: 68883-600-10

**dextrose 50 % solution 12.5 g (Discontinued) [231440860]**

Electronically signed by: **Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050** Status: **Discontinued**  
Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050 Ordering provider: Bhrugesh Jogeshkumar Shah, MD  
Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard  
PRN reasons: low blood sugar  
PRN Comment: if Blood Glucose 51- 69 mg/dL  
Frequency: Routine PRN 03/04/25 0048 - 03/07/25 2204 Class: Normal  
Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]  
Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order  
Admin instructions: For BG 51-69 mg/dL and patient UNCONSCIOUS OR UNABLE TO SWALLOW OR NPO:  
Give 25 mL of D50W IV push and notify MD.  
Package: 0409-6648-02

**dextrose 50 % solution 25 g (Discontinued) [231440861]**

Electronically signed by: **Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050** Status: **Discontinued**  
Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050 Ordering provider: Bhrugesh Jogeshkumar Shah, MD  
Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard  
PRN reasons: other  
PRN Comment: if Blood Glucose <= 50 mg/dL  
Frequency: Routine PRN 03/04/25 0048 - 03/07/25 2204 Class: Normal  
Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]  
Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order  
Admin instructions: If BG <=50 mg/dL, give 50 mL of D50W IV push STAT and notify MD.

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Other Orders (group 2 of 3) (continued)**

Package: 0409-6648-02

**glucagon injection 1 mg (Discontinued) [231440862]**

Electronically signed by: **Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050** Status: **Discontinued**  
 Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050 Ordering provider: Bhrugesh Jogeshkumar Shah, MD  
 Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard  
 PRN Comment: For BG < 70 mg/dL if no IV access and patient is either Unconscious, unable to swallow or npo  
 Frequency: Routine PRN 03/04/25 0048 - 03/07/25 2204 Class: Normal  
 Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]  
 Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order  
 Admin instructions: For BG < 70 mg/dL if no IV access and patient is either Unconscious, unable to swallow or npo and notify MD.  
 Package: 0169-7065-15

**naloxone (Narcan) injection 0.04 mg (Discontinued) [231440878]**

Electronically signed by: **Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050** Status: **Discontinued**  
 Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050 Ordering provider: Bhrugesh Jogeshkumar Shah, MD  
 Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard  
 PRN reasons: opioid reversal  
 PRN Comment: every 2 mins PRN for Narcotic Reversal  
 Frequency: Routine PRN 03/04/25 0049 - 8 occurrences Class: Normal  
 Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]  
 Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order  
 Admin instructions: Give up to 8 doses of 0.04 mg as needed to reverse over sedation. Keep available for immediate use. Call ordering physician STAT. (Dilute 0.4 mg/mL in 9 mL of saline)  
 Package: 67457-292-00

**oxyCODONE (Roxicodone) immediate release tablet 5 mg (Discontinued) [231440879]**

Electronically signed by: **Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050** Status: **Discontinued**  
 Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050 Ordering provider: Bhrugesh Jogeshkumar Shah, MD  
 Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard  
 PRN reasons: severe pain (7-10)  
 Frequency: Routine q6h PRN 03/04/25 0049 - 03/05/25 1307 Class: Normal  
 Discontinued by: Omar Naji Saab Saab, MD 03/05/25 1307  
 Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order Isoken Iyamu, RN 03/05/25 1320 for D/C Order  
 Package: 68084-354-11

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
03/05/25 1307	Omar Naji Saab Saab, MD	Omar Naji Saab Saab, MD	Omar Naji Saab Saab, MD
03/04/25 0050	Bhrugesh Jogeshkumar Shah, MD	Bhrugesh Jogeshkumar Shah, MD	Bhrugesh Jogeshkumar Shah, MD

**traMADol (Ultram) tablet 50 mg (Discontinued) [231440880]**

Electronically signed by: **Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050** Status: **Discontinued**  
 Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050 Ordering provider: Bhrugesh Jogeshkumar Shah, MD  
 Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard  
 PRN reasons: moderate pain (4-6)  
 Frequency: Routine q6h PRN 03/04/25 0049 - 5 days Class: Normal  
 Discontinued by: Omar Naji Saab Saab, MD 03/05/25 1308  
 Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order Isoken Iyamu, RN 03/05/25 1320 for D/C Order  
 Package: 60687-795-11

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
03/05/25 1308	Omar Naji Saab Saab, MD	Omar Naji Saab Saab, MD	Omar Naji Saab Saab, MD
03/04/25 0050	Bhrugesh Jogeshkumar Shah, MD	Bhrugesh Jogeshkumar Shah, MD	Bhrugesh Jogeshkumar Shah, MD



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Other Orders (group 2 of 3) (continued)**

**acetaminophen (Tylenol) tablet 1,000 mg (Discontinued) [231440881]**

Electronically signed by: **Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050** Status: **Discontinued**  
 Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050 Ordering provider: Bhrugesh Jogeshkumar Shah, MD  
 Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard  
 Frequency: Routine q6h SCH 03/04/25 0055 - 03/07/25 2204 Class: Normal  
 Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]  
 Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order  
 Admin instructions: Max acetaminophen from all sources = 4,000 mg in 24 hrs.  
 Package: 0045-0488-26

**docusate sodium (Colace) capsule 100 mg (Discontinued) [231440882]**

Electronically signed by: **Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050** Status: **Discontinued**  
 Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050 Ordering provider: Bhrugesh Jogeshkumar Shah, MD  
 Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard  
 Frequency: Routine BID 03/04/25 0900 - 03/04/25 0620 Class: Normal  
 Discontinued by: Benjamin D Mouser, MD 03/04/25 0620  
 Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order Daine Joseph, RN 03/04/25 0639 for D/C Order  
 Admin instructions: Stool softener. Hold for loose stools.  
 Package: 0904-7183-61

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
03/04/25 0620	Benjamin D Mouser, MD	Benjamin D Mouser, MD	Benjamin D Mouser, MD
03/04/25 0050	Bhrugesh Jogeshkumar Shah, MD	Bhrugesh Jogeshkumar Shah, MD	Bhrugesh Jogeshkumar Shah, MD

**polyethylene glycol (PEG) 3350 (Miralax) packet 17 g (Discontinued) [231440883]**

Electronically signed by: **Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050** Status: **Discontinued**  
 Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050 Ordering provider: Bhrugesh Jogeshkumar Shah, MD  
 Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard  
 Frequency: Routine Daily 03/04/25 0900 - 03/07/25 2204 Class: Normal  
 Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]  
 Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order  
 Admin instructions: 17 grams of powder dissolved in 4 - 8 ounces of beverage. Hold for loose stools.  
 Dissolve 17 g in 120 to 240 mL (4 to 8 ounces) of beverage.  
 Package: 60687-431-98

**gabapentin (Neurontin) capsule 800 mg (Discontinued) [231441828]**

Electronically signed by: **Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0059** Status: **Discontinued**  
 Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0059 Ordering provider: Bhrugesh Jogeshkumar Shah, MD  
 Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard  
 Frequency: Routine BID 03/04/25 0900 - 03/04/25 2017 Class: Normal  
 Discontinued by: Benjamin D Mouser, MD 03/04/25 2017  
 Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order Joseph Gitahi, RN 03/04/25 2020 for D/C Order  
 Package: 60687-602-11  
 Status  
 Hilda Ankutse, PharmD 03/04/25 0122 (Admin Instructions edited)  
 Reordered from: gabapentin (Neurontin) 800 MG tablet [231441765]

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
03/04/25 2017	Benjamin D Mouser, MD	Benjamin D Mouser, MD	Benjamin D Mouser, MD
03/04/25 0059	Bhrugesh Jogeshkumar Shah, MD	Bhrugesh Jogeshkumar Shah, MD	Bhrugesh Jogeshkumar Shah, MD

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Other Orders (group 2 of 3) (continued)

**DULoxetine (Cymbalta) DR capsule 30 mg (Discontinued) [231441829]**

Electronically signed by: **Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0059** Status: **Discontinued**  
Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0059 Ordering provider: Bhrugesh Jogeshkumar Shah, MD  
Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard  
Frequency: Routine Daily 630 03/04/25 0630 - 03/06/25 0748 Class: Normal  
Discontinued by: Omar Naji Saab Saab, MD 03/06/25 0748  
Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order Shaniya Polk, RN 03/06/25 0831 for D/C Order  
Admin instructions: Do not crush or chew.  
Package: 68001-595-08  
Reordered from: DULoxetine (Cymbalta) 30 MG DR capsule [231441767]

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
03/06/25 0748	Omar Naji Saab Saab, MD	Omar Naji Saab Saab, MD	Omar Naji Saab Saab, MD
03/04/25 0059	Bhrugesh Jogeshkumar Shah, MD	Bhrugesh Jogeshkumar Shah, MD	Bhrugesh Jogeshkumar Shah, MD

**losartan (Cozaar) tablet 50 mg (Discontinued) [231441830]**

Electronically signed by: **Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0059** Status: **Discontinued**  
Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0059 Ordering provider: Bhrugesh Jogeshkumar Shah, MD  
Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard  
Frequency: Routine Daily 03/04/25 0800 - 03/04/25 0620 Class: Normal  
Discontinued by: Benjamin D Mouser, MD 03/04/25 0620  
Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order Daine Joseph, RN 03/04/25 0639 for D/C Order  
Package: 68084-347-11  
Status  
User Epic 03/04/25 0431 (Admin Instructions edited)  
Reordered from: losartan (Cozaar) 50 MG tablet [231441766]

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
03/04/25 0620	Benjamin D Mouser, MD	Benjamin D Mouser, MD	Benjamin D Mouser, MD
03/04/25 0059	Bhrugesh Jogeshkumar Shah, MD	Bhrugesh Jogeshkumar Shah, MD	Bhrugesh Jogeshkumar Shah, MD

**sulfur hexafluoride lipid-type A microspheres (Lumason) 60.7-25 MG Injectable suspension 2 mL (Completed) [231471171]**

Electronically signed by: **Benjamin D Mouser, MD on 03/04/25 0533** Status: **Completed**  
Mode: Ordering in eVerbal with readback mode  
Ordering user: Hang Cortes, RT 03/04/25 0447 Communicated by: Hang Cortes, RT  
Authorized by: Benjamin D Mouser, MD Ordering provider: Benjamin D Mouser, MD  
Frequency: Routine Once in imaging 03/04/25 0447 - 1 Ordering mode: eVerbal with readback  
occurrence Class: Normal  
Acknowledged: Hang Cortes, RT 03/04/25 0447 for Placing Order  
Admin instructions: Reconstitute with 5 mL of PF NS only using provided Mini-Spike; shake vigorously for 20 sec until a homogenous white milky suspension forms. Use immediately. May repeat once during procedure.  
Package: 0270-7099-16

**sennosides (Senokot) tablet 17.2 mg (Discontinued) [231485820]**

Electronically signed by: **Benjamin D Mouser, MD on 03/04/25 0620** Status: **Discontinued**  
Ordering user: Benjamin D Mouser, MD 03/04/25 0620 Ordering provider: Benjamin D Mouser, MD  
Authorized by: Benjamin D Mouser, MD Ordering mode: Standard  
Frequency: Routine Nightly 03/04/25 2100 - 03/07/25 2204 Class: Normal  
Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]  
Acknowledged: Daine Joseph, RN 03/04/25 0639 for Placing Order  
Admin instructions: Hold for loose stools  
Package: 0904-7252-61

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Other Orders (group 2 of 3) (continued)

**losartan (Cozaar) tablet 50 mg (Discontinued) [231485849]**

Electronically signed by: Benjamin D Mouser, MD on 03/04/25 0620 Status: Discontinued  
Ordering user: Benjamin D Mouser, MD 03/04/25 0620 Ordering provider: Benjamin D Mouser, MD  
Authorized by: Benjamin D Mouser, MD Ordering mode: Standard  
Frequency: Routine Daily 03/04/25 0900 - 03/05/25 0715 Class: Normal  
Discontinued by: Omar Naji Saab Saab, MD 03/05/25 0715  
Acknowledged: Daine Joseph, RN 03/04/25 0639 for Placing Order Isoken Iyamu, RN 03/05/25 0733 for D/C Order  
Package: 0904-7048-61  
Modified from: losartan (Cozaar) tablet 50 mg [231441830]

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
03/05/25 0715	Omar Naji Saab Saab, MD	Omar Naji Saab Saab, MD	Omar Naji Saab Saab, MD
03/04/25 0620	Benjamin D Mouser, MD	Benjamin D Mouser, MD	Benjamin D Mouser, MD

**gadoterate meglumine (Clariscan, Dotarem) injection 15 mL (Cancel Pend) [231859950]**

Electronically signed by: Didio Vela on 03/04/25 1821 Status: Cancel Pend  
Ordering user: Didio Vela 03/04/25 1821 Ordering provider: Michael Alexis Goutnik, MD  
Authorized by: Michael Alexis Goutnik, MD  
Frequency: Routine Once in imaging 03/04/25 1820 - Until Class: Normal  
Discontinued  
Pended by: Didio Vela 03/04/25 1821 Discontinued by: Omar Naji Saab Saab, MD 03/07/25 0941

**gadoterate Meglumine (Clariscan, Dotarem) injection 13.5 mL (Completed) [231860789]**

Electronically signed by: Didio Vela on 03/04/25 1824 Status: Completed  
Ordering user: Didio Vela 03/04/25 1824 Ordering provider: Michael Alexis Goutnik, MD  
Authorized by: Michael Alexis Goutnik, MD Ordering mode: Secondary Order  
Frequency: Routine Once in imaging 03/04/25 1824 - 1 occurrence Class: Normal  
Released by: Didio Vela 03/04/25 1824  
Acknowledged: Joseph Gitahi, RN 03/04/25 2004 for Placing Order  
Diagnoses  
Discitis [M46.40]  
Package: 67684-2000-3

**Indications**

Discitis [M46.40 (ICD-10-CM)]

**oxyCODONE (Roxicodone) immediate release tablet 5 mg (Completed) [231888561]**

Electronically signed by: Benjamin D Mouser, MD on 03/04/25 2015 Status: Completed  
Ordering user: Benjamin D Mouser, MD 03/04/25 2015 Ordering provider: Benjamin D Mouser, MD  
Authorized by: Benjamin D Mouser, MD Ordering mode: Standard  
Frequency: Routine Once 03/04/25 2030 - 1 occurrence Class: Normal  
Acknowledged: Joseph Gitahi, RN 03/04/25 2020 for Placing Order  
Package: 68084-354-11

**gabapentin (Neurontin) capsule 800 mg (Discontinued) [231888890]**

Electronically signed by: Benjamin D Mouser, MD on 03/04/25 2017 Status: Discontinued  
Ordering user: Benjamin D Mouser, MD 03/04/25 2017 Ordering provider: Benjamin D Mouser, MD  
Authorized by: Benjamin D Mouser, MD Ordering mode: Standard  
Frequency: Routine TID 03/04/25 2030 - 03/07/25 2204 Class: Normal  
Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]  
Acknowledged: Joseph Gitahi, RN 03/04/25 2020 for Placing Order  
Package: 60687-602-11  
Modified from: gabapentin (Neurontin) capsule 800 mg [231441828]

**ibuprofen tablet 800 mg (Discontinued) [231888891]**

Electronically signed by: Benjamin D Mouser, MD on 03/04/25 2017 Status: Discontinued

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Other Orders (group 2 of 3) (continued)**

Ordering user: Benjamin D Mouser, MD 03/04/25 2017	Ordering provider: Benjamin D Mouser, MD
Authorized by: Benjamin D Mouser, MD	Ordering mode: Standard
PRN reasons: mild pain (1-3) headaches	
Frequency: Routine q8h PRN 03/04/25 2016 - 03/07/25 2204	Class: Normal
Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]	
Acknowledged: Joseph Gitahi, RN 03/04/25 2020 for Placing Order	
Package: 60687-446-11	

**LORazepam (Ativan) tablet 1 mg (Discontinued) [231890775]**

Electronically signed by: Benjamin D Mouser, MD on 03/04/25 2023	Status: Discontinued
Ordering user: Benjamin D Mouser, MD 03/04/25 2023	Ordering provider: Benjamin D Mouser, MD
Authorized by: Benjamin D Mouser, MD	Ordering mode: Standard
PRN reasons: anxiety	
Frequency: Routine Daily PRN 03/04/25 2023 - 03/07/25 2204	Class: Normal
Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]	
Acknowledged: Joseph Gitahi, RN 03/04/25 2207 for Placing Order	
Admin instructions: Hold for sedation	
Package: 69315-904-01	
Reordered from: LORazepam (Ativan) 1 MG tablet [231798664]	

**losartan (Cozaar) tablet 100 mg (Discontinued) [232019679]**

Electronically signed by: Omar Naji Saab Saab, MD on 03/05/25 0715	Status: Discontinued
Ordering user: Omar Naji Saab Saab, MD 03/05/25 0715	Ordering provider: Omar Naji Saab Saab, MD
Authorized by: Omar Naji Saab Saab, MD	Ordering mode: Standard
Frequency: Routine Daily 03/05/25 0900 - 03/07/25 2204	Class: Normal
Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]	
Acknowledged: Isoken Iyamu, RN 03/05/25 0733 for Placing Order	
Package: 68084-347-11	
Modified from: losartan (Cozaar) tablet 50 mg [231485849]	

**oxyCODONE (Roxicodone) immediate release tablet 10 mg (Discontinued) [232241388]**

Electronically signed by: Omar Naji Saab Saab, MD on 03/05/25 1307	Status: Discontinued
Ordering user: Omar Naji Saab Saab, MD 03/05/25 1307	Ordering provider: Omar Naji Saab Saab, MD
Authorized by: Omar Naji Saab Saab, MD	Ordering mode: Standard
PRN reasons: severe pain (7-10)	
Frequency: Routine q6h PRN 03/05/25 1307 - 03/07/25 2204	Class: Normal
Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]	
Acknowledged: Isoken Iyamu, RN 03/05/25 1320 for Placing Order	
Package: 68084-354-11	
Modified from: oxyCODONE (Roxicodone) immediate release tablet 5 mg [231440879]	

**traMADol (Ultram) tablet 100 mg (Discontinued) [232241741]**

Electronically signed by: Omar Naji Saab Saab, MD on 03/05/25 1308	Status: Discontinued
Ordering user: Omar Naji Saab Saab, MD 03/05/25 1308	Ordering provider: Omar Naji Saab Saab, MD
Authorized by: Omar Naji Saab Saab, MD	Ordering mode: Standard
PRN reasons: moderate pain (4-6)	
Frequency: Routine q6h PRN 03/05/25 1308 - 83 hours	Class: Normal
Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]	
Acknowledged: Isoken Iyamu, RN 03/05/25 1320 for Placing Order	
Package: 57664-377-08	
Modified from: traMADol (Ultram) tablet 50 mg [231440880]	

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Other Orders (group 3 of 3)**

**Medications**

**melatonin tablet 6 mg (Discontinued) [232431242]**

Electronically signed by: Erica Burns, PA on 03/05/25 2058	Status: Discontinued
Ordering user: Erica Burns, PA 03/05/25 2058	Ordering provider: Erica Burns, PA
Authorized by: Erica Burns, PA	Ordering mode: Standard
PRN reasons: sleep	
Frequency: Routine Nightly PRN 03/05/25 2058 - 03/07/25 2204	Class: Normal
Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]	
Acknowledged: Annmaria George, RN 03/05/25 2101 for Placing Order	
Package: 07610-22640	

**DULoxetine (Cymbalta) DR capsule 60 mg (Discontinued) [232559897]**

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0748	Status: Discontinued
Ordering user: Omar Naji Saab Saab, MD 03/06/25 0748	Ordering provider: Omar Naji Saab Saab, MD
Authorized by: Omar Naji Saab Saab, MD	Ordering mode: Standard
Frequency: Routine Daily 03/07/25 0900 - 03/07/25 2204	Class: Normal
Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]	
Acknowledged: Shaniya Polk, RN 03/06/25 0831 for Placing Order	
Admin instructions: Do not crush or chew.	
Package: 68001-596-08	
Modified from: DULoxetine (Cymbalta) DR capsule 30 mg [231441829]	

**DULoxetine (Cymbalta) DR capsule 30 mg (Completed) [232559898]**

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0748	Status: Completed
Ordering user: Omar Naji Saab Saab, MD 03/06/25 0748	Ordering provider: Omar Naji Saab Saab, MD
Authorized by: Omar Naji Saab Saab, MD	Ordering mode: Standard
Frequency: Routine Once 03/06/25 0800 - 1 occurrence	Class: Normal
Acknowledged: Shaniya Polk, RN 03/06/25 0831 for Placing Order	
Admin instructions: May open capsule and sprinkle contents on food	
Do not crush or chew.	
Medication comments: Total of 60 mg today	
Package: 68001-595-08	

**Heparin Sod, Pork, Lock Flush (heparin flush) 10 units/mL injection (Expired) [232568570]**

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0803	Status: Expired
Ordering user: Omar Naji Saab Saab, MD 03/06/25 0803	Ordering provider: Omar Naji Saab Saab, MD
Authorized by: Omar Naji Saab Saab, MD	Ordering mode: Standard
PRN reasons: line care	
Frequency: Routine PRN 03/06/25 - 30 days	Class: No Print
Admin instructions: After each dose or daily if not used.	

**heparin flush 100 units/mL solution (Expired) [232568572]**

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0803	Status: Expired
Ordering user: Omar Naji Saab Saab, MD 03/06/25 0803	Ordering provider: Omar Naji Saab Saab, MD
Authorized by: Omar Naji Saab Saab, MD	Ordering mode: Standard
PRN reasons: line care	
Frequency: Routine PRN 03/06/25 - 30 days	Class: No Print
Admin instructions: After each dose or daily if not used.	

**sodium chloride (NS) 0.9 % flush (Expired) [232568575]**

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0803	Status: Expired
Ordering user: Omar Naji Saab Saab, MD 03/06/25 0803	Ordering provider: Omar Naji Saab Saab, MD
Authorized by: Omar Naji Saab Saab, MD	Ordering mode: Standard
PRN reasons: line care	
Frequency: Routine PRN 03/06/25 - 30 days	Class: No Print
Admin instructions: Before and after each dose or daily if not used.	

**sodium chloride 0.9 % solution 100 mL with DAPTOmycin 350 mg/7mL wet vial 600 mg (Expired) [232568581]**

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Other Orders (group 3 of 3) (continued)**

Electronically signed by: **Omar Naji Saab Saab, MD on 03/06/25 0803** Status: **Expired**  
Ordering user: Omar Naji Saab Saab, MD 03/06/25 0803 Ordering provider: Omar Naji Saab Saab, MD  
Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard  
Frequency: Routine q24h SCH 03/06/25 - 10 days Class: No Print

**Mixture Ingredients**

Medication	Ordered Dose	Calculated Dose
DAPTOmycin (Cubicin)	8 mg/kg	600 mg
sodium chloride 0.9 %	100 mL	100 mL

**lidocaine PF (Xylocaine) 1 % injection 5 mL (Discontinued) [232628597]**

Electronically signed by: **Omar Naji Saab Saab, MD on 03/06/25 0938** Status: **Discontinued**  
Ordering user: Omar Naji Saab Saab, MD 03/06/25 0938 Ordering provider: Omar Naji Saab Saab, MD  
Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard  
Frequency: Routine Oncall 03/06/25 0938 - 1 occurrence Class: Normal  
Indications comment: For PICC line insertion. Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]

Acknowledged: Shaniya Polk, RN 03/06/25 0954 for Placing Order  
Package: 63323-492-57

**sodium chloride (NS) 0.9 % flush 10 mL (Discontinued) [232628598]**

Electronically signed by: **Omar Naji Saab Saab, MD on 03/06/25 0938** Status: **Discontinued**  
Ordering user: Omar Naji Saab Saab, MD 03/06/25 0938 Ordering provider: Omar Naji Saab Saab, MD  
Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard  
Frequency: Routine q8h SCH 03/06/25 0945 - 03/07/25 2204 Class: Normal  
Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]  
Acknowledged: Shaniya Polk, RN 03/06/25 0954 for Placing Order  
Admin instructions: Flush all ports Q8H to clear the line.  
Package: 68883-600-10

**sodium chloride (NS) 0.9 % flush 10 mL (Discontinued) [232628599]**

Electronically signed by: **Omar Naji Saab Saab, MD on 03/06/25 0938** Status: **Discontinued**  
Ordering user: Omar Naji Saab Saab, MD 03/06/25 0938 Ordering provider: Omar Naji Saab Saab, MD  
Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard  
PRN reasons: line care  
Frequency: Routine PRN 03/06/25 0938 - 03/07/25 2204 Class: Normal  
Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]  
Acknowledged: Shaniya Polk, RN 03/06/25 0954 for Placing Order  
Admin instructions: Flush to clear line before and after all medications, lab draws, and blood products.  
Package: 68883-600-10

**enoxaparin (Lovenox) syringe 40 mg (Discontinued) [232915014]**

Electronically signed by: **Omar Naji Saab Saab, MD on 03/06/25 1823** Status: **Discontinued**  
Ordering user: Omar Naji Saab Saab, MD 03/06/25 1823 Ordering provider: Omar Naji Saab Saab, MD  
Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard  
Frequency: Routine q24h 03/06/25 1830 - 03/07/25 2204 Class: Normal  
Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]  
Acknowledged: Shaniya Polk, RN 03/06/25 1839 for Placing Order  
Package: 63323-564-21

**DAPTOmycin (Cubicin) 600 mg in sodium chloride 0.9 % 100 mL IVPB (Discontinued) [233127331]**

Electronically signed by: **Omar Naji Saab Saab, MD on 03/07/25 0905** Status: **Discontinued**  
Ordering user: Omar Naji Saab Saab, MD 03/07/25 0905 Ordering provider: Omar Naji Saab Saab, MD  
Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard  
Frequency: STAT q24h 03/07/25 1000 - 7 days Class: Normal  
Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]  
Acknowledged: Shaniya Polk, RN 03/07/25 1017 for Placing Order

**Questionnaire**

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Other Orders (group 3 of 3) (continued)**

Question	Answer
Suspected Indication (Select all that apply)	Bone/Joint Infection

**Mixture Ingredients**

Medication	Ordered Dose	Calculated Dose
DAPTOMycin (Cubicin)	8 mg/kg	600 mg
sodium chloride 0.9 %	100 mL	100 mL

Medication comments: Per ID recs

Package: 43598-413-11, 0338-0049-38

Status

Kelly Thornton, PharmD 03/07/25 0920 (Start: 03/07/25 0915 to 03/07/25 1000, End: 03/14/25 0914 to 03/07/25 0959)

Kelly Thornton, PharmD 03/07/25 1550 (End: 03/07/25 0959 to 03/07/25 2204)

**methocarbamol (Robaxin) tablet 500 mg (Discontinued) [233186999]**

Electronically signed by: **Omar Naji Saab Saab, MD on 03/07/25 1035** Status: Discontinued  
 Ordering user: Omar Naji Saab Saab, MD 03/07/25 1035 Ordering provider: Omar Naji Saab Saab, MD  
 Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard  
 Frequency: Routine q6h SCH 03/07/25 1200 - 03/07/25 2204 Class: Normal  
 Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]  
 Acknowledged: Shaniya Polk, RN 03/07/25 1312 for Placing Order  
 Package: 31722-533-05

**DULoxetine (Cymbalta) 60 MG DR capsule (Expired) [233325733]**

Electronically signed by: **Omar Naji Saab Saab, MD on 03/07/25 1429** Status: Expired  
 Ordering user: Omar Naji Saab Saab, MD 03/07/25 1429 Ordering provider: Omar Naji Saab Saab, MD  
 Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard  
 Frequency: Routine Daily 03/07/25 - 30 days Class: Normal  
 Modified from: DULoxetine (Cymbalta) 30 MG DR capsule [231441767]

**gabapentin (Neurontin) 600 MG tablet (Expired) [233325737]**

Electronically signed by: **Omar Naji Saab Saab, MD on 03/07/25 1429** Status: Expired  
 Ordering user: Omar Naji Saab Saab, MD 03/07/25 1429 Ordering provider: Omar Naji Saab Saab, MD  
 Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard  
 Frequency: Routine TID 03/07/25 - 30 days Class: Normal  
 Modified from: gabapentin (Neurontin) 800 MG tablet [231441765]

**losartan (Cozaar) 100 MG tablet (Expired) [233325739]**

Electronically signed by: **Omar Naji Saab Saab, MD on 03/07/25 1429** Status: Expired  
 Ordering user: Omar Naji Saab Saab, MD 03/07/25 1429 Ordering provider: Omar Naji Saab Saab, MD  
 Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard  
 Frequency: Routine Daily 03/07/25 - 30 days Class: Normal  
 Modified from: losartan (Cozaar) 50 MG tablet [231441766]

**acetaminophen (Tylenol) 500 MG tablet (Expired) [233325741]**

Electronically signed by: **Omar Naji Saab Saab, MD on 03/07/25 1429** Status: Expired  
 Ordering user: Omar Naji Saab Saab, MD 03/07/25 1429 Ordering provider: Omar Naji Saab Saab, MD  
 Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard  
 Frequency: Routine q6h SCH 03/07/25 - 30 days Class: Normal  
 Reordered from: acetaminophen (Tylenol) tablet 1,000 mg [231440881]

**ibuprofen 800 MG tablet (Expired) [233325743]**

Electronically signed by: **Omar Naji Saab Saab, MD on 03/07/25 1429** Status: Expired  
 Ordering user: Omar Naji Saab Saab, MD 03/07/25 1429 Ordering provider: Omar Naji Saab Saab, MD  
 Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard  
 PRN reasons: mild pain (1-3) headaches  
 Frequency: Routine q8h PRN 03/07/25 - 10 days Class: Normal  
 Reordered from: ibuprofen tablet 800 mg [231888891]

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Other Orders (group 3 of 3) (continued)**

**melatonin 3 MG tablet (Expired) [233325746]**

Electronically signed by: <b>Omar Naji Saab Saab, MD on 03/07/25 1429</b>	Status: <b>Expired</b>
Ordering user: Omar Naji Saab Saab, MD 03/07/25 1429	Ordering provider: Omar Naji Saab Saab, MD
Authorized by: Omar Naji Saab Saab, MD	Ordering mode: Standard
PRN reasons: sleep	
Frequency: Routine Nightly PRN 03/07/25 - 30 days	Class: Normal
Reordered from: melatonin tablet 6 mg [232431242]	

**methocarbamol (Robaxin) 500 MG tablet (Expired) [233325749]**

Electronically signed by: <b>Omar Naji Saab Saab, MD on 03/07/25 1429</b>	Status: <b>Expired</b>
Ordering user: Omar Naji Saab Saab, MD 03/07/25 1429	Ordering provider: Omar Naji Saab Saab, MD
Authorized by: Omar Naji Saab Saab, MD	Ordering mode: Standard
Frequency: Routine q6h SCH 03/07/25 - 15 days	Class: Normal
Reordered from: methocarbamol (Robaxin) tablet 500 mg [233186999]	

**polyethylene glycol, PEG, 3350 (Miralax) 17 g packet (Expired) [233325751]**

Electronically signed by: <b>Omar Naji Saab Saab, MD on 03/07/25 1429</b>	Status: <b>Expired</b>
Ordering user: Omar Naji Saab Saab, MD 03/07/25 1429	Ordering provider: Omar Naji Saab Saab, MD
Authorized by: Omar Naji Saab Saab, MD	Ordering mode: Standard
Frequency: Routine Daily 03/08/25 - 3 days	Class: Normal
Reordered from: polyethylene glycol (PEG) 3350 (Miralax) packet 17 g [231440883]	

**oxyCODONE (Roxicodone) 10 MG immediate release tablet (Expired) [233325754]**

Electronically signed by: <b>Omar Naji Saab Saab, MD on 03/07/25 1429</b>	Status: <b>Expired</b>
Ordering user: Omar Naji Saab Saab, MD 03/07/25 1429	Ordering provider: Omar Naji Saab Saab, MD
Authorized by: Omar Naji Saab Saab, MD	Ordering mode: Standard
PRN reasons: severe pain (7-10)	
Frequency: Routine q6h PRN 03/07/25 - 5 days	Class: Normal
Diagnoses	
Acute midline low back pain with right-sided sciatica [M54.41]	
Reordered from: oxyCODONE (Roxicodone) immediate release tablet 10 mg [232241388]	

**Indications**

Acute midline low back pain with right-sided sciatica [M54.41 (ICD-10-CM)]

**sennosides (Senokot) 8.6 MG tablet (Expired) [233325757]**

Electronically signed by: <b>Omar Naji Saab Saab, MD on 03/07/25 1429</b>	Status: <b>Expired</b>
Ordering user: Omar Naji Saab Saab, MD 03/07/25 1429	Ordering provider: Omar Naji Saab Saab, MD
Authorized by: Omar Naji Saab Saab, MD	Ordering mode: Standard
Frequency: Routine Nightly 03/07/25 - 30 days	Class: Normal
Reordered from: sennosides (Senokot) tablet 17.2 mg [231485820]	

**doxycycline (Vibramycin) 100 MG capsule (Expired) [233420750]**

Electronically signed by: <b>Omar Naji Saab Saab, MD on 03/07/25 1849</b>	Status: <b>Expired</b>
Ordering user: Omar Naji Saab Saab, MD 03/07/25 1849	Ordering provider: Omar Naji Saab Saab, MD
Authorized by: Omar Naji Saab Saab, MD	Ordering mode: Standard
Frequency: Routine BID 03/07/25 - 14 days	Class: Normal
Admin instructions: Take with at least 8 ounces (large glass) of water, do not lie down for 30 minutes after	

**Nursing**

**Vital Signs (Discontinued) [231440886]**

Electronically signed by: <b>Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050</b>	Status: <b>Discontinued</b>
Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050	Ordering provider: Bhrugesh Jogeshkumar Shah, MD
Authorized by: Bhrugesh Jogeshkumar Shah, MD	Ordering mode: Standard
Frequency: Routine Per Unit Guidelines 03/04/25 0049 - Until	Class: Hospital Performed



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Other Orders (group 3 of 3) (continued)**

Specified  
Quantity: 1

Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]

**Pulse Oximetry Spot Check by Nurse (Discontinued) [231440887]**

Electronically signed by: Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050 Status: Discontinued  
Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050 Ordering provider: Bhrugesh Jogeshkumar Shah, MD  
Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard  
Frequency: Routine q shift 03/04/25 0049 - Until Specified Class: Hospital Performed  
Quantity: 1 Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]

Order comments: Remove O2 prior to spot check

**Hypoglycemia Management (BG < 70 mg/dL) (Completed) [231440888]**

Electronically signed by: Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050 Status: Completed  
Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050 Ordering provider: Bhrugesh Jogeshkumar Shah, MD  
Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard  
Frequency: Routine Once 03/04/25 0049 - 1 occurrence Class: Hospital Performed  
Quantity: 1 Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM

Order comments: Review medications for management of BG < 70 mg/dL. Notify MD if hypoglycemia persists for more than 30 minutes. For BG 51-69 mg/dL and patient AWAKE, ALERT and ABLE TO SWALLOW: Give 15 grams FAST-ACTING carbohydrate list: 4 oz. Orange or Apple juice, 8 oz. milk, or 4 oz. regular soft drink. For BG 51-69 mg/dL and patient UNCONSCIOUS OR UNABLE TO SWALLOW OR NPO: Give 25 mL of D50W IV push. For BG ≤ 50 mg/dL: Give 50 mL of D50W IV push STAT, notify MD and draw STAT lab for blood glucose. For BG < 70 mg/dL and No IV access and patient UNCONSCIOUS OR UNABLE TO SWALLOW OR NPO: Give Glucagon 1 mg IM. Check BG q 10-15 minutes until BG is > 100 mg/dL.

**Notify MD If hypoglycemia persists for more than 30 minutes (Discontinued) [231440889]**

Electronically signed by: Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050 Status: Discontinued  
Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050 Ordering provider: Bhrugesh Jogeshkumar Shah, MD  
Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard  
Frequency: Routine Until discontinued 03/04/25 0049 - Until Class: Hospital Performed  
Specified Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM  
Quantity: 1

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]

**Notify MD (Discontinued) [231440890]**

Electronically signed by: Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050 Status: Discontinued  
Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050 Ordering provider: Bhrugesh Jogeshkumar Shah, MD  
Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard  
Frequency: Routine Until discontinued 03/04/25 0049 - Until Class: Hospital Performed  
Specified Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM  
Quantity: 1

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]

Order comments: Contact physician to consider discontinuing all previous insulin orders if patient experiences hypoglycemic event.

**Notify MD (Discontinued) [231440891]**

Electronically signed by: Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050 Status: Discontinued  
Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050 Ordering provider: Bhrugesh Jogeshkumar Shah, MD  
Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard  
Frequency: Routine Until discontinued 03/04/25 0049 - Until Class: Hospital Performed  
Specified Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM  
Quantity: 1

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Other Orders (group 3 of 3) (continued)**

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]  
Order comments: Notify MD for blood glucose > 300 mg/dL or < 70 mg/dL.

**Notify MD (Discontinued) [231440892]**

Electronically signed by: Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050	Status: Discontinued
Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050	Ordering provider: Bhrugesh Jogeshkumar Shah, MD
Authorized by: Bhrugesh Jogeshkumar Shah, MD	Ordering mode: Standard
Frequency: Routine Until discontinued 03/04/25 0049 - Until Specified	Class: Hospital Performed
Quantity: 1	Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]  
Order comments: Notify MD if patient becomes NPO or if parenteral/enteral nutrition is stopped (review insulin orders).

**Call physicians for further orders if pain is unrelieved (Discontinued) [231440899]**

Electronically signed by: Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050	Status: Discontinued
Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050	Ordering provider: Bhrugesh Jogeshkumar Shah, MD
Authorized by: Bhrugesh Jogeshkumar Shah, MD	Ordering mode: Standard
Frequency: Routine Until discontinued 03/04/25 0050 - Until Specified	Class: Hospital Performed
Quantity: 1	Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]

**Contact physician to discontinue all previous orders for "as-needed" analgesics. (Discontinued) [231440900]**

Electronically signed by: Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050	Status: Discontinued
Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050	Ordering provider: Bhrugesh Jogeshkumar Shah, MD
Authorized by: Bhrugesh Jogeshkumar Shah, MD	Ordering mode: Standard
Frequency: Routine Until discontinued 03/04/25 0050 - Until Specified	Class: Hospital Performed
Quantity: 1	Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]

**If PCA is ordered, contact physician to discontinue all PRN Pain Medications on the MAR (Discontinued) [231440901]**

Electronically signed by: Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050	Status: Discontinued
Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050	Ordering provider: Bhrugesh Jogeshkumar Shah, MD
Authorized by: Bhrugesh Jogeshkumar Shah, MD	Ordering mode: Standard
Frequency: Routine Until discontinued 03/04/25 0050 - Until Specified	Class: Hospital Performed
Quantity: 1	Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]

**Thermal Therapy (Discontinued) [231440902]**

Electronically signed by: Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050	Status: Discontinued
Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050	Ordering provider: Bhrugesh Jogeshkumar Shah, MD
Authorized by: Bhrugesh Jogeshkumar Shah, MD	Ordering mode: Standard
Frequency: Routine Until discontinued 03/04/25 0050 - Until Specified	Class: Hospital Performed
Quantity: 1	Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]  
Order comments: Obtain Cold/Heat Pad and machine and apply to affected area for non-pharmacological pain control

**Activity (specify) Bedrest With Exceptions; Ambulate With Assistance; Three Times Daily (Discontinued) [231440903]**

Electronically signed by: Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050	Status: Discontinued
Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050	Ordering provider: Bhrugesh Jogeshkumar Shah, MD
Authorized by: Bhrugesh Jogeshkumar Shah, MD	Ordering mode: Standard

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Other Orders (group 3 of 3) (continued)**

Frequency: Routine Until discontinued 03/04/25 0051 - Until Specified  
Quantity: 1

Class: Hospital Performed

Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]

**Questionnaire**

Question	Answer
Activity Level:	Bedrest With Exceptions
Other Exceptions:	Ambulate With Assistance
How Often to Ambulate:	Three Times Daily

**Home IV line disposition (Active) [232568577]**

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0803

Status: Active

Ordering user: Omar Naji Saab Saab, MD 03/06/25 0803

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

Frequency: Routine 03/06/25 -

Class: Clinic Performed

Quantity: 1

**Questionnaire**

Question	Answer
Home IV line disposition	Discontinue after completion

**Home IV line care (Active) [232568578]**

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0803

Status: Active

Ordering user: Omar Naji Saab Saab, MD 03/06/25 0803

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

Frequency: Routine 03/06/25 -

Class: Clinic Performed

Quantity: 1

**Questionnaire**

Question	Answer
Home IV line care	Yes, home health infusion IV line care per pharmacy protocol

**Type of line (Active) [232568580]**

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0803

Status: Active

Ordering user: Omar Naji Saab Saab, MD 03/06/25 0803

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

Frequency: Routine 03/06/25 -

Class: Clinic Performed

Quantity: 1

**Questionnaire**

Question	Answer
Type of line	PICC
Dosing:	5-10 ml's NS before and after meds. 5 ml's of Heparin flush 10 u/ml as final flush.
Maintenance:	If not in use, flush with 5-10 ml's of NS and 5 ml's of Heparin flush 10 u/ml daily.
Blood draws:	Flush with 10 ml's NS after blood draws. Final flush with 5 ml's Heparin flush 10 u/ml.
Dressing change:	Dressing change Weekly and prn.

**Follow-up with provider (Anti-infectives) (Active) [232568586]**

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0803

Status: Active

Ordering user: Omar Naji Saab Saab, MD 03/06/25 0803

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

Frequency: Routine 03/06/25 -

Class: Clinic Performed

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Other Orders (group 3 of 3) (continued)**

Quantity: 1

**Lab Instructions - Select Labs (Active) [232568588]**

Electronically signed by: **Omar Naji Saab Saab, MD on 03/06/25 0803** Status: **Active**  
Ordering user: Omar Naji Saab Saab, MD 03/06/25 0803 Ordering provider: Omar Naji Saab Saab, MD  
Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard  
Frequency: Routine 03/06/25 - Class: Clinic Performed  
Quantity: 1

**Questionnaire**

Question	Answer
Frequency	Weekly on Monday
End Date	3/16/2025

Order comments: Discharge Labs: Complete Blood Count w/Diff and Platelet, CK, Total , C-Reactive Protein, Hepatic Function Panel, and Other: BMP

**Discharge patient instructions (specify) (Discontinued) [233326651]**

Electronically signed by: **Omar Naji Saab Saab, MD on 03/07/25 1431** Status: **Discontinued**  
Ordering user: Omar Naji Saab Saab, MD 03/07/25 1431 Ordering provider: Omar Naji Saab Saab, MD  
Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard  
Frequency: Routine 03/07/25 - Class: Clinic Performed  
Quantity: 1 Discontinued by: Omar Naji Saab Saab, MD 03/07/25 1848  
Order comments: Instructions: Steve Kaminczak is a 50 y.o. male presenting with back pain, history of laminectomy many years ago, history of gastric sleeve surgery with complication, SBO s/p gastric bypass, esophageal stricture with J tube placement, h/o TPN via central line for 5 years, recently complicated by MRSA bacteremia and osteomyelitis completed daptomycin course, now able to tolerate p.o. intake (except pills) presented to hospital with worsening back pain that is radiating to his right hip. Patient endorses falling at his school week ago. The imaging showed L4-L5 and L5-S1 discitis/osteomyelitis with associated epidural phlegmon. He completed daptomycin course. Has no central line. Patient still takes clindamycin without any prescription. Patient takes over OxyContin from the street for his pain. During this admission: NSGY spine recommended I&D but the patient refused as he is a school teacher, lives alone, no financial savings, and he needs 3 months for recovery post op, that's why he wants to be discharged on ABX and get the surgery done in the Summer. IR was consulted to see if he has a drainable abscess, but they said no intervention. ID recommended: - Daptomycin 8mg/kg Q24 until 3/16/25 - Every Monday labs: CBC with differential, CMP, CPK, ESR, and CRP Please fax above labs to (281) 365-0085 Attention Dr Charles Ericsson Outpatient follow up: - PCP in 3 days - Infectious diseases: Patient follows with Dr. Khoury (832-410-1464) who recommended OPAT again for a few months until patient is ready for surgery. OPAT to follow and patient will re-establish care with Dr. Khoury - Pain management doctor: UT Pain clinics Pearlman Main Branch: 713-486-6000 MHOSH Pain Clinic: 713-486-6000 Bayshore Pain Clinic: 713-486-6325

**Primary care provider (PCP) (Active) [233326652]**

Electronically signed by: **Omar Naji Saab Saab, MD on 03/07/25 1431** Status: **Active**  
Ordering user: Omar Naji Saab Saab, MD 03/07/25 1431 Ordering provider: Omar Naji Saab Saab, MD  
Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard  
Frequency: Routine 03/07/25 - Class: Clinic Performed  
Quantity: 1

**Questionnaire**

Question	Answer
Instructions for follow-up:	3 days

**Follow-up with provider (Active) [233326653]**

Electronically signed by: **Omar Naji Saab Saab, MD on 03/07/25 1431** Status: **Active**  
Ordering user: Omar Naji Saab Saab, MD 03/07/25 1431 Ordering provider: Omar Naji Saab Saab, MD  
Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard  
Frequency: Routine 03/07/25 - Class: Clinic Performed  
Quantity: 1

OT

**OT Eval and Treat (Discontinued) [231440894]**

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Other Orders (group 3 of 3) (continued)**

Electronically signed by: **Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050** Status: **Discontinued**  
 Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050 Ordering provider: Bhrugesh Jogeshkumar Shah, MD  
 Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard  
 Frequency: Routine Until therapy completed 03/04/25 0049 - 1 Class: Hospital Performed  
 occurrence  
 Quantity: 1 Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM  
 Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]

**Outpatient Referral**

**Referral to Home Health for Home Infusion (Active) [232568568]**

Electronically signed by: **Omar Naji Saab Saab, MD on 03/06/25 0803** Status: **Active**  
 Ordering user: Omar Naji Saab Saab, MD 03/06/25 0803 Ordering provider: Omar Naji Saab Saab, MD  
 Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard  
 Frequency: Routine 03/06/25 - Class: Outgoing Referral  
 Quantity: 1  
 Diagnoses  
 Acute midline low back pain with right-sided sciatica [M54.41]

**Questionnaire**

Question	Answer
Requested SOC Date	3/7/2025
Disciplines Requested	Home Infusion Skilled Nursing
Services Requested	IV Site Care and Maintenance IV Therapy
Physician to follow patient's care	PCP

Order comments: I attest that I or another qualified licensed provider saw Steve Kaminczak 90 days prior to or 30 days post admission and this face to face encounter meets the necessary Home Health requirements. The face to face encounter occurred on 03/06/25 The encounter with the patient was in whole, or in part, for the following medical necessity, which is the primary reason for home health care. Inability to safely perform ADL's, IADL, complex activities , Multiple medications or recent change in medication regime , and Safety eval s/p fall, hip or knee surgery I certify that, based on my findings, above selected services in the order are medically necessary skilled home health services. Further, I certify that my clinical findings support this patient's homebound status (i.e. absences from home require considerable and taxing effort, are for health treatment, or for attendance at religious events; absences from home for nonmedical reasons are infrequent or are of relatively short duration). The clinical findings that support the need for home care and homebound status are due to Requires assistance with transfers and ambulation and the patient has a condition such that leaving his/her home is medically contraindicated. There exists a normal inability to leave home and leaving home requires a considerable and taxing effort including worsening clinical course

**Referral Details**

Referred By	Referred To	Type	Priority
Omar Naji Saab Saab, MD 6431 Fannin St Ste JL270L Houston TX 77030 Phone: 713-500-7885 Fax: 713-500-0625	Diagnoses: Acute midline low back pain with right-sided sciatica Order: Referral To Home Health For Home Infusion Reason: Specialty Services Required	Home Health	Routine

Comment: I attest that I or another qualified licensed provider saw Steve Kaminczak 90 days prior to or 30 days post admission and this face to face encounter meets the necessary Home Health requirements. The face to face encounter occurred on 03/06/25

The encounter with the patient was in whole, or in part, for the following medical necessity, which is the primary reason for home health care.  
 Inability to safely perform ADL's, IADL, complex activities , Multiple medications or recent change in medication regime , and Safety eval s/p fall, hip or knee surgery

I certify that, based on my findings, above selected services in the order are medically necessary skilled home health services.

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Other Orders (group 3 of 3) (continued)**

Further, I certify that my clinical findings support this patient's homebound status (i.e. absences from home require considerable and taxing effort, are for health treatment, or for attendance at religious events; absences from home for nonmedical reasons are infrequent or are of relatively short duration).

The clinical findings that support the need for home care and homebound status are due to Requires assistance with transfers and ambulation and the patient has a condition such that leaving his/her home is medically contraindicated. There exists a normal inability to leave home and leaving home requires a considerable and taxing effort including worsening clinical course

**Indications**

Acute midline low back pain with right-sided sciatica [M54.41 (ICD-10-CM)]

**Ambulatory referral to Home Health (Active) [232569120]**

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0804 Status: Active  
Ordering user: Omar Naji Saab Saab, MD 03/06/25 0804 Ordering provider: Omar Naji Saab Saab, MD  
Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard  
Frequency: Routine 03/06/25 - Class: Outgoing Referral  
Quantity: 1  
Diagnoses  
Acute midline low back pain with right-sided sciatica [M54.41]

**Questionnaire**

Question	Answer
Requested SOC Date	3/7/2025
Disciplines Requested	Occupational Therapy Skilled Nursing Physical Therapy
Services Requested	IV Therapy IV Site Care and Maintenance
Physician to follow patient's care	PCP

Order comments: Special Instructions: I attest that I or another qualified licensed provider saw Steve Kaminczak 90 days prior to or 30 days post admission and this face to face encounter meets the necessary Home Health requirements. The face to face encounter occurred on 3/6/2025 . The encounter with the patient was in whole, or in part, for the following medical necessity, which is the primary reason for home health care. Inability to safely perform ADL's, IADL, complex activities I certify that, based on my findings, above selected services in the order are medically necessary skilled home health services. Further, I certify that my clinical findings support this patient's homebound status (i.e. absences from home require considerable and taxing effort, are for health treatment, or for attendance at religious events; absences from home for nonmedical reasons are infrequent or are of relatively short duration). The clinical findings that support the need for home care and homebound status are due to Requires supportive devices (example crutches, canes, wheelchairs, walkers), special transportation and/or the assistance of another person(s) to leave the home or leaving home is medically contraindicated and the patient has a condition such that leaving his/her home is medically contraindicated. There exists a normal inability to leave home and leaving home requires a considerable and taxing effort including worsening clinical course

**Referral Details**

Referred By	Referred To	Type	Priority
Omar Naji Saab Saab, MD 6431 Fannin St Ste JL270L Houston TX 77030 Phone: 713-500-7885 Fax: 713-500-0625 Comment: Special Instructions:	Diagnoses: Acute midline low back pain with right-sided sciatica Order: Ambulatory Referral To Home Health Reason: Specialty Services Required	Home Health	Routine

I attest that I or another qualified licensed provider saw Steve Kaminczak 90 days prior to or 30 days post admission and this face to face encounter meets the necessary Home Health requirements. The face to face encounter occurred on 3/6/2025 .

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

## Other Orders (group 3 of 3) (continued)

The encounter with the patient was in whole, or in part, for the following medical necessity, which is the primary reason for home health care.

Inability to safely perform ADL's, IADL, complex activities

I certify that, based on my findings, above selected services in the order are medically necessary skilled home health services.

Further, I certify that my clinical findings support this patient's homebound status (i.e. absences from home require considerable and taxing effort, are for health treatment, or for attendance at religious events; absences from home for nonmedical reasons are infrequent or are of relatively short duration).

The clinical findings that support the need for home care and homebound status are due to Requires supportive devices (example crutches, canes, wheelchairs, walkers), special transportation and/or the assistance of another person(s) to leave the home or leaving home is medically contraindicated and the patient has a condition such that leaving his/her home is medically contraindicated. There exists a normal inability to leave home and leaving home requires a considerable and taxing effort including worsening clinical course

## Indications

Acute midline low back pain with right-sided sciatica [M54.41 (ICD-10-CM)]

## PT

### PT Eval and Treat (Discontinued) [231440893]

Electronically signed by: Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050 Status: Discontinued  
Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050 Ordering provider: Bhrugesh Jogeshkumar Shah, MD  
Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard  
Frequency: Routine Until therapy completed 03/04/25 0049 - 1 Class: Hospital Performed  
occurrence  
Quantity: 1 Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM  
Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]

## Flowsheets

### Activities of Daily Living Screening

Row Name 03/04/25 0544

#### ADL Screening

Patient's Vision Yes -DJ at 03/04/25  
Adequate to 0544  
Safely Complete  
Daily Activities

Patient's Judgment Yes -DJ at 03/04/25  
Adequate to 0544  
Safely Complete  
Daily Activities

Patient's Memory Yes -DJ at 03/04/25  
Adequate to 0544  
Safely Complete  
Daily Activities

Patient Able to Express Needs/Desires Yes -DJ at 03/04/25  
0544


Which is your dominant hand? Right -DJ at 03/04/25  
0544

Dressing Independent -DJ at 03/04/25 0544

Grooming Independent -DJ at

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

	03/04/25 0544
Feeding	Independent -DJ at 03/04/25 0544
Bathing	Independent -DJ at 03/04/25 0544
Toileting	Independent -DJ at 03/04/25 0544
In/Out Bed	Independent -DJ at 03/04/25 0544
Walks in Home	Independent -DJ at 03/04/25 0544
Weakness of Legs	None -DJ at 03/04/25 0544
Weakness of Arms/Hands	None -DJ at 03/04/25 0544
Assistive Devices	
Assistive Devices	None  pt has cane at bedside but states he never uses them nor needs it -DJ at 03/04/25 0544

**Acuity**

<b>Row Name</b>	<b>03/02/25 1842</b>
Acuity	
Patient Acuity	Urgent -NH at 03/02/25 1842
Triage Complete	Triage complete -NH at 03/02/25 1842

**Anthropometrics**

<b>Row Name</b>	<b>03/04/25 0410</b>
Anthropometrics	
Weight Change	-0.06 -HC at 03/04/25 0410

**Basic Assessment**

<b>Row Name</b>	<b>03/04/25 0800</b>	<b>03/04/25 1200</b>	<b>03/04/25 1600</b>	<b>03/04/25 2000</b>	<b>03/05/25 0000</b>
Neurological					
Neuro (WDL)	Exceptions to WDL -II at 03/04/25 1343	Exceptions to WDL -II at 03/04/25 1344	Exceptions to WDL -II at 03/04/25 1802	Exceptions to WDL -JG at 03/04/25 2214	Exceptions to WDL -JG at 03/05/25 0313
Level of Consciousness	Alert (Normal) -II at 03/04/25 1343	Alert (Normal) -II at 03/04/25 1344	Alert (Normal) -II at 03/04/25 1802	Alert (Normal) -JG at 03/04/25 2214	Alert (Normal) -JG at 03/05/25 0313
Orientation Level	Oriented X4 -II at 03/04/25 1343	Oriented X4 -II at 03/04/25 1344	Oriented X4 -II at 03/04/25 1802	Oriented X4 -JG at 03/04/25 2214	Oriented X4 -JG at 03/05/25 0313
Cognition	Appropriate judgement -II at 03/04/25 1343	Appropriate judgement -II at 03/04/25 1344	Appropriate judgement -II at 03/04/25 1802	Appropriate judgement -JG at 03/04/25 2214	Appropriate judgement -JG at 03/05/25 0313
Speech	Clear -II at 03/04/25 1343	Clear -II at 03/04/25 1344	Clear -II at 03/04/25 1802	Clear -JG at 03/04/25 2214	Clear -JG at 03/05/25 0313
R Pupil Size (mm)	3 mm -II at 03/04/25 1343	3 mm -II at 03/04/25 1344	3 mm -II at 03/04/25 1802	3 mm -JG at 03/04/25 2214	3 mm -JG at 03/05/25 0313
R Pupil Shape	Round -II at 03/04/25 1343	Round -II at 03/04/25 1344	Round -II at 03/04/25 1802	Round -JG at 03/04/25 2214	Round -JG at 03/05/25 0313
R Pupil Reaction	Brisk -II at 03/04/25 1343	Brisk -II at 03/04/25 1344	Brisk -II at 03/04/25 1802	Brisk -JG at 03/04/25 2214	Brisk -JG at 03/05/25 0313
L Pupil Size (mm)	3 mm -II at 03/04/25	3 mm -II at 03/04/25	3 mm -II at 03/04/25	3 mm -JG at 03/04/25	3 mm -JG at 03/05/25



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

	1343	1344	1802	2214	0313
L Pupil Shape	Round -II at 03/04/25 1343	Round -II at 03/04/25 1344	Round -II at 03/04/25 1802	Round -JG at 03/04/25 2214	Round -JG at 03/05/25 0313
L Pupil Reaction	Brisk -II at 03/04/25 1343	Brisk -II at 03/04/25 1344	Brisk -II at 03/04/25 1802	Brisk -JG at 03/04/25 2214	Brisk -JG at 03/05/25 0313
RUE Motor Response	Follows commands -II at 03/04/25 1343	Follows commands -II at 03/04/25 1344	Follows commands -II at 03/04/25 1802	Follows commands -JG at 03/04/25 2214	Follows commands -JG at 03/05/25 0313
RUE Sensation	Full sensation -II at 03/04/25 1343	Full sensation -II at 03/04/25 1344	Full sensation -II at 03/04/25 1802	Full sensation -JG at 03/04/25 2214	Full sensation -JG at 03/05/25 0313
RUE Motor Strength	Normal strength -II at 03/04/25 1343	Normal strength -II at 03/04/25 1344	Normal strength -II at 03/04/25 1802	Normal strength -JG at 03/04/25 2214	Normal strength -JG at 03/05/25 0313
LUE Motor Response	Follows commands -II at 03/04/25 1343	Follows commands -II at 03/04/25 1344	Follows commands -II at 03/04/25 1802	Follows commands -JG at 03/04/25 2214	Follows commands -JG at 03/05/25 0313
LUE Sensation	Full sensation -II at 03/04/25 1343	Full sensation -II at 03/04/25 1344	Full sensation -II at 03/04/25 1802	Full sensation -JG at 03/04/25 2214	Full sensation -JG at 03/05/25 0313
LUE Motor Strength	Normal strength -II at 03/04/25 1343	Normal strength -II at 03/04/25 1344	Normal strength -II at 03/04/25 1802	Normal strength -JG at 03/04/25 2214	Normal strength -JG at 03/05/25 0313
RLE Motor Response	Follows commands -II at 03/04/25 1343	Follows commands -II at 03/04/25 1344	Follows commands -II at 03/04/25 1802	Follows commands -JG at 03/04/25 2214	Follows commands -JG at 03/05/25 0313
RLE Sensation	Full sensation -II at 03/04/25 1343	Full sensation -II at 03/04/25 1344	Full sensation -II at 03/04/25 1802	Full sensation -JG at 03/04/25 2214	Full sensation -JG at 03/05/25 0313
RLE Motor Strength	Normal strength -II at 03/04/25 1343	Normal strength -II at 03/04/25 1344	Normal strength -II at 03/04/25 1802	Normal strength -JG at 03/04/25 2214	Normal strength -JG at 03/05/25 0313
LLE Motor Response	Follows commands -II at 03/04/25 1343	Follows commands -II at 03/04/25 1344	Follows commands -II at 03/04/25 1802	Follows commands -JG at 03/04/25 2214	Follows commands -JG at 03/05/25 0313
LLE Sensation	Full sensation -II at 03/04/25 1343	Full sensation -II at 03/04/25 1344	Full sensation -II at 03/04/25 1802	Full sensation -JG at 03/04/25 2214	Full sensation -JG at 03/05/25 0313
LLE Motor Strength	Normal strength -II at 03/04/25 1343	Normal strength -II at 03/04/25 1344	Normal strength -II at 03/04/25 1802	Normal strength -JG at 03/04/25 2214	Normal strength -JG at 03/05/25 0313
Neuro Additional Assessments	Glasgow Coma Scale -II at 03/04/25 1343	Glasgow Coma Scale -II at 03/04/25 1344	Glasgow Coma Scale -II at 03/04/25 1802	Glasgow Coma Scale -JG at 03/04/25 2214	Glasgow Coma Scale -JG at 03/05/25 0313

**Confusion Assessment Method (CAM)**

Acute Onset and Fluctuating Course (1A)	No -II at 03/04/25 1343	No -II at 03/04/25 1344	No -II at 03/04/25 1802	No -JG at 03/05/25 0313	No -JG at 03/05/25 0313
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**Glasgow Coma Scale**

Best Eye Response	Spontaneous -II at 03/04/25 1343	Spontaneous -II at 03/04/25 1344	Spontaneous -II at 03/04/25 1802	Spontaneous -JG at 03/04/25 2214	Spontaneous -JG at 03/05/25 0313
Best Verbal Response	Oriented -II at 03/04/25 1343	Oriented -II at 03/04/25 1344	Oriented -II at 03/04/25 1802	Oriented -JG at 03/04/25 2214	Oriented -JG at 03/05/25 0313
Best Motor Response	Follows commands -II at 03/04/25 1343	Follows commands -II at 03/04/25 1344	Follows commands -II at 03/04/25 1802	Follows commands -JG at 03/04/25 2214	Follows commands -JG at 03/05/25 0313
Glasgow Coma Scale Score	15 -II at 03/04/25 1343	—	—	15 -JG at 03/04/25 2214	15 -JG at 03/05/25 0313

**Head, Ears, Eyes, Nose, and Throat (HEENT)**

Head, Ears, Eyes, Nose, and Throat (WDL)	Exceptions to WDL -II at 03/04/25 1357	—	—	Exceptions to WDL -JG at 03/04/25 2214	—
Head and Face	Symmetrical -II at 03/04/25 1357	—	—	Symmetrical -JG at 03/04/25 2214	—
R Eye	Intact -II at 03/04/25 1357	—	—	Intact -JG at 03/04/25 2214	—
L Eye	Intact -II at 03/04/25 1357	—	—	Intact -JG at 03/04/25 2214	—
Mucous Membrane(s)	Moist;Pink -II at 03/04/25 1357	—	—	Moist;Pink -JG at 03/04/25 2214	—

**Respiratory**

Respiratory (WDL)	Exceptions to WDL -II at 03/04/25 1357	—	—	Exceptions to WDL -JG at 03/04/25 2214	—
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03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

Respiratory Depth/Rhythm	Regular -II at 03/04/25 1357	—	—	Regular -JG at 03/04/25 2214	—
Respiratory Effort	Unlabored -II at 03/04/25 1357	—	—	Unlabored -JG at 03/04/25 2214	—
<b>Cardiac</b>					
Cardiac (WDL)	Within Defined Limits -II at 03/04/25 1357	—	—	Within Defined Limits -JG at 03/04/25 2214	—
<b>Peripheral Vascular</b>					
Peripheral Vascular (WDL)	Exceptions to WDL -II at 03/04/25 1357	—	—	Exceptions to WDL -JG at 03/04/25 2214	—
Peripheral Vascular Detailed Assessments	Right upper extremity; Right lower extremity; Left upper extremity; Left lower extremity -II at 03/04/25 1357	—	—	Right upper extremity; Right lower extremity; Left upper extremity; Left lower extremity -JG at 03/04/25 2214	—
Cyanosis	None -II at 03/04/25 1357	—	—	None -JG at 03/04/25 2214	—
Capillary Refill	Less than/equal to 3 seconds (All extremities) -II at 03/04/25 1357	—	—	Less than/equal to 3 seconds (All extremities) -JG at 03/04/25 2214	—
<b>RUE Neurovascular Assessment</b>					
RUE Capillary Refill	Less than/equal to 3 seconds (All extremities) -II at 03/04/25 1357	—	—	Less than/equal to 3 seconds (All extremities) -JG at 03/04/25 2214	—
RUE Color	Appropriate for ethnicity -II at 03/04/25 1357	—	—	—	—
RUE Temperature/Moi sture	Warm -II at 03/04/25 1357	—	—	—	—
Right Radial Pulse	Moderate -II at 03/04/25 1357	—	—	Moderate -JG at 03/04/25 2214	—
<b>LUE Neurovascular Assessment</b>					
LUE Capillary Refill	Less than/equal to 3 seconds (All extremities) -II at 03/04/25 1357	—	—	Less than/equal to 3 seconds (All extremities) -JG at 03/04/25 2214	—
LUE Color	Appropriate for ethnicity -II at 03/04/25 1357	—	—	—	—
LUE Temperature/Moi sture	Warm -II at 03/04/25 1357	—	—	—	—
Left Radial Pulse	Moderate -II at 03/04/25 1357	—	—	Moderate -JG at 03/04/25 2214	—
<b>RLE Neurovascular Assessment</b>					
RLE Capillary Refill	Less than/equal to 3 seconds (All extremities) -II at 03/04/25 1357	—	—	Less than/equal to 3 seconds (All extremities) -JG at 03/04/25 2214	—
RLE Color	Appropriate for ethnicity -II at 03/04/25 1357	—	—	—	—
RLE Temperature/Moi sture	Warm -II at 03/04/25 1357	—	—	—	—
<b>LLE Neurovascular Assessment</b>					

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

LLE Capillary Refill	Less than/equal to 3 seconds (All extremities) -II at 03/04/25 1357	—	—	Less than/equal to 3 seconds (All extremities) -JG at 03/04/25 2214	—
LLE Color	Appropriate for Ethnicity -II at 03/04/25 1357	—	—	—	—
LLE Temperature/Moisture	Warm -II at 03/04/25 1357	—	—	—	—
<b>Integumentary</b>					
Integumentary (WDL)	Exceptions to WDL -II at 03/04/25 1357	—	—	Exceptions to WDL -JG at 03/04/25 2214	—
Skin Condition	Dry -II at 03/04/25 1357	—	—	Dry -JG at 03/04/25 2214	—
Skin Temperature	Warm -II at 03/04/25 1357	—	—	Warm -JG at 03/04/25 2214	—
Skin Integrity	Other (Comment)  g-tube abdomen -II at 03/04/25 1357	—	—	Other (Comment)  G-Tube in place -JG at 03/04/25 2214	—
<b>Braden Scale</b>					
Sensory Perceptions	No impairment -II at 03/04/25 1357	—	—	No impairment -JG at 03/04/25 2214	—
Moisture	Rarely moist -II at 03/04/25 1357	—	—	Rarely moist -JG at 03/04/25 2214	—
Activity	Walks frequently -II at 03/04/25 1357	—	—	Walks frequently -JG at 03/04/25 2214	—
Mobility	No limitation -II at 03/04/25 1357	—	—	Slightly limited -JG at 03/04/25 2214	—
Nutrition	Adequate -II at 03/04/25 1357	—	—	Adequate -JG at 03/04/25 2214	—
Friction and Shear	No apparent problem -II at 03/04/25 1357	—	—	No apparent problem -JG at 03/04/25 2214	—
Braden Scale Score	22 -II at 03/04/25 1357	—	—	21 -JG at 03/04/25 2214	—
<b>Pressure Injury Prevention &amp; Interventions</b>					
Sensory Interventions	Encourage patient to report pain over bony prominence and heels -II at 03/04/25 1357	—	—	Encourage patient to report pain over bony prominence and heels -JG at 03/04/25 2214	—
Moisture Interventions	Do not double pad or double diaper -II at 03/04/25 1357	—	—	Check/change (PRN) briefs q2-q4h -JG at 03/04/25 2214	—
Activity Interventions	Do not use multiple layers of bedding/padding -II at 03/04/25 1357	—	—	Avoid positioning on medical devices/bed trash -JG at 03/04/25 2214	—
Mobility Interventions	Do not use multiple layers of bedding/padding -II at 03/04/25 1357	—	—	Avoid positioning on reddened areas -JG at 03/04/25 2214	—
Nutrition Interventions	Encourage intake -II at 03/04/25 1357	—	—	Collaborate with provider -JG at 03/04/25 2214	—
Friction and Shear Interventions	Keep linens clean, dry, and wrinkle free -II at 03/04/25 1357	—	—	Keep linens clean, dry, and wrinkle free -JG at 03/04/25 2214	—
<b>Musculoskeletal</b>					
Musculoskeletal (WDL)	Exceptions to WDL -II at 03/04/25 1357	—	—	Exceptions to WDL -JG at 03/04/25 2214	—

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

RUE	Full movement -II at 03/04/25 1357	—	—	Full movement -JG at 03/04/25 2214	—
LUE	Full movement -II at 03/04/25 1357	—	—	Full movement -JG at 03/04/25 2214	—
RLE	Full movement -II at 03/04/25 1357	—	—	Full movement -JG at 03/04/25 2214	—
LLE	Full movement -II at 03/04/25 1357	—	—	Full movement -JG at 03/04/25 2214	—
<b>Gastrointestinal</b>					
Gastrointestinal (WDL)	Within Defined Limits -II at 03/04/25 1357	—	—	Within Defined Limits -JG at 03/04/25 2214	—
<b>Genitourinary</b>					
Genitourinary (WDL)	Exceptions to WDL -II at 03/04/25 1357	—	—	Exceptions to WDL -JG at 03/04/25 2214	—
Urinary Incontinence	No -II at 03/04/25 1357	—	—	No -JG at 03/04/25 2214	—
Urine Color	Yellow/straw -II at 03/04/25 1357	—	—	Yellow/straw -JG at 03/04/25 2214	—
<b>Psychosocial</b>					
Psychosocial (WDL)	Within Defined Limits -II at 03/04/25 1357	—	—	Within Defined Limits -JG at 03/04/25 2214	—
<b>Charting Type</b>					
Charting Type	Shift assessment -II at 03/04/25 1357	—	—	Shift assessment -JG at 03/04/25 2214	—

Row Name	03/05/25 0400	03/05/25 0800	03/05/25 1200	03/05/25 1600	03/05/25 2000
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<b>Neurological</b>					
Neuro (WDL)	Exceptions to WDL -JG at 03/05/25 0629	Exceptions to WDL -II at 03/05/25 1119	Exceptions to WDL -II at 03/05/25 1300	Exceptions to WDL -II at 03/05/25 1807	—
Level of Consciousness	Alert (Normal) -JG at 03/05/25 0629	Alert (Normal) -II at 03/05/25 1119	Alert (Normal) -II at 03/05/25 1300	Alert (Normal) -II at 03/05/25 1807	Alert (Normal) -AG at 03/05/25 2007
Orientation Level	Oriented X4 -JG at 03/05/25 0629	Oriented X4 -II at 03/05/25 1119	Oriented X4 -II at 03/05/25 1300	Oriented X4 -II at 03/05/25 1807	Oriented X4 -AG at 03/05/25 2007
Cognition	Appropriate judgement -JG at 03/05/25 0629	Appropriate judgement -II at 03/05/25 1119	Appropriate judgement -II at 03/05/25 1300	Appropriate judgement -II at 03/05/25 1807	Appropriate judgement -AG at 03/05/25 2007
Speech	Clear -JG at 03/05/25 0629	Clear -II at 03/05/25 1119	Clear -II at 03/05/25 1300	Clear -II at 03/05/25 1807	Clear -AG at 03/05/25 2007
R Pupil Size (mm)	3 mm -JG at 03/05/25 0629	3 mm -II at 03/05/25 1119	3 mm -II at 03/05/25 1300	3 mm -II at 03/05/25 1807	3 mm -AG at 03/05/25 2007
R Pupil Shape	Round -JG at 03/05/25 0629	Round -II at 03/05/25 1119	Round -II at 03/05/25 1300	Round -II at 03/05/25 1807	Round -AG at 03/05/25 2007
R Pupil Reaction	Brisk -JG at 03/05/25 0629	Brisk -II at 03/05/25 1119	Brisk -II at 03/05/25 1300	Brisk -II at 03/05/25 1807	Brisk -AG at 03/05/25 2007
L Pupil Size (mm)	3 mm -JG at 03/05/25 0629	3 mm -II at 03/05/25 1119	3 mm -II at 03/05/25 1300	3 mm -II at 03/05/25 1807	3 mm -AG at 03/05/25 2007
L Pupil Shape	Round -JG at 03/05/25 0629	Round -II at 03/05/25 1119	Round -II at 03/05/25 1300	Round -II at 03/05/25 1807	Round -AG at 03/05/25 2007
L Pupil Reaction	Brisk -JG at 03/05/25 0629	Brisk -II at 03/05/25 1119	Brisk -II at 03/05/25 1300	Brisk -II at 03/05/25 1807	Brisk -AG at 03/05/25 2007
RUE Motor Response	Follows commands -JG at 03/05/25 0629	Follows commands -II at 03/05/25 1119	Follows commands -II at 03/05/25 1300	Follows commands -II at 03/05/25 1807	Follows commands -AG at 03/05/25 2007
RUE Sensation	Full sensation -JG at 03/05/25 0629	Full sensation -II at 03/05/25 1119	Full sensation -II at 03/05/25 1300	Full sensation -II at 03/05/25 1807	Full sensation -AG at 03/05/25 2007
RUE Motor Strength	Normal strength -JG at 03/05/25 0629	Normal strength -II at 03/05/25 1119	Normal strength -II at 03/05/25 1300	Normal strength -II at 03/05/25 1807	Normal strength -AG at 03/05/25 2007
LUE Motor Response	Follows commands -JG at 03/05/25 0629	Follows commands -II at 03/05/25 1119	Follows commands -II at 03/05/25 1300	Follows commands -II at 03/05/25 1807	Follows commands -AG at 03/05/25 2007
LUE Sensation	Full sensation -JG at 03/05/25 0629	Full sensation -II at 03/05/25 1119	Full sensation -II at 03/05/25 1300	Full sensation -II at 03/05/25 1807	Full sensation -AG at 03/05/25 2007
LUE Motor	Normal strength -JG	Normal strength -II at	Normal strength -II at	Normal strength -II at	Normal strength -AG

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

Strength	at 03/05/25 0629	03/05/25 1119	03/05/25 1300	03/05/25 1807	at 03/05/25 2007
RLE Motor Response	Follows commands -JG at 03/05/25 0629	Follows commands -II at 03/05/25 1119	Follows commands -II at 03/05/25 1300	Follows commands -II at 03/05/25 1807	Follows commands -AG at 03/05/25 2007
RLE Sensation	Full sensation -JG at 03/05/25 0629	Full sensation -II at 03/05/25 1119	Full sensation -II at 03/05/25 1300	Full sensation -II at 03/05/25 1807	Full sensation -AG at 03/05/25 2007
RLE Motor Strength	Normal strength -JG at 03/05/25 0629	Normal strength -II at 03/05/25 1119	Normal strength -II at 03/05/25 1300	Normal strength -II at 03/05/25 1807	Normal strength -AG at 03/05/25 2007
LLE Motor Response	Follows commands -JG at 03/05/25 0629	Follows commands -II at 03/05/25 1119	Follows commands -II at 03/05/25 1300	Follows commands -II at 03/05/25 1807	Follows commands -AG at 03/05/25 2007
LLE Sensation	Full sensation -JG at 03/05/25 0629	Full sensation -II at 03/05/25 1119	Full sensation -II at 03/05/25 1300	Full sensation -II at 03/05/25 1807	Full sensation -AG at 03/05/25 2007
LLE Motor Strength	Normal strength -JG at 03/05/25 0629	Normal strength -II at 03/05/25 1119	Normal strength -II at 03/05/25 1300	Normal strength -II at 03/05/25 1807	Normal strength -AG at 03/05/25 2007
Neuro Additional Assessments	Glasgow Coma Scale -JG at 03/05/25 0629	Glasgow Coma Scale -II at 03/05/25 1119	Glasgow Coma Scale -II at 03/05/25 1300	Glasgow Coma Scale -II at 03/05/25 1807	Glasgow Coma Scale -AG at 03/05/25 2007

**Confusion Assessment Method (CAM)**

Acute Onset and Fluctuating Course (1A)	—	No -II at 03/05/25 1119	No -II at 03/05/25 1300	No -II at 03/05/25 1807	—
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**Glasgow Coma Scale**

Best Eye Response	Spontaneous -JG at 03/05/25 0629	Spontaneous -II at 03/05/25 1119	Spontaneous -II at 03/05/25 1300	Spontaneous -II at 03/05/25 1807	Spontaneous -AG at 03/05/25 2007
Best Verbal Response	Oriented -JG at 03/05/25 0629	Oriented -II at 03/05/25 1119	Oriented -II at 03/05/25 1300	Oriented -II at 03/05/25 1807	Oriented -AG at 03/05/25 2007
Best Motor Response	Follows commands -JG at 03/05/25 0629	Follows commands -II at 03/05/25 1119	Follows commands -II at 03/05/25 1300	Follows commands -II at 03/05/25 1807	Follows commands -AG at 03/05/25 2007
Glasgow Coma Scale Score	15 -JG at 03/05/25 0629	15 -II at 03/05/25 1119	—	—	15 -AG at 03/05/25 2007

**Head, Ears, Eyes, Nose, and Throat (HEENT)**

Head, Ears, Eyes, Nose, and Throat (WDL)	—	Within Defined Limits -II at 03/05/25 1119	—	—	Within Defined Limits -AG at 03/05/25 2007
Lips	—	—	—	—	Intact; Pink; Moist -AG at 03/05/25 2007
Neck	—	—	—	—	Symmetrical -AG at 03/05/25 2007

**Respiratory**

Respiratory (WDL)	—	Within Defined Limits -II at 03/05/25 1119	—	—	Within Defined Limits -AG at 03/05/25 2007
Respiratory Depth/Rhythm	—	Regular -II at 03/05/25 1119	—	—	Regular -AG at 03/05/25 2007
Respiratory Effort	—	Unlabored -II at 03/05/25 1119	—	—	Unlabored -AG at 03/05/25 2007

**Cardiac**

Cardiac (WDL)	—	Within Defined Limits -II at 03/05/25 1119	—	—	Within Defined Limits -AG at 03/05/25 2007
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**Peripheral Vascular**

Peripheral Vascular (WDL)	—	Exceptions to WDL -II at 03/05/25 1119	—	—	Within Defined Limits -AG at 03/05/25 2007
Peripheral Vascular Detailed Assessments	—	Right upper extremity; Right lower extremity; Left upper extremity; Left lower extremity -II at 03/05/25 1119	—	—	Right upper extremity; Right lower extremity; Left upper extremity; Left lower extremity -AG at 03/05/25 2007
Cyanosis	—	None -II at 03/05/25	—	—	—

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

1119				
Capillary Refill	—	Less than/equal to 3 seconds (All extremities) -II at 03/05/25 1119	—	Less than/equal to 3 seconds (All extremities) -AG at 03/05/25 2007
Pulses	—	—	—	Right radial; Left radial; Left pedal; Right pedal -AG at 03/05/25 2007
RUE Neurovascular Assessment				
RUE Capillary Refill	—	Less than/equal to 3 seconds (All extremities) -II at 03/05/25 1119	—	Less than/equal to 3 seconds (All extremities) -AG at 03/05/25 2007
RUE Color	—	Appropriate for ethnicity -II at 03/05/25 1119	—	Appropriate for ethnicity -AG at 03/05/25 2007
RUE Temperature/Moisture	—	Warm -II at 03/05/25 1119	—	Warm -AG at 03/05/25 2007
Right Radial Pulse	—	Moderate -II at 03/05/25 1119	—	Moderate -AG at 03/05/25 2007
LUE Neurovascular Assessment				
LUE Capillary Refill	—	Less than/equal to 3 seconds (All extremities) -II at 03/05/25 1119	—	Less than/equal to 3 seconds (All extremities) -AG at 03/05/25 2007
LUE Color	—	Appropriate for ethnicity -II at 03/05/25 1119	—	Appropriate for ethnicity -AG at 03/05/25 2007
LUE Temperature/Moisture	—	Warm -II at 03/05/25 1119	—	Warm -AG at 03/05/25 2007
Left Radial Pulse	—	Moderate -II at 03/05/25 1119	—	Moderate -AG at 03/05/25 2007
RLE Neurovascular Assessment				
RLE Capillary Refill	—	Less than/equal to 3 seconds (All extremities) -II at 03/05/25 1119	—	Less than/equal to 3 seconds (All extremities) -AG at 03/05/25 2007
RLE Color	—	Appropriate for ethnicity -II at 03/05/25 1119	—	Appropriate for ethnicity -AG at 03/05/25 2007
RLE Temperature/Moisture	—	Warm -II at 03/05/25 1119	—	Warm -AG at 03/05/25 2007
Right Pedal Pulse	—	—	—	Moderate -AG at 03/05/25 2007
LLE Neurovascular Assessment				
LLE Capillary Refill	—	Less than/equal to 3 seconds (All extremities) -II at 03/05/25 1119	—	Less than/equal to 3 seconds (All extremities) -AG at 03/05/25 2007
LLE Color	—	Appropriate for Ethnicity -II at 03/05/25 1119	—	—
LLE Temperature/Moisture	—	Warm -II at 03/05/25 1119	—	Warm -AG at 03/05/25 2007
Left Pedal Pulse	—	—	—	Moderate -AG at 03/05/25 2007

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

Integumentary

Integumentary (WDL)	—	Exceptions to WDL -II at 03/05/25 1119	—	—	Within Defined Limits -AG at 03/05/25 2007
Skin Condition	—	Dry -II at 03/05/25 1119	—	—	Pink -AG at 03/05/25 2007
Skin Temperature	—	Warm -II at 03/05/25 1119	—	—	—
Skin Integrity	—	— g tube in abdomen -II at 03/05/25 1119	—	—	Intact -AG at 03/05/25 2007
Skin Turgor	—	Non-tenting -II at 03/05/25 1119	—	—	—

Braden Scale

Sensory Perceptions	—	No impairment -II at 03/05/25 1119	—	—	No impairment -AG at 03/05/25 2007
Moisture	—	Rarely moist -II at 03/05/25 1119	—	—	Rarely moist -AG at 03/05/25 2007
Activity	—	Walks frequently -II at 03/05/25 1119	—	—	Walks frequently -AG at 03/05/25 2007
Mobility	—	No limitation -II at 03/05/25 1119	—	—	No limitation -AG at 03/05/25 2007
Nutrition	—	Adequate -II at 03/05/25 1119	—	—	Excellent -AG at 03/05/25 2007
Friction and Shear	—	No apparent problem -II at 03/05/25 1119	—	—	No apparent problem -AG at 03/05/25 2007
Braden Scale Score	—	22 -II at 03/05/25 1119	—	—	23 -AG at 03/05/25 2007

Pressure Injury Prevention & Interventions

Sensory Interventions	—	Encourage patient to report pain over bony prominence and heels -II at 03/05/25 1119	—	—	Encourage patient to report pain over bony prominence and heels; Place on appropriate support surface; Protect bony prominence (dressings/offload) -AG at 03/05/25 2007
Moisture Interventions	—	Check/change (PRN) briefs q2-q4h -II at 03/05/25 1119	—	—	Check/change briefs q2h PRN; Check/change (PRN) briefs q2-q4h; Do not double pad or double diaper -AG at 03/05/25 2007
Activity Interventions	—	Avoid positioning on medical devices/bed trash; Do not use multiple layers of bedding/padding -II at 03/05/25 1119	—	—	Avoid positioning on reddened areas; Avoid positioning on medical devices/bed trash; Do not use multiple layers of bedding/padding -AG at 03/05/25 2007
Mobility Interventions	—	Do not use multiple layers of bedding/padding -II at 03/05/25 1119	—	—	Do not use multiple layers of bedding/padding; Avoid positioning on reddened areas; Encourage ambulation, if able -AG at 03/05/25 2007

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

Nutrition Interventions	—	Encourage intake -II at 03/05/25 1119	—	—	Encourage intake; Collaborate with provider; Obtain consult for nutritionist -AG at 03/05/25 2007
Friction and Shear Interventions	—	Keep linens clean, dry, and wrinkle free -II at 03/05/25 1119	—	—	Keep bed flat for repositioning, if able; HOB at or below 30 degrees unless contraindicated; Keep linens clean, dry, and wrinkle free -AG at 03/05/25 2007
<b>Musculoskeletal</b>					
Musculoskeletal (WDL)	—	Exceptions to WDL -II at 03/05/25 1119	—	—	Within Defined Limits -AG at 03/05/25 2007
RUE	—	Full movement -II at 03/05/25 1119	—	—	Full movement -AG at 03/05/25 2007
LUE	—	Full movement -II at 03/05/25 1119	—	—	Full movement -AG at 03/05/25 2007
RLE	—	Full movement -II at 03/05/25 1119	—	—	Full movement -AG at 03/05/25 2007
LLE	—	Full movement -II at 03/05/25 1119	—	—	Full movement -AG at 03/05/25 2007
<b>Gastrointestinal</b>					
Gastrointestinal (WDL)	—	Within Defined Limits -II at 03/05/25 1119	—	—	Within Defined Limits -AG at 03/05/25 2007
<b>Genitourinary</b>					
Genitourinary (WDL)	—	Within Defined Limits -II at 03/05/25 1119	—	—	Within Defined Limits -AG at 03/05/25 2007
Urinary Incontinence	—	No -II at 03/05/25 1119	—	—	—
Urine Color	—	Yellow/straw -II at 03/05/25 1119	—	—	—
Genitourinary Symptoms	—	—	—	—	None -AG at 03/05/25 2007
<b>Psychosocial</b>					
Psychosocial (WDL)	—	Within Defined Limits -II at 03/05/25 1119	—	—	Within Defined Limits -AG at 03/05/25 2007
<b>Charting Type</b>					
Charting Type	—	Shift assessment -II at 03/05/25 1119	—	—	Shift assessment -AG at 03/05/25 2007
<b>Row Name</b>	<b>03/06/25 0000</b>	<b>03/06/25 0400</b>	<b>03/06/25 0800</b>	<b>03/06/25 1200</b>	<b>03/06/25 1600</b>
<b>Neurological</b>					
Level of Consciousness	Alert (Normal) -AG at 03/06/25 0007	Alert (Normal) -AG at 03/06/25 0402	Alert (Normal) -SP at 03/06/25 1204	Alert (Normal) -SP at 03/06/25 1204	Alert (Normal) -SP at 03/06/25 1753
Orientation Level	Oriented X4 -AG at 03/06/25 0007	Oriented X4 -AG at 03/06/25 0402	Oriented X4 -SP at 03/06/25 1204	Oriented X4 -SP at 03/06/25 1204	Oriented X4 -SP at 03/06/25 1753
Cognition	Appropriate judgement -AG at 03/06/25 0007	Appropriate judgement -AG at 03/06/25 0402	Follows commands -SP at 03/06/25 1204	Follows commands -SP at 03/06/25 1204	Follows commands -SP at 03/06/25 1753
Speech	Clear -AG at 03/06/25 0007	Clear -AG at 03/06/25 0402	Clear -SP at 03/06/25 1204	Clear -SP at 03/06/25 1204	Clear -SP at 03/06/25 1753
Pupil Assessment	—	—	Yes -SP at 03/06/25 1204	Yes -SP at 03/06/25 1204	Yes -SP at 03/06/25 1753



03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

R Pupil Size (mm)	3 mm -AG at 03/06/25 0007	3 mm -AG at 03/06/25 0402	3 mm -SP at 03/06/25 1204	3 mm -SP at 03/06/25 1204	3 mm -SP at 03/06/25 1753
R Pupil Shape	Round -AG at 03/06/25 0007	Round -AG at 03/06/25 0402	Round -SP at 03/06/25 1204	Round -SP at 03/06/25 1204	Round -SP at 03/06/25 1753
R Pupil Reaction	Brisk -AG at 03/06/25 0007	Brisk -AG at 03/06/25 0402	Brisk -SP at 03/06/25 1204	Brisk -SP at 03/06/25 1204	Brisk -SP at 03/06/25 1753
L Pupil Size (mm)	3 mm -AG at 03/06/25 0007	3 mm -AG at 03/06/25 0402	3 mm -SP at 03/06/25 1204	3 mm -SP at 03/06/25 1204	3 mm -SP at 03/06/25 1753
L Pupil Shape	Round -AG at 03/06/25 0007	Round -AG at 03/06/25 0402	Round -SP at 03/06/25 1204	Round -SP at 03/06/25 1204	Round -SP at 03/06/25 1753
L Pupil Reaction	Brisk -AG at 03/06/25 0007	Brisk -AG at 03/06/25 0402	Brisk -SP at 03/06/25 1204	Brisk -SP at 03/06/25 1204	Brisk -SP at 03/06/25 1753
RUE Motor Response	Follows commands -AG at 03/06/25 0007	Follows commands -AG at 03/06/25 0402	Follows commands -SP at 03/06/25 1204	Follows commands -SP at 03/06/25 1204	Follows commands -SP at 03/06/25 1753
RUE Sensation	Full sensation -AG at 03/06/25 0007	Full sensation -AG at 03/06/25 0402	Full sensation -SP at 03/06/25 1204	Full sensation -SP at 03/06/25 1204	Full sensation -SP at 03/06/25 1753
RUE Motor Strength	Normal strength -AG at 03/06/25 0007	Normal strength -AG at 03/06/25 0402	Normal strength -SP at 03/06/25 1204	Normal strength -SP at 03/06/25 1204	Normal strength -SP at 03/06/25 1753
LUE Motor Response	Follows commands -AG at 03/06/25 0007	Follows commands -AG at 03/06/25 0402	Follows commands -SP at 03/06/25 1204	Follows commands -SP at 03/06/25 1204	Follows commands -SP at 03/06/25 1753
LUE Sensation	Full sensation -AG at 03/06/25 0007	Full sensation -AG at 03/06/25 0402	Full sensation -SP at 03/06/25 1204	Full sensation -SP at 03/06/25 1204	Full sensation -SP at 03/06/25 1753
LUE Motor Strength	Normal strength -AG at 03/06/25 0007	Normal strength -AG at 03/06/25 0402	Normal strength -SP at 03/06/25 1204	Normal strength -SP at 03/06/25 1204	Normal strength -SP at 03/06/25 1753
RLE Motor Response	Follows commands -AG at 03/06/25 0007	Follows commands -AG at 03/06/25 0402	Follows commands -SP at 03/06/25 1204	Follows commands -SP at 03/06/25 1204	Follows commands -SP at 03/06/25 1753
RLE Sensation	Full sensation -AG at 03/06/25 0007	Full sensation -AG at 03/06/25 0402	Full sensation -SP at 03/06/25 1204	Full sensation -SP at 03/06/25 1204	Full sensation -SP at 03/06/25 1753
RLE Motor Strength	Normal strength -AG at 03/06/25 0007	Normal strength -AG at 03/06/25 0402	Normal strength -SP at 03/06/25 1204	Normal strength -SP at 03/06/25 1204	Normal strength -SP at 03/06/25 1753
LLE Motor Response	Follows commands -AG at 03/06/25 0007	Follows commands -AG at 03/06/25 0402	Follows commands -SP at 03/06/25 1204	Follows commands -SP at 03/06/25 1204	Follows commands -SP at 03/06/25 1753
LLE Sensation	Full sensation -AG at 03/06/25 0007	Full sensation -AG at 03/06/25 0402	Full sensation -SP at 03/06/25 1204	Full sensation -SP at 03/06/25 1204	Full sensation -SP at 03/06/25 1753
LLE Motor Strength	Normal strength -AG at 03/06/25 0007	Normal strength -AG at 03/06/25 0402	Normal strength -SP at 03/06/25 1204	Normal strength -SP at 03/06/25 1204	Normal strength -SP at 03/06/25 1753
Neuro Additional Assessments	Glasgow Coma Scale -AG at 03/06/25 0007	Glasgow Coma Scale -AG at 03/06/25 0402	—	—	—

Glasgow Coma Scale

Best Eye Response	Spontaneous -AG at 03/06/25 0007	Spontaneous -AG at 03/06/25 0402	Spontaneous -SP at 03/06/25 1204	Spontaneous -SP at 03/06/25 1204	Spontaneous -SP at 03/06/25 1753
Best Verbal Response	Oriented -AG at 03/06/25 0007	Oriented -AG at 03/06/25 0402	Oriented -SP at 03/06/25 1204	Oriented -SP at 03/06/25 1204	Oriented -SP at 03/06/25 1753
Best Motor Response	Follows commands -AG at 03/06/25 0007	Follows commands -AG at 03/06/25 0402	Follows commands -SP at 03/06/25 1204	Follows commands -SP at 03/06/25 1204	Follows commands -SP at 03/06/25 1753
Glasgow Coma Scale Score	15 -AG at 03/06/25 0007	15 -AG at 03/06/25 0402	15 -SP at 03/06/25 1204	15 -SP at 03/06/25 1204	15 -SP at 03/06/25 1753

Head, Ears, Eyes, Nose, and Throat (HEENT)

Head, Ears, Eyes, Nose, and Throat (WDL)	—	—	Within Defined Limits -SP at 03/06/25 1204	—	—
Respiratory (WDL)	—	—	Within Defined Limits -SP at 03/06/25 1204	—	—
Cardiac (WDL)	—	—	Within Defined Limits -SP at 03/06/25 1204	—	—

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

Peripheral Vascular

Peripheral Vascular (WDL)	—	—	Within Defined Limits -SP at 03/06/25 1204	—	—
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RUE Neurovascular Assessment

RUE Capillary Refill	—	—	Less than/equal to 3 seconds (All extremities) -SP at 03/06/25 1204	—	—
RUE Color	—	—	Appropriate for ethnicity -SP at 03/06/25 1204	—	—
RUE Temperature/Moisture	—	—	Warm -SP at 03/06/25 1204	—	—
Right Radial Pulse	—	—	Moderate -SP at 03/06/25 1204	—	—

LUE Neurovascular Assessment

LUE Capillary Refill	—	—	Less than/equal to 3 seconds (All extremities) -SP at 03/06/25 1204	—	—
LUE Color	—	—	Appropriate for ethnicity -SP at 03/06/25 1204	—	—
LUE Temperature/Moisture	—	—	Warm -SP at 03/06/25 1204	—	—
Left Radial Pulse	—	—	Moderate -SP at 03/06/25 1204	—	—

RLE Neurovascular Assessment

RLE Capillary Refill	—	—	Less than/equal to 3 seconds (All extremities) -SP at 03/06/25 1204	—	—
RLE Color	—	—	Appropriate for ethnicity -SP at 03/06/25 1204	—	—
RLE Temperature/Moisture	—	—	Warm -SP at 03/06/25 1204	—	—
Right Pedal Pulse	—	—	Moderate -SP at 03/06/25 1204	—	—

LLE Neurovascular Assessment

LLE Capillary Refill	—	—	Less than/equal to 3 seconds (All extremities) -SP at 03/06/25 1204	—	—
LLE Temperature/Moisture	—	—	Warm -SP at 03/06/25 1204	—	—
Left Pedal Pulse	—	—	Moderate -SP at 03/06/25 1204	—	—

Integumentary

Integumentary (WDL)	—	—	Within Defined Limits -SP at 03/06/25 1204	—	—
Skin Condition	—	—	Dry -SP at 03/06/25 1204	—	—
Skin Temperature	—	—	Warm -SP at 03/06/25 1204	—	—

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

Skin Integrity	—	—	Intact -SP at 03/06/25 1204	—	—
<b>Braden Scale</b>					
Sensory Perceptions	—	—	No impairment -SP at 03/06/25 1204	—	—
Moisture	—	—	Rarely moist -SP at 03/06/25 1204	—	—
Activity	—	—	Walks occasionally -SP at 03/06/25 1204	—	—
Mobility	—	—	No limitation -SP at 03/06/25 1204	—	—
Nutrition	—	—	Adequate -SP at 03/06/25 1204	—	—
Friction and Shear	—	—	No apparent problem -SP at 03/06/25 1204	—	—
Braden Scale Score	—	—	21 -SP at 03/06/25 1204	—	—
<b>Pressure Injury Prevention &amp; Interventions</b>					
Sensory Interventions	—	—	Encourage patient to report pain over bony prominence and heels; Place on appropriate support surface; Protect bony prominence (dressings/offload); Protect heels (boots/float); Repositioning q2h - q4h; Repositioning q2h while in bed, q30 min in chair; Use glide sheet when moving; Use wedges and pillow when repositioning -SP at 03/06/25 1204	—	—
Moisture Interventions	—	—	Check/change (PRN) briefs q2-q4h; Check/change briefs q2h PRN; Do not double pad or double diaper; For patient continent prior to admission, reconsider incontinence briefs and promote use of commodes/urinals or self-toileting; Gentle cleaning with premoistened cloth; Identify and treat cause; Notify provider of suspected fungal dermatitis; Offer containment device (urinal, etc); Place on appropriate	—	—

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

	<p>bed; Prevent dryness with moisturizers; Select appropriate topical agent (moisturizer/protectant); Use appropriate breathable under pad to wick fluid from skin; Use incontinent containment system -SP at 03/06/25 1204</p>
<p>Activity — — — — — Interventions</p>	<p>Avoid positioning on medical devices/bed trash; Avoid positioning on reddened areas; Do not use multiple layers of bedding/padding; Encourage out of bed activities; Encourage ambulation/activity; Inspect skin/bony areas with position change; Place on appropriate chair cushion; Place on appropriate support surface; Protect bony prominence (dressings/offload); Protect heels (boots/float); Repositioning q2h - q4h PRN; Repositioning q2h while in bed; Use wedges and pillow when repositioning -SP at 03/06/25 1204</p>
<p>Mobility — — — — — Interventions</p>	<p>Avoid positioning on reddened areas; Do not use multiple layers of bedding/padding; Encourage ambulation, if able; HOB at or below 30 degrees unless contraindicated; Inspect skin/bony areas with position change; Place on appropriate chair cushion; Place on appropriate support surface; Protect bony prominence (dressings/offload); Repositioning q2h -</p>

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

				q4h PRN; Repositioning q2h while in bed, q30 min in chair; Use wedges and pillow when repositioning; Protect heels (boots/float); Use glide sheet when moving -SP at 03/06/25 1204		
Nutrition Interventions	—	—		Collaborate with provider; Encourage intake; Monitor and document intake; Obtain consult for nutritionist -SP at 03/06/25 1204	—	—
Friction and Shear Interventions	—	—		HOB at or below 30 degrees unless contraindicated; Keep p bed flat for repositioning, if able; Keep linens clean, dry, and wrinkle free; Place on appropriate support surface; Raise knees 10-20 degrees before raising HOB 30 degrees; Use glide sheet when moving -SP at 03/06/25 1204	—	—
<b>Musculoskeletal</b>						
Musculoskeletal (WDL)	—	—		Within Defined Limits -SP at 03/06/25 1204	—	—
RUE	—	—		Full movement -SP at 03/06/25 1204	—	—
LUE	—	—		Full movement -SP at 03/06/25 1204	—	—
RLE	—	—		Full movement -SP at 03/06/25 1204	—	—
LLE	—	—		Full movement -SP at 03/06/25 1204	—	—
<b>Gastrointestinal</b>						
Gastrointestinal (WDL)	—	—		Within Defined Limits -SP at 03/06/25 1204	—	—
<b>Genitourinary</b>						
Genitourinary (WDL)	—	—		Within Defined Limits -SP at 03/06/25 1204	—	—
<b>Psychosocial</b>						
Psychosocial (WDL)	—	—		Within Defined Limits -SP at 03/06/25 1204	—	—

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

Charting Type	Shift assessment -				
Charting Type	SP at 03/06/25 1204				
Row Name	03/06/25 2000	03/07/25 0000	03/07/25 0400	03/07/25 0800	03/07/25 1200
<b>Neurological</b>					
Level of Consciousness	Alert (Normal) -AG at 03/06/25 2003	Alert (Normal) -AG at 03/07/25 0028	Alert (Normal) -AG at 03/07/25 0415	Alert (Normal) -SP at 03/07/25 1716	Alert (Normal) -SP at 03/07/25 1720
Orientation Level	Oriented X4 -AG at 03/06/25 2003	Oriented X4 -AG at 03/07/25 0028	Oriented X4 -AG at 03/07/25 0415	Oriented X4 -SP at 03/07/25 1716	Oriented X4 -SP at 03/07/25 1720
Cognition	Appropriate judgement -AG at 03/06/25 2003	Appropriate judgement -AG at 03/07/25 0028	Appropriate judgement -AG at 03/07/25 0415	Appropriate safety awareness -SP at 03/07/25 1716	Appropriate safety awareness -SP at 03/07/25 1720
Speech	Clear -AG at 03/06/25 2003	Clear -AG at 03/07/25 0028	Clear -AG at 03/07/25 0415	Clear -SP at 03/07/25 1716	Clear -SP at 03/07/25 1716
Pupil Assessment	—	—	—	Yes -SP at 03/07/25 1716	Yes -SP at 03/07/25 1716
R Pupil Size (mm)	3 mm -AG at 03/06/25 2003	3 mm -AG at 03/07/25 0028	3 mm -AG at 03/07/25 0415	3 mm -SP at 03/07/25 1716	3 mm -SP at 03/07/25 1716
R Pupil Shape	Round -AG at 03/06/25 2003	Round -AG at 03/07/25 0028	Round -AG at 03/07/25 0415	Round -SP at 03/07/25 1716	Round -SP at 03/07/25 1716
R Pupil Reaction	Brisk -AG at 03/06/25 2003	Brisk -AG at 03/07/25 0028	Brisk -AG at 03/07/25 0415	Brisk -SP at 03/07/25 1716	Brisk -SP at 03/07/25 1716
L Pupil Size (mm)	3 mm -AG at 03/06/25 2003	3 mm -AG at 03/07/25 0028	3 mm -AG at 03/07/25 0415	3 mm -SP at 03/07/25 1716	3 mm -SP at 03/07/25 1716
L Pupil Shape	Round -AG at 03/06/25 2003	Round -AG at 03/07/25 0028	Round -AG at 03/07/25 0415	Round -SP at 03/07/25 1716	Round -SP at 03/07/25 1716
L Pupil Reaction	Brisk -AG at 03/06/25 2003	Brisk -AG at 03/07/25 0028	Brisk -AG at 03/07/25 0415	Brisk -SP at 03/07/25 1716	Brisk -SP at 03/07/25 1716
RUE Motor Response	Follows commands -AG at 03/06/25 2003	Follows commands -AG at 03/07/25 0028	Follows commands -AG at 03/07/25 0415	Follows commands;Normal extension;Normal flexion -SP at 03/07/25 1716	Follows commands;Normal extension;Normal flexion -SP at 03/07/25 1716
RUE Sensation	Full sensation -AG at 03/06/25 2003	Full sensation -AG at 03/07/25 0028	Full sensation -AG at 03/07/25 0415	Full sensation -SP at 03/07/25 1716	Full sensation -SP at 03/07/25 1716
RUE Motor Strength	Normal strength -AG at 03/06/25 2003	Normal strength -AG at 03/07/25 0028	Normal strength -AG at 03/07/25 0415	Normal strength -SP at 03/07/25 1716	Normal strength -SP at 03/07/25 1716
LUE Motor Response	Follows commands -AG at 03/06/25 2003	Follows commands -AG at 03/07/25 0028	Follows commands -AG at 03/07/25 0415	Follows commands -SP at 03/07/25 1716	Follows commands -SP at 03/07/25 1716
LUE Sensation	Full sensation -AG at 03/06/25 2003	Full sensation -AG at 03/07/25 0028	Full sensation -AG at 03/07/25 0415	Full sensation -SP at 03/07/25 1716	Full sensation -SP at 03/07/25 1716
LUE Motor Strength	Normal strength -AG at 03/06/25 2003	Normal strength -AG at 03/07/25 0028	Normal strength -AG at 03/07/25 0415	Normal strength -SP at 03/07/25 1716	Normal strength -SP at 03/07/25 1716
RLE Motor Response	Follows commands -AG at 03/06/25 2003	Follows commands -AG at 03/07/25 0028	Follows commands -AG at 03/07/25 0415	Follows commands -SP at 03/07/25 1716	Follows commands -SP at 03/07/25 1716
RLE Sensation	Full sensation -AG at 03/06/25 2003	Full sensation -AG at 03/07/25 0028	Full sensation -AG at 03/07/25 0415	Full sensation -SP at 03/07/25 1716	Full sensation -SP at 03/07/25 1716
RLE Motor Strength	Normal strength -AG at 03/06/25 2003	Normal strength -AG at 03/07/25 0028	Normal strength -AG at 03/07/25 0415	Normal strength -SP at 03/07/25 1716	Normal strength -SP at 03/07/25 1716
LLE Motor Response	Follows commands -AG at 03/06/25 2003	Follows commands -AG at 03/07/25 0028	Follows commands -AG at 03/07/25 0415	Follows commands -SP at 03/07/25 1716	Follows commands -SP at 03/07/25 1716
LLE Sensation	Full sensation -AG at 03/06/25 2003	Full sensation -AG at 03/07/25 0028	Full sensation -AG at 03/07/25 0415	Full sensation -SP at 03/07/25 1716	Full sensation -SP at 03/07/25 1716
LLE Motor Strength	Normal strength -AG at 03/06/25 2003	Normal strength -AG at 03/07/25 0028	Normal strength -AG at 03/07/25 0415	Normal strength -SP at 03/07/25 1716	Normal strength -SP at 03/07/25 1716
<b>Glasgow Coma Scale</b>					
Best Eye Response	Spontaneous -AG at 03/06/25 2003	Spontaneous -AG at 03/07/25 0028	Spontaneous -AG at 03/07/25 0415	Spontaneous -SP at 03/07/25 1716	Spontaneous -SP at 03/07/25 1716
Best Verbal Response	Oriented -AG at 03/06/25 2003	Oriented -AG at 03/07/25 0028	Oriented -AG at 03/07/25 0415	Oriented -SP at 03/07/25 1716	Oriented -SP at 03/07/25 1716
Best Motor Response	Follows commands -AG at 03/06/25 2003	Follows commands -AG at 03/07/25 0028	Follows commands -AG at 03/07/25 0415	Follows commands -SP at 03/07/25 1716	Follows commands -SP at 03/07/25 1716

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

Glasgow Coma Scale Score	15 -AG at 03/06/25 2003	15 -AG at 03/07/25 0028	15 -AG at 03/07/25 0415	15 -SP at 03/07/25 1716	15 -SP at 03/07/25 1716
<b>Head, Ears, Eyes, Nose, and Throat (HEENT)</b>					
Head, Ears, Eyes, Nose, and Throat (WDL)	Within Defined Limits -AG at 03/06/25 2003	—	—	Within Defined Limits -SP at 03/07/25 1716	—
Lips	Intact; Pink; Moist -AG at 03/06/25 2003	—	—	—	—
Neck	Symmetrical -AG at 03/06/25 2003	—	—	—	—
<b>Respiratory</b>					
Respiratory (WDL)	Within Defined Limits -AG at 03/06/25 2003	—	—	Within Defined Limits -SP at 03/07/25 1716	—
Respiratory Depth/Rhythm	Regular -AG at 03/06/25 2003	—	—	—	—
Respiratory Effort	Unlabored -AG at 03/06/25 2003	—	—	—	—
<b>Cardiac</b>					
Cardiac (WDL)	Within Defined Limits -AG at 03/06/25 2003	—	—	Within Defined Limits -SP at 03/07/25 1716	—
<b>Peripheral Vascular</b>					
Peripheral Vascular (WDL)	Within Defined Limits -AG at 03/06/25 2003	—	—	Within Defined Limits -SP at 03/07/25 1716	—
Peripheral Vascular Detailed Assessments	Right upper extremity; Right lower extremity; Left upper extremity; Left lower extremity -AG at 03/06/25 2003	—	—	—	—
Capillary Refill	Less than/equal to 3 seconds (All extremities) -AG at 03/06/25 2003	—	—	—	—
Pulses	Right radial; Left radial; Left pedal; Right pedal -AG at 03/06/25 2003	—	—	—	—
<b>RUE Neurovascular Assessment</b>					
RUE Capillary Refill	Less than/equal to 3 seconds (All extremities) -AG at 03/06/25 2003	—	—	Less than/equal to 3 seconds (All extremities) -SP at 03/07/25 1716	—
RUE Color	Appropriate for ethnicity -AG at 03/06/25 2003	—	—	Appropriate for ethnicity -SP at 03/07/25 1716	—
RUE Temperature/Moisture	Warm -AG at 03/06/25 2003	—	—	Warm -SP at 03/07/25 1716	—
Right Radial Pulse	Moderate -AG at 03/06/25 2003	—	—	Moderate -SP at 03/07/25 1716	—
<b>LUE Neurovascular Assessment</b>					
LUE Capillary Refill	Less than/equal to 3 seconds (All extremities) -AG at 03/06/25 2003	—	—	Less than/equal to 3 seconds (All extremities) -SP at 03/07/25 1716	—
LUE Color	Appropriate for ethnicity -AG at 03/06/25 2003	—	—	Appropriate for ethnicity -SP at 03/07/25 1716	—

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

LUE Temperature/Moisture	Warm -AG at 03/06/25 2003	—	—	Warm -SP at 03/07/25 1716	—
Left Radial Pulse	Moderate -AG at 03/06/25 2003	—	—	Moderate -SP at 03/07/25 1716	—
<b>RLE Neurovascular Assessment</b>					
RLE Capillary Refill	Less than/equal to 3 seconds (All extremities) -AG at 03/06/25 2003	—	—	Less than/equal to 3 seconds (All extremities) -SP at 03/07/25 1716	—
RLE Color	Appropriate for ethnicity -AG at 03/06/25 2003	—	—	Appropriate for ethnicity -SP at 03/07/25 1716	—
RLE Temperature/Moisture	Warm -AG at 03/06/25 2003	—	—	Warm -SP at 03/07/25 1716	—
Right Pedal Pulse	Moderate -AG at 03/06/25 2003	—	—	Moderate -SP at 03/07/25 1716	—
<b>LLE Neurovascular Assessment</b>					
LLE Capillary Refill	Less than/equal to 3 seconds (All extremities) -AG at 03/06/25 2003	—	—	Less than/equal to 3 seconds (All extremities) -SP at 03/07/25 1716	—
LLE Temperature/Moisture	Warm -AG at 03/06/25 2003	—	—	Warm -SP at 03/07/25 1716	—
Left Pedal Pulse	Moderate -AG at 03/06/25 2003	—	—	Moderate -SP at 03/07/25 1716	—
<b>Integumentary</b>					
Integumentary (WDL)	Within Defined Limits -AG at 03/06/25 2003	—	—	Within Defined Limits -SP at 03/07/25 1716	—
Skin Condition	Pink -AG at 03/06/25 2003	—	—	Pink -SP at 03/07/25 1716	—
Skin Temperature	—	—	—	Warm -SP at 03/07/25 1716	—
Skin Integrity	Intact -AG at 03/06/25 2003	—	—	Intact -SP at 03/07/25 1716	—
<b>Braden Scale</b>					
Sensory Perceptions	No impairment -AG at 03/06/25 2003	—	—	No impairment -SP at 03/07/25 1716	—
Moisture	Rarely moist -AG at 03/06/25 2003	—	—	Rarely moist -SP at 03/07/25 1716	—
Activity	Walks occasionally -AG at 03/06/25 2003	—	—	Walks occasionally -SP at 03/07/25 1716	—
Mobility	Slightly limited -AG at 03/06/25 2003	—	—	Slightly limited -SP at 03/07/25 1716	—
Nutrition	Adequate -AG at 03/06/25 2003	—	—	Adequate -SP at 03/07/25 1716	—
Friction and Shear	No apparent problem -AG at 03/06/25 2003	—	—	No apparent problem -SP at 03/07/25 1716	—
Braden Scale Score	20 -AG at 03/06/25 2003	—	—	20 -SP at 03/07/25 1716	—
<b>Pressure Injury Prevention &amp; Interventions</b>					
Sensory Interventions	Encourage patient to report pain over bony prominence and heels; Place on appropriate support surface; Protect bony	—	—	Encourage patient to report pain over bony prominence and heels; Place on appropriate support surface; Protect bony	—



03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

## Flowsheets (continued)

	prominence (dressings/offload) - AG at 03/06/25 2003			prominence (dressings/offload); Protect heels (boots/float);Reposit ioning q2h - q4h;Repositioning q2h while in bed, q30 min in chair;Use glide sheet when moving;Use wedges and pillow when repositioning -SP at 03/07/25 1716
Moisture Interventions	Check/change briefs — q2h PRN;Check/change (PRN) briefs q2- q4h;Do not double pad or double diaper -AG at 03/06/25 2003	—	—	Check/change — (PRN) briefs q2- q4h;Check/change briefs q2h PRN;Do not double pad or double diaper;For patient continent prior to admission, reconsider incontinence briefs and promote use of commodes/urinals or self- toileting;Gentle cleaning with premoistened cloth;Identify and treat cause;Notify provider of suspected fungal dermatitis;Offer containment device (urinal, etc);Place on appropriate bed;Prevent dryness with moisturizers;Select appropriate topical agent (moisturizer/protect ant);Use appropriate breathable under pad to wick fluid from skin;Use incontinent containment system -SP at 03/07/25 1716
Activity Interventions	Avoid positioning on — reddened areas;Avoid positioning on medical devices/bed trash;Do not use multiple layers of bedding/padding - AG at 03/06/25 2003	—	—	Avoid positioning on — medical devices/bed trash;Avoid positioning on reddened areas;Do not use multiple layers of bedding/padding;En courage out of bed activities;Encourage ambulation/activity;l nspect skin/bony

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

				areas with position change;Place on appropriate chair cushion;Place on appropriate support surface;Protect bony prominence (dressings/offload); Protect heels (boots/float);Repositioning q2h - q4h PRN;Repositioning q2h while in bed;Use wedges and pillow when repositioning -SP at 03/07/25 1716	
Mobility Interventions	Do not use multiple layers of bedding/padding;Avoid positioning on reddened areas;Encourage ambulation, if able - AG at 03/06/25 2003	—	—	Avoid positioning on reddened areas;Do not use multiple layers of bedding/padding;Encourage ambulation, if able;HOB at or below 30 degrees unless contraindicated;Inspect skin/bony areas with position change;Place on appropriate chair cushion;Place on appropriate support surface;Protect bony prominence (dressings/offload); Repositioning q2h - q4h PRN;Repositioning q2h while in bed, q30 min in chair;Use wedges and pillow when repositioning;Protect heels (boots/float);Use glide sheet when moving -SP at 03/07/25 1716	—
Nutrition Interventions	Encourage intake;Collaborate with provider;Obtain consult for nutritionist -AG at 03/06/25 2003	—	—	Collaborate with provider;Encourage intake;Monitor and document intake;Obtain consult for nutritionist -SP at 03/07/25 1716	—
Friction and Shear Interventions	Keep bed flat for repositioning, if able;HOB at or below 30 degrees unless	—	—	HOB at or below 30 degrees unless contraindicated;Keep bed flat for repositioning, if	—

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

	contraindicated;Keep p linens clean, dry, and wrinkle free -AG at 03/06/25 2003			able;Keep linens clean, dry, and wrinkle free;Place on appropriate support surface;Raise knees 10-20 degrees before raising HOB 30 degrees;Use glide sheet when moving -SP at 03/07/25 1716
<b>Musculoskeletal</b>				
Musculoskeletal (WDL)	Within Defined Limits -AG at 03/06/25 2003	—	—	Within Defined Limits -SP at 03/07/25 1716
RUE	Full movement -AG at 03/06/25 2003	—	—	Full movement -SP at 03/07/25 1716
LUE	Full movement -AG at 03/06/25 2003	—	—	Full movement -SP at 03/07/25 1716
RLE	Full movement -AG at 03/06/25 2003	—	—	Full movement -SP at 03/07/25 1716
LLE	Full movement -AG at 03/06/25 2003	—	—	Full movement -SP at 03/07/25 1716
<b>Gastrointestinal</b>				
Gastrointestinal (WDL)	Within Defined Limits -AG at 03/06/25 2003	—	—	Within Defined Limits -SP at 03/07/25 1716
<b>Genitourinary</b>				
Genitourinary (WDL)	Within Defined Limits -AG at 03/06/25 2003	—	—	Within Defined Limits -SP at 03/07/25 1716
Genitourinary Symptoms	None -AG at 03/06/25 2003	—	—	—
<b>Psychosocial</b>				
Psychosocial (WDL)	Within Defined Limits -AG at 03/06/25 2003	—	—	Within Defined Limits -SP at 03/07/25 1716
<b>Charting Type</b>				
Charting Type	Shift assessment - AG at 03/06/25 2003	—	—	Shift assessment - SP at 03/07/25 1716
<b>Row Name 03/07/25 1600</b>				
<b>Neurological</b>				
Level of Consciousness	Alert (Normal) -SP at 03/07/25 1720			
Orientation Level	Oriented X4 -SP at 03/07/25 1720			
Cognition	Appropriate safety awareness -SP at 03/07/25 1720			
Speech	Clear -SP at 03/07/25 1716			
Pupil Assessment	Yes -SP at 03/07/25 1716			
R Pupil Size (mm)	3 mm -SP at 03/07/25 1716			
R Pupil Shape	Round -SP at 03/07/25 1716			
R Pupil Reaction	Brisk -SP at 03/07/25 1716			
L Pupil Size (mm)	3 mm -SP at 03/07/25			

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

	1716
L Pupil Shape	Round -SP at 03/07/25
	1716
L Pupil Reaction	Brisk -SP at 03/07/25
	1716
RUE Motor Response	Follows commands; Normal extension; Normal flexion -SP at 03/07/25
	1716
RUE Sensation	Full sensation -SP at 03/07/25 1716
RUE Motor Strength	Normal strength -SP at 03/07/25 1716
LUE Motor Response	Follows commands -SP at 03/07/25 1716
LUE Sensation	Full sensation -SP at 03/07/25 1716
LUE Motor Strength	Normal strength -SP at 03/07/25 1716
RLE Motor Response	Follows commands -SP at 03/07/25 1716
RLE Sensation	Full sensation -SP at 03/07/25 1716
RLE Motor Strength	Normal strength -SP at 03/07/25 1716
LLE Motor Response	Follows commands -SP at 03/07/25 1716
LLE Sensation	Full sensation -SP at 03/07/25 1716
LLE Motor Strength	Normal strength -SP at 03/07/25 1716
<b>Glasgow Coma Scale</b>	
Best Eye Response	Spontaneous -SP at 03/07/25 1716
Best Verbal Response	Oriented -SP at 03/07/25 1716
Best Motor Response	Follows commands -SP at 03/07/25 1716
Glasgow Coma Scale Score	15 -SP at 03/07/25 1716

**Cardiac/Telemetry**

Row Name	03/03/25 0805	03/03/25 1915
<b>Cardiac</b>		
Cardiac (WDL)	Within Defined Limits -GS at 03/03/25 0805	Within Defined Limits -JM at 03/03/25 2015
Cardiac Pertinent Negatives	Heart rate regular; S1 S2 -GS at 03/03/25 0805	—
<b>Pain Assessment</b>		
Pain Assessment	DVPRS -GS at 03/03/25 0805	DVPRS -JM at 03/03/25 2015
Pain Score	0 -GS at 03/03/25 0805	6 -JM at 03/03/25 2015
Pain Rating Scale (DVPRS)	No pain -GS at 03/03/25 0805	Hard to ignore, avoid usual activities -JM at 03/03/25 2015
Pain Location	—	Back -JM at 03/03/25 2015

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

**Cardiac Monitoring/Tele**

Bedside Cardiac Monitor On	Yes -GS at 03/03/25 0805	—
Bedside Cardiac Audible	Yes -GS at 03/03/25 0805	—
Bedside Cardiac Alarms Set	Yes -GS at 03/03/25 0805	—

**Care Handoff**

**Row Name** 03/04/25 0700

**Care Handoff**

Handoff Given To	Sheriace RN -DJ at 03/04/25 0737
Handoff Received From	Daine RN -DJ at 03/04/25 0737

**Columbia Suicide Severity Rating Scale (Daily/Shift)**

**Row Name** 03/04/25 0545

**Columbia Suicide Severity Rating Scale (Daily/Shift Screen)**

2. Non-Specific Active Suicidal Thoughts (Daily/Shift)	No -DJ at 03/04/25 0545
6. Suicidal Behavior (Daily/Shift)	No -DJ at 03/04/25 0545

**Columbia Suicide Severity Rating Scale (Screener/Recent Self-Report)**

**Row Name** 03/02/25 1844

**Columbia Suicide Severity Rating Scale (Screener/Recent Self-Report)**

1. Wish to be Dead (Past 1 Month)	No -NH at 03/02/25 1844
2. Non-Specific Active Suicidal Thoughts (Past 1 Month)	No -NH at 03/02/25 1844
6. Suicidal Behavior (Lifetime)	No -NH at 03/02/25 1844

**Complex Assessment**

**Row Name** 03/04/25 0430

**Neurological**

Level of Consciousness	Alert (Normal) -DJ at 03/04/25 0536
Orientation Level	Oriented X4 -DJ at 03/04/25 0536
Cognition	Appropriate judgement; Follows commands -DJ at 03/04/25 0536
Speech	Clear -DJ at 03/04/25

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

	0536
R Pupil Size (mm)	3 mm -DJ at 03/04/25 0536
R Pupil Shape	Round -DJ at 03/04/25 0536
R Pupil Reaction	Brisk -DJ at 03/04/25 0536
L Pupil Size (mm)	3 mm -DJ at 03/04/25 0536
L Pupil Shape	Round -DJ at 03/04/25 0536
L Pupil Reaction	Brisk -DJ at 03/04/25 0536
RUE Motor Response	Follows commands -DJ at 03/04/25 0536
RUE Sensation	Full sensation -DJ at 03/04/25 0536
RUE Motor Strength	Normal strength -DJ at 03/04/25 0536
LUE Motor Response	Follows commands -DJ at 03/04/25 0536
LUE Sensation	Full sensation -DJ at 03/04/25 0536
LUE Motor Strength	Normal strength -DJ at 03/04/25 0536
RLE Motor Response	Follows commands -DJ at 03/04/25 0536
RLE Sensation	Full sensation -DJ at 03/04/25 0536
RLE Motor Strength	Normal strength -DJ at 03/04/25 0536
LLE Motor Response	Follows commands -DJ at 03/04/25 0536
LLE Sensation	Full sensation -DJ at 03/04/25 0536
LLE Motor Strength	Normal strength -DJ at 03/04/25 0536
<b>Reflexes</b>	
Gag Reflex	Present -DJ at 03/04/25 0536
Cough Reflex	Present -DJ at 03/04/25 0536
<b>Glasgow Coma Scale</b>	
Best Eye Response	Spontaneous -DJ at 03/04/25 0536
Best Verbal Response	Oriented -DJ at 03/04/25 0536
Best Motor Response	Follows commands -DJ at 03/04/25 0536
Glasgow Coma Scale Score	15 -DJ at 03/04/25 0536
<b>Head, Ears, Eyes, Nose, and Throat (HEENT)</b>	
Head, Ears, Eyes, Nose, and Throat (WDL)	Exceptions to WDL -DJ at 03/04/25 0536
Head and Face	Symmetrical -DJ at 03/04/25 0536
R Eye	Intact -DJ at 03/04/25 0536
L Eye	Intact -DJ at 03/04/25 0536

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

R Ear	Intact -DJ at 03/04/25 0536
L Ear	Intact -DJ at 03/04/25 0536
Nose	Intact -DJ at 03/04/25 0536
Lips	Symmetrical -DJ at 03/04/25 0536
Throat	Intact -DJ at 03/04/25 0536
Tongue	Pink;Moist -DJ at 03/04/25 0536
Mucous Membrane(s)	Moist;Pink;Intact -DJ at 03/04/25 0536
Teeth	Intact -DJ at 03/04/25 0536

Respiratory

Respiratory (WDL)	Exceptions to WDL -DJ at 03/04/25 0536
Respiratory Depth/Rhythm	Regular -DJ at 03/04/25 0536
Respiratory Effort	Unlabored -DJ at 03/04/25 0536
Dyspnea Occurrence	None -DJ at 03/04/25 0536
Chest Assessment	Symmetrical -DJ at 03/04/25 0536
Bilateral Breath Sounds	Clear -DJ at 03/04/25 0536
R Breath Sounds	Clear -DJ at 03/04/25 0536
L Breath Sounds	Clear -DJ at 03/04/25 0536
Cough	None -DJ at 03/04/25 0536

Cardiac

Cardiac (WDL)	Exceptions to WDL -DJ at 03/04/25 0536
Cardiac Regularity	Regular -DJ at 03/04/25 0536
Heart Sounds	S1, S2 -DJ at 03/04/25 0536
Jugular Venous Distention (JVD)	No -DJ at 03/04/25 0536
Cardiac Rhythm	Normal sinus rhythm -DJ at 03/04/25 0536
Detailed Cardiac Monitoring Measurements	No -DJ at 03/04/25 0536
Cardiac Symptoms	None -DJ at 03/04/25 0536

Cardiac Monitor

Bedside Cardiac Monitor On	No -DJ at 03/04/25 0536
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Peripheral Vascular

Peripheral Vascular (WDL)	Within Defined Limits -DJ at 03/04/25 0536
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Integumentary

Integumentary (WDL)	Exceptions to WDL -DJ at 03/04/25 0536
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03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

Skin Condition Dry -DJ at 03/04/25  
0536

Skin Temperature Warm -DJ at 03/04/25  
0536

Skin Integrity Other (Comment)  
G-tube site agdomen  
-DJ at 03/04/25 0536

Skin Turgor Non-tenting -DJ at  
03/04/25 0536

Second Nurse Jomel RN -DJ at  
Skin Signoff 03/04/25 0536

Musculoskeletal

Musculoskeletal Within Defined  
(WDL) Limits -DJ at 03/04/25  
0536

Gastrointestinal

Gastrointestinal Within Defined  
(WDL) Limits -DJ at 03/04/25  
0536

Genitourinary

Genitourinary Exceptions to WDL  
(WDL) -DJ at 03/04/25 0536

Urinary No -DJ at 03/04/25 0536

Incontinence

Urine Color Yellow/straw -DJ at  
03/04/25 0536

Suprapubic No -DJ at 03/04/25 0536

Tenderness

Genitourinary None -DJ at 03/04/25  
Symptoms 0535

Psychosocial

Psychosocial Within Defined  
(WDL) Limits -DJ at 03/04/25  
0536

Charting Type

Charting Type Shift assessment -  
DJ at 03/04/25 0536

GI Interventions

GI Interventions Encouraged  
Performed adequate fluid  
intake;Frequent  
small meals -DJ at  
03/04/25 0536

Complex Vitals

Row Name	03/03/25 0800	03/03/25 0810	03/03/25 0900	03/03/25 1000	03/03/25 1500
<b>Vitals</b>					
Pulse	56 -GS at 03/03/25 0913	61 -GS at 03/03/25 0913	64 -GS at 03/03/25 0914	67 -GS at 03/03/25 1150	78 -GS at 03/03/25 1546
Resp	18 -GS at 03/03/25 0913	18 -GS at 03/03/25 0913	18 -GS at 03/03/25 0914	18 -GS at 03/03/25 1150	18 -GS at 03/03/25 1546
BP	214/105 † -GS at 03/03/25 0913	165/103 † -GS at 03/03/25 0913	194/109 † -GS at 03/03/25 0914	196/102 † -GS at 03/03/25 1150	148/94 † -GS at 03/03/25 1546
MAP (mmHg)	144 † -GS at 03/03/25 0913	129 † -GS at 03/03/25 0913	144 † -GS at 03/03/25 0914	141 † -GS at 03/03/25 1150	113 † -GS at 03/03/25 1546
<b>Oxygen Therapy</b>					
SpO2	100 % -GS at 03/03/25 0913	100 % -GS at 03/03/25 0913	97 % -GS at 03/03/25 0914	100 % -GS at 03/03/25 1150	94 % -GS at 03/03/25 1546
Oxygen Therapy	None (Room air) - GS at 03/03/25 0914	None (Room air) - GS at 03/03/25 0914	None (Room air) - GS at 03/03/25 0914	None (Room air) - GS at 03/03/25 1150	None (Room air) - GS at 03/03/25 1546



03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

Row Name	03/03/25 1700	03/03/25 1805	03/03/25 2200	03/04/25 0130	03/04/25 0145
<b>Vitals</b>					
Pulse	58 -GS at 03/03/25 1810	73 -GS at 03/03/25 1810	64 -JM at 03/03/25 2253	58 -JM at 03/04/25 0134	56 -CC at 03/04/25 0149
Resp	18 -GS at 03/03/25 1810	18 -GS at 03/03/25 1810	—	—	—
BP	184/98 † -GS at 03/03/25 1810	198/117 † -GS at 03/03/25 1810	185/96 † -JM at 03/03/25 2253	183/81 † -JM at 03/04/25 0134	160/86 -CC at 03/04/25 0149
MAP (mmHg)	135 † -GS at 03/03/25 1810	148 † -GS at 03/03/25 1810	132 † -JM at 03/03/25 2253	116 † -JM at 03/04/25 0134	118 † -CC at 03/04/25 0149
<b>Oxygen Therapy</b>					
SpO2	100 % -GS at 03/03/25 1810	97 % -GS at 03/03/25 1810	96 % -JM at 03/03/25 2253	100 % -JM at 03/04/25 0134	94 % -CC at 03/04/25 0149
Oxygen Therapy	None (Room air) -GS at 03/03/25 1810	None (Room air) -GS at 03/03/25 1810	—	—	—

Row Name	03/04/25 0300
<b>Vitals</b>	
Pulse	61 -CC at 03/04/25 0322
BP	144/81 -CC at 03/04/25 0322
MAP (mmHg)	104 † -CC at 03/04/25 0322
<b>Oxygen Therapy</b>	
SpO2	94 % -CC at 03/04/25 0322

Custom Formula Data

Row Name	03/02/25 18:35:42	03/02/25 18:35:59	03/02/25 1841	03/02/25 1844	03/02/25 23:54:52
<b>OTHER</b>					
Hemorrhage Risk Assessment Score	-1000 -MI (r) VB (t) at 03/02/25 1836	—	—	—	—
Adult Female Ideal Body Weight (European)	—	—	65.734 kg -NH at 03/02/25 1841	—	—
Adjusted Ideal Body Weight	—	—	69.38 -NH at 03/02/25 1841	—	—
IBW in lb (Bariatric)	—	—	160 lb -NH at 03/02/25 1841	—	—
<b>Vigilance Interface Values</b>					
Para	0 -MI (r) VB (t) at 03/02/25 1836	—	—	—	—
Para Term	0 -MI (r) VB (t) at 03/02/25 1836	—	—	—	—
Para PreTerm	0 -MI (r) VB (t) at 03/02/25 1836	—	—	—	—
Total AB	0 -MI (r) VB (t) at 03/02/25 1836	—	—	—	—
Living	0 -MI (r) VB (t) at 03/02/25 1836	—	—	—	—
<b>Relevant Labs and Vitals</b>					
Temp (in Celsius) for APACHE IV	—	36.7 -MI (r) VB (t) at 03/02/25 1836	—	—	36.7 -MI at 03/02/25 2355
<b>Anthropometrics</b>					
IBW/kg (Calculated)	—	—	70.7 -NH at 03/02/25 1841	—	—
Adjusted body weight	—	—	72.36 kg -NH at 03/02/25 1841	—	—

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

(calculated)

Weight and Growth Recommendation

IBW/kg (Calculated) Male	—	—	70.7 kg -NH at 03/02/25 1841	—	—
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Anthropometrics

BMI (Calculated)	—	—	24.36 -NH at 03/02/25 1841	—	—
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Height and Weight

BSA (Calculated - sq m)	—	—	1.91 sq meters -NH at 03/02/25 1841	—	—
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Weight in (lb) to have BMI = 25	—	—	168.9 -NH at 03/02/25 1841	—	—
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Vital Signs

BMI (Calculated)	—	—	24.36 -NH at 03/02/25 1841	—	—
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Weight and Growth Recommendation

IBW/kg (Calculated) Male	—	—	70.7 kg -NH at 03/02/25 1841	—	—
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Measurements

BMI (Calculated)	—	—	24.4 -NH at 03/02/25 1841	—	—
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Percent Excess Weight Loss	—	—	0 Percent -NH at 03/02/25 1841	—	—
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Weight Loss Since Preop (kg)	—	—	-74.84 kg -NH at 03/02/25 1841	—	—
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Excess Body Weight (kg)	—	—	-76.79 kg -NH at 03/02/25 1841	—	—
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IBW in kg (Bariatric)	—	—	76.79 kg -NH at 03/02/25 1841	—	—
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Weight Loss Since Last Bariatric Visit (kg)	—	—	-74.84 kg -NH at 03/02/25 1841	—	—
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Percent of IBW	—	—	103.13 Percent -NH at 03/02/25 1841	—	—
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EBW in kg (Bariatric)	—	—	-1.96 kg -NH at 03/02/25 1841	—	—
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EBW in lb (Bariatric)	—	—	5 lb -NH at 03/02/25 1841	—	—
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Bariatric Measurements

IBW in lb (Bariatric)	—	—	169.29 -NH at 03/02/25 1841	—	—
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Adult IBW/VT Calculations

IBW/kg (Calculated)	—	—	72.72 -NH at 03/02/25 1841	—	—
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Low Range Vt 6mL/kg	—	—	436.32 mL/kg -NH at 03/02/25 1841	—	—
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Adult Moderate Range Vt 8mL/kg	—	—	581.76 mL/kg -NH at 03/02/25 1841	—	—
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Adult High Range Vt 10mL/kg	—	—	727.2 mL/kg -NH at 03/02/25 1841	—	—
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Adult High Range Vt 8mL/kg	—	—	581.76 mL/kg -NH at 03/02/25 1841	—	—
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Adult Moderate Range Vt 7mL/kg	—	—	509.04 mL/kg -NH at 03/02/25 1841	—	—
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Glasgow Coma Scale Numeric	—	—	15 -NH at 03/02/25 1841	—	—
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03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

C-SSRS Risk (Lifetime/Recent)

Calculated C-SSRS Risk Score (Lifetime/Recent)	—	—	—	No Risk Indicated - NH at 03/02/25 1844	—
Suicide Screening Complete	—	—	—	Yes -NH at 03/02/25 1844	—

Row Name	03/02/25 23:55:17	03/03/25 0639	03/03/25 0800	03/03/25 0804	03/03/25 0805
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OTHER

Hemorrhage Risk Assessment Score	-1000 -MI at 03/02/25 2355	-1000 -MN at 03/03/25 0640	-1000 -GS at 03/03/25 0913	—	—
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Vigilance Interface Values

Para	0 -MI at 03/02/25 2355	0 -MN at 03/03/25 0640	0 -GS at 03/03/25 0913	—	—
Para Term	0 -MI at 03/02/25 2355	0 -MN at 03/03/25 0640	0 -GS at 03/03/25 0913	—	—
Para PreTerm	0 -MI at 03/02/25 2355	0 -MN at 03/03/25 0640	0 -GS at 03/03/25 0913	—	—
Total AB	0 -MI at 03/02/25 2355	0 -MN at 03/03/25 0640	0 -GS at 03/03/25 0913	—	—
Living	0 -MI at 03/02/25 2355	0 -MN at 03/03/25 0640	0 -GS at 03/03/25 0913	—	—

Glasgow Coma Scale

Glasgow Coma Scale Numeric	—	—	—	15 -GS at 03/03/25 0805	15 -GS at 03/03/25 0805
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Row Name	03/03/25 0810	03/03/25 0900	03/03/25 1000	03/03/25 1100	03/03/25 1300
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OTHER

Hemorrhage Risk Assessment Score	-1000 -GS at 03/03/25 0913	-1000 -GS at 03/03/25 0914	-1000 -GS at 03/03/25 1150	—	—
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Vigilance Interface Values

Para	0 -GS at 03/03/25 0913	0 -GS at 03/03/25 0914	0 -GS at 03/03/25 1150	—	—
Para Term	0 -GS at 03/03/25 0913	0 -GS at 03/03/25 0914	0 -GS at 03/03/25 1150	—	—
Para PreTerm	0 -GS at 03/03/25 0913	0 -GS at 03/03/25 0914	0 -GS at 03/03/25 1150	—	—
Total AB	0 -GS at 03/03/25 0913	0 -GS at 03/03/25 0914	0 -GS at 03/03/25 1150	—	—
Living	0 -GS at 03/03/25 0913	0 -GS at 03/03/25 0914	0 -GS at 03/03/25 1150	—	—

Glasgow Coma Scale

Glasgow Coma Scale Numeric	—	15 -GS at 03/03/25 0914	—	15 -GS at 03/03/25 1151	15 -GS at 03/03/25 1547
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Row Name	03/03/25 1500	03/03/25 1700	03/03/25 1805	03/03/25 1915	03/03/25 1930
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OTHER

Hemorrhage Risk Assessment Score	-1000 -GS at 03/03/25 1546	-1000 -GS at 03/03/25 1810	-1000 -GS at 03/03/25 1810	—	-1000 -JM at 03/03/25 1958
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Vigilance Interface Values

Para	0 -GS at 03/03/25 1546	0 -GS at 03/03/25 1810	0 -GS at 03/03/25 1810	—	0 -JM at 03/03/25 1958
Para Term	0 -GS at 03/03/25 1546	0 -GS at 03/03/25 1810	0 -GS at 03/03/25 1810	—	0 -JM at 03/03/25 1958
Para PreTerm	0 -GS at 03/03/25 1546	0 -GS at 03/03/25 1810	0 -GS at 03/03/25 1810	—	0 -JM at 03/03/25 1958
Total AB	0 -GS at 03/03/25 1546	0 -GS at 03/03/25 1810	0 -GS at 03/03/25 1810	—	0 -JM at 03/03/25 1958
Living	0 -GS at 03/03/25 1546	0 -GS at 03/03/25 1810	0 -GS at 03/03/25 1810	—	0 -JM at 03/03/25 1958

Glasgow Coma Scale

Glasgow Coma Scale Numeric	15 -GS at 03/03/25 1547	15 -GS at 03/03/25 1810	—	15 -JM at 03/03/25 2014	—
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Row Name	03/03/25 2100	03/03/25 2200	03/03/25 2300	03/04/25 0130	03/04/25 0145
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OTHER

Hemorrhage Risk Assessment Score	-1000 -JM at 03/03/25 2252	-1000 -JM at 03/03/25 2253	-1000 -JM at 03/04/25 0050	-1000 -JM at 03/04/25 0134	-1000 -CC at 03/04/25 0149
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Vigilance Interface Values

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

Para	0 -JM at 03/03/25 2252	0 -JM at 03/03/25 2253	0 -JM at 03/04/25 0050	0 -JM at 03/04/25 0134	0 -CC at 03/04/25 0149
Para Term	0 -JM at 03/03/25 2252	0 -JM at 03/03/25 2253	0 -JM at 03/04/25 0050	0 -JM at 03/04/25 0134	0 -CC at 03/04/25 0149
Para PreTerm	0 -JM at 03/03/25 2252	0 -JM at 03/03/25 2253	0 -JM at 03/04/25 0050	0 -JM at 03/04/25 0134	0 -CC at 03/04/25 0149
Total AB	0 -JM at 03/03/25 2252	0 -JM at 03/03/25 2253	0 -JM at 03/04/25 0050	0 -JM at 03/04/25 0134	0 -CC at 03/04/25 0149
Living	0 -JM at 03/03/25 2252	0 -JM at 03/03/25 2253	0 -JM at 03/04/25 0050	0 -JM at 03/04/25 0134	0 -CC at 03/04/25 0149
<b>Row Name</b>	<b>03/04/25 0300</b>	<b>03/04/25 0410</b>	<b>03/04/25 0430</b>	<b>03/04/25 04:38:14</b>	<b>03/04/25 04:39:21</b>

**OTHER**

Hemorrhage Risk Assessment Score	-1000 -CC at 03/04/25 0322	-1000 -HC at 03/04/25 0419	—	—	-1000 -MI (r) IK (t) at 03/04/25 0439
Adult Female Ideal Body Weight (European)	—	65.771 kg -HC at 03/04/25 0419	—	—	—
Adjusted Ideal Body Weight	—	69.38 -HC at 03/04/25 0419	—	—	—
IBW in lb (Bariatric)	—	160.1 lb -HC at 03/04/25 0419	—	—	—
Goal met?	—	—	Goal not met -DJ at 03/04/25 0535	—	—
Time since last AM-PAC (hours)	—	—	0 -DJ at 03/04/25 0535	—	—
Mobility performed compared to goal	—	—	-6 -DJ at 03/04/25 0535	—	—
Most recent goal	—	—	7 -DJ at 03/04/25 0535	—	—
Count of JH-HLM performed (today)	—	—	1 -DJ at 03/04/25 0535	—	—

**Vigilance Interface Values**

Para	0 -CC at 03/04/25 0322	0 -HC at 03/04/25 0419	—	—	0 -MI (r) IK (t) at 03/04/25 0439
Para Term	0 -CC at 03/04/25 0322	0 -HC at 03/04/25 0419	—	—	0 -MI (r) IK (t) at 03/04/25 0439
Para PreTerm	0 -CC at 03/04/25 0322	0 -HC at 03/04/25 0419	—	—	0 -MI (r) IK (t) at 03/04/25 0439
Total AB	0 -CC at 03/04/25 0322	0 -HC at 03/04/25 0419	—	—	0 -MI (r) IK (t) at 03/04/25 0439
Living	0 -CC at 03/04/25 0322	0 -HC at 03/04/25 0419	—	—	0 -MI (r) IK (t) at 03/04/25 0439

**Relevant Labs and Vitals**

Temp (in Celsius) for APACHE IV	—	—	—	36.9 -MI (r) IK (t) at 03/04/25 0439	—
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**Anthropometrics**

IBW/kg (Calculated)	—	70.74 -HC at 03/04/25 0419	—	—	—
Adjusted body weight (calculated)	—	72.36 kg -HC at 03/04/25 0419	—	—	—

**Weight and Growth Recommendation**

IBW/kg (Calculated) Male	—	70.74 kg -HC at 03/04/25 0419	—	—	—
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**Anthropometrics**

BMI (Calculated)	—	24.34 -HC at 03/04/25 0419	—	—	—
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**Height and Weight**

BSA (Calculated - sq m)	—	1.91 sq meters -HC at 03/04/25 0419	—	—	—
Weight in (lb) to	—	169 -HC at 03/04/25 0419	—	—	—

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

have BMI = 25

Vital Signs

BMI (Calculated)	—	24.34 -HC at 03/04/25 0419	—	—	—
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Weight and Growth Recommendation

IBW/kg (Calculated) Male	—	70.74 kg -HC at 03/04/25 0419	—	—	—
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Measurements

BMI (Calculated)	—	24.4 -HC at 03/04/25 0419	—	—	—
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Percent Excess Weight Loss	—	0 Percent -HC at 03/04/25 0419	—	—	—
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Weight Loss Since Preop (kg)	—	-74.8 kg -HC at 03/04/25 0419	—	—	—
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Excess Body Weight (kg)	—	-76.83 kg -HC at 03/04/25 0419	—	—	—
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IBW in kg (Bariatric)	—	76.83 kg -HC at 03/04/25 0419	—	—	—
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Weight Loss Since Last Bariatric Visit (kg)	—	0.04 kg -HC at 03/04/25 0419	—	—	—
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Percent of IBW	—	103 Percent -HC at 03/04/25 0419	—	—	—
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EBW in kg (Bariatric)	—	-2.05 kg -HC at 03/04/25 0419	—	—	—
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EBW in lb (Bariatric)	—	4.8 lb -HC at 03/04/25 0419	—	—	—
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Bariatric Measurements

IBW in lb (Bariatric)	—	169.37 -HC at 03/04/25 0419	—	—	—
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Adult IBW/VT Calculations

IBW/kg (Calculated)	—	72.77 -HC at 03/04/25 0419	—	—	—
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Low Range Vt 6mL/kg	—	436.62 mL/kg -HC at 03/04/25 0419	—	—	—
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Adult Moderate Range Vt 8mL/kg	—	582.16 mL/kg -HC at 03/04/25 0419	—	—	—
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Adult High Range Vt 10mL/kg	—	727.7 mL/kg -HC at 03/04/25 0419	—	—	—
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Adult High Range Vt 8mL/kg	—	582.16 mL/kg -HC at 03/04/25 0419	—	—	—
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Adult Moderate Range Vt 7mL/kg	—	509.39 mL/kg -HC at 03/04/25 0419	—	—	—
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Glasgow Coma Scale

Glasgow Coma Scale Numeric	—	—	15 -DJ at 03/04/25 0536	—	—
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Fall Risk Scale

Fall Risk Calculated Score	—	—	3 (Hester Davis) -DJ at 03/04/25 0535	—	—
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Row Name	03/04/25 0532	03/04/25 0544	03/04/25 0545	03/04/25 07:52:13	03/04/25 0800
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OTHER

Hemorrhage Risk Assessment Score	-1000 -DJ at 03/04/25 0532	—	—	-1000 -MI (r) SR (t) at 03/04/25 0752	—
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Goal met?	—	—	—	—	Goal not met -II at 03/04/25 0803
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Mobility	—	—	—	—	-1 -II at 03/04/25 0803
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**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

performed compared to goal					
Most recent goal	—	—	—	—	7 -II at 03/04/25 0803
Count of JH-HLM performed (today)	—	—	—	—	2 -II at 03/04/25 0803
Malnutrition Risk	—	Not at risk -DJ at 03/04/25 0544	—	—	—
Calculated C-SSRS Risk Score (Daily/Shift)	—	—	No Risk Indicated - DJ at 03/04/25 0545	—	—
<b>Vigilance Interface Values</b>					
Para	0 -DJ at 03/04/25 0532	—	—	0 -MI (r) SR (t) at 03/04/25 0752	—
Para Term	0 -DJ at 03/04/25 0532	—	—	0 -MI (r) SR (t) at 03/04/25 0752	—
Para PreTerm	0 -DJ at 03/04/25 0532	—	—	0 -MI (r) SR (t) at 03/04/25 0752	—
Total AB	0 -DJ at 03/04/25 0532	—	—	0 -MI (r) SR (t) at 03/04/25 0752	—
Living	0 -DJ at 03/04/25 0532	—	—	0 -MI (r) SR (t) at 03/04/25 0752	—
<b>Relevant Labs and Vitals</b>					
Temp (in Celsius) for APACHE IV	38 -DJ at 03/04/25 0532	—	—	36.4 -SR at 03/04/25 0843	—
<b>Glasgow Coma Scale</b>					
Glasgow Coma Scale Numeric	—	—	—	—	15 -II at 03/04/25 1343
<b>Fall Risk Scale</b>					
Fall Risk Calculated Score	—	—	—	—	3 (Hester Davis) -II at 03/04/25 0805
<b>Audit Alcohol Screening</b>					
Audit-C Score	—	0 -DJ at 03/04/25 0545	—	—	—
Skip to questions 9-10?	—	1 -DJ at 03/04/25 0545	—	—	—
<b>Intimate Partner Violence</b>					
HARK Total Score	—	0 -DJ at 03/04/25 0545	—	—	—
<b>Violence Assessment Tool Risk Indicators</b>					
Violence Assessment Tool Total Score	—	—	—	—	0 -II at 03/04/25 0804
<b>Row Name</b>	<b>03/04/25 0915</b>	<b>03/04/25 1040</b>	<b>03/04/25 1200</b>	<b>03/04/25 12:01:34</b>	<b>03/04/25 1600</b>
<b>OTHER</b>					
Hemorrhage Risk Assessment Score	—	—	—	-1000 -MI (r) SR (t) at 03/04/25 1201	—
Goal met?	Goal not met -SS at 03/04/25 1248	Goal surpassed -SW at 03/04/25 1343	Goal not met -II at 03/04/25 1216	—	—
Time since last AM-PAC (hours)	—	6.17 -SW at 03/04/25 1343	—	—	—
Mobility performed compared to goal	-1 -SS at 03/04/25 1248	1 -SW at 03/04/25 1343	-1 -II at 03/04/25 1216	—	—
Most recent goal	7 -SS at 03/04/25 1248	6 -SW at 03/04/25 1343	7 -II at 03/04/25 1216	—	—
Count of JH-HLM performed (today)	3 -SS at 03/04/25 1248	4 -SW at 03/04/25 1343	3 -II at 03/04/25 1216	—	—
<b>Vigilance Interface Values</b>					
Para	—	—	—	0 -MI (r) SR (t) at	—

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

					03/04/25 1201
Para Term	—	—	—	0 -MI (r) SR (t) at	—
					03/04/25 1201
Para PreTerm	—	—	—	0 -MI (r) SR (t) at	—
					03/04/25 1201
Total AB	—	—	—	0 -MI (r) SR (t) at	—
					03/04/25 1201
Living	—	—	—	0 -MI (r) SR (t) at	—
					03/04/25 1201
Relevant Labs and Vitals					
Temp (in Celsius) for APACHE IV	—	—	—	36.6 -SR at 03/04/25 1228	—
Glasgow Coma Scale					
Glasgow Coma Scale Score	—	—	15 -II at 03/04/25 1344	—	15 -II at 03/04/25 1802
Glasgow Coma Scale Numeric	—	—	15 -II at 03/04/25 1344	—	15 -II at 03/04/25 1802
Row Name	03/04/25 16:03:02	03/04/25 16:03:15	03/04/25 19:29:28	03/04/25 19:29:32	03/04/25 2000
OTHER					
Hemorrhage Risk Assessment Score	—	-1000 -MI at 03/04/25 1603	-1000 -MI (r) MP (t) at 03/04/25 1929	—	—
Vigilance Interface Values					
Para	—	0 -MI at 03/04/25 1603	0 -MI (r) MP (t) at 03/04/25 1929	—	—
Para Term	—	0 -MI at 03/04/25 1603	0 -MI (r) MP (t) at 03/04/25 1929	—	—
Para PreTerm	—	0 -MI at 03/04/25 1603	0 -MI (r) MP (t) at 03/04/25 1929	—	—
Total AB	—	0 -MI at 03/04/25 1603	0 -MI (r) MP (t) at 03/04/25 1929	—	—
Living	—	0 -MI at 03/04/25 1603	0 -MI (r) MP (t) at 03/04/25 1929	—	—
Relevant Labs and Vitals					
Temp (in Celsius) for APACHE IV	37.4 -MI at 03/04/25 1603	—	—	36.7 -MP at 03/04/25 2021	—
Glasgow Coma Scale					
Glasgow Coma Scale Numeric	—	—	—	—	15 -JG at 03/04/25 2214
Fall Risk Scale					
Fall Risk Calculated Score	—	—	—	—	3 (Hester Davis) -JG at 03/04/25 2218
Row Name	03/04/25 23:52:50	03/04/25 23:53:45	03/05/25 0000	03/05/25 0400	03/05/25 0413
OTHER					
Hemorrhage Risk Assessment Score	—	-1000 -MI (r) MP (t) at 03/04/25 2353	—	—	—
Vigilance Interface Values					
Para	—	0 -MI (r) MP (t) at 03/04/25 2353	—	—	—
Para Term	—	0 -MI (r) MP (t) at 03/04/25 2353	—	—	—
Para PreTerm	—	0 -MI (r) MP (t) at 03/04/25 2353	—	—	—
Total AB	—	0 -MI (r) MP (t) at 03/04/25 2353	—	—	—
Living	—	0 -MI (r) MP (t) at 03/04/25 2353	—	—	—
Relevant Labs and Vitals					

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

Temp (in Celsius) for APACHE IV	37 -MI (r) MP (t) at 03/04/25 2353	—	—	—	36.3 -MI (r) MP (t) at 03/05/25 0413
Glasgow Coma Scale					
Glasgow Coma Scale Numeric	—	—	15 -JG at 03/05/25 0313	15 -JG at 03/05/25 0629	—
Row Name	03/05/25 04:13:21	03/05/25 07:43:12	03/05/25 07:44:12	03/05/25 0800	03/05/25 1020
OTHER					
Hemorrhage Risk Assessment Score	-1000 -MI (r) MP (t) at 03/05/25 0413	—	-1000 -MI (r) MR (t) at 03/05/25 0744	—	—
Goal met?	—	—	—	Goal met -II at 03/05/25 0945	Goal met -SW at 03/05/25 1201
Time since last AM-PAC (hours)	—	—	—	—	23.67 -SW at 03/05/25 1201
Mobility performed compared to goal	—	—	—	0 -II at 03/05/25 0945	0 -SW at 03/05/25 1201
Most recent goal	—	—	—	6 -II at 03/05/25 0945	7 -SW at 03/05/25 1201
Count of JH-HLM performed (today)	—	—	—	1 -II at 03/05/25 0945	2 -SW at 03/05/25 1201
Vigilance Interface Values					
Para	0 -MI (r) MP (t) at 03/05/25 0413	—	0 -MI (r) MR (t) at 03/05/25 0744	—	—
Para Term	0 -MI (r) MP (t) at 03/05/25 0413	—	0 -MI (r) MR (t) at 03/05/25 0744	—	—
Para PreTerm	0 -MI (r) MP (t) at 03/05/25 0413	—	0 -MI (r) MR (t) at 03/05/25 0744	—	—
Total AB	0 -MI (r) MP (t) at 03/05/25 0413	—	0 -MI (r) MR (t) at 03/05/25 0744	—	—
Living	0 -MI (r) MP (t) at 03/05/25 0413	—	0 -MI (r) MR (t) at 03/05/25 0744	—	—
Relevant Labs and Vitals					
Temp (in Celsius) for APACHE IV	—	36.7 -MI (r) MR (t) at 03/05/25 0744	—	—	—
Glasgow Coma Scale					
Glasgow Coma Scale Numeric	—	—	—	15 -II at 03/05/25 1119	—
Fall Risk Scale					
Fall Risk Calculated Score	—	—	—	3 (Hester Davis) -II at 03/05/25 1111	—
Violence Assessment Tool Risk Indicators					
Violence Assessment Tool Total Score	—	—	—	0 -II at 03/05/25 1101	—
Row Name	03/05/25 11:39:48	03/05/25 11:40:19	03/05/25 1200	03/05/25 15:36:48	03/05/25 15:37:40
OTHER					
Hemorrhage Risk Assessment Score	-1000 -MI (r) MR (t) at 03/05/25 1140	—	—	—	-1000 -MI (r) MR (t) at 03/05/25 1538
Vigilance Interface Values					
Para	0 -MI (r) MR (t) at 03/05/25 1140	—	—	—	0 -MI (r) MR (t) at 03/05/25 1538
Para Term	0 -MI (r) MR (t) at 03/05/25 1140	—	—	—	0 -MI (r) MR (t) at 03/05/25 1538
Para PreTerm	0 -MI (r) MR (t) at 03/05/25 1140	—	—	—	0 -MI (r) MR (t) at 03/05/25 1538
Total AB	0 -MI (r) MR (t) at 03/05/25 1140	—	—	—	0 -MI (r) MR (t) at 03/05/25 1538



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

Living	0 -MI (r) MR (t) at 03/05/25 1140	—	—	—	0 -MI (r) MR (t) at 03/05/25 1538
<b>Relevant Labs and Vitals</b>					
Temp (in Celsius) for APACHE IV	—	36.6 -MI (r) MR (t) at 03/05/25 1140	—	37.1 -MI (r) MR (t) at 03/05/25 1538	—
<b>Glasgow Coma Scale</b>					
Glasgow Coma Scale Score	—	—	15 -II at 03/05/25 1300	—	—
Glasgow Coma Scale Numeric	—	—	15 -II at 03/05/25 1300	—	—
<b>Row Name</b>	<b>03/05/25 1600</b>	<b>03/05/25 1700</b>	<b>03/05/25 2000</b>	<b>03/05/25 20:08:18</b>	<b>03/05/25 20:09:19</b>
<b>OTHER</b>					
Hemorrhage Risk Assessment Score	—	—	—	—	-1000 -MI (r) KP (t) at 03/05/25 2009
Goal met?	—	Goal not met -II at 03/05/25 1708	—	—	—
Mobility performed compared to goal	—	-1 -II at 03/05/25 1708	—	—	—
Most recent goal	—	7 -II at 03/05/25 1708	—	—	—
Count of JH-HLM performed (today)	—	3 -II at 03/05/25 1708	—	—	—
<b>Vigilance Interface Values</b>					
Para	—	—	—	—	0 -MI (r) KP (t) at 03/05/25 2009
Para Term	—	—	—	—	0 -MI (r) KP (t) at 03/05/25 2009
Para PreTerm	—	—	—	—	0 -MI (r) KP (t) at 03/05/25 2009
Total AB	—	—	—	—	0 -MI (r) KP (t) at 03/05/25 2009
Living	—	—	—	—	0 -MI (r) KP (t) at 03/05/25 2009
<b>Relevant Labs and Vitals</b>					
Temp (in Celsius) for APACHE IV	—	—	—	37.2 -MI (r) KP (t) at 03/05/25 2009	—
<b>Glasgow Coma Scale</b>					
Glasgow Coma Scale Score	15 -II at 03/05/25 1807	—	—	—	—
Glasgow Coma Scale Numeric	15 -II at 03/05/25 1807	—	15 -AG at 03/05/25 2007	—	—
<b>Fall Risk Scale</b>					
Fall Risk Calculated Score	—	—	3 (Hester Davis) -AG at 03/05/25 2008	—	—
<b>Row Name</b>	<b>03/05/25 23:40:12</b>	<b>03/05/25 23:40:25</b>	<b>03/06/25 0000</b>	<b>03/06/25 0400</b>	<b>03/06/25 04:29:26</b>
<b>OTHER</b>					
Hemorrhage Risk Assessment Score	-1000 -MI at 03/05/25 2340	—	—	—	—
<b>Vigilance Interface Values</b>					
Para	0 -MI at 03/05/25 2340	—	—	—	—
Para Term	0 -MI at 03/05/25 2340	—	—	—	—
Para PreTerm	0 -MI at 03/05/25 2340	—	—	—	—
Total AB	0 -MI at 03/05/25 2340	—	—	—	—
Living	0 -MI at 03/05/25 2340	—	—	—	—
<b>Relevant Labs and Vitals</b>					

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

Temp (in Celsius) — for APACHE IV	36.3 -MI at 03/05/25 2340	—	—	36.4 -MI (r) KP (t) at 03/06/25 0430
<b>Glasgow Coma Scale</b>				
Glasgow Coma Scale Numeric	—	15 -AG at 03/06/25 0007	15 -AG at 03/06/25 0402	—
<b>Row Name</b>	<b>03/06/25 04:29:40</b>	<b>03/06/25 05:04:22</b>	<b>03/06/25 06:34:39</b>	<b>03/06/25 06:35:19</b>
<b>OTHER</b>				
Hemorrhage Risk Assessment Score	-1000 -MI (r) KP (t) at 03/06/25 0430	-1000 -MI (r) AG (t) at 03/06/25 0504	-1000 -MI (r) AG (t) at 03/06/25 0634	-1000 -MI (r) AG (t) at 03/06/25 0635
Goal met?	—	—	—	Goal not met -SP at 03/06/25 1206
Mobility performed compared to goal	—	—	—	-1 -SP at 03/06/25 1206
Most recent goal	—	—	—	7 -SP at 03/06/25 1206
Count of JH-HLM performed (today)	—	—	—	1 -SP at 03/06/25 1206
<b>Vigilance Interface Values</b>				
Para	0 -MI (r) KP (t) at 03/06/25 0430	0 -MI (r) AG (t) at 03/06/25 0504	0 -MI (r) AG (t) at 03/06/25 0634	0 -MI (r) AG (t) at 03/06/25 0635
Para Term	0 -MI (r) KP (t) at 03/06/25 0430	0 -MI (r) AG (t) at 03/06/25 0504	0 -MI (r) AG (t) at 03/06/25 0634	0 -MI (r) AG (t) at 03/06/25 0635
Para PreTerm	0 -MI (r) KP (t) at 03/06/25 0430	0 -MI (r) AG (t) at 03/06/25 0504	0 -MI (r) AG (t) at 03/06/25 0634	0 -MI (r) AG (t) at 03/06/25 0635
Total AB	0 -MI (r) KP (t) at 03/06/25 0430	0 -MI (r) AG (t) at 03/06/25 0504	0 -MI (r) AG (t) at 03/06/25 0634	0 -MI (r) AG (t) at 03/06/25 0635
Living	0 -MI (r) KP (t) at 03/06/25 0430	0 -MI (r) AG (t) at 03/06/25 0504	0 -MI (r) AG (t) at 03/06/25 0634	0 -MI (r) AG (t) at 03/06/25 0635
<b>Glasgow Coma Scale</b>				
Glasgow Coma Scale Numeric	—	—	—	15 -SP at 03/06/25 1204
<b>Fall Risk Scale</b>				
Fall Risk Calculated Score	—	—	—	3 (Hester Davis) -SP at 03/06/25 1206
<b>Row Name</b>	<b>03/06/25 08:02:27</b>	<b>03/06/25 08:03:03</b>	<b>03/06/25 11:40:06</b>	<b>03/06/25 11:40:35</b>
<b>OTHER</b>				
Hemorrhage Risk Assessment Score	—	-1000 -MI at 03/06/25 0803	—	-1000 -MI (r) RF (t) at 03/06/25 1140
Goal met?	—	—	—	Goal not met -SP at 03/06/25 1207
Mobility performed compared to goal	—	—	—	-1 -SP at 03/06/25 1207
Most recent goal	—	—	—	7 -SP at 03/06/25 1207
Count of JH-HLM performed (today)	—	—	—	2 -SP at 03/06/25 1207
<b>Vigilance Interface Values</b>				
Para	—	0 -MI at 03/06/25 0803	—	0 -MI (r) RF (t) at 03/06/25 1140
Para Term	—	0 -MI at 03/06/25 0803	—	0 -MI (r) RF (t) at 03/06/25 1140
Para PreTerm	—	0 -MI at 03/06/25 0803	—	0 -MI (r) RF (t) at 03/06/25 1140
Total AB	—	0 -MI at 03/06/25 0803	—	0 -MI (r) RF (t) at 03/06/25 1140
Living	—	0 -MI at 03/06/25 0803	—	0 -MI (r) RF (t) at 03/06/25 1140

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

Relevant Labs and Vitals

Temp (in Celsius) for APACHE IV	36.7 -MI at 03/06/25 0803	—	36.8 -MI (r) RF (t) at 03/06/25 1140	—	—
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Glasgow Coma Scale

Glasgow Coma Scale Numeric	—	—	—	—	15 -SP at 03/06/25 1204
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Row Name	03/06/25 1600	03/06/25 16:07:57	03/06/25 1700	03/06/25 2000	03/06/25 20:57:54
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OTHER

Hemorrhage Risk Assessment Score	—	-1000 -MI (r) RF (t) at 03/06/25 1608	—	—	-1000 -MI (r) KP (t) at 03/06/25 2058
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Goal met?	—	—	Goal met -SP at 03/06/25 1756	—	—
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Mobility performed compared to goal	—	—	0 -SP at 03/06/25 1756	—	—
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Most recent goal	—	—	7 -SP at 03/06/25 1756	—	—
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Count of JH-HLM performed (today)	—	—	3 -SP at 03/06/25 1756	—	—
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Vigilance Interface Values

Para	—	0 -MI (r) RF (t) at 03/06/25 1608	—	—	0 -MI (r) KP (t) at 03/06/25 2058
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Para Term	—	0 -MI (r) RF (t) at 03/06/25 1608	—	—	0 -MI (r) KP (t) at 03/06/25 2058
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Para PreTerm	—	0 -MI (r) RF (t) at 03/06/25 1608	—	—	0 -MI (r) KP (t) at 03/06/25 2058
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Total AB	—	0 -MI (r) RF (t) at 03/06/25 1608	—	—	0 -MI (r) KP (t) at 03/06/25 2058
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Living	—	0 -MI (r) RF (t) at 03/06/25 1608	—	—	0 -MI (r) KP (t) at 03/06/25 2058
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Glasgow Coma Scale

Glasgow Coma Scale Numeric	15 -SP at 03/06/25 1753	—	—	15 -AG at 03/06/25 2003	—
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Fall Risk Scale

Fall Risk Calculated Score	—	—	—	3 (Hester Davis) -AG at 03/06/25 2005	—
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Row Name	03/06/25 20:58:18	03/07/25 0000	03/07/25 00:17:05	03/07/25 00:17:06	03/07/25 0400
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OTHER

Hemorrhage Risk Assessment Score	—	—	—	-1000 -MI (r) KP (t) at 03/07/25 0017	—
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Vigilance Interface Values

Para	—	—	—	0 -MI (r) KP (t) at 03/07/25 0017	—
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Para Term	—	—	—	0 -MI (r) KP (t) at 03/07/25 0017	—
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Para PreTerm	—	—	—	0 -MI (r) KP (t) at 03/07/25 0017	—
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Total AB	—	—	—	0 -MI (r) KP (t) at 03/07/25 0017	—
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Living	—	—	—	0 -MI (r) KP (t) at 03/07/25 0017	—
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Relevant Labs and Vitals

Temp (in Celsius) for APACHE IV	36.2 -MI (r) KP (t) at 03/06/25 2058	—	36.9 -MI (r) KP (t) at 03/07/25 0017	—	—
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Glasgow Coma Scale

Glasgow Coma Scale Numeric	—	15 -AG at 03/07/25 0028	—	—	15 -AG at 03/07/25 0415
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Row Name	03/07/25 04:37:28	03/07/25 0800	03/07/25 08:01:53	03/07/25 08:02:39	03/07/25 0900
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03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

OTHER

Hemorrhage Risk Assessment Score	-1000 -MI (r) KP (t) at 03/07/25 0438	—	-1000 -MI (r) KJ (t) at 03/07/25 0802	—	—
Goal met?	—	Goal met -SP at 03/07/25 1727	—	—	—
Time since last AM-PAC (hours)	—	—	—	—	46.67 -VA at 03/07/25 1140
Mobility performed compared to goal	—	0 -SP at 03/07/25 1727	—	—	—
Most recent goal	—	7 -SP at 03/07/25 1727	—	—	—
Count of JH-HLM performed (today)	—	1 -SP at 03/07/25 1727	—	—	—

Vigilance Interface Values

Para	0 -MI (r) KP (t) at 03/07/25 0438	—	0 -MI (r) KJ (t) at 03/07/25 0802	—	—
Para Term	0 -MI (r) KP (t) at 03/07/25 0438	—	0 -MI (r) KJ (t) at 03/07/25 0802	—	—
Para PreTerm	0 -MI (r) KP (t) at 03/07/25 0438	—	0 -MI (r) KJ (t) at 03/07/25 0802	—	—
Total AB	0 -MI (r) KP (t) at 03/07/25 0438	—	0 -MI (r) KJ (t) at 03/07/25 0802	—	—
Living	0 -MI (r) KP (t) at 03/07/25 0438	—	0 -MI (r) KJ (t) at 03/07/25 0802	—	—

Relevant Labs and Vitals

Temp (in Celsius) for APACHE IV	—	—	—	35.9 -MI (r) KJ (t) at 03/07/25 0802	—
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Glasgow Coma Scale

Glasgow Coma Scale Numeric	—	15 -SP at 03/07/25 1716	—	—	—
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Fall Risk Scale

Fall Risk Calculated Score	—	3 (Hester Davis) -SP at 03/07/25 1725	—	—	—
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Row Name 03/07/25 1200 03/07/25 1300 03/07/25 1600 03/07/25 1700 03/07/25 1703

OTHER

Hemorrhage Risk Assessment Score	—	-1000 -KJ at 03/07/25 1407	—	—	-1000 -KJ at 03/07/25 1706
Goal met?	Goal met -SP at 03/07/25 1729	—	—	Goal met -SP at 03/07/25 1728	—
Mobility performed compared to goal	0 -SP at 03/07/25 1729	—	—	0 -SP at 03/07/25 1728	—
Most recent goal	7 -SP at 03/07/25 1729	—	—	7 -SP at 03/07/25 1728	—
Count of JH-HLM performed (today)	2 -SP at 03/07/25 1729	—	—	2 -SP at 03/07/25 1728	—

Vigilance Interface Values

Para	—	0 -KJ at 03/07/25 1407	—	—	0 -KJ at 03/07/25 1706
Para Term	—	0 -KJ at 03/07/25 1407	—	—	0 -KJ at 03/07/25 1706
Para PreTerm	—	0 -KJ at 03/07/25 1407	—	—	0 -KJ at 03/07/25 1706
Total AB	—	0 -KJ at 03/07/25 1407	—	—	0 -KJ at 03/07/25 1706
Living	—	0 -KJ at 03/07/25 1407	—	—	0 -KJ at 03/07/25 1706

Relevant Labs and Vitals

Temp (in Celsius) for APACHE IV	—	36 -KJ at 03/07/25 1407	—	—	36 -KJ at 03/07/25 1706
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Glasgow Coma Scale

Glasgow Coma	15 -SP at 03/07/25 1716	—	15 -SP at 03/07/25 1716	—	—
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03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

Scale Numeric

Daily Cares/Safety

Row Name	03/04/25 0430	03/04/25 0800	03/04/25 0804	03/04/25 1200	03/04/25 2000
<b>Precautions</b>					
Precautions	Fall -DJ at 03/04/25 0535	—	—	—	Fall -JG at 03/04/25 2218
<b>Safe Environment</b>					
Arm Bands On	ID;Allergies;Fall -DJ at 03/04/25 0535	—	—	—	ID;Fall -JG at 03/04/25 2218
The Patient's Environment is Safe	Yes -DJ at 03/04/25 0535	—	—	—	Yes -JG at 03/04/25 2218
Standard Bedside Safety	Suction available and working -DJ at 03/04/25 0535	—	—	—	Oxygen available and working;Suction available and working;Bag -JG at 03/04/25 2218
Additional Bedside Safety	Bed in locked and low position;Clutter free environment -DJ at 03/04/25 0535	—	—	—	Bed in locked and low position -JG at 03/04/25 2218
Call Light Within Reach	Yes -DJ at 03/04/25 0535	—	—	—	Yes -JG at 03/04/25 2218
Overbed Table Within Reach	Yes -DJ at 03/04/25 0535	—	—	—	Yes -JG at 03/04/25 2218
Bed In Lowest Position	Yes -DJ at 03/04/25 0535	—	—	—	Yes -JG at 03/04/25 2218
Bed Wheels Locked	Yes -DJ at 03/04/25 0535	—	—	—	Yes -JG at 03/04/25 2218
Side Rails/Bed Safety	2/4 -DJ at 03/04/25 0535	—	—	—	3/4 -JG at 03/04/25 2218
NonSkid Footwear	On -DJ at 03/04/25 0535	—	—	—	On -JG at 03/04/25 2218

Hester Davis Fall Risk Assessment

Last Known Fall	No falls -DJ at 03/04/25 0535	No falls -II at 03/04/25 0805	—	—	No falls -JG at 03/04/25 2218
Mobility	No limitations -DJ at 03/04/25 0535	No limitations -II at 03/04/25 0805	—	—	No limitations -JG at 03/04/25 2218
Medications	Cardiovascular or central nervous system meds -DJ at 03/04/25 0535	Cardiovascular or central nervous system meds -II at 03/04/25 0805	—	—	Cardiovascular or central nervous system meds -JG at 03/04/25 2218
Medication Interventions	Adjust med admin per side effects (i.e., Lasix to be given in AM);Answer call light promptly -DJ at 03/04/25 0535	Answer call light promptly;Adjust med admin per side effects (i.e., Lasix to be given in AM) -II at 03/04/25 0805	—	—	Answer call light promptly -JG at 03/04/25 2218
Mental Status/LOC/Awareness	Awake, alert, and oriented to date, place, and person -DJ at 03/04/25 0535	Awake, alert, and oriented to date, place, and person -II at 03/04/25 0805	—	—	Awake, alert, and oriented to date, place, and person -JG at 03/04/25 2218
Mental Status/LOC/Awareness Interventions	Activate bed/chair alarm -DJ at 03/04/25 0535	Activate bed/chair alarm -II at 03/04/25 0805	—	—	Hourly rounding -JG at 03/04/25 2218
Toileting Needs	No needs -DJ at 03/04/25 0535	No needs -II at 03/04/25 0805	—	—	No needs -JG at 03/04/25 2218
Volume/Electrolyt	No problems -DJ at	No problems -II at	—	—	No problems -JG at

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

e Status	03/04/25 0535	03/04/25 0805		03/04/25 2218
Communication/ Sensory	No deficits -DJ at 03/04/25 0535	No deficits -II at 03/04/25 0805	—	No deficits -JG at 03/04/25 2218
Behavior	Appropriate behavior -DJ at 03/04/25 0535	Appropriate behavior -II at 03/04/25 0805	—	Appropriate behavior -JG at 03/04/25 2218
Hester Davis Fall Risk Total	3 -DJ at 03/04/25 0535	3 -II at 03/04/25 0805	—	3 -JG at 03/04/25 2218
Hester Davis Fall Risk	Universal -DJ at 03/04/25 0535	Universal -II at 03/04/25 0805	—	Universal -JG at 03/04/25 2218
<b>Fall Risk Interventions</b>				
Toilet Every 2 Hours-In Advance of Need	Yes -DJ at 03/04/25 0535	Yes -II at 03/04/25 0805	—	Yes -JG at 03/04/25 2218
Hourly Visual Checks	Awake -DJ at 03/04/25 0535	Awake -II at 03/04/25 0805	—	Awake -JG at 03/04/25 2218
Fall Armband On	Yes -DJ at 03/04/25 0535	Yes -II at 03/04/25 0805	—	Yes -JG at 03/04/25 2218
Room Door Open	Yes -DJ at 03/04/25 0535	Yes -II at 03/04/25 0805	—	Yes -JG at 03/04/25 2218
Gait Belt Used For Transfers	Not applicable -DJ at 03/04/25 0535	Not applicable -II at 03/04/25 0805	—	Not applicable -JG at 03/04/25 2218
Alarm On	Bed -DJ at 03/04/25 0535	Bed -II at 03/04/25 0805	—	Bed -JG at 03/04/25 2218
<b>AM-PAC Basic Mobility Inpatient</b>				
Turning in bed without bedrails	None -DJ at 03/04/25 0535	—	—	—
Lying on back to sitting on edge of flat bed	None -DJ at 03/04/25 0535	—	—	—
Bed to chair	None -DJ at 03/04/25 0535	—	—	—
Standing up from chair	None -DJ at 03/04/25 0535	—	—	—
Walk in room	None -DJ at 03/04/25 0535	—	—	—
Climbing 3-5 stairs	None -DJ at 03/04/25 0535	—	—	—
Mobility Inpatient Raw Score	24 -DJ at 03/04/25 0535	—	—	—
JH-HLM Goal	7 -DJ at 03/04/25 0535	—	—	—
<b>Mobility</b>				
Highest Level of Mobility Performed (JH- HLM)	Lying in bed -DJ at 03/04/25 0535	Walked 10 steps or more (i.e. walked to restroom) -II at 03/04/25 0803	—	Walked 10 steps or more (i.e. walked to restroom) -II at 03/04/25 1216
Activity	Bedrest -DJ at 03/04/25 0535	—	—	—
Level of Assistance	Assistive person -DJ at 03/04/25 0535	—	—	—
Repositioned	Turns self -DJ at 03/04/25 0535	—	—	Turns self -JG at 03/04/25 2218
Positioning Frequency	Able to turn self -DJ at 03/04/25 0535	—	Able to turn self -II at 03/04/25 0804	Able to turn self -JG at 03/04/25 2218
Head of Bed Elevated	HOB 30 -DJ at 03/04/25 0535	—	—	HOB 30 -JG at 03/04/25 2218
Heels/Feet	Bilateral heel protectors -DJ at 03/04/25 0535	—	—	Bilateral heel protectors -JG at 03/04/25 2218
Range of Motion	Active -DJ at 03/04/25	—	—	Active;All extremities

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

	0535					-JG at 03/04/25 2218
Anti-Embolism Devices	Bilateral -DJ at 03/04/25 0535	—	—	—	—	
Anti-Embolism Intervention	Refused -DJ at 03/04/25 0535	—	—	—	—	Refused -JG at 03/04/25 2218
<b>Nutrition</b>						
Feeding	Independent -DJ at 03/04/25 0535	—	—	—	—	
Appetite	Good -DJ at 03/04/25 0535	—	—	—	—	
<b>Hygiene</b>						
CHG (Chlorhexidine Gluconate) Hygiene	Bath -DJ at 03/04/25 0535	—	—	—	—	
Incontinence Protective Devices	Applied;Diaper -DJ at 03/04/25 0535	—	—	—	—	
Level of Assistance	Assistive person -DJ at 03/04/25 0535	—	—	—	—	
<b>Comfort and Environment Interventions</b>						
Comfort	Repositioned -DJ at 03/04/25 0535	—	—	—	—	Repositioned -JG at 03/04/25 2218
Additional Comfort/Environmental Interventions	Quiet Environment -DJ at 03/04/25 0535	—	—	—	—	
<b>Safety Equipment at Bedside</b>						
Safety Equipment at Bedside	Suction -DJ at 03/04/25 0535	—	—	—	—	
<b>Entertainment</b>						
Entertainment Activities	Watching TV/movies/sports -DJ at 03/04/25 0535	—	—	—	—	

Row Name	03/05/25 0000	03/05/25 0400	03/05/25 0600	03/05/25 0800	03/05/25 1102
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**Hester Davis Fall Risk Assessment**

Last Known Fall	—	—	—	No falls -II at 03/05/25 1111	—
Mobility	—	—	—	No limitations -II at 03/05/25 1111	—
Medications	—	—	—	Cardiovascular or central nervous system meds -II at 03/05/25 1111	—
Medication Interventions	—	—	—	Answer call light promptly -II at 03/05/25 1111	—
Mental Status/LOC/Awareness	—	—	—	Awake, alert, and oriented to date, place, and person -II at 03/05/25 1111	—
Mental Status/LOC/Awareness Interventions	—	—	—	Activate bed/chair alarm;Hourly rounding -II at 03/05/25 1111	—
Toileting Needs	—	—	—	No needs -II at 03/05/25 1111	—
Volume/Electrolyte Status	—	—	—	No problems -II at 03/05/25 1111	—
Communication/	—	—	—	No deficits -II at	—

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

Sensory		03/05/25 1111			
Behavior	—	—	—	Appropriate behavior -II at 03/05/25 1111	—
Hester Davis Fall Risk Total	—	—	—	3 -II at 03/05/25 1111	—
Hester Davis Fall Risk	—	—	—	Universal -II at 03/05/25 1111	—
Fall Risk Interventions					
Toilet Every 2 Hours-In Advance of Need	Yes -JG at 03/05/25 0314	Yes -JG at 03/05/25 0630	Yes -JG at 03/05/25 0630	Yes -II at 03/05/25 1111	—
Hourly Visual Checks	Awake -JG at 03/05/25 0314	Awake -JG at 03/05/25 0630	Awake -JG at 03/05/25 0630	Awake;In bed -II at 03/05/25 1111	—
Fall Armband On	—	—	—	Yes -II at 03/05/25 1111	—
Room Door Open	—	—	—	Deferred to decrease stimulation -II at 03/05/25 1111	—
Gait Belt Used For Transfers	—	—	—	Not applicable -II at 03/05/25 1111	—
Alarm On	—	—	—	Bed -II at 03/05/25 1111	—
Mobility					
Highest Level of Mobility Performed (JH-HLM)	—	—	—	Walked 10 steps or more (i.e. walked to restroom) -II at 03/05/25 0945	—
Repositioned	Turns self -JG at 03/05/25 0314	Turns self -JG at 03/05/25 0630	Turns self -JG at 03/05/25 0630	—	—
Positioning Frequency	Able to turn self -JG at 03/05/25 0314	Able to turn self -JG at 03/05/25 0630	Able to turn self -JG at 03/05/25 0630	—	Able to turn self -II at 03/05/25 1102
Head of Bed Elevated	HOB 30 -JG at 03/05/25 0314	Self regulated -JG at 03/05/25 0630	Self regulated -JG at 03/05/25 0630	—	—
Row Name	03/05/25 1700	03/05/25 2000	03/06/25 0000	03/06/25 0400	03/06/25 0800
Precautions					
Precautions	—	Fall -AG at 03/05/25 2008	Fall -AG at 03/06/25 0008	Fall -AG at 03/06/25 0403	Fall -SP at 03/06/25 1206
Safe Environment					
Arm Bands On	—	ID;Allergies;Fall -AG at 03/05/25 2008	ID;Allergies;Fall -AG at 03/06/25 0008	ID -AG at 03/06/25 0403	ID;Allergies -SP at 03/06/25 1206
The Patient's Environment is Safe	—	Yes -AG at 03/05/25 2008	Yes -AG at 03/06/25 0008	Yes -AG at 03/06/25 0403	Yes -SP at 03/06/25 1206
Standard Bedside Safety	—	Oxygen available and working -AG at 03/05/25 2008	Oxygen available and working -AG at 03/06/25 0008	Oxygen available and working -AG at 03/06/25 0403	—
Additional Bedside Safety	—	Bed in locked and low position -AG at 03/05/25 2008	Bed in locked and low position -AG at 03/06/25 0008	Bed in locked and low position -AG at 03/06/25 0403	Bed in locked and low position -SP at 03/06/25 1206
Call Light Within Reach	—	Yes -AG at 03/05/25 2008	Yes -AG at 03/06/25 0008	Yes -AG at 03/06/25 0403	Yes -SP at 03/06/25 1206
Overbed Table Within Reach	—	Yes -AG at 03/05/25 2008	Yes -AG at 03/06/25 0008	Yes -AG at 03/06/25 0403	Yes -SP at 03/06/25 1206
Bed In Lowest Position	—	Yes -AG at 03/05/25 2008	Yes -AG at 03/06/25 0008	Yes -AG at 03/06/25 0403	Yes -SP at 03/06/25 1206
Bed Wheels Locked	—	Yes -AG at 03/05/25 2008	Yes -AG at 03/06/25 0008	Yes -AG at 03/06/25 0403	Yes -SP at 03/06/25 1206
Side Rails/Bed Safety	—	3/4 -AG at 03/05/25 2008	3/4 -AG at 03/06/25 0008	2/4 -AG at 03/06/25 0403	3/4 -SP at 03/06/25 1206
NonSkid	—	On -AG at 03/05/25 2008	On -AG at 03/06/25 0008	On -AG at 03/06/25 0403	On -SP at 03/06/25 1206



03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

Footwear

Hester Davis Fall Risk Assessment

Last Known Fall	—	No falls -AG at 03/05/25 2008	—	No falls -SP at 03/06/25 1206
Mobility	—	No limitations -AG at 03/05/25 2008	—	No limitations -SP at 03/06/25 1206
Mobility Interventions	—	Bed alarm on -AG at 03/05/25 2008	—	Bed alarm on -SP at 03/06/25 1206
Medications	—	Cardiovascular or central nervous system meds -AG at 03/05/25 2008	—	Cardiovascular or central nervous system meds -SP at 03/06/25 1206
Medication Interventions	—	Answer call light promptly;Frequent/r regular toileting for patient on diuretics/laxatives;T oilet every 2 hours -AG at 03/05/25 2008	—	Answer call light promptly;Frequent/r regular toileting for patient on diuretics/laxatives;T oilet every 2 hours -SP at 03/06/25 1206
Mental Status/LOC/Awareness	—	Awake, alert, and oriented to date, place, and person -AG at 03/05/25 2008	—	Awake, alert, and oriented to date, place, and person -SP at 03/06/25 1206
Mental Status/LOC/Awareness Interventions	—	Activate bed/chair alarm;Do not leave patient unattended while toileting or bathing;Hourly rounding -AG at 03/05/25 2008	—	Activate bed/chair alarm;Do not leave patient unattended while toileting or bathing;Hourly rounding -SP at 03/06/25 1206
Toileting Needs	—	No needs -AG at 03/05/25 2008	—	No needs -SP at 03/06/25 1206
Toileting Needs Interventions	—	Ensure adequate bowel/bladder function by providing sufficient fluid and fiber as allowed by diet -AG at 03/05/25 2008	—	Ensure adequate bowel/bladder function by providing sufficient fluid and fiber as allowed by diet -SP at 03/06/25 1206
Volume/Electrolyte Status	—	No problems -AG at 03/05/25 2008	—	No problems -SP at 03/06/25 1206
Communication/Sensory	—	No deficits -AG at 03/05/25 2008	—	No deficits -SP at 03/06/25 1206
Communication/Sensory Interventions	—	For non-English speaking patients, obtain interpreter to explain fall risk prevention interventions -AG at 03/05/25 2008	—	For non-English speaking patients, obtain interpreter to explain fall risk prevention interventions -SP at 03/06/25 1206
Behavior	—	Appropriate behavior -AG at 03/05/25 2008	—	Appropriate behavior -SP at 03/06/25 1206
Behavior Interventions	—	Administer medication as ordered -AG at 03/05/25 2008	—	Administer medication as ordered -SP at 03/06/25 1206
Hester Davis Fall Risk Total	—	3 -AG at 03/05/25 2008	—	3 -SP at 03/06/25 1206
Hester Davis Fall Risk	—	Universal -AG at 03/05/25 2008	—	Universal -SP at 03/06/25 1206

Fall Risk Interventions

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

Toilet Every 2 Hours-In Advance of Need	—	Yes -AG at 03/05/25 2008	Yes -AG at 03/06/25 0008	Yes -AG at 03/06/25 0403	Yes -SP at 03/06/25 1206
Hourly Visual Checks	—	In bed -AG at 03/05/25 2008	In bed -AG at 03/06/25 0008	In bed -AG at 03/06/25 0403	In bed -SP at 03/06/25 1206
Fall Amband On	—	Yes -AG at 03/05/25 2008	Yes -AG at 03/06/25 0008	Yes -AG at 03/06/25 0403	Yes -SP at 03/06/25 1206
Room Door Open	—	Yes -AG at 03/05/25 2008	Yes -AG at 03/06/25 0008	Yes -AG at 03/06/25 0403	Deferred to decrease stimulation -SP at 03/06/25 1206
Gait Belt Used For Transfers	—	—	—	—	Not applicable -SP at 03/06/25 1206
Alarm On	—	Bed -AG at 03/05/25 2008	Bed -AG at 03/06/25 0008	Bed -AG at 03/06/25 0403	Bed -SP at 03/06/25 1206
<b>Mobility</b>					
Highest Level of Mobility Performed (JH-HLM)	Walked 10 steps or more (i.e. walked to restroom) -If at 03/05/25 1708	—	—	—	Walked 10 steps or more (i.e. walked to restroom) -SP at 03/06/25 1206
Activity	—	Bedrest;Ambulate in room -AG at 03/05/25 2008	Bedrest;Ambulate in room -AG at 03/06/25 0008	Bedrest;Ambulate in room -AG at 03/06/25 0403	Bedrest;Ambulate in room -SP at 03/06/25 1206
Level of Assistance	—	Independent -AG at 03/05/25 2008	Independent -AG at 03/06/25 0008	Independent -AG at 03/06/25 0403	Assistive equipment -SP at 03/05/25 1841
Repositioned	—	Turns self -AG at 03/05/25 2008	Turns self -AG at 03/06/25 0008	Turns self -AG at 03/06/25 0403	Turns self -SP at 03/06/25 1206
Positioning Frequency	—	Able to turn self -AG at 03/05/25 2008	Able to turn self -AG at 03/06/25 0008	Able to turn self -AG at 03/06/25 0403	Able to turn self -SP at 03/06/25 1206
Head of Bed Elevated	—	Self regulated -AG at 03/05/25 2008	Self regulated -AG at 03/06/25 0008	Self regulated -AG at 03/06/25 0403	Self regulated -SP at 03/06/25 1206
Range of Motion	—	Active;All extremities -AG at 03/05/25 2008	Active;All extremities -AG at 03/06/25 0008	Active;All extremities -AG at 03/06/25 0403	—
Anti-Embolism Devices	—	Bilateral -AG at 03/05/25 2008	Bilateral -AG at 03/06/25 0008	Bilateral -AG at 03/06/25 0403	—
Anti-Embolism Intervention	—	Refused -AG at 03/05/25 2008	Refused -AG at 03/06/25 0008	Refused -AG at 03/06/25 0403	—
<b>Nutrition</b>					
Feeding	—	Assistive person -AG at 03/05/25 2008	Assistive person -AG at 03/06/25 0008	Assistive person -AG at 03/06/25 0403	Independent -SP at 03/06/25 1206
<b>Hygiene</b>					
Hygiene	—	Peri care -AG at 03/05/25 2008	Peri care -AG at 03/06/25 0008	Peri care -AG at 03/06/25 0403	—
Level of Assistance	—	Independent -AG at 03/05/25 2008	Independent -AG at 03/06/25 0008	Independent -AG at 03/06/25 0403	—
<b>Comfort and Environment Interventions</b>					
Comfort	—	Repositioned -AG at 03/05/25 2008	Repositioned -AG at 03/06/25 0008	Repositioned -AG at 03/06/25 0403	Repositioned;Pain medication -SP at 03/06/25 1206
<b>Safety Equipment at Bedside</b>					
Safety Equipment at Bedside	—	Suction -AG at 03/05/25 2008	Suction -AG at 03/06/25 0008	Suction -AG at 03/06/25 0403	—
<b>Row Name</b>	<b>03/06/25 1000</b>	<b>03/06/25 1200</b>	<b>03/06/25 1400</b>	<b>03/06/25 1600</b>	<b>03/06/25 1700</b>
<b>Precautions</b>					
Precautions	—	Fall -SP at 03/06/25 1206	—	Fall -SP at 03/06/25 1756	—
<b>Safe Environment</b>					
Arm Bands On	—	ID;Allergies -SP at 03/06/25 1206	—	ID;Allergies -SP at 03/06/25 1756	—
The Patient's Environment is	—	Yes -SP at 03/06/25 1206	—	Yes -SP at 03/06/25 1756	—

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

<b>Safe</b>					
Additional Bedside Safety	—	Bed in locked and low position -SP at 03/06/25 1206	—	Bed in locked and low position -SP at 03/06/25 1756	—
Call Light Within Reach	—	Yes -SP at 03/06/25 1206	—	Yes -SP at 03/06/25 1756	—
Overbed Table Within Reach	—	Yes -SP at 03/06/25 1206	—	Yes -SP at 03/06/25 1756	—
Bed In Lowest Position	—	Yes -SP at 03/06/25 1206	—	Yes -SP at 03/06/25 1756	—
Bed Wheels Locked	—	Yes -SP at 03/06/25 1206	—	Yes -SP at 03/06/25 1756	—
Side Rails/Bed Safety	—	3/4 -SP at 03/06/25 1206	—	3/4 -SP at 03/06/25 1756	—
NonSkid Footwear	—	On -SP at 03/06/25 1206	—	On -SP at 03/06/25 1756	—
<b>Fall Risk Interventions</b>					
Toilet Every 2 Hours-In Advance of Need	Yes -SP at 03/06/25 1206	Yes -SP at 03/06/25 1206	Yes -SP at 03/06/25 1756	Yes -SP at 03/06/25 1756	—
Hourly Visual Checks	In bed -SP at 03/06/25 1206	In bed -SP at 03/06/25 1206	In bed -SP at 03/06/25 1756	In bed -SP at 03/06/25 1756	—
Fall Armband On	Yes -SP at 03/06/25 1206	Yes -SP at 03/06/25 1206	Yes -SP at 03/06/25 1756	Yes -SP at 03/06/25 1756	—
Room Door Open	Deferred to decrease stimulation -SP at 03/06/25 1206	Deferred to decrease stimulation -SP at 03/06/25 1206	Deferred to decrease stimulation -SP at 03/06/25 1756	Deferred to decrease stimulation -SP at 03/06/25 1756	—
Gait Belt Used For Transfers	Not applicable -SP at 03/06/25 1206	Not applicable -SP at 03/06/25 1206	Not applicable -SP at 03/06/25 1756	Not applicable -SP at 03/06/25 1756	—
Alarm On	Bed -SP at 03/06/25 1206	Bed -SP at 03/06/25 1206	Bed -SP at 03/06/25 1756	Bed -SP at 03/06/25 1756	—
<b>Mobility</b>					
Highest Level of Mobility Performed (JH-HLM)	—	Walked 10 steps or more (i.e. walked to restroom) -SP at 03/06/25 1207	—	—	Walked 25 feet or more (i.e. walked outside of room) -SP at 03/06/25 1756
Activity	Bedrest;Ambulate in room -SP at 03/06/25 1206	Bedrest;Ambulate in room -SP at 03/06/25 1206	Bedrest;Ambulate in room -SP at 03/06/25 1756	Bedrest;Ambulate in room -SP at 03/06/25 1756	—
Level of Assistance	Assistive equipment -SP at 03/06/25 1841	Assistive equipment -SP at 03/06/25 1841	Assistive equipment -SP at 03/06/25 1841	Assistive equipment -SP at 03/06/25 1841	—
Repositioned	Turns self -SP at 03/06/25 1206	Turns self -SP at 03/06/25 1206	Turns self -SP at 03/06/25 1756	Turns self -SP at 03/06/25 1756	—
Positioning Frequency	Able to turn self -SP at 03/06/25 1206	Able to turn self -SP at 03/06/25 1206	Able to turn self -SP at 03/06/25 1756	Able to turn self -SP at 03/06/25 1756	—
Head of Bed Elevated	Self regulated -SP at 03/06/25 1206	Self regulated -SP at 03/06/25 1206	Self regulated -SP at 03/06/25 1756	Self regulated -SP at 03/06/25 1756	—
<b>Nutrition</b>					
Feeding	—	Independent -SP at 03/06/25 1206	—	Independent -SP at 03/06/25 1756	—
<b>Hygiene</b>					
Hygiene	—	—	—	Peri care -SP at 03/06/25 1756	—
CHG (Chlorhexidine Gluconate) Hygiene	—	—	—	Wipes -SP at 03/06/25 1756	—
Incontinence Protective Devices	—	—	—	Applied;Changed -SP at 03/06/25 1756	—

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

Skin Care	—	—	—	Cleanser -SP at 03/06/25 1756	—
Level of Assistance	—	—	—	Independent -SP at 03/06/25 1756	—
<b>Comfort and Environment Interventions</b>					
Comfort	—	Repositioned -SP at 03/06/25 1206	—	Repositioned;Pain medication -SP at 03/06/25 1756	—

Row Name	03/06/25 1800	03/06/25 2000	03/07/25 0000	03/07/25 0400	03/07/25 0800
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**Precautions**

Precautions	—	Fall -AG at 03/06/25 2005	Fall -AG at 03/07/25 0035	Fall -AG at 03/07/25 0416	Fall -SP at 03/07/25 1725
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**Safe Environment**

Arm Bands On	—	ID;Allergies;Fall -AG at 03/06/25 2005	ID;Allergies;Fall -AG at 03/07/25 0035	ID;Allergies;Fall -AG at 03/07/25 0416	ID;Allergies -SP at 03/07/25 1725
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The Patient's Environment is Safe	—	Yes -AG at 03/06/25 2005	Yes -AG at 03/07/25 0035	Yes -AG at 03/07/25 0416	Yes -SP at 03/07/25 1725
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Standard Bedside Safety	—	Oxygen available and working -AG at 03/06/25 2005	Oxygen available and working -AG at 03/07/25 0035	Oxygen available and working -AG at 03/07/25 0416	—
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Additional Bedside Safety	—	Bed in locked and low position -AG at 03/06/25 2005	Bed in locked and low position -AG at 03/07/25 0035	Bed in locked and low position -AG at 03/07/25 0416	Bed in locked and low position -SP at 03/07/25 1725
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Call Light Within Reach	—	Yes -AG at 03/06/25 2005	Yes -AG at 03/07/25 0035	Yes -AG at 03/07/25 0416	Yes -SP at 03/07/25 1725
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Overbed Table Within Reach	—	Yes -AG at 03/06/25 2005	Yes -AG at 03/07/25 0035	Yes -AG at 03/07/25 0416	Yes -SP at 03/07/25 1725
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Bed In Lowest Position	—	Yes -AG at 03/06/25 2005	Yes -AG at 03/07/25 0035	Yes -AG at 03/07/25 0416	Yes -SP at 03/07/25 1725
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Bed Wheels Locked	—	Yes -AG at 03/06/25 2005	Yes -AG at 03/07/25 0035	Yes -AG at 03/07/25 0416	Yes -SP at 03/07/25 1725
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Side Rails/Bed Safety	—	3/4 -AG at 03/06/25 2005	3/4 -AG at 03/07/25 0035	3/4 -AG at 03/07/25 0416	3/4 -SP at 03/07/25 1725
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NonSkid Footwear	—	On -AG at 03/06/25 2005	On -AG at 03/07/25 0035	On -AG at 03/07/25 0416	On -SP at 03/07/25 1725
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**Hester Davis Fall Risk Assessment**

Last Known Fall	—	No falls -AG at 03/06/25 2005	—	—	No falls -SP at 03/07/25 1725
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Mobility	—	No limitations -AG at 03/06/25 2005	—	—	No limitations -SP at 03/07/25 1725
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Mobility Interventions	—	Bed alarm on -AG at 03/06/25 2005	—	—	Bed alarm on -SP at 03/07/25 1725
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Medications	—	Cardiovascular or central nervous system meds -AG at 03/06/25 2005	—	—	Cardiovascular or central nervous system meds -SP at 03/07/25 1725
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Medication Interventions	—	Answer call light promptly;Frequent/r regular toileting for patient on diuretics/laxatives;T oilet every 2 hours -AG at 03/06/25 2005	—	—	Answer call light promptly;Frequent/r regular toileting for patient on diuretics/laxatives;T oilet every 2 hours -SP at 03/07/25 1725
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Mental Status/LOC/Awar eness	—	Awake, alert, and oriented to date, place, and person -AG at 03/06/25 2005	—	—	Awake, alert, and oriented to date, place, and person -SP at 03/07/25 1725
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Mental Status/LOC/Awar eness	—	Activate bed/chair alarm;Do not leave patient unattended	—	—	Activate bed/chair alarm;Do not leave patient unattended
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**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

Interventions		while toileting or bathing; Hourly rounding -AG at 03/06/25 2005			while toileting or bathing; Hourly rounding -SP at 03/07/25 1725
Toileting Needs	—	No needs -AG at 03/06/25 2005	—	—	No needs -SP at 03/07/25 1725
Toileting Needs Interventions	—	Ensure adequate bowel/bladder function by providing sufficient fluid and fiber as allowed by diet -AG at 03/06/25 2005	—	—	Ensure adequate bowel/bladder function by providing sufficient fluid and fiber as allowed by diet -SP at 03/07/25 1725
Volume/Electrolyte Status	—	No problems -AG at 03/06/25 2005	—	—	No problems -SP at 03/07/25 1725
Communication/ Sensory	—	No deficits -AG at 03/06/25 2005	—	—	No deficits -SP at 03/07/25 1725
Communication/ Sensory Interventions	—	For non-English speaking patients, obtain interpreter to explain fall risk prevention interventions -AG at 03/06/25 2005	—	—	For non-English speaking patients, obtain interpreter to explain fall risk prevention interventions -SP at 03/07/25 1725
Behavior	—	Appropriate behavior -AG at 03/06/25 2005	—	—	Appropriate behavior -SP at 03/07/25 1725
Behavior Interventions	—	Administer medication as ordered -AG at 03/06/25 2005	—	—	Administer medication as ordered -SP at 03/07/25 1725
Hester Davis Fall Risk Total	—	3 -AG at 03/06/25 2005	—	—	3 -SP at 03/07/25 1725
Hester Davis Fall Risk	—	Universal -AG at 03/06/25 2005	—	—	Universal -SP at 03/07/25 1725
<b>Fall Risk Interventions</b>					
Toilet Every 2 Hours-In Advance of Need	Yes -SP at 03/06/25 1841	Yes -AG at 03/06/25 2005	Yes -AG at 03/07/25 0035	Yes -AG at 03/07/25 0416	Yes -SP at 03/07/25 1725
Hourly Visual Checks	In bed -SP at 03/06/25 1841	In bed -AG at 03/06/25 2005	In bed -AG at 03/07/25 0035	In bed -AG at 03/07/25 0416	In bed -SP at 03/07/25 1725
Fall Amband On	Yes -SP at 03/06/25 1841	Yes -AG at 03/06/25 2005	Yes -AG at 03/07/25 0035	Yes -AG at 03/07/25 0416	Yes -SP at 03/07/25 1725
Room Door Open	Deferred to decrease stimulation -SP at 03/06/25 1841	Yes -AG at 03/06/25 2005	Yes -AG at 03/07/25 0035	Yes -AG at 03/07/25 0416	Deferred to decrease stimulation -SP at 03/07/25 1725
Gait Belt Used For Transfers	Not applicable -SP at 03/06/25 1841	—	—	—	Not applicable -SP at 03/07/25 1725
Alarm On	Bed -SP at 03/06/25 1841	Bed -AG at 03/06/25 2005	Bed -AG at 03/07/25 0035	Bed -AG at 03/07/25 0416	Bed -SP at 03/07/25 1725
<b>Mobility</b>					
Highest Level of Mobility Performed (JH-HLM)	—	—	—	—	Walked 25 feet or more (i.e. walked outside of room) -SP at 03/07/25 1727
Activity	Ambulate in hall; Ambulate in room -SP at 03/06/25 1841	Ambulate in hall -AG at 03/06/25 2005	Ambulate in hall -AG at 03/07/25 0036	Ambulate in room -AG at 03/07/25 0416	Ambulate in room -SP at 03/07/25 1725
Level of Assistance	Assistive equipment -SP at 03/06/25 1841	Independent -AG at 03/06/25 2005	Independent -AG at 03/07/25 0036	Independent -AG at 03/07/25 0416	Assistive equipment -SP at 03/07/25 1725
Repositioned	Turns self -SP at	Turns self -AG at	Turns self -AG at	Turns self -AG at	Turns self -SP at

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

	03/06/25 1841	03/06/25 2005	03/07/25 0036	03/07/25 0416	03/07/25 1725
Positioning Frequency	Able to turn self -SP at 03/06/25 1841	Able to turn self -AG at 03/06/25 2005	Able to turn self -AG at 03/07/25 0036	Able to turn self -AG at 03/07/25 0416	Able to turn self -SP at 03/07/25 1725
Head of Bed Elevated	Self regulated -SP at 03/06/25 1841	Self regulated -AG at 03/06/25 2005	Self regulated -AG at 03/07/25 0036	Self regulated -AG at 03/07/25 0416	Self regulated -SP at 03/07/25 1725
Range of Motion	—	Active;All extremities -AG at 03/06/25 2005	Active;All extremities -AG at 03/07/25 0036	Active;All extremities -AG at 03/07/25 0416	—
Anti-Embolism Devices	—	Bilateral -AG at 03/06/25 2005	Bilateral -AG at 03/07/25 0035	Bilateral -AG at 03/07/25 0416	—
Anti-Embolism Intervention	—	Refused -AG at 03/06/25 2005	Refused -AG at 03/07/25 0036	Refused -AG at 03/07/25 0416	—
<b>Nutrition</b>					
Feeding	—	Independent -AG at 03/06/25 2005	Independent -AG at 03/07/25 0036	Independent -AG at 03/07/25 0416	—
<b>Hygiene</b>					
Hygiene	—	Peri care -AG at 03/06/25 2005	Peri care -AG at 03/07/25 0035	Peri care -AG at 03/07/25 0416	—
Level of Assistance	—	Independent -AG at 03/06/25 2005	Independent -AG at 03/07/25 0036	Independent -AG at 03/07/25 0416	—
<b>Comfort and Environment Interventions</b>					
Comfort	—	Repositioned -AG at 03/06/25 2005	Repositioned -AG at 03/07/25 0035	Repositioned -AG at 03/07/25 0416	Repositioned -SP at 03/07/25 1726
<b>Safety Equipment at Bedside</b>					
Safety Equipment at Bedside	—	Suction -AG at 03/06/25 2005	Suction -AG at 03/07/25 0035	Suction -AG at 03/07/25 0416	—
<b>Row Name</b>	<b>03/07/25 1000</b>	<b>03/07/25 1200</b>	<b>03/07/25 1400</b>	<b>03/07/25 1600</b>	<b>03/07/25 1700</b>
<b>Precautions</b>					
Precautions	—	Fall -SP at 03/07/25 1725	—	Fall -SP at 03/07/25 1725	—
<b>Safe Environment</b>					
Arm Bands On	—	ID;Allergies -SP at 03/07/25 1725	—	ID;Allergies -SP at 03/07/25 1725	—
The Patient's Environment is Safe	—	Yes -SP at 03/07/25 1725	—	Yes -SP at 03/07/25 1725	—
Additional Bedside Safety	—	Bed in locked and low position -SP at 03/07/25 1725	—	Bed in locked and low position -SP at 03/07/25 1725	—
Call Light Within Reach	—	Yes -SP at 03/07/25 1725	—	Yes -SP at 03/07/25 1725	—
Overbed Table Within Reach	—	Yes -SP at 03/07/25 1725	—	Yes -SP at 03/07/25 1725	—
Bed In Lowest Position	—	Yes -SP at 03/07/25 1725	—	Yes -SP at 03/07/25 1725	—
Bed Wheels Locked	—	Yes -SP at 03/07/25 1725	—	Yes -SP at 03/07/25 1725	—
Side Rails/Bed Safety	—	3/4 -SP at 03/07/25 1725	—	3/4 -SP at 03/07/25 1725	—
NonSkid Footwear	—	On -SP at 03/07/25 1725	—	On -SP at 03/07/25 1725	—
<b>Fall Risk Interventions</b>					
Toilet Every 2 Hours-In Advance of Need	Yes -SP at 03/07/25 1725	Yes -SP at 03/07/25 1725	Yes -SP at 03/07/25 1725	Yes -SP at 03/07/25 1725	—
Hourly Visual Checks	In bed -SP at 03/07/25 1725	In bed -SP at 03/07/25 1725	In bed -SP at 03/07/25 1725	In bed -SP at 03/07/25 1725	—
Fall Armband On	Yes -SP at 03/07/25 1725	Yes -SP at 03/07/25 1725	Yes -SP at 03/07/25 1725	Yes -SP at 03/07/25 1725	—
Room Door Open	Deferred to	Deferred to	Deferred to	Deferred to	—

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

	decrease stimulation -SP at 03/07/25 1725	decrease stimulation -SP at 03/07/25 1725	decrease stimulation -SP at 03/07/25 1725	decrease stimulation -SP at 03/07/25 1725	
Gait Belt Used For Transfers	Not applicable -SP at 03/07/25 1725	Not applicable -SP at 03/07/25 1725	Not applicable -SP at 03/07/25 1725	Not applicable -SP at 03/07/25 1725	—
Alarm On	Bed -SP at 03/07/25 1725	Bed -SP at 03/07/25 1725	Bed -SP at 03/07/25 1725	Bed -SP at 03/07/25 1725	—
<b>Mobility</b>					
Highest Level of Mobility Performed (JH- HLM)	—	Walked 25 feet or more (i.e. walked outside of room) -SP at 03/07/25 1729	—	—	Walked 25 feet or more (i.e. walked outside of room) -SP at 03/07/25 1728
Activity	Ambulate in room - SP at 03/07/25 1725	Ambulate in room - SP at 03/07/25 1725	Ambulate in room - SP at 03/07/25 1725	Ambulate in room - SP at 03/07/25 1725	—
Level of Assistance	Assistive equipment -SP at 03/07/25 1725	Assistive equipment -SP at 03/07/25 1725	Assistive equipment -SP at 03/07/25 1725	Assistive equipment -SP at 03/07/25 1725	—
Repositioned	Turns self -SP at 03/07/25 1725	Turns self -SP at 03/07/25 1725	Turns self -SP at 03/07/25 1725	Turns self -SP at 03/07/25 1725	—
Positioning Frequency	Able to turn self -SP at 03/07/25 1725	Able to turn self -SP at 03/07/25 1725	Able to turn self -SP at 03/07/25 1725	Able to turn self -SP at 03/07/25 1725	—
Head of Bed Elevated	Self regulated -SP at 03/07/25 1725	Self regulated -SP at 03/07/25 1725	Self regulated -SP at 03/07/25 1725	Self regulated -SP at 03/07/25 1725	—
<b>Comfort and Environment Interventions</b>					
Comfort	—	Repositioned -SP at 03/07/25 1726	—	Repositioned -SP at 03/07/25 1726	—

**Daily Cares/Safety**


Row Name	03/04/25 0500	03/05/25 0743	03/05/25 1545	03/06/25 0000	03/06/25 1700
<b>Hygiene</b>					
Hygiene	Patient refused -IK at 03/04/25 0544	Peri care -MR at 03/05/25 1403	Bathed (non- CHG);Peri care -MR at 03/05/25 1805	—	Peri care -RF at 03/06/25 1757
CHG (Chlorhexidine Gluconate) Hygiene	—	Wipes -MR at 03/05/25 1403	Wipes;Bath -MR at 03/05/25 1805	Wipes -KP at 03/06/25 0251	Wipes;Bath -RF at 03/06/25 1757
Incontinence Protective Devices	—	—	—	Absorbent pad;Changed -KP at 03/06/25 0251	Removed;Absorbent pad -RF at 03/06/25 1757
Skin Care	—	Cleanser -MR at 03/05/25 1403	Cleanser -MR at 03/05/25 1805	—	Cleanser -RF at 03/06/25 1757
Level of Assistance	—	Independent -MR at 03/05/25 1403	Independent -MR at 03/05/25 1805	—	Assistive person -RF at 03/06/25 1757
<b>Comfort and Environment Interventions</b>					
Comfort	—	Repositioned -MR at 03/05/25 1403	Repositioned;Gown changed;Bed pad changed;Draw sheet changed;Full linen change -MR at 03/05/25 1805	—	—
Additional Comfort/Environ mental Interventions	—	Quiet Environment - MR at 03/05/25 1403	—	—	—
<b>Row Name 03/07/25 0400</b>					
<b>Hygiene</b>					
CHG (Chlorhexidine Gluconate)	Patient refused -KP at 03/07/25 0523				

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

**Hygiene**

**Data**

Row Name	03/03/25 1157	03/05/25 1701	03/05/25 2357	03/06/25 0152	03/06/25 0421
gadobenate dimeglumine (Multihance) injection 15 mL    Start: 03/03/25 1121					
Dose	*15 mL  lot# ST4110A -JV at 03/03/25 1157	—	—	—	—
Volume (mL)	15 -JV at 03/03/25 1157	—	—	—	—
Pain Assessment					
Pain Assessment	—	DVPRS -II at 03/05/25 1703	DVPRS -AG at 03/05/25 2358	DVPRS -AG at 03/06/25 0152	DVPRS -AG at 03/06/25 0421
Defense and Veterans Pain Rating Scale					
Pain Rating Scale (DVPRS)	—	Hard to ignore, avoid usual activities -II at 03/05/25 1703	Focus of attention, prevents doing daily activities -AG at 03/05/25 2358	As bad as it could be, nothing else matters -AG at 03/06/25 0152	Awful, hard to do anything -AG at 03/06/25 0421
Pain Screening					
Pain Type	—	Chronic pain -II at 03/05/25 1703	Chronic pain -AG at 03/05/25 2358	Chronic pain -AG at 03/06/25 0152	Chronic pain -AG at 03/06/25 0421
Pain Descriptors	—	Aching -II at 03/05/25 1703	Aching -AG at 03/05/25 2358	Aching -AG at 03/06/25 0152	Aching -AG at 03/06/25 0421
Pain Frequency	—	Intermittent -II at 03/05/25 1703	Constant/continuous -AG at 03/05/25 2358	Constant/continuous -AG at 03/06/25 0152	Constant/continuous -AG at 03/06/25 0421
Pain Onset	—	Ongoing -II at 03/05/25 1703	—	Ongoing -AG at 03/06/25 0152	Ongoing -AG at 03/06/25 0421
Pain					
Pain Location	—	Back -II at 03/05/25 1703	Leg -AG at 03/05/25 2358	Leg -AG at 03/06/25 0152	Leg -AG at 03/06/25 0421
Pain Orientation	—	—	Right -AG at 03/05/25 2358	Right -AG at 03/06/25 0152	Right -AG at 03/06/25 0421
Row Name	03/06/25 0514	03/06/25 0903	03/06/25 1311	03/06/25 1649	03/06/25 2105
Pain Assessment					
Pain Assessment	DVPRS -AG at 03/06/25 0514	—	DVPRS -SP at 03/06/25 1314	DVPRS -SP at 03/06/25 1651	DVPRS -AG at 03/06/25 2106
Defense and Veterans Pain Rating Scale					
Pain Rating Scale (DVPRS)	Awful, hard to do anything -AG at 03/06/25 0514	Can't bear the pain unable to do anything -SP at 03/06/25 0903	Focus of attention, prevents doing daily activities -SP at 03/06/25 1314	Focus of attention, prevents doing daily activities -SP at 03/06/25 1651	Focus of attention, prevents doing daily activities -AG at 03/06/25 2106
Pain Screening					
Pain Type	Chronic pain -AG at 03/06/25 0514	Chronic pain -SP at 03/06/25 0903	Acute pain -SP at 03/06/25 1314	Chronic pain -SP at 03/06/25 1651	Chronic pain -AG at 03/06/25 2106
Pain Descriptors	Aching -AG at 03/06/25 0514	—	Aching -SP at 03/06/25 1314	Aching -SP at 03/06/25 1651	Aching -AG at 03/06/25 2106
Pain Frequency	Constant/continuous -AG at 03/06/25 0514	—	Constant/continuous -SP at 03/06/25 1314	Constant/continuous -SP at 03/06/25 1651	Constant/continuous -AG at 03/06/25 2106
Pain Onset	Gradual -AG at 03/06/25 0514	—	Ongoing -SP at 03/06/25 1314	Ongoing -SP at 03/06/25 1651	Gradual -AG at 03/06/25 2106
Pain					
Pain Location	Leg -AG at 03/06/25 0514	—	Leg -SP at 03/06/25 1314	Leg -SP at 03/06/25 1651	Back -AG at 03/06/25 2106
Pain Orientation	Right -AG at 03/06/25 0514	—	—	—	Mid -AG at 03/06/25 2106
Row Name	03/06/25 2351	03/07/25 0112	03/07/25 0836		
Pain Assessment					
Pain Assessment	DVPRS -AG at 03/06/25 2352	DVPRS -AG at 03/07/25 0112	DVPRS -SP at 03/07/25 0843		



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

**Defense and Veterans Pain Rating Scale**

Pain Rating Scale (DVPRS)	Hard to ignore, avoid usual activities -AG at 03/06/25 2352	Awful, hard to do anything -AG at 03/07/25 0112	As bad as it could be, nothing else matters -SP at 03/07/25 0843
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**Pain Screening**

Pain Type	Chronic pain -AG at 03/06/25 2352	Chronic pain -AG at 03/07/25 0112	Chronic pain -SP at 03/07/25 0843
Pain Descriptors	Aching -AG at 03/06/25 2352	Aching -AG at 03/07/25 0112	—
Pain Frequency	Constant/continuous -AG at 03/06/25 2352	Constant/continuous -AG at 03/07/25 0112	—
Pain Onset	Ongoing -AG at 03/06/25 2352	Ongoing -AG at 03/07/25 0112	—

**Pain**


Pain Location	Back -AG at 03/06/25 2352	Leg -AG at 03/07/25 0112	—
Pain Orientation	—	Right -AG at 03/07/25 0112	—

**Discharge Planning**

Row Name	03/04/25 0821	03/04/25 1100	03/04/25 2025	03/06/25 0919	03/06/25 1014
<b>Readmission Questions</b>					
Is this hospital visit a Readmission?	No -TG at 03/04/25 0825	—	—	—	—
<b>Discharge Planning</b>					
Information Source	Self -TG at 03/04/25 0825	—	—	—	—
Permanent Residence	Private residence -TG at 03/04/25 0825	—	—	—	—
Household Members	Alone -TG at 03/04/25 0825	—	—	—	—
Support Systems	Family members;Children -TG at 03/04/25 0825	—	—	—	—
Arrived From	Permanent Residence  drove himself from home to the hospital -TG at 03/04/25 0825	—	—	—	—
Barriers to Discharge Home	—	MRI, Bx, ABX plan [N1] -SWA at 03/04/25 1146	—	—	—
In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?	No -TG at 03/04/25 0825	—	—	—	—
In the past 12 months, how many times have you moved where you were living?	—	0 [N1] -SWA at 03/04/25 1146	—	—	—
At any time in the past 12 months, were you homeless or living	No -TG at 03/04/25 0825	—	—	—	—

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

## Flowsheets (continued)

in a shelter (including now)?					
In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?	No -TG at 03/04/25 0825	—	—	—	—
Within the past 12 months, you worried that your food would run out before you got the money to buy more.	Never true -TG at 03/04/25 0825	—	—	—	—
Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	Never true -TG at 03/04/25 0825	—	—	—	—
Assistive Devices	None -TG at 03/04/25 0825	—	—	—	—
Assistance Needed	Previous level of function: Patient is independent with his ADL's and ambulates independently. Current level of functioning; Still independent with his ADL's but will be needing assistance with his ambulation. -TG at 03/04/25 0825	—	—	—	—
Patient expects to be discharged to:	home independently -TG at 03/04/25 0825	—	—	—	—
Expected Discharge Disposition	Home or Self Care - TG at 03/04/25 0825	—	—	—	—
Anticipated Services at Discharge	Other (Comment)  Patient requested to have a wheelchair, cane and gauze to cover his Glute -TG at 03/04/25 0825	—	—	—	—
In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?	No -TG at 03/04/25 0825	—	—	—	—
In the past 12 months, has lack of transportation kept you from meetings, work,	No -TG at 03/04/25 0825	—	—	—	—

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

or from getting  
things needed for  
daily living?

Does the patient  
need discharge  
transport  
arranged?

No ☒ patient said, he  
will drive his own car back  
to current home address.  
-TG at 03/04/25 0825

Discharge  
Planning  
Comments

Advance Directives:  
No, Provided more  
information through  
email. Dialysis:  
N/A Home  
Health/Facility: None  
Community  
Resources: None  
Preferred Pharmacy:  
HEB PHARMACY  
SAN FELIPE 5895  
SAN FELIPE ST  
HOUSTON TX  
77057 SDOH: N/A  
-TG at 03/04/25 0825

CMSS Received  
Home Health  
referral for OT SN  
PT IV Infusion and  
assigned to Percy,  
Joeeph -EM at  
03/06/25 0919

Called patient's  
listed work number.  
Rep I spoke with  
provided the  
following contacts  
with CCMSI workers  
comp agency.  
Evelyn (713) 314-  
1471 and Monica  
(713) 314-1476.  
Submitted the above  
information and HH  
and Home Infusion  
referrals to MH HH  
Pharmacy. -JP at  
03/06/25 1021

Discharge  
Planning Status

VCM Interview  
Complete -TG at  
03/04/25 0825

Initial Assessment

Complete ☒ sw  
concur VCM TPA with the  
following corrections [N1]  
-SWA at 03/04/25 1146

Referrals Pending -  
JP at 03/06/25 1015

Who is requesting  
discharge  
planning?

Provider -BM at  
03/04/25 2025

Row Name 03/06/25 1027 03/06/25 1058 03/06/25 1108 03/06/25 1200 03/06/25 1239

Discharge Planning

Patient expects to  
be discharged to:

Home w/HH for IV  
ABX [N2] -DS at  
03/06/25 1206

Expected  
Discharge  
Disposition

Home Health  
Services [N2] -DS at  
03/06/25 1206

Anticipated  
Services at  
Discharge

In home services  
[N2] -DS at 03/06/25  
1206

Type of Home  
Care Services

Home nursing  
visits;DME or  
oxygen ☒ Nurse for  
IV ABX, labs, PICC line  
management/dressing  
change. RW ordered. [N2]  
-DS at 03/06/25 1209

Discharge  
Planning  
Comments

Per CM case is no  
longer Workers  
Comp. Patient is  
now using his United  
Healthcare Plan.  
Also stated patient is  
on care with Prana  
Health Solutions,  
rep Rachael stated  
he is no longer INN  
with agency. Also  
confirmed his  
infusion agency is

Spoke with patient's  
son and notified him  
that patient is no  
longer INN with  
Prana. Stated he  
had no preference  
for a particular HH  
agency. Will submit  
HH referral to INN  
agency. -JP at  
03/06/25 1059

Submitted Infusion  
referral to  
Touchstone. Called  
and spoke with  
intake rep Kiara.  
Asked to verify they  
are INN with  
patient's current  
insurance plan and  
also notified them  
patient is no longer  
on care with Prana  
and will need HH

HH arrangements  
pending for IV ABX;  
Dapto until 3.16.25  
[N2] -DS at 03/06/25  
1209

Confirmed with CM  
only SN and Infusion  
are needed. Rcvd  
VM from Halli with  
Touchstone Home  
Infusion stating they  
are INN with patient.  
Called back and left  
VM to confirm they  
are accepting  
referral and can help  
with the Skilled  
Nursing as well. -JP

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

Touchstone. -JP at 03/06/25 1056		agency placement. She stated they can provide this. For confirmation whether they are still INN rep from Houston branch will call back to confirm. -JP at 03/06/25 1110		at 03/06/25 1241	
Discharge Planning Status	Referrals Pending - JP at 03/06/25 1028	Referrals Pending - JP at 03/06/25 1059	Referrals Pending - JP at 03/06/25 1110	—	—
Row Name	03/06/25 1339	03/06/25 1517	03/06/25 1558	03/06/25 1657	03/07/25 0933
Discharge Planning					
Expected Discharge Disposition	—	—	Home or Self Care - JB at 03/06/25 1558	—	—
Anticipated Services at Discharge	—	—	In home services -JB at 03/06/25 1558	—	—
Type of Home Care Services	—	—	DME or oxygen -JB at 03/06/25 1558	—	—
Discharge Planning Comments	Rcvd call back from Halli with Touchstone Home Infusion. She stated that patient's United Healthcare plan is coming up as secondary so they will need to reach out to patient to verify/determine no other coverage. Also stated they will source the HH agency and that this may take some time. Will call back to follow up. -JP at 03/06/25 1341	Confirmed with Halli at Touchstone patient referral is accepted. -JP at 03/06/25 1518	Rolling walker Memorial Hermann DME Address: 16538 Air Center Boulevard HOUSTON, TX 77032 HARRIS County Phone: (281) 784-7550 Fax: (281) 784-7545 -JB at 03/06/25 1558	HOME INFUSION ARRANGEMENT COMPLETE Touchstone Infusion - Houston (844) 999-9676 Per Halli, Patient refused bedside teach stating He's done it before and is comfortable with the administration. Pharmacy has been notified patient will discharge today 3/6/2025. Medication will be delivered to patient's home. SOC Date - 03/07/2025 Per Halli with Touchstone Infusion: HOME HEALTH ARRANGEMENT COMPLETE Agency Name: St Gregory Healthcare Services Phone Number: (281) 416-9899. Called to verify anticipated SOC, however office is closed at this time. Will follow up in the morning. -JP at 03/06/25 1658	Verified with Charge Nurse patient is discharging today (03/07/2025). Relayed this info to Halli with Touchstone Home Infusion. Called St Gregory HH to verify anticipated SOC. Rep stated someone would call back to verify. -JP at 03/07/25 0936
Discharge Planning Status	Referrals Pending - JP at 03/06/25 1341	—	Complete -JB at 03/06/25 1558	Referrals Pending - JP at 03/07/25 0934	Referrals Pending - JP at 03/07/25 0936
Row Name	03/07/25 1049	03/07/25 1304	03/07/25 1316	03/07/25 1741	03/07/25 1800

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

Discharge Planning

Discharge Planning Comments	Rcvd call from Halli with Touchstone Home Infusion stating patient's referral has been declined by St. Gregory HH. She stated she is in the process of finding another HH agency for the patient. -JP at 03/07/25 1051	Rcvd call from Halli with Touchstone Home Infusion. She verified patient is now booked with Gulf Coast Community Health for home health care. Called Gulf Coast and verified anticipated SOC is 03/10/2025. -JP at 03/07/25 1306	HOME INFUSION ARRANGEMENT COMPLETE Touchstone Infusion - Houston (844) 999-9676 Per Halli, Patient refused bedside teach stating, "He's done it before and is comfortable with the administration." Pharmacy has been notified patient will discharge today 3/7/2025. Medication will be delivered to patient's home. SOC Date - 03/07/2025 Per Halli with Touchstone Infusion. HOME HEALTH ARRANGEMENT COMPLETE Agency Name: Gulf Coast Community Health Services. Phone Number (281) 484-2727. Verified per Ada with Intake Dept. Anticipated SOC is 03/10/2025. -JP at 03/07/25 1323	Per Nurse and MD discharge disposition has changed. HH and Home Infusion orders have been Rescinded. Home Health and Home Infusion Arrangements Cancelled. -JP at 03/07/25 1743	CM and MD received message from pt's RN that pt verbalized frustration with pain management and stated to PCA and Quality Coordinator RN that he would now have no choice but to get medicine from his drug dealer. ID physicians had to be notified d/t plan for pt to discharge home with PICC line. OPAT orders cancelled d/t comments making him no longer a candidate for OPAT. HH Coordinator, Joseph, notified of change in plan for IV ABX and HH nursing plan. CM and MD spoke with pt in room to offer new IV ABX options for IV ABX therapy @ SNF vs continuing IV Dapto inpatient until possible arrangements with his ID physician that he normally sees could be made on Monday. Pt declined options and requested that PICC line removed. [N3] -DS at 03/07/25 1904
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Discharge Planning Status	Referrals Pending - JP at 03/07/25 1051	Referrals Pending - JP at 03/07/25 1306	—	—	—
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ED\_REG\_ASSIGN

Row Name 03/02/25 1907

ED REG ASSIGN

ED REG ASSIGN rita -MNA at 03/02/25 1907

Encounter Vitals

Row Name 03/04/25 0410

Encounter Vitals

BP 144/81 -HC at 03/04/25 0419

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

Pulse	61 -HC at 03/04/25 0419
Weight	74.8 kg (164 lb 14.5 oz) -HC at 03/04/25 0419
Height	1.753 m (5' 9.02") - HC at 03/04/25 0419

**Glasgow Coma Scale**

Row Name	03/02/25 1841	03/03/25 0900	03/03/25 1100	03/03/25 1300	03/03/25 1500
Glasgow Coma Scale					
Best Eye Response	Spontaneous -NH at 03/02/25 1841	Spontaneous -GS at 03/03/25 0914	Spontaneous -GS at 03/03/25 1151	Spontaneous -GS at 03/03/25 1547	Spontaneous -GS at 03/03/25 1547
Best Verbal Response	Oriented -NH at 03/02/25 1841	Oriented -GS at 03/03/25 0914	Oriented -GS at 03/03/25 1151	Oriented -GS at 03/03/25 1547	Oriented -GS at 03/03/25 1547
Best Motor Response	Follows commands -NH at 03/02/25 1841	Follows commands -GS at 03/03/25 0914	Follows commands -GS at 03/03/25 1151	Follows commands -GS at 03/03/25 1547	Follows commands -GS at 03/03/25 1547
Glasgow Coma Scale Score	15 -NH at 03/02/25 1841	15 -GS at 03/03/25 0914	15 -GS at 03/03/25 1151	15 -GS at 03/03/25 1547	15 -GS at 03/03/25 1547
Row Name	03/03/25 1700				

**Glasgow Coma Scale**

Best Eye Response	Spontaneous -GS at 03/03/25 1810
Best Verbal Response	Oriented -GS at 03/03/25 1810
Best Motor Response	Follows commands -GS at 03/03/25 1810
Glasgow Coma Scale Score	15 -GS at 03/03/25 1810

**Goals for Shift**

Row Name	03/04/25 0800	03/05/25 0800
Patient Specific Goals		
Patient-stated reason for hospitalization:	back pain -II at 03/04/25 0806	back pain -II at 03/05/25 1112
Patient Goal for Admission	clinical improvemet -II at 03/04/25 0806	clinical improvement -II at 03/05/25 1112
Clinical Goals for the Shift	decrease pain -II at 03/04/25 0806	walk around unit -II at 03/05/25 1112
Patient Goals for Shift	decrease pain -II at 03/04/25 0806	decrease pain -II at 03/05/25 1112

**Handoff**

Row Name	03/06/25 0700	03/06/25 1900	03/07/25 0700
Handoff Report			
Handoff Given To	Niya RN -AG at 03/06/25 0728	AnnMaria RN -SP at 03/06/25 1916	Niya RN -AG at 03/07/25 0707

**I/O**

Row Name	03/03/25 0310	03/03/25 0853	03/03/25 1157	03/03/25 1818	03/04/25 0800
morphine PF injection 4 mg Start: 03/03/25 0210					
Dose	*4 mg -MK at 03/03/25 0310	—	—	—	—

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

ondansetron (Zofran) injection 4 mg Start: 03/03/25 0210

Dose \*4 mg -MK at 03/03/25  
0310

morphine PF injection 4 mg Start: 03/03/25 0830

Dose \*4 mg -GS at 03/03/25  
0853

gadobenate dimeglumine (Multihance) injection 15 mL Start: 03/03/25 1121

Dose \*15 mL lot#  
ST4110A -JV at 03/03/25  
1157

ketorolac (Toradol) injection 15 mg Start: 03/03/25 1810

Dose \*15 mg -GS at 03/03/25  
1819

Urine Output/Assessment

Urine 1 mL -II at 03/04/25  
1804

Row Name	03/04/25 1100	03/04/25 1600	03/04/25 2000	03/04/25 2341	03/05/25 0328
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Urine Output/Assessment

Urine 1 mL -II at 03/04/25  
1804

Stool Output/Assessment

Unmeasured 1 -II at 03/04/25 1804  
Stool Occurrence 1 -JG at 03/05/25 0631 1 -JG at 03/05/25 0631 1 -JG at 03/05/25 0631

Row Name	03/05/25 0631	03/05/25 2000	03/06/25 0800	03/06/25 1200	03/06/25 1600
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Intake

P.O. 250 mL -AG at 03/05/25 2007 250 mL -SP at 03/06/25 1204 250 mL -SP at 03/06/25 1204 250 mL -SP at 03/06/25 1753

Percent Meals Eaten (%) 100 -SP at 03/06/25 1204 100 -SP at 03/06/25 1204 100 -SP at 03/06/25 1753

Stool Output/Assessment

Unmeasured 1 -JG at 03/05/25 0631  
Stool Occurrence

Row Name	03/06/25 2000	03/07/25 0000	03/07/25 0100	03/07/25 0800	03/07/25 1200
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Intake

P.O. 240 mL -AG at 03/06/25 2003 240 mL -AG at 03/07/25 0028 240 mL -SP at 03/07/25 1722 240 mL -SP at 03/07/25 1722

Percent Meals Eaten (%) 100 -SP at 03/07/25 1722 100 -SP at 03/07/25 1722

Urine Output/Assessment

Unmeasured 1 -AG at 03/07/25 0112 1 -AG at 03/07/25 0112  
Urine Occurrence

Stool Output/Assessment

Unmeasured 1 -AG at 03/07/25 0112  
Stool Occurrence

Last BM Date 03/07/25 -AG at 03/07/25 0112

Row Name	03/07/25 1435	03/07/25 1600
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Intake

P.O. 240 mL -SP at 03/07/25 1722

Percent Meals Eaten (%) 100 -SP at 03/07/25 1722

DAPTOmycin (Cubicin) 600 mg in sodium chloride 0.9 % 100 mL IVPB Start: 03/07/25 1000

Dose \*600 mg -SP at 03/07/25 1437

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

## Flowsheets (continued)

### Infectious Disease Screening

Row Name	03/03/25 1803
Infectious Disease Screening	
Declined Test	Declines HIV Testing -GS at 03/03/25 1803

### Interfaced Flowsheet Data

Row Name	03/02/25 1830	03/02/25 18:35:42	03/02/25 18:35:59	03/02/25 18:36:15	03/02/25 1850
Bamboo PDMP Risk Scores					
Narcotics Risk Score	490 -BI at 03/02/25 1830	—	—	—	490 -BI at 03/02/25 1850
Stimulants Risk Score	301 -BI at 03/02/25 1830	—	—	—	301 -BI at 03/02/25 1850
Sedatives Risk Score	450 -BI at 03/02/25 1830	—	—	—	450 -BI at 03/02/25 1850
Overdose Risk Score	590  NARxCHECK scores -BI at 03/02/25 1830	—	—	—	590  NARxCHECK scores -BI at 03/02/25 1850
Vitals					
BP	—	174/96  -MI (r) VB (t) at 03/02/25 1836	—	—	—
Temp	—	—	36.7 °C (98.1 °F) -MI (r) VB (t) at 03/02/25 1836	—	—
Temp src	—	—	—	Oral -MI (r) VB (t) at 03/02/25 1836	—
Pulse	—	—	—	93 -MI (r) VB (t) at 03/02/25 1836	—
Resp	—	—	—	17 -MI (r) VB (t) at 03/02/25 1836	—
SpO2	—	—	—	100 % -MI (r) VB (t) at 03/02/25 1836	—
Vital Signs					
MAP (mmHg)	—	122  -MI (r) VB (t) at 03/02/25 1836	—	—	—
BP Location	—	—	—	Right arm -MI (r) VB (t) at 03/02/25 1836	—
Patient Position	—	—	—	Sitting -MI (r) VB (t) at 03/02/25 1836	—
Oxygen Therapy					
Oxygen Therapy	—	—	—	None (Room air) -MI (r) VB (t) at 03/02/25 1836	—

Row Name	03/02/25 1855	03/02/25 23:54:52	03/02/25 23:55:17	03/02/25 23:55:29	03/03/25 1935
Bamboo PDMP Risk Scores					
Narcotics Risk Score	—	—	—	—	490 -BI at 03/03/25 1935
Stimulants Risk Score	—	—	—	—	301 -BI at 03/03/25 1935
Sedatives Risk Score	—	—	—	—	450 -BI at 03/03/25 1935
Overdose Risk Score	—	—	—	—	590  NARxCHECK scores -BI at 03/03/25 1935
Vitals					
BP	—	—	187/115  -MI at 03/02/25 2355	—	—



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

Temp	—	36.7 °C (98 °F) -MI at 03/02/25 2355	—	—	—
Temp src	—	—	—	Oral -MI at 03/02/25 2355	—
Pulse	—	—	—	74 -MI at 03/02/25 2355	—
SpO2	—	—	—	100 % -MI at 03/02/25 2355	—

**Vital Signs**

MAP (mmHg)	—	—	139 † -MI at 03/02/25 2355	—	—
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**CarePort Booked Providers**

(1) Accepted Level of Care Description	Durable Medical Equipment -CI at 03/06/25 1558	—	—	—	—
(1) Booked Provider Date	03/06/25 -CI at 03/06/25 1558	—	—	—	—
(1) CMS Certification Number	4319300001 -CI at 03/06/25 1558	—	—	—	—
(1) Provider Name	Memorial Hermann DME -CI at 03/06/25 1558	—	—	—	—
(1) Provider Address Line 1	16538 Air Center Boulevard -CI at 03/06/25 1558	—	—	—	—
(1) Provider City	HOUSTON -CI at 03/06/25 1558	—	—	—	—
(1) Provider State	Texas -CI at 03/06/25 1558	—	—	—	—
(1) Provider Zip	77032 -CI at 03/06/25 1558	—	—	—	—
(1) Provider Phone Number	(281) 784-7550 -CI at 03/06/25 1558	—	—	—	—
(1) Provider Fax Number	(281) 784-7545 -CI at 03/06/25 1558	—	—	—	—

<b>Row Name</b>	<b>03/04/25 04:38:14</b>	<b>03/04/25 04:39:21</b>	<b>03/04/25 04:39:27</b>	<b>03/04/25 07:52:13</b>	<b>03/04/25 07:52:36</b>
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**Vitals**

BP	—	176/99 † -MI (r) IK (t) at 03/04/25 0439	—	—	—
Temp	36.9 °C (98.4 °F) -MI (r) IK (t) at 03/04/25 0439	—	—	—	—
Temp src	—	—	Oral -MI (r) IK (t) at 03/04/25 0439	—	—
Pulse	—	—	54 -MI (r) IK (t) at 03/04/25 0439	—	60 -MI (r) SR (t) at 03/04/25 0752
Resp	—	—	13 -MI (r) IK (t) at 03/04/25 0439	—	17 -MI (r) SR (t) at 03/04/25 0752
SpO2	—	—	100 % -MI (r) IK (t) at 03/04/25 0439	—	97 % -MI (r) SR (t) at 03/04/25 0752

**Vital Signs**


MAP (mmHg)	—	125 † -MI (r) IK (t) at 03/04/25 0439	—	134 † -MI (r) SR (t) at 03/04/25 0752	—
BP Location	—	—	Right arm -MI (r) IK (t) at 03/04/25 0439	—	Right arm -MI (r) SR (t) at 03/04/25 0752
Patient Position	—	—	Lying -MI (r) IK (t) at 03/04/25 0439	—	Lying -MI (r) SR (t) at 03/04/25 0752
Oxygen Therapy	—	—	None (Room air) -MI (r) IK (t) at 03/04/25 0439	—	—

<b>Row Name</b>	<b>03/04/25 12:01:34</b>	<b>03/04/25 12:01:45</b>	<b>03/04/25 16:03:02</b>	<b>03/04/25 16:03:15</b>	<b>03/04/25 16:03:27</b>
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**Vitals**

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

BP	—	—	—	135/81 -MI at 03/04/25 1603	—
Temp	—	—	37.4 °C (99.3 °F) -MI at 03/04/25 1603	—	—
Temp src	—	Oral -MI (r) SR (t) at 03/04/25 1201	—	—	Oral -MI at 03/04/25 1603
Pulse	—	69 -MI (r) SR (t) at 03/04/25 1201	—	—	76 -MI at 03/04/25 1603
Resp	—	18 -MI (r) SR (t) at 03/04/25 1201	—	—	18 -MI at 03/04/25 1603
SpO2	—	94 % -MI (r) SR (t) at 03/04/25 1201	—	—	100 % -MI at 03/04/25 1603
Vital Signs					
MAP (mmHg)	113 † -MI (r) SR (t) at 03/04/25 1201	—	—	99 -MI at 03/04/25 1603	—
BP Location	—	Right arm -MI (r) SR (t) at 03/04/25 1201	—	—	Left arm -MI at 03/04/25 1603
Patient Position	—	Lying -MI (r) SR (t) at 03/04/25 1201	—	—	Lying -MI at 03/04/25 1603
Oxygen Therapy					
Oxygen Therapy	—	—	—	—	None (Room air) -MI at 03/04/25 1603
Row Name	03/04/25 19:29:28	03/04/25 19:29:32	03/04/25 23:52:50	03/04/25 23:53:45	03/04/25 23:53:56
Vitals					
BP	127/92 † -MI (r) MP (t) at 03/04/25 1929	—	—	158/79 -MI (r) MP (t) at 03/04/25 2353	—
Temp	—	—	37 °C (98.6 °F) -MI (r) MP (t) at 03/04/25 2353	—	—
Temp src	—	—	—	—	Oral -MI (r) MP (t) at 03/04/25 2353
Pulse	—	73 -MI (r) MP (t) at 03/04/25 1929	—	—	56 -MI (r) MP (t) at 03/04/25 2353
Resp	—	18 -MI (r) MP (t) at 03/04/25 1929	—	—	19 -MI (r) MP (t) at 03/04/25 2353
SpO2	—	100 % -MI (r) MP (t) at 03/04/25 1929	—	—	100 % -MI (r) MP (t) at 03/04/25 2353
Vital Signs					
MAP (mmHg)	104 † -MI (r) MP (t) at 03/04/25 1929	—	—	105 † -MI (r) MP (t) at 03/04/25 2353	—
Row Name	03/05/25 04:13	03/05/25 04:13:21	03/05/25 04:13:25	03/05/25 07:33	03/05/25 07:43:12
Bamboo PDMP Risk Scores					
Narcotics Risk Score	—	—	—	490 -BI at 03/05/25 0733	—
Stimulants Risk Score	—	—	—	301 -BI at 03/05/25 0733	—
Sedatives Risk Score	—	—	—	440 -BI at 03/05/25 0733	—
Overdose Risk Score	—	—	—	580  NARxCHECK scores -BI at 03/05/25 0733	—
Vitals					
BP	—	165/83 † -MI (r) MP (t) at 03/05/25 0413	—	—	—
Temp	36.3 °C (97.4 °F) -MI (r) MP (t) at 03/05/25 0413	—	—	—	36.7 °C (98.1 °F) -MI (r) MR (t) at 03/05/25 0744
Temp src	—	—	Axillary -MI (r) MP (t) at 03/05/25 0413	—	—
Pulse	—	—	53 -MI (r) MP (t) at 03/05/25 0413	—	—
Resp	—	—	18 -MI (r) MP (t) at 03/05/25 0413	—	—

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

SpO2	—	—	98 % -MI (r) MP (t) at 03/05/25 0413	—	—
Vital Signs					
MAP (mmHg)	—	110 ‡ -MI (r) MP (t) at 03/05/25 0413	—	—	—
Row Name	03/05/25 07:44:12	03/05/25 07:44:45	03/05/25 11:39:48	03/05/25 11:40:19	03/05/25 11:40:33
Vitals					
BP	152/91 ‡ -MI (r) MR (t) at 03/05/25 0744	—	126/88 -MI (r) MR (t) at 03/05/25 1140	—	—
Temp	—	—	—	36.6 °C (97.9 °F) -MI (r) MR (t) at 03/05/25 1140	—
Temp src	—	Oral -MI (r) MR (t) at 03/05/25 0744	—	—	Oral -MI (r) MR (t) at 03/05/25 1140
Pulse	—	65 -MI (r) MR (t) at 03/05/25 0744	—	—	73 -MI (r) MR (t) at 03/05/25 1140
Resp	—	18 -MI (r) MR (t) at 03/05/25 0744	—	—	18 -MI (r) MR (t) at 03/05/25 1140
SpO2	—	100 % -MI (r) MR (t) at 03/05/25 0744	—	—	100 % -MI (r) MR (t) at 03/05/25 1140
Vital Signs					
MAP (mmHg)	111 ‡ -MI (r) MR (t) at 03/05/25 0744	—	101 ‡ -MI (r) MR (t) at 03/05/25 1140	—	—
BP Location	—	Right arm -MI (r) MR (t) at 03/05/25 0744	—	—	Left arm -MI (r) MR (t) at 03/05/25 1140
Patient Position	—	Lying -MI (r) MR (t) at 03/05/25 0744	—	—	Lying -MI (r) MR (t) at 03/05/25 1140
Oxygen Therapy					
Oxygen Therapy	—	None (Room air) -MI (r) MR (t) at 03/05/25 0744	—	—	None (Room air) -MI (r) MR (t) at 03/05/25 1140
Row Name	03/05/25 15:36:48	03/05/25 15:37:40	03/05/25 15:38:03	03/05/25 20:08:18	03/05/25 20:09:19
Vitals					
BP	—	148/100 ‡ -MI (r) MR (t) at 03/05/25 1538	—	—	141/92 ‡ -MI (r) KP (t) at 03/05/25 2009
Temp	37.1 °C (98.8 °F) -MI (r) MR (t) at 03/05/25 1538	—	—	37.2 °C (98.9 °F) -MI (r) KP (t) at 03/05/25 2009	—
Temp src	—	—	Oral -MI (r) MR (t) at 03/05/25 1538	—	—
Pulse	—	—	77 -MI (r) MR (t) at 03/05/25 1538	—	—
Resp	—	—	18 -MI (r) MR (t) at 03/05/25 1538	—	—
SpO2	—	—	100 % -MI (r) MR (t) at 03/05/25 1538	—	—
Vital Signs					
MAP (mmHg)	—	116 ‡ -MI (r) MR (t) at 03/05/25 1538	—	—	108 ‡ -MI (r) KP (t) at 03/05/25 2009
BP Location	—	—	Right arm -MI (r) MR (t) at 03/05/25 1538	—	—
Patient Position	—	—	Lying -MI (r) MR (t) at 03/05/25 1538	—	—
Oxygen Therapy					
Oxygen Therapy	—	—	None (Room air) -MI (r) MR (t) at 03/05/25 1538	—	—
Row Name	03/05/25 20:09:26	03/05/25 23:40:12	03/05/25 23:40:25	03/05/25 23:40:49	03/06/25 04:29:26
Vitals					
BP	—	136/81 -MI at 03/05/25 2340	—	—	—
Temp	—	—	36.3 °C (97.4 °F) -MI	—	36.4 °C (97.5 °F) -MI


**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

		at 03/05/25 2340		(r) KP (t) at 03/06/25 0430	
Temp src	Oral -MI (r) KP (t) at 03/05/25 2009	—	—	Axillary -MI at 03/05/25 2340	—
Pulse	87 -MI (r) KP (t) at 03/05/25 2009	—	—	80 -MI at 03/05/25 2340	—
Resp	18 -MI (r) KP (t) at 03/05/25 2009	—	—	17 -MI at 03/05/25 2340	—
SpO2	96 % -MI (r) KP (t) at 03/05/25 2009	—	—	99 % -MI at 03/05/25 2340	—
<b>Vital Signs</b>					
MAP (mmHg)	—	99 -MI at 03/05/25 2340	—	—	—
BP Location	Left arm -MI (r) KP (t) at 03/05/25 2009	—	—	Left arm -MI at 03/05/25 2340	—
Patient Position	Lying -MI (r) KP (t) at 03/05/25 2009	—	—	Lying -MI at 03/05/25 2340	—
<b>Oxygen Therapy</b>					
Oxygen Therapy	None (Room air) -MI (r) KP (t) at 03/05/25 2009	—	—	None (Room air) -MI at 03/05/25 2340	—
<b>Row Name</b>	<b>03/06/25 04:29:40</b>	<b>03/06/25 04:29:59</b>	<b>03/06/25 05:04:22</b>	<b>03/06/25 05:04:30</b>	<b>03/06/25 06:34:39</b>

<b>Vitals</b>					
BP	178/107 † -MI (r) KP (t) at 03/06/25 0430	—	181/103 † -MI (r) AG (t) at 03/06/25 0504	—	157/87 -MI (r) AG (t) at 03/06/25 0634
Temp src	—	Oral -MI (r) KP (t) at 03/06/25 0430	—	—	—
Pulse	—	61 -MI (r) KP (t) at 03/06/25 0430	—	—	—
Resp	—	18 -MI (r) KP (t) at 03/06/25 0430	—	—	—
SpO2	—	100 % -MI (r) KP (t) at 03/06/25 0430	—	—	—
<b>Vital Signs</b>					
MAP (mmHg)	131 † -MI (r) KP (t) at 03/06/25 0430	—	129 † -MI (r) AG (t) at 03/06/25 0504	—	110 † -MI (r) AG (t) at 03/06/25 0634
BP Location	—	Right arm -MI (r) KP (t) at 03/06/25 0430	—	Right arm -MI (r) AG (t) at 03/06/25 0504	—
Patient Position	—	Lying -MI (r) KP (t) at 03/06/25 0430	—	Lying -MI (r) AG (t) at 03/06/25 0504	—
<b>Oxygen Therapy</b>					
Oxygen Therapy	—	None (Room air) -MI (r) KP (t) at 03/06/25 0430	—	—	—
<b>Row Name</b>	<b>03/06/25 06:34:44</b>	<b>03/06/25 06:35:19</b>	<b>03/06/25 0742</b>	<b>03/06/25 08:02:27</b>	<b>03/06/25 08:03:03</b>

**Bamboo PDMP Risk Scores**

Narcotics Risk Score	—	—	490 -BI at 03/06/25 0742	—	—
Stimulants Risk Score	—	—	301 -BI at 03/06/25 0742	—	—
Sedatives Risk Score	—	—	440 -BI at 03/06/25 0742	—	—
Overdose Risk Score	—	—	540  NARxCHECK scores -BI at 03/06/25 0742	—	—

**Vitals**

BP	—	153/88 -MI (r) AG (t) at 03/06/25 0635	—	—	169/103 † -MI at 03/06/25 0803
Temp	—	—	—	36.7 °C (98 °F) -MI at 03/06/25 0803	—
Pulse	82 -MI (r) AG (t) at 03/06/25 0634	—	—	—	—
SpO2	98 % -MI (r) AG (t) at 03/06/25 0634	—	—	—	—

**Vital Signs**

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

MAP (mmHg)	—	110 † -MI (r) AG (t) at 03/06/25 0635	—	—	125 † -MI at 03/06/25 0803
BP Location	Left arm -MI (r) AG (t) at 03/06/25 0634	—	—	—	—
Patient Position	Lying -MI (r) AG (t) at 03/06/25 0634	—	—	—	—
Row Name	03/06/25 08:03:09	03/06/25 11:40:06	03/06/25 11:40:35	03/06/25 11:40:46	03/06/25 16:07:57
<b>Vitals</b>					
Temp	—	36.8 °C (98.3 °F) -MI (r) RF (t) at 03/06/25 1140	—	—	—
Temp src	Oral -MI at 03/06/25 0803	—	—	Oral -MI (r) RF (t) at 03/06/25 1140	—
Pulse	70 -MI at 03/06/25 0803	—	—	72 -MI (r) RF (t) at 03/06/25 1140	—
Resp	18 -MI at 03/06/25 0803	—	—	17 -MI (r) RF (t) at 03/06/25 1140	—
SpO2	100 % -MI at 03/06/25 0803	—	—	100 % -MI (r) RF (t) at 03/06/25 1140	—
<b>Vital Signs</b>					
MAP (mmHg)	—	—	131 † -MI (r) RF (t) at 03/06/25 1140	—	116 † -MI (r) RF (t) at 03/06/25 1608
BP Location	Right arm -MI at 03/06/25 0803	—	—	Right arm -MI (r) RF (t) at 03/06/25 1140	—
Patient Position	Lying -MI at 03/06/25 0803	—	—	Lying -MI (r) RF (t) at 03/06/25 1140	—
<b>Oxygen Therapy</b>					
Oxygen Therapy	None (Room air) -MI at 03/06/25 0803	—	—	None (Room air) -MI (r) RF (t) at 03/06/25 1140	—
Row Name	03/06/25 16:08:05	03/06/25 20:58:18	03/06/25 20:58:52	03/07/25 00:17:05	03/07/25 00:17:06
<b>Vitals</b>					
BP	—	—	—	—	138/88 -MI (r) KP (t) at 03/07/25 0017
Temp	—	36.2 °C (97.2 °F) -MI (r) KP (t) at 03/06/25 2058	—	36.9 °C (98.4 °F) -MI (r) KP (t) at 03/07/25 0017	—
Temp src	Axillary -MI (r) RF (t) at 03/06/25 1608	—	Oral -MI (r) KP (t) at 03/06/25 2058	—	—
Pulse	90 -MI (r) RF (t) at 03/06/25 1608	—	93 -MI (r) KP (t) at 03/06/25 2058	—	—
Resp	17 -MI (r) RF (t) at 03/06/25 1608	—	18 -MI (r) KP (t) at 03/06/25 2058	—	—
SpO2	100 % -MI (r) RF (t) at 03/06/25 1608	—	98 % -MI (r) KP (t) at 03/06/25 2058	—	—
<b>Vital Signs</b>					
MAP (mmHg)	—	—	—	—	105 † -MI (r) KP (t) at 03/07/25 0017
BP Location	Right arm -MI (r) RF (t) at 03/06/25 1608	—	Right arm -MI (r) KP (t) at 03/06/25 2058	—	—
Patient Position	Lying -MI (r) RF (t) at 03/06/25 1608	—	Lying -MI (r) KP (t) at 03/06/25 2058	—	—
<b>Oxygen Therapy</b>					
Oxygen Therapy	None (Room air) -MI (r) RF (t) at 03/06/25 1608	—	None (Room air) -MI (r) KP (t) at 03/06/25 2058	—	—
Row Name	03/07/25 00:17:43	03/07/25 04:37:28	03/07/25 04:38:04	03/07/25 08:01:53	03/07/25 08:02:39
<b>Vitals</b>					
BP	—	113/83 -MI (r) KP (t) at 03/07/25 0438	—	160/96 † -MI (r) KJ (t) at 03/07/25 0802	—
Temp	—	—	—	—	35.9 °C (96.7 °F) † -MI (r) KJ (t) at 03/07/25 0802
Temp src	Oral -MI (r) KP (t) at 03/07/25 0017	—	Axillary -MI (r) KP (t) at 03/07/25 0438	—	—
Pulse	72 -MI (r) KP (t) at	—	86 -MI (r) KP (t) at	—	—


**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

	03/07/25 0017		03/07/25 0438		
Resp	17 -MI (r) KP (t) at 03/07/25 0017	—	18 -MI (r) KP (t) at 03/07/25 0438	—	—
SpO2	99 % -MI (r) KP (t) at 03/07/25 0017	—	100 % -MI (r) KP (t) at 03/07/25 0438	—	—
<b>Vital Signs</b>					
MAP (mmHg)	—	93 -MI (r) KP (t) at 03/07/25 0438	—	117 ? -MI (r) KJ (t) at 03/07/25 0802	—
BP Location	Left arm -MI (r) KP (t) at 03/07/25 0017	—	Right arm -MI (r) KP (t) at 03/07/25 0438	—	—
Patient Position	Lying -MI (r) KP (t) at 03/07/25 0017	—	Standing -MI (r) KP (t) at 03/07/25 0438	—	—
<b>Oxygen Therapy</b>					
Oxygen Therapy	None (Room air) -MI (r) KP (t) at 03/07/25 0017	—	None (Room air) -MI (r) KP (t) at 03/07/25 0438	—	—

**Row Name** 03/07/25 08:02:45 03/07/25 0927

**Bamboo PDMP Risk Scores**

Narcotics Risk Score	—	490 -BI at 03/07/25 0927
Stimulants Risk Score	—	301 -BI at 03/07/25 0927
Sedatives Risk Score	—	440 -BI at 03/07/25 0927
Overdose Risk Score	—	540  NARxCHECK scores -BI at 03/07/25 0927

**Vitals**

Temp src	Oral -MI (r) KJ (t) at 03/07/25 0802	—
Pulse	58 -MI (r) KJ (t) at 03/07/25 0802	—
SpO2	100 % -MI (r) KJ (t) at 03/07/25 0802	—

**Vital Signs**

BP Location	Left arm -MI (r) KJ (t) at 03/07/25 0802	—
Patient Position	Lying -MI (r) KJ (t) at 03/07/25 0802	—

**Oxygen Therapy**

Oxygen Therapy	None (Room air) -MI (r) KJ (t) at 03/07/25 0802	—
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**Interpreter Services**

**Row Name** 03/04/25 0543

**Interpreter Services**

Communication Needs	None -DJ at 03/04/25 0543
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**IV Assessment**

**Row Name** 03/04/25 0430 03/04/25 0800 03/04/25 1200 03/04/25 1600 03/04/25 2000

**[REMOVED] Peripheral IV 03/02/25 Anterior;Left Forearm**

IV Properties	Placement Date: 03/02/25 -MC, 03/02/25 1919 Placement Time: 1918 -MC, 03/02/25 1919 Hand Hygiene Completed: Yes -MC, 03/02/25 1919 Size (Gauge): 20 G -MC, 03/02/25 1919 Orientation: Anterior;Left -MC, 03/02/25 1919 Location: Forearm -MC, 03/02/25 1919 Site Prep: Chlorhexidine -MC, 03/02/25 1919 Local Anesthetic: None -MC, 03/02/25 1919 Placed by: Maria Campos Paramedic -MC, 03/02/25 1919 Insertion attempts: 1 -MC, 03/02/25 1919 Patient Tolerance: Tolerated well -MC, 03/02/25 1919 Difficult Venous Access: Yes -MC, 03/02/25 1919 Removal Date: 03/07/25 -SP, 03/07/25 1954 Removal Time: 1900				
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**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

-SP, 03/07/25 1954					
Site Assessment	Clean;Dry;Intact -DJ at 03/04/25 0534	Clean;Dry -II at 03/04/25 0803	Clean;Dry -II at 03/04/25 1216	Clean;Dry -II at 03/04/25 1605	Clean;Dry;Intact -JG at 03/04/25 2215
Dressing Type	Transparent -DJ at 03/04/25 0534	Transparent -II at 03/04/25 0803	Transparent -II at 03/04/25 1216	Transparent -II at 03/04/25 1605	Transparent -JG at 03/04/25 2215
Line Status	Flushed;Saline locked -DJ at 03/04/25 0534	—	—	—	Flushed -JG at 03/04/25 2215
Phlebitis Score	0 -DJ at 03/04/25 0534	—	—	—	0 -JG at 03/04/25 2215
Infiltration Score	0 -DJ at 03/04/25 0534	—	—	—	0 -JG at 03/04/25 2215
Dressing Status	Clean;Intact;Dry -DJ at 03/04/25 0534	Clean;Dry;Intact -II at 03/04/25 0803	Clean;Dry;Intact -II at 03/04/25 1216	Clean;Dry;Intact -II at 03/04/25 1605	Clean;Dry;Intact -JG at 03/04/25 2215
Reason Not Rotated	Not due -DJ at 03/04/25 0534	—	—	—	—
Row Name	03/05/25 0000	03/05/25 0400	03/05/25 0800	03/05/25 1200	03/05/25 1600

**[REMOVED] Peripheral IV 03/02/25 Anterior;Left Forearm**

IV Properties	Placement Date: 03/02/25 -MC, 03/02/25 1919 Placement Time: 1918 -MC, 03/02/25 1919 Hand Hygiene Completed: Yes -MC, 03/02/25 1919 Size (Gauge): 20 G -MC, 03/02/25 1919 Orientation: Anterior;Left -MC, 03/02/25 1919 Location: Forearm -MC, 03/02/25 1919 Site Prep: Chlorhexidine -MC, 03/02/25 1919 Local Anesthetic: None -MC, 03/02/25 1919 Placed by: Maria Campos Paramedic -MC, 03/02/25 1919 Insertion attempts: 1 -MC, 03/02/25 1919 Patient Tolerance: Tolerated well -MC, 03/02/25 1919 Difficult Venous Access: Yes -MC, 03/02/25 1919 Removal Date: 03/07/25 -SP, 03/07/25 1954 Removal Time: 1900 -SP, 03/07/25 1954				
Site Assessment	Clean;Dry;Intact -JG at 03/05/25 0313	Clean;Dry;Intact -JG at 03/05/25 0629	Clean;Dry -II at 03/05/25 0945	Clean;Dry -II at 03/05/25 1247	Clean;Dry -II at 03/05/25 1602
Dressing Type	Transparent -JG at 03/05/25 0313	Transparent -JG at 03/05/25 0629	Transparent -II at 03/05/25 0945	Transparent -II at 03/05/25 1247	Transparent -II at 03/05/25 1602
Line Status	Flushed -JG at 03/05/25 0313	Flushed -JG at 03/05/25 0629	—	—	—
Phlebitis Score	0 -JG at 03/05/25 0313	0 -JG at 03/05/25 0629	—	—	—
Infiltration Score	0 -JG at 03/05/25 0313	0 -JG at 03/05/25 0629	—	—	—
Dressing Status	Clean;Dry;Intact -JG at 03/05/25 0313	Clean;Dry;Intact -JG at 03/05/25 0629	Clean;Dry;Intact -II at 03/05/25 0945	Clean;Dry;Intact -II at 03/05/25 1247	Clean;Dry;Intact -II at 03/05/25 1602
Row Name	03/05/25 2000	03/06/25 0000	03/06/25 0400	03/06/25 0800	03/06/25 1200

**[REMOVED] Peripheral IV 03/02/25 Anterior;Left Forearm**

IV Properties	Placement Date: 03/02/25 -MC, 03/02/25 1919 Placement Time: 1918 -MC, 03/02/25 1919 Hand Hygiene Completed: Yes -MC, 03/02/25 1919 Size (Gauge): 20 G -MC, 03/02/25 1919 Orientation: Anterior;Left -MC, 03/02/25 1919 Location: Forearm -MC, 03/02/25 1919 Site Prep: Chlorhexidine -MC, 03/02/25 1919 Local Anesthetic: None -MC, 03/02/25 1919 Placed by: Maria Campos Paramedic -MC, 03/02/25 1919 Insertion attempts: 1 -MC, 03/02/25 1919 Patient Tolerance: Tolerated well -MC, 03/02/25 1919 Difficult Venous Access: Yes -MC, 03/02/25 1919 Removal Date: 03/07/25 -SP, 03/07/25 1954 Removal Time: 1900 -SP, 03/07/25 1954				
Site Assessment	Clean;Dry -AG at 03/05/25 2007	Clean;Dry -AG at 03/06/25 0007	Clean;Dry -AG at 03/06/25 0402	Clean;Dry;Intact -SP at 03/06/25 1205	Clean;Dry;Intact -SP at 03/06/25 1205
Dressing Type	Transparent -AG at 03/05/25 2007	Transparent -AG at 03/06/25 0007	Transparent -AG at 03/06/25 0402	Transparent -SP at 03/06/25 1205	Transparent -SP at 03/06/25 1205
Line Status	Saline locked -AG at 03/05/25 2007	Saline locked -AG at 03/06/25 0007	Saline locked -AG at 03/06/25 0402	Saline locked -SP at 03/06/25 1205	Saline locked -SP at 03/06/25 1205
Phlebitis Score	0 -AG at 03/05/25 2007	0 -AG at 03/06/25 0007	0 -AG at 03/06/25 0402	0 -SP at 03/06/25 1205	0 -SP at 03/06/25 1205
Infiltration Score	0 -AG at 03/05/25 2007	0 -AG at 03/06/25 0007	0 -AG at 03/06/25 0402	0 -SP at 03/06/25 1205	0 -SP at 03/06/25 1205
Dressing Status	Clean;Dry;Intact -AG at 03/05/25 2007	Clean;Dry;Intact -AG at 03/06/25 0007	Clean;Dry;Intact -AG at 03/06/25 0402	Clean;Dry;Intact -SP at 03/06/25 1205	Clean;Dry;Intact -SP at 03/06/25 1205

**[REMOVED] LDA PICC 03/06/25 Single-lumen 4 Right Brachial vein**

Line Properties	Placement Date: 03/06/25 -AB, 03/06/25 1456 Placement Time: 1455 -AB, 03/06/25 1456 Pre-Placement Safety Checks: ID band on and verified;Surgical consent signed;Time out completed -AB, 03/06/25 1456 Hand Hygiene Completed: Yes -AB, 03/06/25 1456 Time Out Completed: Yes -AB, 03/06/25 1456 PICC Lumen Type: Single-lumen -AB, 03/06/25 1456 Size (Fr): 4 -AB, 03/06/25 1456 Length (cm): 36 cm -AB, 03/06/25 1456 Orientation: Right -AB, 03/06/25 1456 Location: Brachial vein -AB, 03/06/25 1456 Site Prep: Chlorhexidine -AB, 03/06/25 1456 All 5 Sterile Barriers Used (Gloves, Gown, Cap, Mask, Large Sterile Drape): Yes -AB, 03/06/25 1456 Local Anesthetic: Injectable -AB, 03/06/25 1456 Initial Extremity Circumference (cm): 36 cm -AB, 03/06/25 1456 Initial Exposed Catheter (cm): 0 cm -AB, 03/06/25 1456				
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## 03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

### Flowsheets (continued)

Post-Placement Safety Checks: Sterile field maintained entire procedure; Dressing occlusive and intact -AB, 03/06/25 1456 Placed by: Alberto Benitez RN BSN VA-BC -AB, 03/06/25 1456 Provider Occupation: PICC/Vascular team -AB, 03/06/25 1456 Person Recording Insert Practice Data: Insertor -AB, 03/06/25 1456 Insertion attempts: 2 -AB, First attempt was the LUE, though unable to advance catheter, 03/06/25 1456 Securement Method: Transparent dressing; Other (Comment) -AB, Stat Lock, 03/06/25 1456 Patient Tolerance: Tolerated well -AB, 03/06/25 1456 Placement Verification: Blood return; Ultrasound; X-ray -AB, 03/06/25 1456 Removal Date: 03/07/25 -SP, 03/07/25 1953 Removal Time: 1900 -SP, 03/07/25 1953

Row Name	03/06/25 1600	03/06/25 2000	03/07/25 0000	03/07/25 0400	03/07/25 0800
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#### [REMOVED] Peripheral IV 03/02/25 Anterior; Left Forearm

IV Properties	Placement Date: 03/02/25 -MC, 03/02/25 1919 Placement Time: 1918 -MC, 03/02/25 1919 Hand Hygiene Completed: Yes -MC, 03/02/25 1919 Size (Gauge): 20 G -MC, 03/02/25 1919 Orientation: Anterior; Left -MC, 03/02/25 1919 Location: Forearm -MC, 03/02/25 1919 Site Prep: Chlorhexidine -MC, 03/02/25 1919 Local Anesthetic: None -MC, 03/02/25 1919 Placed by: Maria Campos Paramedic -MC, 03/02/25 1919 Insertion attempts: 1 -MC, 03/02/25 1919 Patient Tolerance: Tolerated well -MC, 03/02/25 1919 Difficult Venous Access: Yes -MC, 03/02/25 1919 Removal Date: 03/07/25 -SP, 03/07/25 1954 Removal Time: 1900 -SP, 03/07/25 1954				
Site Assessment	Clean; Dry; Intact -SP at 03/06/25 1754	Clean; Dry -AG at 03/06/25 2004	Clean; Dry -AG at 03/07/25 0028	Clean; Dry -AG at 03/07/25 0415	Clean; Dry; Intact -SP at 03/07/25 1723
Dressing Type	Transparent -SP at 03/06/25 1754	Transparent -AG at 03/06/25 2004	Transparent -AG at 03/07/25 0028	Transparent -AG at 03/07/25 0415	Transparent -SP at 03/07/25 1723
Line Status	Saline locked -SP at 03/06/25 1754	Saline locked -AG at 03/06/25 2003	Saline locked -AG at 03/07/25 0028	Saline locked -AG at 03/07/25 0415	Saline locked -SP at 03/07/25 1723
Phlebitis Score	0 -SP at 03/06/25 1754	0 -AG at 03/06/25 2003	0 -AG at 03/07/25 0028	0 -AG at 03/07/25 0415	0 -SP at 03/07/25 1723
Infiltration Score	0 -SP at 03/06/25 1754	0 -AG at 03/06/25 2003	0 -AG at 03/07/25 0028	0 -AG at 03/07/25 0415	0 -SP at 03/07/25 1723
Dressing Status	Clean; Dry; Intact -SP at 03/06/25 1754	Clean; Dry; Intact -AG at 03/06/25 2004	Clean; Dry; Intact -AG at 03/07/25 0028	Clean; Dry; Intact -AG at 03/07/25 0415	Clean; Dry; Intact -SP at 03/07/25 1723

#### [REMOVED] LDA PICC 03/06/25 Single-lumen 4 Right Brachial vein

Line Properties	Placement Date: 03/06/25 -AB, 03/06/25 1456 Placement Time: 1455 -AB, 03/06/25 1456 Pre-Placement Safety Checks: ID band on and verified; Surgical consent signed; Time out completed -AB, 03/06/25 1456 Hand Hygiene Completed: Yes -AB, 03/06/25 1456 Time Out Completed: Yes -AB, 03/06/25 1456 PICC Lumen Type: Single-lumen -AB, 03/06/25 1456 Size (Fr): 4 -AB, 03/06/25 1456 Length (cm): 36 cm -AB, 03/06/25 1456 Orientation: Right -AB, 03/06/25 1456 Location: Brachial vein -AB, 03/06/25 1456 Site Prep: Chlorhexidine -AB, 03/06/25 1456 All 5 Sterile Barriers Used (Gloves, Gown, Cap, Mask, Large Sterile Drape): Yes -AB, 03/06/25 1456 Local Anesthetic: Injectable -AB, 03/06/25 1456 Initial Extremity Circumference (cm): 36 cm -AB, 03/06/25 1456 Initial Exposed Catheter (cm): 0 cm -AB, 03/06/25 1456 Post-Placement Safety Checks: Sterile field maintained entire procedure; Dressing occlusive and intact -AB, 03/06/25 1456 Placed by: Alberto Benitez RN BSN VA-BC -AB, 03/06/25 1456 Provider Occupation: PICC/Vascular team -AB, 03/06/25 1456 Person Recording Insert Practice Data: Insertor -AB, 03/06/25 1456 Insertion attempts: 2 -AB, First attempt was the LUE, though unable to advance catheter, 03/06/25 1456 Securement Method: Transparent dressing; Other (Comment) -AB, Stat Lock, 03/06/25 1456 Patient Tolerance: Tolerated well -AB, 03/06/25 1456 Placement Verification: Blood return; Ultrasound; X-ray -AB, 03/06/25 1456 Removal Date: 03/07/25 -SP, 03/07/25 1953 Removal Time: 1900 -SP, 03/07/25 1953				
Site Assessment	Clean; Dry; Intact -SP at 03/06/25 1754	Intact; Dry; Clean -AG at 03/06/25 2004	Intact; Dry; Clean -AG at 03/07/25 0028	Intact; Dry; Clean -AG at 03/07/25 0415	Clean; Dry; Intact -SP at 03/07/25 1723
Site Labeled With Insertion Date	Yes -SP at 03/06/25 1754	Yes -AG at 03/06/25 2004	Yes -AG at 03/07/25 0028	Yes -AG at 03/07/25 0415	Yes -SP at 03/07/25 1723
Dressing Labeled With D/T	Yes -SP at 03/06/25 1754	Yes -AG at 03/06/25 2004	Yes -AG at 03/07/25 0028	Yes -AG at 03/07/25 0415	Yes -SP at 03/07/25 1723
Phlebitis Score	0 -SP at 03/06/25 1754	0 -AG at 03/06/25 2004	0 -AG at 03/07/25 0028	0 -AG at 03/07/25 0415	0 -SP at 03/07/25 1723
Infiltration Score	0 -SP at 03/06/25 1754	0 -AG at 03/06/25 2004	0 -AG at 03/07/25 0028	0 -AG at 03/07/25 0415	0 -SP at 03/07/25 1723
Dressing Type	CHG transparent -SP at 03/06/25 1754	CHG transparent -AG at 03/06/25 2004	CHG transparent -AG at 03/07/25 0028	CHG transparent -AG at 03/07/25 0415	CHG transparent -SP at 03/07/25 1723
Dressing Status	Clean; Dry; Intact -SP at 03/06/25 1754	Dry; Clean; Intact -AG at 03/06/25 2004	Dry; Clean; Intact -AG at 03/07/25 0028	Dry; Clean; Intact -AG at 03/07/25 0415	Clean; Dry; Intact -SP at 03/07/25 1723
Line Necessity	Yes, meets criteria -SP at 03/06/25 1754	Yes, meets criteria -AG at 03/06/25 2004	Yes, meets criteria -AG at 03/07/25 0028	—	Yes, meets criteria -SP at 03/07/25 1723
Tubing D/T changed per policy	Not due at this time -SP at 03/06/25 1754	Not due at this time -AG at 03/06/25 2004	Not due at this time -AG at 03/07/25 0028	Not due at this time -AG at 03/07/25 0415	Not due at this time -SP at 03/07/25 1723
Nonvented Cap on Unused	N/A -SP at 03/06/25 1754	N/A -AG at 03/06/25 2004	N/A -AG at 03/07/25 0028	N/A -AG at 03/07/25 0415	N/A -SP at 03/07/25 1723



03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

Lumen

Row Name	03/07/25 1200	03/07/25 1600
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[REMOVED] Peripheral IV 03/02/25 Anterior;Left Forearm

IV Properties Placement Date: 03/02/25 -MC, 03/02/25 1919 Placement Time: 1918 -MC, 03/02/25 1919 Hand Hygiene Completed: Yes -MC, 03/02/25 1919 Size (Gauge): 20 G -MC, 03/02/25 1919 Orientation: Anterior;Left -MC, 03/02/25 1919 Location: Forearm -MC, 03/02/25 1919 Site Prep: Chlorhexidine -MC, 03/02/25 1919 Local Anesthetic: None -MC, 03/02/25 1919 Placed by: Maria Campos Paramedic -MC, 03/02/25 1919 Insertion attempts: 1 -MC, 03/02/25 1919 Patient Tolerance: Tolerated well -MC, 03/02/25 1919 Difficult Venous Access: Yes -MC, 03/02/25 1919 Removal Date: 03/07/25 -SP, 03/07/25 1954 Removal Time: 1900 -SP, 03/07/25 1954

Site Assessment	Clean;Dry;Intact -SP at 03/07/25 1723	Clean;Dry;Intact -SP at 03/07/25 1723
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Dressing Type	Transparent -SP at 03/07/25 1723	Transparent -SP at 03/07/25 1723
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Line Status	Saline locked -SP at 03/07/25 1723	Saline locked -SP at 03/07/25 1723
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Phlebitis Score	0 -SP at 03/07/25 1723	0 -SP at 03/07/25 1723
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Infiltration Score	0 -SP at 03/07/25 1723	0 -SP at 03/07/25 1723
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Dressing Status	Clean;Dry;Intact -SP at 03/07/25 1723	Clean;Dry;Intact -SP at 03/07/25 1723
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[REMOVED] LDA PICC 03/06/25 Single-lumen 4 Right Brachial vein

Line Properties Placement Date: 03/06/25 -AB, 03/06/25 1456 Placement Time: 1455 -AB, 03/06/25 1456 Pre-Placement Safety Checks: ID band on and verified;Surgical consent signed;Time out completed -AB, 03/06/25 1456 Hand Hygiene Completed: Yes -AB, 03/06/25 1456 Time Out Completed: Yes -AB, 03/06/25 1456 PICC Lumen Type: Single-lumen -AB, 03/06/25 1456 Size (Fr): 4 -AB, 03/06/25 1456 Length (cm): 36 cm -AB, 03/06/25 1456 Orientation: Right -AB, 03/06/25 1456 Location: Brachial vein -AB, 03/06/25 1456 Site Prep: Chlorhexidine -AB, 03/06/25 1456 All 5 Sterile Barriers Used (Gloves, Gown, Cap, Mask, Large Sterile Drape): Yes -AB, 03/06/25 1456 Local Anesthetic: Injectable -AB, 03/06/25 1456 Initial Extremity Circumference (cm): 36 cm -AB, 03/06/25 1456 Initial Exposed Catheter (cm): 0 cm -AB, 03/06/25 1456 Post-Placement Safety Checks: Sterile field maintained entire procedure;Dressing occlusive and intact -AB, 03/06/25 1456 Placed by: Alberto Benitez RN BSN VA-BC -AB, 03/06/25 1456 Provider Occupation: PICC/Vascular team -AB, 03/06/25 1456 Person Recording Insert Practice Data: Insertor -AB, 03/06/25 1456 Insertion attempts: 2 -AB, First attempt was the LUE, though unable to advance catheter , 03/06/25 1456 Securement Method: Transparent dressing;Other (Comment) -AB, Stat Lock , 03/06/25 1456 Patient Tolerance: Tolerated well -AB, 03/06/25 1456 Placement Verification: Blood return;Ultrasound;X-ray -AB, 03/06/25 1456 Removal Date: 03/07/25 -SP, 03/07/25 1953 Removal Time: 1900 -SP, 03/07/25 1953

Site Assessment	Clean;Dry;Intact -SP at 03/07/25 1723	Clean;Dry;Intact -SP at 03/07/25 1723
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Site Labeled With Insertion Date	Yes -SP at 03/07/25 1723	Yes -SP at 03/07/25 1723
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Dressing Labeled With D/T	Yes -SP at 03/07/25 1723	Yes -SP at 03/07/25 1723
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Phlebitis Score	0 -SP at 03/07/25 1723	0 -SP at 03/07/25 1723
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Infiltration Score	0 -SP at 03/07/25 1723	0 -SP at 03/07/25 1723
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Dressing Type	CHG transparent -SP at 03/07/25 1723	CHG transparent -SP at 03/07/25 1723
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Dressing Status	Clean;Dry;Intact -SP at 03/07/25 1723	Clean;Dry;Intact -SP at 03/07/25 1723
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Line Necessity	Yes, meets criteria -SP at 03/07/25 1723	Yes, meets criteria -SP at 03/07/25 1723
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Tubing D/T changed per policy	Not due at this time -SP at 03/07/25 1723	Not due at this time -SP at 03/07/25 1723
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Nonvented Cap on Unused Lumen	N/A -SP at 03/07/25 1723	N/A -SP at 03/07/25 1723
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Musculoskeletal

Row Name	03/03/25 1915
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## 03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

### Flowsheets (continued)

#### Musculoskeletal

Musculoskeletal (WDL)	Exceptions to WDL generalized pain with movement, back pain -JM at 03/03/25 2016
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#### Neurological

Row Name	03/03/25 0805	03/03/25 1915
Neurological		
Neuro (WDL)	Within Defined Limits -GS at 03/03/25 0805	Within Defined Limits -JM at 03/03/25 2014
Neuro Pertinent Negatives	Alert and oriented x 4; Speech clear -GS at 03/03/25 0805	Alert and oriented x 4 -JM at 03/03/25 2014
Glasgow Coma Scale		
Best Eye Response	Spontaneous -GS at 03/03/25 0805	Spontaneous -JM at 03/03/25 2014
Best Verbal Response	Oriented -GS at 03/03/25 0805	Oriented -JM at 03/03/25 2014
Best Motor Response	Follows commands -GS at 03/03/25 0805	Follows commands -JM at 03/03/25 2014
Glasgow Coma Scale Score	15 -GS at 03/03/25 0805	15 -JM at 03/03/25 2014

#### Nutrition Screen

Row Name	03/04/25 0544
Adult Nutrition Screen	
Home Diet	Regular -DJ at 03/04/25 0544
Home Tube Feeding or Total Parenteral Nutrition (TPN)	No -DJ at 03/04/25 0544
Recently Lost 10 lbs without trying	No -DJ at 03/04/25 0544
Eaten less than half of meals >3 days	No -DJ at 03/04/25 0544
Patient on insulin pump?	No -DJ at 03/04/25 0544

#### OT Acute Evaluation

Row Name	03/04/25 0915
OT Last Visit	
OT Received On	03/04/25 -SS at 03/04/25 1248
Time Calculation	
Start Time	0910 -SS at 03/04/25 1248
Stop Time	0920 -SS at 03/04/25 1248
Time Calculation (min)	10 min -SS at 03/04/25 1248

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

General

Family/Caregiver Present No -SS at 03/04/25 1248

Precautions

Medical Precautions Spinal -SS at 03/04/25 1248

Braces Applied LSO donned upon OT arrival -SS at 03/04/25 1248

Pain Assessment

Pain Assessment 0-10 -SS at 03/04/25 1248

Pain Score 5 -SS at 03/04/25 1248

Pain Location Back -SS at 03/04/25 1248

Cognitive-Linguistic Functioning

Overall Cognitive Status Within Functional Limits -SS at 03/04/25 1248

Orientation Level Oriented X4 -SS at 03/04/25 1248

Home Living

Type of Home Apartment -SS at 03/04/25 1248

Lives With Alone -SS at 03/04/25 1248

Home Adaptive Equipment Cane -SS at 03/04/25 1248

Home Living Comments single story flat with elevator access - states he "rarely uses his cane" -SS at 03/04/25 1248

Home Layout One level -SS at 03/04/25 1248

Home Access Elevator -SS at 03/04/25 1248

Bathroom Shower/Tub Tub/shower unit -SS at 03/04/25 1248

Prior Function

Level of Independence Household ambulation -SS at 03/04/25 1248

ADL Assistance Independent -SS at 03/04/25 1248

Bed Mobility

Bed Mobility Yes -SS at 03/04/25 1248

Bed Mobility 1

Level of Assistance 1 Independent -SS at 03/04/25 1248

Bed Mobility To/From Supine to sit on EOB; Sitting EOB to supine -SS at 03/04/25 1248

Transfers

Transfer Yes -SS at 03/04/25 1248

Transfer 1

Level of Supervision/touchin

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

Assistance 1 g assistance -SS at  
03/04/25 1248

Trials/Comments supervision -SS at  
1 03/04/25 1248

Transfer To/From Sit-to-Stand/Stand-  
to-Sit -SS at 03/04/25  
1248

**Toilet Transfers**

Level of Supervision/touchin  
Assistance g assistance -SS at  
03/04/25 1248

Toilet Transfers SBA; grab bar -SS at  
Comments 03/04/25 1248

**Functional Mobility**

Functional Pt ambulate room-  
Mobility distance with SBA,  
minor LOB, shuffled  
gait pattern -SS at  
03/04/25 1248

**Activity Tolerance**

Endurance Tolerates 10 - 20  
min exercise with  
multiple rests -SS at  
03/04/25 1248

**Vision - Complex Assessment**

Vision Comments WFL -SS at 03/04/25  
1248

**Sensation**

Sensation WFL - reports  
Comments occasional  
numbness in RLE -  
SS at 03/04/25 1248

**Proprioception**

Proprioception RUE Intact;LUE  
Intact -SS at 03/04/25  
1248

**Perception**

Inattention/Negle Appears intact -SS at  
ct 03/04/25 1248

Initiation Appears intact -SS at  
03/04/25 1248

Motor Planning Appears intact -SS at  
03/04/25 1248

Perseveration Not present -SS at  
03/04/25 1248

**Coordination**

Movements are Yes -SS at 03/04/25  
Fluid and 1248  
Coordinated

Finger to Nose Left intact;Right  
intact -SS at 03/04/25  
1248

**Hand Function**

Gross Grasp Functional -SS at  
03/04/25 1248

Coordination Functional -SS at  
03/04/25 1248

**RUE Assessment**

RUE Assessment Within Functional  
Limits -SS at 03/04/25

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

1248

LUE Assessment

LUE Assessment Within Functional  
Limits -SS at 03/04/25  
1248

AM-PAC Daily Activity Inpatient

Putting on and A Little -SS at 03/04/25  
taking off regular 1248  
lower body  
clothing

Bathing (including A Little -SS at 03/04/25  
washing, rinsing, 1248  
drying)

Toileting, which A Little -SS at 03/04/25  
includes using 1248  
toilet, bedpan or  
urinal

Putting on and None -SS at 03/04/25  
taking off regular 1248  
upper body  
clothing

Taking care of None -SS at 03/04/25  
personal 1248  
grooming such as  
brushing teeth

Eating Meals None -SS at 03/04/25  
1248

AM-PAC Daily 21 -SS at 03/04/25 1248  
Activity Raw  
Score

OT Assessment

OT Assessment Impaired ADL  
Results status; Impaired  
endurance; Impaired  
functional mobility -  
SS at 03/04/25 1248

Prognosis Good -SS at 03/04/25  
1248

Evaluation/Treat Patient limited by  
ment Tolerance pain -SS at 03/04/25  
1248

Medical Staff Yes -SS at 03/04/25  
Made Aware 1248

Strengths Ability to acquire  
knowledge -SS at  
03/04/25 1248

OT Plan

Treatment Yes -SS at 03/04/25  
Plan/Goals 1248  
Established with  
Patient/Caregiver

Treatment ADL  
Interventions retraining; Endurance  
training -SS at  
03/04/25 1248


OT Plan Skilled OT -SS at  
03/04/25 1248

OT Frequency 2-3 times per week  
until discharge -SS at  
03/04/25 1248

OT Discharge Home Health OT

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

Recommendation  pending intervention and progress -SS at 03/04/25 1248

Equipment Recommended Walker- rolling -SS at 03/04/25 1248

OT Duration Discharge -SS at 03/04/25 1248

**OT Evaluation Time Entry**

OT Evaluation (Moderate) Time Entry 5 -SS at 03/04/25 1248

**Mobility**

Highest Level of Mobility Performed (JH-HLM) Walked 10 steps or more (i.e. walked to restroom) -SS at 03/04/25 1248

**OT Acute Treatment**

Row	Name	03/06/25 0919	03/06/25 0957
<b>OT Last Visit</b>			
OT Received On	03/06/25 -SS at 03/06/25 1403	—	
<b>Time Calculation</b>			
Start Time	0919 -SS at 03/06/25 1403	—	
Stop Time	0929 -SS at 03/06/25 1403	—	
Time Calculation (min)	10 min -SS at 03/06/25 1403	—	
<b>General</b>			
Family/Caregiver Present	No -SS at 03/06/25 1403	—	
<b>Precautions</b>			
Medical Precautions	fall -SS at 03/06/25 1403	—	
<b>Pain Assessment</b>			
Pain Assessment	0-10 -SS at 03/06/25 1403	—	
Pain Rating Scale (DVPRS)	Sometimes distracts me -SS at 03/06/25 1403	—	
Pain Location	Back -SS at 03/06/25 1403	—	
<b>ADL</b>			
Self Care/Home Management (ADLs) Time Entry	10 -SS at 03/06/25 1403	—	
ADL Comments	Pt demo's ADL performance and related t/fs such as tub t/f -SS at 03/06/25 1403	—	
<b>Bed Mobility</b>			
Bed Mobility	Yes -SS at 03/06/25 1403	—	
<b>Bed Mobility 1</b>			

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

Level of Assistance 1	Substantial/Max assistance;Independent -SS at 03/06/25 1403	—
Bed Mobility To/From	Supine to sit on EOB;Sitting EOB to supine -SS at 03/06/25 1403	—

Transfers

Transfer	Yes -SS at 03/06/25 1403	—
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Transfer 1

Level of Assistance 1	Substantial/Max assistance;Independent -SS at 03/06/25 1403	—
Transfer To/From	Sit-to-Stand/Stand-to-Sit -SS at 03/06/25 1403	—

Functional Mobility

Functional Mobility	Pt requires SBA for mobility, no AD, mild LOB with good self correction -SS at 03/06/25 1403	—
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Activity Tolerance

Endurance	Tolerates 30 min exercise with multiple rests -SS at 03/06/25 1403	—
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AM-PAC Daily Activity Inpatient

Putting on and taking off regular lower body clothing	A Little -SS at 03/06/25 1403	—
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Bathing (including washing, rinsing, drying)	A Little -SS at 03/06/25 1403	—
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Toileting, which includes using toilet, bedpan or urinal	None -SS at 03/06/25 1403	—
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Putting on and taking off regular upper body clothing	None -SS at 03/06/25 1403	—
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Taking care of personal grooming such as brushing teeth	None -SS at 03/06/25 1403	—
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Eating Meals	None -SS at 03/06/25 1403	—
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AM-PAC Daily Activity Raw Score	22 -SS at 03/06/25 1403	—
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OT Plan

OT Discharge Recommendation	Home independent -SS at 03/06/25 1403	—  OP PT -SS at 03/06/25 1403
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Equipment	Walker- rolling -SS at	—
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03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

Recommended 03/06/25 1403

Pain

Row Name	03/04/25 0500	03/04/25 0555	03/04/25 0833	03/04/25 0933	03/04/25 1137
Pain Assessment					
Pain Assessment	DVPRS -DJ at 03/04/25 0556	DVPRS -DJ at 03/04/25 0556	DVPRS -II at 03/04/25 1400	DVPRS -II at 03/04/25 1404	DVPRS -II at 03/04/25 1405
Pain Score	0 -DJ at 03/04/25 0556	0 -DJ at 03/04/25 0556	9 -II at 03/04/25 1401	—	—
Pain Rating Scale (DVPRS)	No pain -DJ at 03/04/25 0556	No pain -DJ at 03/04/25 0556	Can't bear the pain unable to do anything -II at 03/04/25 1401	Distracts me, can do usual activities -II at 03/04/25 1404	Interrupts some activities -II at 03/04/25 1405
Pain Type	—	—	Chronic pain -II at 03/04/25 1400	Chronic pain -II at 03/04/25 1404	Chronic pain -II at 03/04/25 1405
Pain Location	—	—	Back -II at 03/04/25 1400	Back -II at 03/04/25 1404	Back -II at 03/04/25 1405
Pain Descriptors	—	—	Aching -II at 03/04/25 1400	Aching -II at 03/04/25 1404	Aching -II at 03/04/25 1405
Pain Frequency	—	—	Intermittent -II at 03/04/25 1400	Intermittent -II at 03/04/25 1404	Intermittent -II at 03/04/25 1405
Pain Onset	—	—	Gradual -II at 03/04/25 1400	Gradual -II at 03/04/25 1404	Gradual -II at 03/04/25 1405
Clinical Progression	—	—	Gradually worsening -II at 03/04/25 1400	Gradually worsening -II at 03/04/25 1404	Gradually improving -II at 03/04/25 1405
Pain Interventions	—	—	Medication (See MAR) -II at 03/04/25 1400	—	Medication (See MAR) -II at 03/04/25 1405
Row Name	03/04/25 1237	03/04/25 1556	03/04/25 1656	03/05/25 0716	03/05/25 0944
Pain Assessment					
Pain Assessment	DVPRS -II at 03/04/25 1406	DVPRS -II at 03/04/25 1759	DVPRS -II at 03/04/25 1757	DVPRS -II at 03/05/25 1120	DVPRS -II at 03/05/25 1121
Pain Score	4 -II at 03/04/25 1406	8 -II at 03/04/25 1759	4 -II at 03/04/25 1758	5 -II at 03/05/25 1120	8 -II at 03/05/25 1121
Pain Rating Scale (DVPRS)	Distracts me, can do usual activities -II at 03/04/25 1406	Awful, hard to do anything -II at 03/04/25 1759	Distracts me, can do usual activities -II at 03/04/25 1758	Interrupts some activities -II at 03/05/25 1120	Awful, hard to do anything -II at 03/05/25 1121
Pain Type	Chronic pain -II at 03/04/25 1406	Chronic pain -II at 03/04/25 1759	Chronic pain -II at 03/04/25 1758	Chronic pain -II at 03/05/25 1120	Chronic pain -II at 03/05/25 1121
Pain Location	Back -II at 03/04/25 1406	Back -II at 03/04/25 1759	Back -II at 03/04/25 1758	Back -II at 03/05/25 1120	Back -II at 03/05/25 1121
Pain Descriptors	Aching -II at 03/04/25 1406	Aching -II at 03/04/25 1759	Aching -II at 03/04/25 1758	Aching -II at 03/05/25 1120	Aching -II at 03/05/25 1121
Pain Frequency	Intermittent -II at 03/04/25 1406	Intermittent -II at 03/04/25 1759	Intermittent -II at 03/04/25 1758	Intermittent -II at 03/05/25 1120	Intermittent -II at 03/05/25 1121
Pain Onset	Gradual -II at 03/04/25 1406	Gradual -II at 03/04/25 1759	Gradual -II at 03/04/25 1758	Gradual -II at 03/05/25 1120	Gradual -II at 03/05/25 1121
Clinical Progression	Gradually improving -II at 03/04/25 1406	Gradually improving -II at 03/04/25 1759	Gradually improving -II at 03/04/25 1758	—	Not changed -II at 03/05/25 1121
Pain Interventions	—	Medication (See MAR) -II at 03/04/25 1759	—	—	Medication (See MAR) -II at 03/05/25 1121
Row Name	03/05/25 1044	03/05/25 1246	03/05/25 1346	03/05/25 1801	03/05/25 1930
Pain Assessment					
Pain Assessment	DVPRS -II at 03/05/25 1122	DVPRS -II at 03/05/25 1524	DVPRS -II at 03/05/25 1525	DVPRS -II at 03/05/25 1833	DVPRS -AG at 03/05/25 1951
Pain Score	6 -II at 03/05/25 1122	8 -II at 03/05/25 1524	6 -II at 03/05/25 1525	5 -II at 03/05/25 1833	0 -AG at 03/05/25 1951
Pain Rating Scale (DVPRS)	Hard to ignore, avoid usual activities -II at 03/05/25 1122	Awful, hard to do anything -II at 03/05/25 1524	Hard to ignore, avoid usual activities -II at 03/05/25 1525	Interrupts some activities -II at 03/05/25 1833	—
Pain Type	Chronic pain -II at 03/05/25 1122	Chronic pain -II at 03/05/25 1524	Chronic pain -II at 03/05/25 1525	Chronic pain -II at 03/05/25 1833	—
Pain Location	Back -II at 03/05/25	Back -II at 03/05/25	Back -II at 03/05/25	Back -II at 03/05/25	—




03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

	1122	1524	1525	1833	
Pain Descriptors	Aching -II at 03/05/25 1122	Aching -II at 03/05/25 1524	Aching -II at 03/05/25 1525	Aching -II at 03/05/25 1833	—
Pain Frequency	Intermittent -II at 03/05/25 1122	Intermittent -II at 03/05/25 1524	Intermittent -II at 03/05/25 1525	Intermittent -II at 03/05/25 1833	—
Pain Onset	Gradual -II at 03/05/25 1122	Gradual -II at 03/05/25 1524	Gradual -II at 03/05/25 1525	Ongoing -II at 03/05/25 1833	—
Clinical Progression	Not changed -II at 03/05/25 1122	Not changed -II at 03/05/25 1524	Not changed -II at 03/05/25 1525	Not changed -II at 03/05/25 1833	—
Pain Interventions	—	Medication (See MAR) -II at 03/05/25 1524	—	—	—
Response to Interventions	able to rest -II at 03/05/25 1122	—	patient able to move more -II at 03/05/25 1525	—	—
Row Name	03/06/25 0252	03/06/25 0614	03/06/25 1003	03/06/25 1411	03/06/25 1749
Pain Assessment					
Pain Assessment	DVPRS -AG at 03/06/25 0302	DVPRS -AG at 03/06/25 0626	DVPRS -SP at 03/06/25 1206	DVPRS -SP at 03/06/25 1447	DVPRS -SP at 03/06/25 1756
Pain Score	0 -AG at 03/06/25 0302	0 -AG at 03/06/25 0626	0 -SP at 03/06/25 1206	0 -SP at 03/06/25 1447	0 -SP at 03/06/25 1756
Pain Rating Scale (DVPRS)	—	—	—	No pain -SP at 03/06/25 1447	No pain -SP at 03/06/25 1756
Row Name	03/06/25 2205	03/07/25 0212	03/07/25 0936		
Pain Assessment					
Pain Assessment	DVPRS -AG at 03/06/25 2220	DVPRS -AG at 03/07/25 0300	DVPRS -SP at 03/07/25 1728		
Pain Score	0 -AG at 03/06/25 2220	0 -AG at 03/07/25 0300	7 -SP at 03/07/25 1728		
Pain Rating Scale (DVPRS)	—	No pain -AG at 03/07/25 0300	—		

Patient Belongings



Row Name	03/04/25 0543
Patient Belongings at Bedside	
Belongings at Bedside	Other (Comment); Clothing ; Other valuables -DJ at 03/04/25 0544
Clothing	Pajamas -DJ at 03/04/25 0544
Other Valuables	Cane; Other (Comment)  boots, phone, charger -DJ at 03/04/25 0544

Patient Choice

Row Name	03/06/25 1029	03/06/25 1059
Patient Choice		
Are post-acute services requested/ordered or has service/level of care changed since prior referral?	Yes -JP at 03/06/25 1029	Yes -JP at 03/06/25 1059
Patient/decision maker was	Patient/decision maker have a	Patient/decision maker declined list

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**


**Flowsheets (continued)**

<p>offered choice with a list of preferences and options that includes quality data? If the list included a Memorial Hermann owned/affiliated entity, it was disclosed.</p>	<p>preference and declined list  Per CM case is no longer Workers Comp. Patient is now using his United Healthcare Plan. Also stated patient is on care with Prana Home Infusion. Submitted referral to Prana. -JP at 03/06/25 1029</p>	<p> Spoke with patient's son and notified him that patient is no longer INN with Prana. Stated he had no preference for a particular HH agency. Will submit HH referral to INN agency. -JP at 03/06/25 1059</p>
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**Patient Radiology Status**

**Row Name** 03/03/25 0726

**Patient Radiology Status**

Patient Radiology Status  NO RN -LR at 03/03/25 0726

**Peripheral Vascular**

**Row Name** 03/03/25 1915

**Peripheral Vascular**

Peripheral Vascular (WDL) Within Defined Limits -JM at 03/03/25 2015

Peripheral Vascular +2 pulses -JM at 03/03/25 2015

Pertinent Negatives

**Post Discharge Call**

**Row Name** 03/10/25 1140 03/10/25 1142

**Interpreter Services**

Communication Needs	None -MPA at 03/10/25 1140	None -MPA at 03/10/25 1142
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**Phone Call Documentation**

Phone call history	First call -MPA at 03/10/25 1140	First call -MPA at 03/10/25 1142
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Phone call documentation complete	Yes -MPA at 03/10/25 1140	Yes -MPA at 03/10/25 1142
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Did you reach the patient/caregiver?	Yes -MPA at 03/10/25 1140	Yes -MPA at 03/10/25 1142
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**Presence of Emergent Medical Condition**

**Row Name** 03/02/25 1847

**Emergent Medical Condition**

Presence of Emergent Medical Condition: Possible -RW at 03/02/25 1847

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

Primary Assessment

Row Name	03/02/25 1844	03/03/25 0804
Airway		
Airway (WDL)	Within Defined Limits -NH at 03/02/25 1844	Within Defined Limits -GS at 03/03/25 0805
Breathing		
Breathing (WDL)	Within Defined Limits -NH at 03/02/25 1844	Within Defined Limits -GS at 03/03/25 0805
Circulation		
Circulation (WDL)	Within Defined Limits -NH at 03/02/25 1844	Within Defined Limits -GS at 03/03/25 0805
Disability		
Disability (WDL)	Within Defined Limits -NH at 03/02/25 1844	Within Defined Limits -GS at 03/03/25 0805
Best Eye Response	—	Spontaneous -GS at 03/03/25 0805
Best Verbal Response	—	Oriented -GS at 03/03/25 0805
Best Motor Response	—	Follows commands -GS at 03/03/25 0805
Glasgow Coma Scale Score	—	15 -GS at 03/03/25 0805

Provider Notification

Row Name	03/05/25 2100	03/06/25 0500
Provider Notification		
Priority Level	Routine -AG at 03/05/25 2253	Routine -AG at 03/06/25 0642
Reason for Communication	Medication concern Hello the pt stated that he usually takes adderall 3mg twice a day and he is not getting it in the hospital. He said he needs something to sleep and that the adderrall usually helps him sleep. - AG at 03/05/25 2253	Medication concern Hello Pt BP is 181/103 and he does not have anything for Blood pressure PRN. HR 61 Oxygen 100 He is in pain. I just gave him the ibuprofen. Do you want me to administer something for the BP ? - AG at 03/06/25 0643
Provider Name	Burns PA -AG at 03/05/25 2253	Alza NP -AG at 03/06/25 0643
Provider Role	Physician assistant -AG at 03/05/25 2253	Nurse practitioner - AG at 03/06/25 0643
Method of Communication	Secure chat -AG at 03/05/25 2253	Secure chat -AG at 03/06/25 0643
Provider Notified?	Yes -AG at 03/05/25 2253	Yes -AG at 03/06/25 0643
Response	See orders we do not typically continue that in hospital. he will need to discuss with AM team to see if they want to continue that. In the meantime I ordered melatonin -AG at 03/05/25 2254	No new orders OK. Since pain is the issue will hold BP meds at this time. Please recheck vitals in 1 hour to see if ibuprofen worked. Thank you -AG at 03/06/25 0643

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

Psychosocial Review

Row Name 03/04/25 0544

Able to Complete Psychiatric Screening

Were you able to complete all the behavioral health screenings? Yes -DJ at 03/04/25 0545

Trauma/Abuse Assessment

Physical Abuse Denies -DJ at 03/04/25 0545

Verbal Abuse Denies -DJ at 03/04/25 0545

Intimate Partner Violence

Within the last year, have you been afraid of your partner or ex-partner? No -DJ at 03/04/25 0545

Within the last year, have you been humiliated or emotionally abused in other ways by your partner or ex-partner? No -DJ at 03/04/25 0545

Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner? No -DJ at 03/04/25 0545

Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner? No -DJ at 03/04/25 0545

Drug Screening

Have you used any substances (cannabis, cocaine, heroin, hallucinogens, inhalants, etc.) in the past 12 months? No -DJ at 03/04/25 0545

Have you used any prescription drugs other than prescribed in the past 12 months? No -DJ at 03/04/25 0545

Is a toxicology screen needed? No -DJ at 03/04/25 0545

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

**Alcohol Use**

Q1: How often do you have a drink containing alcohol? **Never** -DJ at 03/04/25 0545

Q2: How many drinks containing alcohol do you have on a typical day when you are drinking? **Patient does not drink** -DJ at 03/04/25 0545

Q3: How often do you have six or more drinks on one occasion? **Never** -DJ at 03/04/25 0545

**Chaplaincy Screening Protocol**

As you cope with this condition/illness/injury, is religion or spirituality important to you or your loved ones? **No** -DJ at 03/04/25 0545

**Supportive Medicine Assessment**

Do you expect patient to expire within 12 months or before adulthood? **No** -DJ at 03/04/25 0545

**PT Acute Evaluation**

**Row Name 03/04/25 1040**

**Home Living**

Type of Home **Apartment** -SW at 03/04/25 1341


Lives With **Alone** -SW at 03/04/25 1341

Home Adaptive Equipment **Cane** -SW at 03/04/25 1341

Home Layout **One level** -SW at 03/04/25 1341

Home Access **Elevator** -SW at 03/04/25 1341

**Prior Function**

Level of Independence **Other (Comment)**  
 **IND community ambulation** -SW at 03/04/25 1341

ADL Assistance **Independent** -SW at 03/04/25 1341

Homemaking Assistance **Independent** -SW at 03/04/25 1341

**Sensation**

Light Touch **RLE Intact;LLE Intact** -SW at 03/04/25 1341

Sensation **intermittent RLE**

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

Comments parasthesia -SW at  
03/04/25 1341

Perception

Inattention/Neglect Appears intact -SW at  
03/04/25 1341

Initiation Appears intact -SW at  
03/04/25 1341

Motor Planning Appears intact -SW at  
03/04/25 1341

Perseveration Not present -SW at  
03/04/25 1341

Coordination

Movements are Yes -SW at 03/04/25  
Fluid and 1341  
Coordinated

Postural Control

Postural Control Within Functional  
Limits -SW at 03/04/25  
1341

Static Sitting Balance

Level of Assistance Independent -SW at  
03/04/25 1341

Static Standing Balance

Static Standing- Supervision/touchin  
Level of g assistance -SW at  
Assistance 03/04/25 1341

Bed Mobility

Bed Mobility Yes -SW at 03/04/25  
1341

Bed Mobility 1

Level of Assistance 1 Independent -SW at  
03/04/25 1341

Bed Mobility To/From Sitting EOB to  
supine;Supine to sit  
on EOB -SW at  
03/04/25 1341

Transfers

Transfer Yes -SW at 03/04/25  
1341

Transfer 1

Level of Assistance 1 Supervision/touchin  
g assistance -SW at  
03/04/25 1341

Trials/Comments 1 CGA d/t pain -SW at  
03/04/25 1341

Transfer To/From Sit-to-Stand/Stand-  
to-Sit -SW at 03/04/25  
1341

Assistive Devices No device -SW at  
And Adaptive 03/04/25 1341  
Equipments

Transfers 2

Level of Assistance 2 Independent -SW at  
03/04/25 1341

Transfer To/From Sit-to-Stand/Stand-  
to-Sit -SW at 03/04/25  
1341

Assistive Devices Walker, front-  
And Adaptive wheeled -SW at

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

Equipments 03/04/25 1341

**Gait Training**

Gait Training Yes -SW at 03/04/25  
Activity 1341

**Gait Training Activity 1**

Distance (enter in 10' -SW at 03/04/25  
feet) 1341

Gait Training Indoor surface -SW  
Activity 1 at 03/04/25 1341

Assistive Devices No device -SW at  
And Adaptive 03/04/25 1341

**Equipments**

Level of Partial/Mod  
Assistance 1 assistance -SW at  
03/04/25 1341

Gait Training ModA d/t increased  
Activity 1 back pain. pain  
Comment effecting balance,  
coordination, and  
BLE strength  
leading to frequent  
LOLB and safety  
concerns. -SW at  
03/04/25 1341

**Gait Training Activity 2**

Distance (enter in 150 -SW at 03/04/25  
feet) 1341

Gait Training Indoor surface -SW  
Activity 2 at 03/04/25 1341

Assistive Devices Walker, front-  
And Adaptive wheeled -SW at  
Equipments 03/04/25 1341

Level of Supervision/touchin  
Assistance 2 g assistance -SW at  
03/04/25 1341

Gait Training SPV with RW. -SW at  
Activity 2 03/04/25 1341  
Comment

**RLE Assessment**

RLE Assessment Within Functional  
Limits -SW at 03/04/25  
1343

**LLE Assessment**

LLE Assessment Within Functional  
Limits -SW at 03/04/25  
1343

**AM-PAC Basic Mobility Inpatient**

Turning in bed None -SW at 03/04/25  
without bedrails 1343

Lying on back to None -SW at 03/04/25  
sitting on edge of 1343  
flat bed

Bed to chair A Little -SW at 03/04/25  
1343

Standing up from None -SW at 03/04/25  
chair 1343

Walk in room A Little -SW at 03/04/25  
1343

Climbing 3-5 A Little -SW at 03/04/25  
1343

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

stairs

Mobility Inpatient 21 -SW at 03/04/25 1343

Raw Score

JH-HLM Goal 6 -SW at 03/04/25 1343

PT Plan

PT Frequency 2-3 times per week  
until discharge -sw  
at 03/05/25 0901

PT Discharge Recommendation Outpatient PT -SW at  
03/04/25 1344

Equipment Recommended Walker- rolling -sw  
at 03/04/25 1343

Mobility

Highest Level of Mobility Walked 25 feet or  
more (i.e. walked  
Performed (JH- outside of room) -  
HLM) SW at 03/04/25 1343

PT Acute Treatment

Row Name	03/04/25 1040	03/05/25 1020	03/07/25 0900
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PT Last Visit

PT Received On	03/04/25 -SW at 03/04/25 1335	03/05/25 -SW at 03/05/25 1201	03/07/25 -VA at 03/07/25 1140
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Time Calculation

Start Time	1040 -SW at 03/04/25 1335	1020 -SW at 03/05/25 1201	0900 -VA at 03/07/25 1140
Stop Time	1100 -SW at 03/04/25 1335	1035 -SW at 03/05/25 1201	0926 -VA at 03/07/25 1140
Time Calculation (min)	20 min -SW at 03/04/25 1335	15 min -SW at 03/05/25 1201	26 min -VA at 03/07/25 1140

General

Family/Caregiver Present	—	—	Yes -VA at 03/07/25 1140
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Activity Tolerance

Endurance	Tolerates 10 - 20 min exercise with multiple rests -SW at 03/04/25 1335	Tolerates 10 - 20 min exercise with multiple rests -SW at 03/05/25 1201	—
Sitting Balance	Supports self independently with both upper extremities -SW at 03/04/25 1335	—	—

Precautions

Medical Precautions	—	spinal -SW at 03/05/25 1201	—
Braces Applied	pt wearing LSO -SW at 03/04/25 1335	LSO on when OOB or HOB >30 deg. -SW at 03/05/25 1201	—

Pain Assessment

Pain Assessment	DVPRS -SW at 03/04/25 1335	DVPRS -SW at 03/05/25 1201	0-10 -VA at 03/07/25 1140
Pain Score	—	—	0 -VA at 03/07/25 1140
Pain Rating Scale (DVPRS)	Hard to ignore, avoid usual activities -SW at 03/04/25 1335	Hard to ignore, avoid usual activities -SW at 03/05/25 1201	—
Pain Type	—	Chronic pain -SW at	—



03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

## Flowsheets (continued)

		03/05/25 1201	
Pain Location	Back -SW at 03/04/25 1335	Back -SW at 03/05/25 1201	—
<b>Cognitive-Linguistic Functioning</b>			
Overall Cognitive Status	Within Functional Limits -SW at 03/04/25 1335	—	Within Functional Limits -VA at 03/07/25 1140
Behavior/Cognition	—	—	Alert; Cooperative; Pleasant mood -VA at 03/07/25 1140
Orientation Level	Oriented X4 -SW at 03/04/25 1335	Oriented X4 -SW at 03/05/25 1201	Oriented X4 -VA at 03/07/25 1140
<b>Therapeutic Activity</b>			
Therapeutic Activity Time Entry	—	—	13 -VA at 03/07/25 1140
<b>Bed Mobility</b>			
Bed Mobility	—	Yes -SW at 03/05/25 1201	Yes -VA at 03/07/25 1140
<b>Bed Mobility 1</b>			
Level of Assistance 1	—	Independent -SW at 03/05/25 1201	Independent -VA at 03/07/25 1140
Bed Mobility To/From	—	Supine to sit on EOB -SW at 03/05/25 1201	Roll left/right -VA at 03/07/25 1140
Assistive Devices And Adaptive Equipments	—	No device -SW at 03/05/25 1201	Bed rail -VA at 03/07/25 1140
<b>Bed Mobility 2</b>			
Level of Assistance 2	—	—	Independent -VA at 03/07/25 1140
Bed Mobility To/From	—	—	Supine to sit on EOB -VA at 03/07/25 1140
Assistive Devices And Adaptive Equipments	—	—	Bed rail -VA at 03/07/25 1140
<b>Bed Mobility 3</b>			
Level of Assistance 3	—	—	Independent -VA at 03/07/25 1140
Bed Mobility To/From	—	—	Sitting EOB to supine -VA at 03/07/25 1140
Assistive Devices And Adaptive Equipments	—	—	Bed rail -VA at 03/07/25 1140
<b>Transfers</b>			
Transfer	—	Yes -SW at 03/05/25 1201	Yes -VA at 03/07/25 1140
<b>Transfer 1</b>			
Level of Assistance 1	—	Independent -SW at 03/05/25 1201	Independent -VA at 03/07/25 1140
Transfer To/From	—	Sit-to-Stand/Stand-to-Sit -SW at 03/05/25 1201	Sit-to-Stand/Stand-to-Sit -VA at 03/07/25 1140
Assistive Devices And Adaptive Equipments	—	Walker, front-wheeled -SW at 03/05/25 1201	Walker, front-wheeled -VA at 03/07/25 1140
<b>Gait Training</b>			

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

Gait Training Time Entry	—	—	10 -VA at 03/07/25 1140
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**Gait Training**

Gait Training Activity	—	Yes -SW at 03/05/25 1201	—
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**Gait Training Activity 1**

Distance (enter in feet)	—	200 -SW at 03/05/25 1201	250' -VA at 03/07/25 1140
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Gait Training Activity 1	—	Indoor surface -SW at 03/05/25 1201	Indoor surface -VA at 03/07/25 1140
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Assistive Devices And Adaptive Equipments	—	Walker, front- wheeled -SW at 03/05/25 1201	Walker, front- wheeled -VA at 03/07/25 1140
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Level of Assistance 1	—	Supervision/touchin g assistance -SW at 03/05/25 1201	Supervision/touchin g assistance -VA at 03/07/25 1140
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Gait Training Activity 1 Comment	—	-SW at 03/05/25 1201	mild instability - no LOBs -VA at 03/07/25 1140
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**AM-PAC Basic Mobility Inpatient**

Turning in bed without bedrails	—	None -SW at 03/05/25 1201	None -VA at 03/07/25 1140
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Lying on back to sitting on edge of flat bed	—	None -SW at 03/05/25 1201	None -VA at 03/07/25 1140
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Bed to chair	—	None -SW at 03/05/25 1201	None -VA at 03/07/25 1140
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Standing up from chair	—	None -SW at 03/05/25 1201	None -VA at 03/07/25 1140
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Walk in room	—	None -SW at 03/05/25 1201	A Little -VA at 03/07/25 1140
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Climbing 3-5 stairs	—	A Lot -SW at 03/05/25 1201	A Little -VA at 03/07/25 1140
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Mobility Inpatient Raw Score	—	22 -SW at 03/05/25 1201	22 -VA at 03/07/25 1140
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JH-HLM Goal	—	7 -SW at 03/05/25 1201	7 -VA at 03/07/25 1140
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**PT Assessment**

PT Assessment	—	—	Pt remains SBA/SPV. PT will cont to follow. -VA at 03/07/25 1140
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Medical Staff Made Aware	—	—	Yes -VA at 03/07/25 1140
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**PT Plan**

PT Plan	—	—	Skilled PT -VA at 03/07/25 1140
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PT Discharge Recommendation s	—	Outpatient PT -SW at 03/05/25 1201	Outpatient PT -VA at 03/07/25 1140
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Equipment Recommended	—	Walker- rolling -sw at 03/05/25 1201	—
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**Mobility**

Highest Level of Mobility Performed (JH- HLM)	—	Walked 25 feet or more (i.e. walked outside of room) - SW at 03/05/25 1201	—
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**Rapid Rounds**

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

Row Name	03/04/25 0921	03/05/25 0923	03/06/25 0920	03/07/25 0923
<b>Rapid Rounds</b>				
Attendance	Provider;Nurse;Case manager;Physical therapist;Occupational therapist;Clinical leadership;Social worker -DE at 03/04/25 0921	Provider;Nurse;Case manager;Physical therapist;Occupational therapist;Clinical leadership;Social worker -DE at 03/05/25 0924	Provider;Nurse;Case manager;Physical therapist;Occupational therapist;Clinical leadership;Social worker -DE at 03/06/25 0920	Provider;Nurse;Case manager;Physical therapist;Occupational therapist;Clinical leadership;Social worker -DE at 03/07/25 0923
Expected Discharge Disposition	Home Health Services -DE at 03/04/25 0921	Home Health Services -DE at 03/05/25 0924	Home Health Services -DE at 03/06/25 0920	Home Health Services -DE at 03/07/25 0923
Patient expects to be discharged to:	Home w/HH PT/OT/SLP; skilled nursing -DE at 03/04/25 0921	Home w/HH PT/OT/SLP; skilled nursing -DE at 03/05/25 0924	Home w/HH PT/OT/SLP; skilled nursing -DE at 03/06/25 0920	Home w/HH PT/OT/SLP; skilled nursing -DE at 03/07/25 0923
Today we still await:	Diagnostic workup;Clinical stability;Symptomatic control -DE at 03/04/25 0921	Symptomatic control;Clinical stability -DE at 03/05/25 0924	Procedure (Comment) -DE at 03/06/25 0920	—

**Respiratory**

Row Name	03/03/25 0805	03/03/25 1915
<b>Respiratory</b>		
Respiratory (WDL)	Within Defined Limits -GS at 03/03/25 0805	Within Defined Limits -JM at 03/03/25 2014
Respiratory Pertinent Negatives	Respirations regular/unlabored -GS at 03/03/25 0805	—
Oxygen Therapy	None (Room air) -GS at 03/03/25 0805	None (Room air) -JM at 03/03/25 2014

**Sepsis Screening - Adult**

Row Name	03/02/25 1844
<b>Sepsis Screening</b>	
Are there risk factors of infection present/new?	Indwelling catheters/devices; Current infection present/suspected † -NH at 03/02/25 1844
Sepsis Escalation Criteria	No additional criteria met -NH at 03/02/25 1844
Screen Outcome-Nurse	Sepsis screening negative -NH at 03/02/25 1844

**TB & Infectious Disease Screening**

Row Name	03/02/25 1840
<b>TB Screening</b>	
TB Screening Symptoms	Assess -NH at 03/02/25 1841
Bloody sputum	No -NH at 03/02/25 1841

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

## Flowsheets (continued)

Persistent cough > 3wks No -NH at 03/02/25 1841

Immigrant No -NH at 03/02/25 1841

History of positive chest x-ray for TB No -NH at 03/02/25 1841

Night sweats No -NH at 03/02/25 1841

Unexplained weight loss No -NH at 03/02/25 1841

History of or Recent exposure to TB (last 3 months) No -NH at 03/02/25 1841

History of positive TB skin test No -NH at 03/02/25 1841

TB Screening Score 0 -NH at 03/02/25 1841

## Infectious Disease Screening

Infectious Disease Screen None -NH at 03/02/25 1841

## Triage Process

Row Name 03/05/25 1516

## Acute Triage

Triage Priority 3 -SS at 03/05/25 1516

## Violence Risk

Row Name 03/04/25 0800 03/05/25 0800

## Violence Assessment Tool Risk Indicators

Assessment Type Reassessment -II at 03/04/25 0804 Reassessment -II at 03/05/25 1101

History of Violence No -II at 03/04/25 0804 No -II at 03/05/25 1101

Confused No -II at 03/04/25 0804 No -II at 03/05/25 1101

Irritable No -II at 03/04/25 0804 No -II at 03/05/25 1101

Boisterous No -II at 03/04/25 0804 No -II at 03/05/25 1101

Verbal Threats No -II at 03/04/25 0804 No -II at 03/05/25 1101

Physical Threats No -II at 03/04/25 0804 No -II at 03/05/25 1101

Attacking Objects No -II at 03/04/25 0804 No -II at 03/05/25 1101

Agitated/Impulsive No -II at 03/04/25 0804 No -II at 03/05/25 1101

Paranoid/Suspicious No -II at 03/04/25 0804 No -II at 03/05/25 1101

Substance Intoxication/Withdrawal No -II at 03/04/25 0804 No -II at 03/05/25 1101

Socially Inappropriate/Disruptive Behavior No -II at 03/04/25 0804 No -II at 03/05/25 1101

Body Language No -II at 03/04/25 0804 No -II at 03/05/25 1101

## Vital Signs

Row Name 03/02/25 1841

Oxygen Therapy

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

Oxygen Therapy None (Room air) -  
NH at 03/02/25 1841

**Height and Weight**

Height 1.753 m (5' 9") -NH  
at 03/02/25 1841

Height Method Estimated -NH at  
03/02/25 1841

Weight 74.8 kg (165 lb) -NH  
at 03/02/25 1841

Weight Method Estimated -NH at  
03/02/25 1841

**Pain Assessment**

Pain Assessment 0-10 -NH at 03/02/25  
1841

Pain Score 10 -NH at 03/02/25 1841

**Vital Signs**

Row Name	03/03/25 0800	03/03/25 0810	03/03/25 0900	03/03/25 1000	03/03/25 1500
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**Vital Signs**

Restart Vitals Yes -GS at 03/03/25 0913 Yes -GS at 03/03/25 0913 Yes -GS at 03/03/25 0914 Yes -GS at 03/03/25 1150 Yes -GS at 03/03/25 1546

Row Name	03/03/25 1700	03/03/25 1805	03/04/25 0532	03/07/25 1300	03/07/25 1703
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**Vital Signs**

Restart Vitals Yes -GS at 03/03/25 1810 Yes -GS at 03/03/25 1810 Yes -DJ at 03/04/25 0532 Yes -KJ at 03/07/25 1407 Yes -KJ at 03/07/25 1706

**Vitals**

Row Name	03/02/25 2044	03/02/25 2357
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**Vitals Timer**

Restart Vitals — Yes -ME at 03/02/25 2357

Update Vitals 4 hours -ME at 03/02/25 2045 4 hours -ME at 03/02/25 2357

**Vitals**

Row Name	03/03/25 0639	03/03/25 1930	03/03/25 2100	03/03/25 2200	03/03/25 2300
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**Vital Signs**

Pulse 56 -MN at 03/03/25 0640 62 -JM at 03/03/25 1958 68 -JM at 03/03/25 2252 — 71 -JM at 03/04/25 0050

BP 172/93 † -MN at 03/03/25 0640 185/99 † -JM at 03/03/25 1958 161/81 † -JM at 03/03/25 2252 — 155/89 -JM at 03/04/25 0050

MAP (mmHg) — 127 † -JM at 03/03/25 1959 112 † -JM at 03/03/25 2252 — 115 † -JM at 03/04/25 0050

**Oxygen Therapy**

SpO2 100 % -MN at 03/03/25 0640 100 % -JM at 03/03/25 1958 95 % -JM at 03/03/25 2252 — 100 % -JM at 03/04/25 0050

Oxygen Therapy — None (Room air) -JM at 03/03/25 1958 None (Room air) -JM at 03/03/25 2252 None (Room air) -JM at 03/03/25 2253 None (Room air) -JM at 03/04/25 0050

Row Name	03/04/25 0130	03/04/25 0430	03/04/25 0532	03/04/25 0800	03/04/25 2024
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**Vital Signs**

Temp — — 37 °C (98.6 °F) -DJ at 03/04/25 0532 — —

Temp src — — Axillary -DJ at 03/04/25 0532 — —

Pulse — — 59 -DJ at 03/04/25 0532 — —

Resp — — 19 -DJ at 03/04/25 0532 — —

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

BP	—	—	145/85 -DJ at 03/04/25 0532	—	—
BP Location	—	—	Right arm -DJ at 03/04/25 0532	—	—
Patient Position	—	—	Lying -DJ at 03/04/25 0532	—	—
Oxygen Therapy					
SpO2	—	—	99 % -DJ at 03/04/25 0532	—	—
Oxygen Therapy	None (Room air) -JM at 03/04/25 0134	—	None (Room air) -DJ at 03/04/25 0532	—	—
<b>Pain Assessment</b>					
Pain Assessment	—	DVPRS -DJ at 03/04/25 0534	—	DVPRS -II at 03/04/25 0809	DVPRS -JG at 03/04/25 2210
Pain Score	—	8 -DJ at 03/04/25 0534	—	9 -II at 03/04/25 0809	9 -JG at 03/04/25 2210
Pain Rating Scale (DVPRS)	—	Awful, hard to do anything -DJ at 03/04/25 0534	—	Can't bear the pain unable to do anything -II at 03/04/25 0809	—
Pain Type	—	Chronic pain -DJ at 03/04/25 0534	—	—	Chronic pain -JG at 03/04/25 2210
Pain Location	—	Back -DJ at 03/04/25 0534	—	—	Back -JG at 03/04/25 2210
Pain Orientation	—	Posterior -DJ at 03/04/25 0534	—	—	—
Pain Descriptors	—	Aching -DJ at 03/04/25 0534	—	—	Aching -JG at 03/04/25 2210
Pain Frequency	—	Intermittent -DJ at 03/04/25 0534	—	—	Intermittent -JG at 03/04/25 2210
Pain Onset	—	Gradual -DJ at 03/04/25 0534	—	—	Gradual -JG at 03/04/25 2210
Clinical Progression	—	Gradually worsening -DJ at 03/04/25 0534	—	Gradually worsening -II at 03/04/25 0809	—
Patient's Stated Pain Goal	—	8 -DJ at 03/04/25 0534	—	—	—
Pain Interventions	—	Medication (See MAR) -DJ at 03/04/25 0534	—	—	—
<b>Row Name</b>	<b>03/04/25 2124</b>	<b>03/05/25 0114</b>	<b>03/05/25 0214</b>	<b>03/05/25 0616</b>	<b>03/05/25 2000</b>
<b>Pain Assessment</b>					
Pain Assessment	DVPRS -JG at 03/04/25 2210	DVPRS -JG at 03/05/25 0312	DVPRS -JG at 03/05/25 0312	DVPRS -JG at 03/05/25 0628	DVPRS -AG at 03/05/25 2006
Pain Score	0 -JG at 03/04/25 2210	9 -JG at 03/05/25 0312	0 -JG at 03/05/25 0312	8 -JG at 03/05/25 0628	0 -AG at 03/05/25 2006
Pain Rating Scale (DVPRS)	—	—	—	—	No pain -AG at 03/05/25 2006
Pain Type	—	Chronic pain -JG at 03/05/25 0312	—	Chronic pain -JG at 03/05/25 0628	—
Pain Location	—	Back -JG at 03/05/25 0312	—	Back -JG at 03/05/25 0628	—
Pain Descriptors	—	Aching -JG at 03/05/25 0312	—	Aching -JG at 03/05/25 0628	—
Pain Frequency	—	Intermittent -JG at 03/05/25 0312	—	Intermittent -JG at 03/05/25 0628	—
Pain Onset	—	Gradual -JG at 03/05/25 0312	—	Gradual -JG at 03/05/25 0628	—
<b>Row Name</b>	<b>03/06/25 0000</b>	<b>03/06/25 0400</b>	<b>03/06/25 0800</b>	<b>03/06/25 1200</b>	<b>03/06/25 1600</b>
<b>Pain Assessment</b>					
Pain Assessment	DVPRS -AG at 03/06/25 0007	DVPRS -AG at 03/06/25 0401	DVPRS -SP at 03/06/25 1203	DVPRS -SP at 03/06/25 1203	DVPRS -SP at 03/06/25 1753
Pain Score	0 -AG at 03/06/25 0007	0 -AG at 03/06/25 0401	9 -SP at 03/06/25 1203	0 -SP at 03/06/25 1203	7 -SP at 03/06/25 1753
Pain Rating Scale (DVPRS)	No pain -AG at 03/06/25 0007	No pain -AG at 03/06/25 0401	Can't bear the pain unable to do	No pain -SP at 03/06/25 1203	Focus of attention, prevents doing daily

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

Pain Type		—	—	anything -SP at 03/06/25 1203 Chronic pain -SP at 03/06/25 1203	—	activities -SP at 03/06/25 1753
<b>Row Name</b>	<b>03/06/25 2000</b>	<b>03/07/25 0000</b>	<b>03/07/25 0400</b>	<b>03/07/25 0800</b>	<b>03/07/25 1200</b>	
Pain Assessment						
Pain Assessment	DVPRS -AG at 03/06/25 2003	DVPRS -AG at 03/07/25 0027	DVPRS -AG at 03/07/25 0415	DVPRS -SP at 03/07/25 1710	DVPRS -SP at 03/07/25 1710	
Pain Score	0 -AG at 03/06/25 2003	0 -AG at 03/07/25 0027	0 -AG at 03/07/25 0415	7 -SP at 03/07/25 1710	0 -SP at 03/07/25 1710	
Pain Rating Scale (DVPRS)	No pain -AG at 03/06/25 2003	No pain -AG at 03/07/25 0027	No pain -AG at 03/07/25 0415	—	—	
<b>Row Name</b>	<b>03/07/25 1600</b>					
Pain Assessment						
Pain Assessment	DVPRS -SP at 03/07/25 1710					
Pain Score	0 -SP at 03/07/25 1710					
Pain Rating Scale (DVPRS)	No pain -SP at 03/07/25 1710					
Vitals Reassessment						
<b>Row Name</b>	<b>03/02/25 18:36:15</b>	<b>03/03/25 0800</b>	<b>03/03/25 0810</b>	<b>03/03/25 0900</b>	<b>03/03/25 1000</b>	
Vitals Timer						
Restart Vitals Timer	Yes -MI (r) VB (t) at 03/02/25 1836	Yes -GS at 03/03/25 0913	Yes -GS at 03/03/25 0913	Yes -GS at 03/03/25 0914	Yes -GS at 03/03/25 1150	
<b>Row Name</b>	<b>03/03/25 1500</b>	<b>03/03/25 1700</b>	<b>03/03/25 1805</b>	<b>03/04/25 04:39:27</b>	<b>03/04/25 0532</b>	
Vitals Timer						
Restart Vitals Timer	Yes -GS at 03/03/25 1546	Yes -GS at 03/03/25 1810	Yes -GS at 03/03/25 1810	Yes -MI (r) IK (t) at 03/04/25 0439	Yes -DJ at 03/04/25 0532	
<b>Row Name</b>	<b>03/04/25 07:52:36</b>	<b>03/04/25 12:01:45</b>	<b>03/04/25 16:03:27</b>	<b>03/04/25 19:29:32</b>	<b>03/04/25 23:53:56</b>	
Vitals Timer						
Restart Vitals Timer	Yes -MI (r) SR (t) at 03/04/25 0752	Yes -MI (r) SR (t) at 03/04/25 1201	Yes -MI at 03/04/25 1603	Yes -MI (r) MP (t) at 03/04/25 1929	Yes -MI (r) MP (t) at 03/04/25 2353	
<b>Row Name</b>	<b>03/05/25 04:13:25</b>	<b>03/05/25 07:44:45</b>	<b>03/05/25 11:40:33</b>	<b>03/05/25 15:38:03</b>	<b>03/05/25 20:09:26</b>	
Vitals Timer						
Restart Vitals Timer	Yes -MI (r) MP (t) at 03/05/25 0413	Yes -MI (r) MR (t) at 03/05/25 0744	Yes -MI (r) MR (t) at 03/05/25 1140	Yes -MI (r) MR (t) at 03/05/25 1538	Yes -MI (r) KP (t) at 03/05/25 2009	
<b>Row Name</b>	<b>03/05/25 23:40:49</b>	<b>03/06/25 04:29:59</b>	<b>03/06/25 08:03:09</b>	<b>03/06/25 11:40:46</b>	<b>03/06/25 16:08:05</b>	
Vitals Timer						
Restart Vitals Timer	Yes -MI at 03/05/25 2340	Yes -MI (r) KP (t) at 03/06/25 0430	Yes -MI at 03/06/25 0803	Yes -MI (r) RF (t) at 03/06/25 1140	Yes -MI (r) RF (t) at 03/06/25 1608	
<b>Row Name</b>	<b>03/06/25 20:58:52</b>	<b>03/07/25 00:17:43</b>	<b>03/07/25 04:38:04</b>	<b>03/07/25 08:02:45</b>	<b>03/07/25 1300</b>	
Vitals Timer						
Restart Vitals Timer	Yes -MI (r) KP (t) at 03/06/25 2058	Yes -MI (r) KP (t) at 03/07/25 0017	Yes -MI (r) KP (t) at 03/07/25 0438	Yes -KJ at 03/07/25 0847	Yes -KJ at 03/07/25 1407	
<b>Row Name</b>	<b>03/07/25 1703</b>					
Vitals Timer						
Restart Vitals Timer	Yes -KJ at 03/07/25 1706					
Vitals, I/O						
<b>Row Name</b>	<b>03/04/25 07:52:13</b>	<b>03/04/25 07:52:36</b>	<b>03/04/25 12:01:34</b>	<b>03/04/25 19:29:32</b>	<b>03/05/25 07:43:12</b>	
Vital Signs						
Temp	36.4 °C (97.6 °F) -	—	36.6 °C (97.9 °F) -	36.7 °C (98.1 °F) -	—	

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

	SR at 03/04/25 0843	SR at 03/04/25 1228	MP at 03/04/25 2021	
Temp src	—	Oral -SR at 03/04/25 0843	—	—
BP	190/106 †  RN Sheriace notified of elevated BP, hr -SR at 03/04/25 0843	—	156/91 †  RN Sheriace aware of current BP -SR at 03/04/25 1228	—
Intake				
Percent Meals Eaten (%)	—	—	50 -KP at 03/06/25 0706	—
Unmeasured Output				
Unmeasured Urine Occurrence	—	—	—	1 -MR at 03/05/25 1400
Row Name	03/05/25 07:44:45	03/05/25 0800	03/05/25 1100	03/05/25 1545 03/05/25 20:09:26
Vital Signs				
BP	—  NOTIFIED RN SHERIACE -MR at 03/05/25 1357	—	—	—
Intake				
P.O.	—	240 mL -MR at 03/05/25 1357	240 mL -MR at 03/05/25 1357	—
Percent Meals Eaten (%)	—	100 -MR at 03/05/25 1357	100 -MR at 03/05/25 1357	100 -KP at 03/06/25 0249
Unmeasured Output				
Unmeasured Urine Occurrence	—	—	—	1 -MR at 03/05/25 1803
Row Name	03/06/25 0100	03/06/25 11:40:35	03/06/25 16:07:57	03/06/25 20:57:54 03/07/25 08:02:45
Vital Signs				
Resp	—	—	—	17 -KJ at 03/07/25 0847
BP	—	177/108 †  notified rn -RF at 03/06/25 1755	147/101 †  notified rn -RF at 03/06/25 1755	136/94 †  Notified RN Anna Maria -KP at 03/06/25 2126
MAP (mmHg)	—	—	—	—  notified Rn anna Marie -KP at 03/06/25 2126
Unmeasured Output				
Unmeasured Urine Occurrence	1 -KP at 03/06/25 0249	—	—	—
Row Name	03/07/25 1300	03/07/25 1703		
Vital Signs				
Temp	36 °C (96.8 °F) † -KJ at 03/07/25 1407	36 °C (96.8 °F) † -KJ at 03/07/25 1706		
Temp src	Oral -KJ at 03/07/25 1407	Oral -KJ at 03/07/25 1706		
Pulse	64 -KJ at 03/07/25 1407	62 -KJ at 03/07/25 1706		
Resp	18 -KJ at 03/07/25 1407	17 -KJ at 03/07/25 1706		
BP	145/83 -KJ at 03/07/25 1407	147/85 -KJ at 03/07/25 1706		
MAP (mmHg)	100 -KJ at 03/07/25 1407	104 † -KJ at 03/07/25 1706		
BP Location	Left arm -KJ at 03/07/25 1407	Left arm -KJ at 03/07/25 1706		
Patient Position	Lying -KJ at 03/07/25 1407	Lying -KJ at 03/07/25 1706		
Oxygen Therapy				
SpO2	100 % -KJ at 03/07/25 1407	100 % -KJ at 03/07/25 1706		
Oxygen Therapy	None (Room air) -KJ at 03/07/25 1407	None (Room air) -KJ at 03/07/25 1706		



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Flowsheets (continued)**

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
SW	Sarah Williams, PT	Physical Therapist	PT	03/04/2025, 03/05/2025
DS	Dianne Summerlin, RN	Case Manager	Case Manager	03/06/2025, 03/07/2025
AG	Annmaria George, RN	Registered Nurse	Nurse	03/05/2025, 03/06/2025
AG	Annmaria George, RN	Registered Nurse	Nurse	03/06/2025, 03/07/2025
MC	Maria Campos Neri, PMD	Licensed Paramedic	ED TECH	03/04/2025
JP	Joseph Percy	Case Manager	Case Manager	03/06/2025, 03/07/2025
VA	Victoria Arend, PTA	Physical Therapy Assistant	PT	03/07/2025
VB	Veronica Barrutia, LVN	Licensed Vocation Nurse	Nurse	03/02/2025
AB	Alberto Benitez, RN	Registered Nurse	Nurse	03/06/2025
JB	Jaycob Bodine	Case Manager	Case Manager	03/06/2025
CC	Charlcie Cagle, RN	Registered Nurse	Nurse	03/04/2025
HC	Hang Cortes, RT	Technologist	—	03/04/2025
ME	McKenzie Ermis, EMT	Technician	ED TECH	03/02/2025
DE	Donna Escueta, RN	Registered Nurse	Nurse	03/04/2025, 03/05/2025, 03/06/2025
DE	Donna Escueta, RN	Registered Nurse	Nurse	03/07/2025
RF	Rosange Francois	Technician	Patient Care	03/06/2025
JG	Joseph Gitahi, RN	Registered Nurse	Nurse	03/04/2025, 03/05/2025
TG	Tiffany Gumobao	Case Manager	Case Manager	03/04/2025
NH	Nicolai Harcrow, RN	Registered Nurse	Nurse	03/02/2025
II	Isoken Iyamu, RN	Registered Nurse	Nurse	03/04/2025, 03/05/2025
KJ	Kimberly Jaquez	Technician	Patient Care	03/07/2025
DJ	Daine Joseph, RN	Registered Nurse	Nurse	03/04/2025
IK	Isatu Kamara	Technician	Patient Care	03/04/2025
MK	Madeline Kotarski, RN	Registered Nurse	Nurse	03/03/2025
EM	Elena Martinez	Case Manager	Case Manager	03/06/2025
BM	Benjamin D Mouser, MD	Physician	Physician	03/04/2025
MNA	Margarita Nadal	—	—	03/02/2025
MN	Madisyn Nail, RN	Registered Nurse	Nurse	03/03/2025
MPA	Monica Peavy	Coordinator	UNIT COORDINATOR	03/10/2025
MP	Maria I Perez	Technician	Patient Care	03/04/2025, 03/05/2025
SP	Shaniya Polk, RN	Registered Nurse	Nurse	03/04/2025, 03/06/2025
SP	Shaniya Polk, RN	Registered Nurse	Nurse	03/06/2025, 03/07/2025
LR	Lauren Ray, RN	Registered Nurse	Nurse	03/03/2025
MR	Margalie Raymond	Technician	Patient Care	03/05/2025
SR	Sydney Reliford	Technician	Patient Care	03/04/2025
GS	Gerardo Salazar, RN	Registered Nurse	Nurse	03/03/2025
SS	Shannon Sudria, OT	Occupational Therapist	OT	03/04/2025, 03/05/2025, 03/06/2025
SS	Shannon Sudria, OT	Occupational Therapist	OT	03/06/2025
JV	Juan Valenzuela	Technologist	—	03/03/2025
RW	Ryan Drey Walsh, MD	Physician	Physician	03/02/2025
SWA	Shabri Worthey, LMSW	Social Worker	Social Work	03/04/2025
JM	Julian Malone, RN	Registered Nurse	Nurse	03/03/2025, 03/04/2025
KP	Kesha Patterson	Technician	Patient Care	03/04/2025, 03/05/2025, 03/06/2025
KP	Kesha Patterson	Technician	Patient Care	03/06/2025, 03/07/2025
BI	Interface, Bamboo Doc	—	—	03/02/2025, 03/03/2025, 03/05/2025, 03/06/2025, 03/07/2025
CI	Interface, Careport Discharge Doc	—	—	03/02/2025
MI	Interface, Masimo Doc	—	—	03/02/2025, 03/04/2025,

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

## Flowsheets (continued)

Flowsheet In

03/05/2025, 03/06/2025, 03/07/2025

## Flowsheet Notes

[N1]

Author	Author Type	Service	Note Type	Status	Filed Time
Shabri Worthey, LMSW Note Text	Social Worker	—	Progress Notes	Signed	03/04/25 1154

	03/04/25 1100
<b>Discharge Planning</b>	
Barriers to Discharge Home	MRI, Bx, ABX plan
In the past 12 months, how many times have you moved where you were living?	0
Discharge Planning Status	Initial Assessment Complete (SW concur VCM TPA with the following corrections)

**Pt provided updated insurance information as Unite HC Choice**  
**ID 955504609**  
**GN 0935815**

**SW provided updated insurance to financial counselor, however at pt request also informs them that Workers Comp should be utilized as primary payer for this admission.**

**MPOA:** n/a

**NOK:** 3 sisters (Annette, Sandra and, Kathy). Not married, no biological children, parents deceased

**PCP/Contact Information:** Verified on Facesheet & Listed in Epic

**Pharmacy:** listed in Epic/verified

**Home/Address:** verified on Facesheet

**Health Insurance/Payer:** verified on facesheet

**24/7 care/supervision at home if needed:** N/a

**Transportation arrangements:** Plans to drive self at discharge

**DCP A:** Home Indp

**DCP B:** HH IV ABX

**Shabri Worthey, LMSW**

Office: 713-704-6103

[N2]

Author	Author Type	Service	Note Type	Status	Filed Time
Dianne Summerlin, RN	Case Manager	—	Progress Notes	Addendum	03/06/25 1714

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Flowsheets (continued)

Note Text

	03/06/25 1200
<b>Discharge Planning</b>	
Patient expects to be discharged to:	Home w/HH for IV ABX
Expected Discharge Disposition	HH Services
Anticipated Services at Discharge	In home services
Type of Home Care Services	Home nursing visits;DME or oxygen (Nurse for IV ABX, labs, PICC line management/dressing change. RW ordered.)
Discharge Planning Comments	HH arrangements pending for IV ABX; Dapto until 3.16.25

**CASE MANAGEMENT ROUTINE DISCHARGE PLAN NOTE**

**LOS: 3**

Per Financial counselor; billing will be done through pt's commercial insurance plan and not through Workers Comp.

**Barriers to Discharge:** Pending PICC line placement, Home Health and IV ABX arrangements

**DISCHARGE PLAN A:** Home w/HH Nurse for PICC line and IV ABX management

**DISCHARGE PLAN B:** Home w/HH, IV ABX

**DME REC:** RW; delivered to bedside.

**EDD:** 3.6.25

IV ABX plan from 3.5.25 ID note:

**ID Diagnosis:** MRSA Discitis and Phlegmon

**Please continue the following through 3/16/25:**

Daptomycin 8mg/kg Q24

**Outpatient Lab Monitoring While on OPAT:**

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

## Flowsheets (continued)

QMonday: CBC with differential, CMP, CPK, ESR, and CRP

Please fax above labs to (281) 365-0085

Attention Dr Charles Ericsson

### Outpatient Infectious Diseases Follow-up:

1) Follow-up in ID Clinic: Dr. Khoury, see ID note

2) Follow-up MD: Dr Charles Ericsson

3) Pre-appointment Labs: CBC with differential, CMP, CPK, ESR, and CRP

4) Pre-appointment imaging: MRI Spine

5) Vascular access device plan: Remove after last dose of IV antibiotic. Okay for home health nurse to remove PICC. Tunneled catheters must be removed by IR (please coordinate outpatient follow-up with them prior to patient discharge).

[N3]

Author	Author Type	Service	Note Type	Status	Filed Time
Dianne Summerlin, RN	Case Manager	—	Progress Notes	Signed	03/07/25 1904
Note Text					

03/07/25 1800	
<b>Discharge Planning</b>	
Discharge Planning Comments	CM and MD received message from pt's RN that pt verbalized frustration with pain management and stated to PCA and Quality Coordinator RN that he would now have no choice but to get medicine from his drug dealer. ID physicians had to be notified d/t plan for pt to discharge home with PICC line. OPAT orders cancelled d/t comments making him no longer a candidate for OPAT. HH Coordinator, Joseph, notified of change in plan for IV ABX and HH nursing plan. CM and MD spoke with pt in room to offer new IV ABX options for IV ABX therapy @ SNF vs continuing IV

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

## Flowsheets (continued)

	Dapto inpatient until possible arrangements with his ID physician that he normally sees could be made on Monday. Pt declined options and requested that PICC line removed.
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Dianne Summerlin, RN, CM  
RN Case Manager - Neuro Service Line  
Phone: 713-704-2594

## Care Plan

### Resolved

#### Problem: Altered Nutrient Intake

Dates: Start: 03/04/25 Resolved: 03/07/25  
Disciplines: Nutrition

Goal: Nutrient intake appropriate for improving, restoring or maintaining nutritional needs (Resolved)

Dates: Start: 03/04/25 Resolved: 03/07/25  
Disciplines: Nutrition

#### Outcomes

Date/Time	User	Outcome
03/07/25 2004	Nurse Inpatient	Adequate for Discharge

#### Problem: Chronic Conditions and Co-morbidities

Dates: Start: 03/04/25 Resolved: 03/07/25  
Disciplines: Interdisciplinary

Goal: Patient's chronic conditions and co-morbidity symptoms are monitored and maintained or improved (Resolved)

Dates: Start: 03/04/25 Resolved: 03/07/25  
Disciplines: Interdisciplinary

#### Outcomes

Date/Time	User	Outcome
03/07/25 2004	Nurse Inpatient	Adequate for Discharge

#### Problem: Discharge Planning

Dates: Start: 03/04/25 Resolved: 03/07/25  
Disciplines: Nurse, Interdisciplinary, RT, Social Work

Goal: Discharge to home or other facility with appropriate resources (Resolved)

Dates: Start: 03/04/25 Resolved: 03/07/25  
Disciplines: Nurse, Interdisciplinary, RT, Social Work

#### Outcomes

Date/Time	User	Outcome
03/07/25 2004	Nurse Inpatient	Adequate for Discharge

#### Problem: Gait goals

Dates: Start: 03/04/25 Resolved: 03/07/25

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Care Plan (continued)**

Disciplines: PT

**Goal: Patient will progress to ambulate on even surface using RW 300 ft modi. (Resolved)**

Dates: Start: 03/04/25 Expected End: 03/28/25 Resolved: 03/07/25

Disciplines: PT

**Outcomes**

Date/Time	User	Outcome
03/07/25 2004	Nurse Inpatient	Adequate for Discharge

**Problem: OT Problem**

Dates: Start: 03/04/25 Resolved: 03/07/25

Disciplines: OT

**Goal: Patient will perform bADL tasks SBA by DC to promote functional independence. (Resolved)**

Dates: Start: 03/04/25 Expected End: 03/21/25 Resolved: 03/07/25

Disciplines: OT

**Outcomes**

Date/Time	User	Outcome
03/07/25 2004	Nurse Inpatient	Adequate for Discharge
03/06/25 1352	Shannon Sudrila, OT	Progressing

**Goal: Patient will perform functional mobility SBA with RW as needed with no overt LOB (Resolved)**

Dates: Start: 03/04/25 Expected End: 03/21/25 Resolved: 03/07/25

Disciplines: OT

**Outcomes**

Date/Time	User	Outcome
03/07/25 2004	Nurse Inpatient	Adequate for Discharge
03/06/25 1352	Shannon Sudrila, OT	Progressing

**Goal: Patient will tolerate >20 min of therapeutic activity to maximize activity tolerance for I/ADL performance (Resolved)**

Dates: Start: 03/04/25 Expected End: 03/21/25 Resolved: 03/07/25

Disciplines: OT

**Outcomes**

Date/Time	User	Outcome
03/07/25 2004	Nurse Inpatient	Adequate for Discharge
03/06/25 1352	Shannon Sudrila, OT	Progressing

**Problem: Pain - Adult**

Dates: Start: 03/04/25 Resolved: 03/07/25

Disciplines: Nurse, Interdisciplinary, PT, RT, Social Work

**Goal: Verbalizes/displays adequate comfort level or baseline comfort level (Resolved)**

Dates: Start: 03/04/25 Resolved: 03/07/25

Disciplines: Nurse, Interdisciplinary, RT, Social Work

**Outcomes**

Date/Time	User	Outcome
03/07/25 2004	Nurse Inpatient	Adequate for Discharge
03/05/25 1112	Isoken Iyamu, RN	Progressing
03/04/25 0806	Isoken Iyamu, RN	Progressing
03/04/25 0538	Daine Joseph, RN	Progressing

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Care Plan (continued)**

**Problem: SP/Stand Step Transfers**

Dates: Start: 03/04/25 Resolved: 03/07/25  
Disciplines: PT

**Goal: Patient will progress level surface transfers using stand step transfer IND (Resolved)**

Dates: Start: 03/04/25 Expected End: 03/28/25 Resolved: 03/07/25  
Disciplines: PT

**Outcomes**

Date/Time	User	Outcome
03/07/25 2004	Nurse Inpatient	Adequate for Discharge

**Problem: Safety - Adult**

Dates: Start: 03/04/25 Resolved: 03/07/25  
Disciplines: Nurse, Interdisciplinary, RT, Social Work

**Goal: Free from fall injury (Resolved)**

Dates: Start: 03/04/25 Resolved: 03/07/25  
Disciplines: Nurse, Interdisciplinary, RT, Social Work

**Outcomes**

Date/Time	User	Outcome
03/07/25 2004	Nurse Inpatient	Adequate for Discharge
03/04/25 0538	Daine Joseph, RN	Progressing

**Problem: Standing balance activities**

Dates: Start: 03/04/25 Resolved: 03/07/25  
Disciplines: PT

**Goal: Pt will perform dynamic standing balance activities c functional reaching modi with RW for 2 minutes to reduce fall risk. (Resolved)**

Dates: Start: 03/04/25 Expected End: 03/28/25 Resolved: 03/07/25  
Disciplines: PT

**Outcomes**

Date/Time	User	Outcome
03/07/25 2004	Nurse Inpatient	Adequate for Discharge

**Patient Education**

**Title: PT OT SLP Therapies ()**

**Topic: Occupational Therapy (Done)**

**Point: Occupational Therapy Plan of Care (Done)**

**Learning Progress Summary**

Patient Acceptance, Explanation, Verbalizes Understanding by SS at 3/4/2025 1254

**Title: General Patient Education ()**

**Topic: Psycho/Social/Spiritual Support (Done)**

**Point: Coping Mechanisms (Done)**

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Patient Education (continued)

Description:

Help patient identify healthy coping mechanisms. Refer to Social Service, Case Management, or Spiritual Care, if needed.

Patient Friendly Description: Being in the hospital can be stressful. You might be worried about things at home, your loved ones, or how you'll get back to "normal" again. It's okay to be worried, but you need to deal with your worry in a way that is healthy. We have counselors who know what you're going through. If you'd like, someone can visit you while you're in the hospital to help you work through the things that are worrying you. You don't need to be perfect. Talk to your nurse or doctor to learn more.

Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800
	Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
	Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

Point: Support Systems (Done)

Description:

Help patient identify available support systems. Refer to Social Service, Case Management, or Spiritual Care, if needed.

Patient Friendly Description: Spend some time thinking about what kind of support you will need when you leave the hospital, and who can help provide that. You might need emotional support, or you might need someone to help you cook, clean, or drive around. Make a list of your needs and we can help you fill in the list of services that can help. We have people in the hospital who can work with you to make these decisions.

Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800
	Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
	Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

Point: Spiritual/Emotional Needs (Done)

Description:

Offer resources to meet spiritual/emotional needs. Refer to Spiritual Care, if needed.

Patient Friendly Description:

Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800
	Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
	Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

Point: Postpartum Depression (Done)

Description:

Explain to mothers that it is common to feel some blues postpartum. Encourage them to reach out to their support systems and their obstetric provider if they feel depressed.

Patient Friendly Description: We will be discussing with you that it is common to feel some blues postpartum. We will also discuss how to cope with the blues by reaching out to your support system or doctor.

Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800
	Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
	Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537



## 03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

### Patient Education (continued)

#### Point: Anxiety Reduction (Done)

##### Description:

Explain the definition of anxiety, signs and symptoms, and examples of ways to reduce anxiety. Inform patient that Spiritual Care and Social Services are available.

Patient Friendly Description: Anxiety refers to the fear, worry, and concern that you or your family might have about your stay in the hospital. Anxiety is completely normal, but it can be very uncomfortable. You may be unable to sleep or to relax, or you might breathe too quickly or feel like your heart is racing. Sometimes, taking slow, deep breaths can help reduce the symptoms of anxiety. In other cases, you might want to talk to someone who is there to listen. Our spiritual care and social services departments are there to help. They can compassionately listen to your concerns and bring you some peace. This is available to everyone, regardless of faith.

#### Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800
	Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
	Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

#### Point: Skin to Skin (Done)

##### Description:

Explain to patient/partner the importance of Skin to Skin after birth for bonding with baby, providing infant optimal physiologic stability and warmth, and for first feedings opportunities. Instruct on Skin to Skin contact during feeding (for a normal newborn).

Patient Friendly Description: We will be discussing the importance of Skin to Skin after birth for bonding with your baby, providing infant optimal physiologic stability and warmth, and for first feedings opportunities.

#### Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800
	Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
	Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

#### Topic: Prevention / Discharge (Done)

##### Point: Community Resources (Done)

##### Description:

Give written information on available community resources. Refer to Social Services or Case Management, if needed.

Patient Friendly Description: We will give you information on community resources and other services that could benefit you. Talk to your nurse or doctor for more information.

#### Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800
	Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
	Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

##### Point: Follow-up Appointments (Done)

##### Description:

Give the patient/family written information on when to make follow-up appointments. Reinforce importance of making and keeping the appointments. If appointments were made during the visit, give the patient a written reminder of the time and location.

## 03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

### Patient Education (continued)

Patient Friendly Description: When you leave the hospital, we will want to check to make sure you continue to get better. In some cases, we will schedule follow up appointments for you. In other cases, you might have to schedule them yourself. We will review what you need to do before you leave. It's very important that you keep these visits, even if you feel like everything is fine.

#### Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800
	Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
	Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

#### Point: When to Call the Doctor (Done)

Description:  
Educate patient/family/caregiver on when to call the doctor after discharge.

Patient Friendly Description: Use your After Visit Summary to review specific signs, symptoms, or reasons to contact your doctor after discharge

#### Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800
	Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
	Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

#### Point: Review Discharge Plan (Done)

Description:  
Review the discharge plan with patient and primary care giver including: diet, activity, medications, and special precautions. Refer to Case Management, if needed.

Patient Friendly Description: Your providers will help you create a plan for when you will leave the hospital. This will include things like your diet, the amount of activity you should do, any medications you will be taking and other resources that would benefit you. Talk to your nurse or doctor for more information.

#### Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800
	Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
	Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

#### Topic: Pain Management (Done)

##### Point: Pain Medication Actions & Side Effects (Done)

Description:  
Provide medication specific handouts when available.

Patient Friendly Description: We will give you information specific to the pain medications you may be taking. Find out more about pain meds here:

#### Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Patient Education (continued)

Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811  
Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

Point: Discuss Significance of VAS Scores (Done)

Description:  
Refer to rating score of 0-10.

Patient Friendly Description: In order to make sure you're getting the right amount and kind of medicine, we'll be asking you about your pain regularly. We use a scale to track how you're feeling. A "0" means that you aren't in any pain at all, and a "10" is the worst pain you can possibly imagine. Decide how much pain you can bear, and we'll check regularly to make sure your pain stays below that number.

Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800
	Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
	Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

Point: Discuss the Use of Pain Control Measures Before Pain Becomes Severe (Done)

Description:  
Take time to reiterate to patient that he/she should always let staff know if he/she is having difficulty breathing, pain or any discomfort at any time before pain becomes severe.

Patient Friendly Description: We want to keep you comfortable, and that means that we work with you to help BEFORE your pain gets too hard to manage. If you're having difficulty breathing, if you hurt, or if you are uncomfortable, let us know right away. Don't worry - even if you think it isn't a problem, we still want to know.

Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800
	Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
	Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

Point: Non-Pharmacological Comfort Measures (Done)

Description:  
Explain there are other ways of controlling pain than medication. The following are suggestions: position change, aromatherapy, deep slow breathing, distraction, quiet environment, imagery, heat therapy and/or cold therapy, laughter, massage, music, physical therapy, and touch therapy.

Patient Friendly Description: There are ways to avoid pain without medicine. You could try changing how you are laying or sitting, aromatherapy, deep slow breathing, quiet environment, imagery, adding a heating pad or adding ice, laughter, massage, music, physical therapy, and touch therapy.

Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800
	Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
	Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

Point: Patient Controlled Analgesia (Done)



03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

## Patient Education (continued)

### Description:

Give the patient written information on Patient Controlled Analgesia. Explain how the pump works. Demonstrate pushing the button to give pain medicine to the patient. Caution the patient and other family/visitors that only the patient should press the PCA button for pain relief to decrease the chance of getting too much pain medicine.

Patient Friendly Description: We are giving you a medicine to take away some of your pain. You are in control of how much medicine you get. We will show you how to use the button on the pump to increase the amount of medicine you get. It's very important that only you, the patient, press this button, and only when you need more medicine. Your friends and family don't know how much you're hurting, so they shouldn't push it for you. This will make sure you get just the right amount of medicine you need.

## Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800
	Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
	Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

## Point: Epidural Information (Done)

### Description:

Give the patient written information on Epidural Analgesia. Explain why an epidural is used, how the epidural is placed and how the medication is given. If the epidural is PCA, demonstrate pushing the button to give pain medicine to the patient. Caution the patient and other family/visitors that only the patient should press the button for pain relief to decrease the chance of getting too much pain medicine.

Patient Friendly Description: You are on a painkiller called an epidural. An epidural is used to relieve pain by temporarily blocking your nerves from sending messages to your brain. The medicine is delivered into a space in your spine through a tube. In some cases, you might be in control of how much medicine you get. It's very important that only you, the patient, press this button, and only when you need more medicine. Your friends and family don't know how much you're hurting, so they shouldn't push it for you. This will make

sure you get just the right amount of medicine you need.

## Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800
	Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
	Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

## Topic: Self Care (Done)

### Point: General Self Care (Done)

#### Description:

Instruct patient on self care needs. These may include: hygiene, how to take a blood pressure, how to change a dressing, etc.

Patient Friendly Description: We will give you guidance on how you can care for yourself. Let us know if you have questions.

## Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Patient Education (continued)

Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811  
Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

Point: Demonstrate Handwashing (Done)

Description:

Educate patient/family/caregiver on how to perform proper hand hygiene. Explain that hand washing is the single most important step in preventing the spread of germs. Have the patient/family/caregiver demonstrate proper hand washing technique using soap, water, friction, clean nails under running water, and dry hands on clean towel without touching dirty surfaces.

Patient Friendly Description: Hand washing is important! It's the single most important step in preventing the spread of germs. The best way to wash your hands is to

1. Wet your hands with clean, running water (warm or cold) and apply soap.
2. Rub your hands together to make a lather and scrub them well; be sure to scrub the backs of your hands, between your fingers, and under your nails.
3. Continue rubbing your hands for at least 20 seconds.
4. Rinse your hands well under running water.
5. Dry your hands using a clean towel or air dry them.

Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800
	Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
	Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

Topic: Core Nursing (Done)

Point: Orientation to Unit (Done)

Description:

Instruct learner(s) on how to use call light, equipment in room (bed controls, lights, TV etc), unit routines, and a la carte ordering procedure.

Patient Friendly Description: Welcome to your room!

- Call light: Use this right away if you need help with anything. Press the orange button, and we'll be here as soon as we can.
- If you have a question or need something simple, tap "I would like" to let us know what you need.
- You can control the bed using the buttons on the bed wall by your arm.
- You can use the Bedside tablet to control your TV. Tap "TV" to get started.
- We will ask you what you would like to eat every morning.

Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800
	Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
	Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Patient Education (continued)

Point: Fall Precautions (Done)

Description:

Instruct learner(s) on the following safety measures as appropriate: Call for assistance before getting up, change positions slowly, dangle before standing, wear non-skid footwear, use handrails, and proper use of hospital equipment.  
FOR PEDIATRIC PATIENTS: Instruct on keeping crib side rails up when toddler/infant/baby unattended or not within arm's reach.

Patient Friendly Description: It's easy to accidentally get hurt by falling in the hospital. Even if you don't usually feel off-balance, your medications and your condition can make you more likely to fall. To prevent a fall, you should:

- Use your call light if you want to get up, and wait until somebody comes before you try.
- Move very slowly, slower than you think you need to.
- Before you stand up, sit on the side of your bed for a while.
- Wear shoes or socks that won't slip easily.
- Use the handrail.

Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800
	Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
	Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

Point: Pain Management (Done)

Description:

Instruct learner(s) on how to use pain intensity rating scale, importance of reporting pain, the effectiveness of medications and treatments, and possible side effects to report.  
Encourage learner(s) to notify staff early when pain levels are beginning to rise.

Patient Friendly Description: Being in pain can make it hard for you to get better, so we want to keep your pain under control.

We will ask you about your pain often. We'll ask you to give your pain a number: 0 is no pain, and 10 is the most terrible pain you've ever felt.

Sometimes medication can make pain feel less strong, so we'll also keep track of whether you feel less pain after medications.

However, if you feel your pain getting worse, let us know right away, even if you think it's not too bad. Some pain medicines take longer to work, so don't wait until the pain gets so bad you can't take it any more.

Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by II at 3/5/2025 1102
	Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
	Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

Point: Infection Control (Done)

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Patient Education (continued)

Description:

Instruct learner(s) on how they can reduce the risk of infections. Educate learner(s) to avoid touching wounds, dressings or tubes. Ask care providers about their hand hygiene.  
Instruct on the importance of washing hands and how to sanitize hands frequently with the hand sanitizer gel. Instruct learner(s) to screen their potential visitors for illness.

If applicable, inform learner(s) that MRSA testing will be done on each admission or transfers to all ICUs.

Patient Friendly Description: When you're sick or recovering, your body isn't as strong as it usually is. Therefore, avoiding infection is very important. Don't touch any wound, dressing on your body, or any of your tubes. Everyone who comes into your room should wash their hands, and that means us as well! If you see somebody who forgets, it's okay to remind them.

If any of your visitors look sick, even if it's just a little cold, it's okay to ask them to come back later or to wear a mask when they come to visit you.

Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800
	Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
	Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

Point: Medications (Done)

Description:

Instruct learner(s) on name and purpose of medication(s) and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Patient Friendly Description: When you go home, you might need to take new medications. We will tell you these things about each new medication:

- The name
- Why you are taking it
- Any side effects
- If there are foods you should avoid
- How to tell it is working
- When to call your doctor

Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800
	Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
	Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

Point: Nutrition/Diet (Done)

Description:

Instruct learner(s) on importance of nutrition in the recovery process, information and purpose of specific diets and/or restrictions, and availability of dietary counseling.

Patient Friendly Description: What you eat can help you recover more quickly. When you leave the hospital, you might have to cut back on some foods. We can help you learn the right things to eat if you're not sure how to stick to your new diet.



03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800
	Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
	Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

Point: Equipment (Done)

Description:

Instruct learner(s) on what equipment is used for, how to use equipment (if appropriate), and any safety measures required.

Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800
	Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
	Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

Point: Vascular Access Device (Done)

Description:

Instruct learner(s) on the purpose for and specific type of vascular device the patient has, signs and symptoms to report, and any safety measures to follow.

Patient Friendly Description: A port is also called a "venous access device." It's a way to deliver medicine or draw blood without the need for needles.

If you have chest pain, redness or pain around the device, trouble breathing, or if you are suddenly confused or dizzy, call your doctor right away.

Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800
	Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
	Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

Point: Isolation Precautions (Done)

Description:

Educate learner(s) on type of isolation precautions and reason isolation is required. Instruct them on requirements for staff, patient, and visitors for the specific isolation type ordered. Instruct on the importance of hand hygiene by visitors when leaving the room. Provide verbal instruction and handout specific to isolation type.

Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800
	Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800
	Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
	Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

User Key

Initials	Effective Dates	Name	Provider Type	Discipline
II	12/04/24 - 03/05/25	Isoken Iyamu, RN	Registered Nurse	Nurse



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Patient Education (continued)**

DJ	12/04/24 - 03/05/25	Daine Joseph, RN	Registered Nurse	Nurse
SP	03/06/25 -	Shaniya Polk, RN	Registered Nurse	Nurse
SS	10/17/24 - 03/05/25	Shannon Sudrla, OT	Occupational Therapist	OT

## 03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

### Documents

#### Hospital Consent for Treatment - Electronic signature on 3/2/2025 7:15 PM (effective from 3/2/2025) - E-signed

Clinical date/time: 3/2/2025 1915

Description: —

Status: Received

Effective date/time: 3/2/2025 1915

#### PATIENT REGISTRATION

##### CONSENT FOR MEDICAL TREATMENT

Knowing that I have a condition requiring hospital care, I hereby voluntarily consent to such hospital care including inpatient, outpatient, and telehealth/telemedicine services, diagnostic procedures and medical treatment by my physician, his/her assistants or his/her designee as may be necessary in his/her judgment. I understand that testing for infectious conditions, such as Human Immunodeficiency Virus (HIV) may be included. I acknowledge that no guarantees have been made as to the result of treatments or examinations in the hospital.

##### CARE

The patient is under the care and supervision of the patient's attending physician and consultants selected by this physician. It is the responsibility of the Hospital and its staff to carry out the instructions of the physicians. All physicians furnishing services to the patient, including the radiologist, pathologist, anesthesiologist, and emergency center physicians, or other physicians, are independent contractors for the patient and are not employees or agents of the Hospital and may bill directly for their services.

The Hospital provides only general duty nursing care unless the physician orders that the patient be provided more intensive nursing care. The attending physician must order a private duty nurse or sitter if the patient's condition requires this service. When protective side rails are placed on the patient's bed and raised for patient protection or when protective restraints are ordered, the patient assumes all risk of injury or damage if the patient refuses to permit raised side rails or restraints.

##### PERSONAL VALUABLES

The Hospital maintains a Hospital safe for the protection of money and valuables. The Hospital is not responsible for the loss of, damage to, any money, jewelry, documents, garments, dentures, prosthetic devices, or other articles of personal property unless deposited in the Hospital safe. It is the responsibility of the patient/legal representative to deposit personal valuables in the hospital safe. Items secured in the Hospital safe may be retrieved only during normal office hours.

☒ **PATIENT'S RIGHTS:** I acknowledge receipt of a statement of the "Patients' Rights."

☒ **MEDICARE/MEDICARE HMO PATIENTS:** I acknowledge that I have been provided a copy of the notice entitled "An Important Message from Medicare" or "An Important Message to Medicare HMO Beneficiaries" detailing my rights as a Medicare or Medicare HMO hospital patient and the procedure for requesting a review by the Peer Review Organization in this area.

☒ **CHAMPUS/CHAMPVA PATIENTS:** I acknowledge that I have been provided a copy of the notice entitled "An Important Message from Tricare."

This form has been fully explained to me and I certify that I understand its contents.

I hereby consent on the patients's behalf and in the patient's stead on:

Relationship to Patient

☒ Self ☐ Parent ☐ Guardian

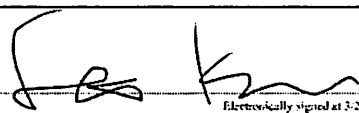
☐ Other

If "Other", please specify

Type hereType here

If signing for the patient, please print your name

Type hereType here

  
Electronically signed at 3/2/2025, 07:15 PM

Patient / Patient Representative Signature

#### PATIENT'S RIGHTS

Our Facility cares for all patients regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

As a patient in our Facility, you have the right to be treated with dignity and respect, to participate in the development and implementation of your plan of care, and to make informed decisions regarding your care.

You have the right to have your pain appropriately assessed and managed, and to have your care and treatment provided in a setting that is safe, which affords privacy, and which is free of all forms of abuse or harassment.

You have the right to have a family member or representative of your choice, and your physician, notified promptly of your admission to our Facility.

You have the right to effective communication. Interpreter services are available, free of cost, to assist you with communication barriers to ensure the communication of information in a manner that is understandable to you.

You (or your legally authorized representative) will be asked by your physician to give voluntary and informed consent before any medical procedure. You

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones-5  
Neuroscience Acute Care) (continued)

## Documents (continued)

have the right to know who will perform the procedure, and what its risks, benefits, and alternatives are. If you are asked to voluntarily participate in clinical research, that research can begin only after appropriate informed consent has been given.

You have the right, subject to your consent, to receive the visitors whom you designate regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression. You have the right to withdraw or deny such consent at any time.

You should expect all persons involved in your care to identify themselves by name and title. They should explain to you the nature and purpose of the procedures to be performed. You have the right to communicate with all who are involved in your care; reasonable effort will be made to overcome language barriers. You have the right to refuse treatment or observation by any medical student or physician-in-training. You have the right to be free from the use of any form of restraints, including physical restraints and drugs that are not medically necessary.

You have the right to have protective services offered to you, for example, guardianship, or child or adult protective services through county agencies.

You have the right to prepare advance directives (medical decision-making tools that assist you to communicate your wishes regarding medical treatment in the event you cannot communicate with your physician). In Texas, you can complete four kinds of advance directives: 1) a directive to your physician which allows you to decline or request aggressive medical treatment when you have a terminal or irreversible condition; 2) a Medical Power of Attorney which allows you to appoint an individual to make medical decisions for you if you are incapable of doing so; 3) a directive which allows you to decline cardiopulmonary resuscitation (CPR) and other treatment by emergency medical personnel and other health care providers outside of the Hospital and in the Hospital emergency room and outpatient departments; and 4) a directive that describes the types of mental health treatment you would or would not like to receive at a time when you cannot communicate your wishes.

Our Facility is committed to providing quality health care to our patients in accordance with the prevailing standards of medical care and State and Federal laws. We maintain written policies on the advance directives listed above. These policies do not require a physician to provide or perform procedures which are not in accordance with prevailing standards of medical care, or which the physician deems inappropriate in a particular clinical setting (medically futile). Although medically futile treatment is not provided, our patients continue to receive care to provide comfort and pain relief. (In accordance with Texas law, if brain death is pronounced, artificial life support is removed.)

We will provide advance directive forms to you at your request. Our Facility also offers our patients, their families, and surrogate decision makers an opportunity to meet with our ethics committee to discuss difficult questions regarding end-of-life care and other complex medical issues. Please contact your nurse if you need advance directive forms, or if you would like to speak with someone from the ethics committee.

You have the right to confidentiality of your clinical record, and to obtaining information contained in your record within a reasonable time frame.

You have the right to expect reasonable continuity of care and to be informed by your physician of continuing health care needs following discharge.

If your physician decides that you should be transferred to another facility, you will be moved only after you have received a complete explanation of the need for transfer, the alternatives of transfer, and you have agreed to transfer. The receiving facility must agree to the transfer before it occurs.

You have the right to receive an itemized bill unless you have voluntarily waived the right under a special billing agreement.

For patients who have not yet reached the age of majority, these rights are exercised by the patient's parent or legal guardian.

You have the right to register complaints about care or treatment and receive a response to those complaints by informing your direct care giver, management, or by contacting the Hospital's Patient Relations Department.

Outside agencies that may be contacted to register complaints are listed below.

Texas Dept. of State Health Services  
1100 West 49th Street  
Austin, Texas 78756  
1-888-973-0022 (Ext. 2150)

The Joint Commission  
One Renaissance Blvd.  
Oakbrook Terrace, IL 60181  
1-800-994-6610 Email: [patientsafetyreport@jointcommission.org](mailto:patientsafetyreport@jointcommission.org)

# MEMORIAL HERMANN

## Consent For Medical Treatment

6443B (5/24) Page 1 of 1

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Documents (continued)

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Documents (continued)**

**Hospital Financial Notice of Responsibility - Electronic signature on 3/2/2025 7:16 PM (effective from 3/2/2025) - E-signed**

Clinical date/time: 3/2/2025 1916

Description: —

Status: Received

Effective date/time: 3/2/2025 1916

**PATIENT REGISTRATION**

**FINANCIAL RESPONSIBILITIES**

In consideration of the services to be rendered to the patient, the patient and/or other legally responsible person signing this document assumes full financial responsibility for the payment of the patient's account. If the account is referred to an attorney or collection agency, the same person authorizes credit investigation and agrees to pay actual attorney's fees and collection expenses. All delinquent accounts may bear interest at the legal rate. If the patient may be eligible for free or discounted hospital services, patient agrees to comply with the eligibility requirements of the hospital's financial assistance policy which requires submission of an application and determination that the patient qualifies for financial assistance.

**IRREVOCABLE ASSIGNMENT OF INSURANCE BENEFITS**

In consideration of services rendered, I hereby irrevocably assign and transfer to the hospital and to all independent physicians, practitioners and providers furnishing care to me at the hospital for myself and my dependents all rights, title, and interest in the benefits payable for services rendered by the hospital or any third party practitioners provided in any insurance policy(ies) under which I or any of my dependents are insured. Said irrevocable assignment and transfer shall be for the purpose of granting the hospital and third party practitioners an independent right of recovery in any policy(ies) of insurance, to which benefits may be payable for this hospitalization or outpatient treatment or professional services, but shall not be construed to be an obligation of the hospital or any third party practitioners to pursue any such rights or recovery.

I hereby authorize and direct all insurance company(ies) under which I am insured to pay directly to the hospital or any third party practitioners, all benefits due under said policy(ies) by reason of services rendered therein. I will pay the hospital and third party practitioners for all charges incurred, or alternately, for all charges in excess of the sums actually paid by said policy(ies).

I also irrevocably assign to the hospital and third party practitioners, as applicable all rights, title, and interest in benefits payable out of any third party action against any other person, entity, or insurance company, or out of recovery under the uninsured motorist provisions or the medical payment provisions of any automobile insurance policy(ies) or any other insurance policy(ies) under which I may be entitled to recover.

I also irrevocably authorize payment directly to the anesthesiologist, pathologist, and radiologist and other treating physicians rendering professional services. Each person signing the Admission Consent is financially responsible for charges not collected by this assignment.

**USE AND DISCLOSURE OF HEALTH INFORMATION TREATMENT:** I (the patient or the patient's legal representative/personal representative) understand(s) that the hospital may use and disclose my (the patient's) medical information to physicians or other health care providers in order to provide treatment to me (the patient). As part of my treatment plan and for my safety, I understand the hospital may use artificial intelligence, camera, video, streaming or other technology.

**PAYMENT:** To the extent necessary to determine liability for payment and to obtain reimbursement, I (the patient or the patient's legal representative/personal representative) authorize(s) the hospital and the patient's physicians to disclose my (the patient's) health care information, including demographic information, to any person, Social Security Administration, insurance or benefit payor, health benefit plan, or employer or worker's compensation carrier which is, or may be, liable for all or a portion of the hospital's or treating physician's charges, and to complete claim forms on behalf of the patient.

**HEALTH CARE OPERATIONS:** I (the patient or the patient's legal representative/personal representative) understand(s) that the hospital may use and disclose my health information in connection with provider operations of the hospital. Examples of health care operation uses and disclosures are: quality assessment and improvement activities, accreditation and certification, licensing, medical reviews, legal services, debt collection and auditing, business planning and general business management and litigation, including subpoenas and court orders.

I (the patient or the patient's legal representative/personal representative) also understand that my (the patient's) health care information will be used and disclosed according to Memorial Hermann's Joint Notice of Privacy Practices. I (the patient or the patient's legal representative/ personal representative) also understand that a written authorization from me (the patient) will be required for all other uses and disclosures.

I (the patient or the patient's legal representative/personal representative) understand that a special written authorization from me (the patient) will be requested by the hospital prior to releasing health care information if I (the patient) am (is) receiving mental health services or care in an alcohol or drug abuse treatment program or facility. Memorial Hermann prioritizes the safety and security of its patients, employees, affiliated providers and visitors. Body worn cameras and/or other technology may be used by Memorial Hermann to record events for safety and security purposes.

**AUTHORIZATION FOR HOME/CELL TELEPHONE COMMUNICATION (BILLING):** I acknowledge that I have the option to provide authorization to Memorial Hermann for providers and practitioners who provide care and/or interpret my tests, along with their billing services and/or collection agent and/or attorney(s) who work on their behalf, to contact me for the purposes of payment for services by home or cell phone, use of prerecorded messages, artificial voice message, automated dialing services or other computer assisted technology.

☒ By signing this form, I acknowledge that my preferences may be managed in MyMemorialHermann, at the time of my visit, or by calling 713-222-CARE (2273).

**AUTHORIZATION FOR ELECTRONIC HEALTHCARE COMMUNICATIONS:** Memorial Hermann sends helpful health information by regular (unencrypted) text messaging and/or email communication (such as appointment reminders). There is some risk that the information in regular text messages or email could be read by someone other than you. You have the option to manage your communication preferences by opting out of certain types of communications.

☒ By signing this form, I acknowledge that my preferences may be managed in MyMemorialHermann, at the time of my visit, or by calling 713-222-CARE (2273)

**DECLARATION:** I have read and understand the above information, agreements, authorizations, and irrevocable assignments. The terms and consequences of this document have been fully explained to me and I have signed it freely and without inducement other than the rendition of services. All questions have been fully answered. I understand that physicians are independent contractors and are not employees of the Hospital.

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)


## Documents (continued)

Relationship to Patient

☐ Self ☐ Parent ☐ Guardian  
☐ Other

If "Other", please specify

If signing for the patient, please print your name



Electronically signed at 3/3/2025, 07:16 PM

Patient / Patient Representative Signature

### PATIENT RESPONSIBILITIES

In order to receive proper care, patients must accept certain responsibilities.

You are responsible for providing accurate and complete information about matters relating to your health and for reporting changes in your condition.

You are responsible for following the treatment plan recommended for you and reporting any side effects to your doctor and/or nurse.

If you refuse treatment or fail to follow the directions of your doctor or of authorized Hospital personnel, you are responsible for your own actions, and the consequences of those actions.

You are responsible for your financial obligation.

You and your visitors are responsible for following the Hospital's guidelines and for being considerate of the rights of others while you are in the Hospital (for example, assisting in the control of noise, smoking in designated areas and in limiting the number of visitors).

### PATIENT CONCERNS

Our entire staff strives to provide excellent care and service, and we hold ourselves to high personal and professional standards. If we fail to meet your expectations in any way, please do not hesitate to let us know as soon as possible.

Rest assured that voicing a concern will never adversely affect the care and service we provide. If there is a problem, we sincerely want to correct it. Usually, a word to your nurse or nurse manager is all that is needed, but if you prefer, call Patient Relations to speak confidentially with a patient representative. Your question or concern will be promptly addressed. We appreciate the opportunity to assist you and to make your visit as pleasant as possible. You also have the right to register a complaint with the Texas Department of Health, 1100W. 49th St., Austin, TX 78756-3199, 1-888-963-7111, and/or the Centers for Medicare/Medicaid Services (CMS), Region VI, 1301 Young St. #714, Dallas, TX 75202, 1-214-767-6301.

### EXPLANATION OF HOSPITAL PROFESSIONAL FEES AND BILLING

If your physician orders diagnostic examinations such as x-rays or nuclear medicine studies, the charges for these services will be in two parts, a hospital portion and a physician portion.

The hospital bill for the examination covers the hospital's cost of providing the technologists, equipment, and supplies involved in performance of the service. If you have any questions regarding hospital charges or your bill, or if you would like an itemized statement of your bill, please feel free to contact Memorial Hermann Patient Business Services at 713-338-5502 or 1-800-526-2121.

The physician's fee is for the physician's supervision and interpretation of the exam, as well as consultation with your personal physician. Questions relating to physician charges should be directed to the physician.

### PHYSICIAN SERVICES

Physicians are independent practitioners and are not employees of the hospital. Texas Law does not permit hospitals to employ physicians for the practice of medicine.

Memorial Hermann Hospitals and other Houston hospitals serve as teaching facilities for Medical Schools. Resident physicians and medical students may be involved in your care under the supervision of your attending physician. You have the right to refuse treatment or observation by any medical student or physician in any educational program.

### MEDICAL SUPPLIES AND DEVICES

The cost of many supplies and devices is included in the charge for the test and/or procedure. Some items will be charged separately. Our hospital participates in the Vanguard Advantage<sup>SM</sup> program to ensure the sterility and technical performance of reprocessed surgical instruments and medical items.

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Documents (continued)

Notice of Financial Responsibility Waivers/  
Insurance Assignments  
6443A (10/24) Page 1 of 1

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

## Documents (continued)

Consent to Facility Directory - Electronic signature on 3/2/2025 7:16 PM (effective from 3/2/2025) - E-signed

Clinical date/time: 3/2/2025 1916

Description: —

Status: Received

Effective date/time: 3/2/2025 1916

### Memorial Hermann Health System Consent to Facility Directory Listing

***Prior to disclosing your Protected Health Information in our facility directory, Memorial Hermann is required under federal law to obtain your permission.***

*Please review this consent carefully.*

#### Permitted uses for facility directories:

- Your Name
- Your location in the facility
- Your condition described in general terms that does not communicate specific medical information about you (good, fair, poor, stable, critical).

#### Permitted disclosures to callers include:

- Your location in the facility
- Your condition described in general terms that does not communicate specific medical information about you (good, fair, poor, stable, critical).

#### Permitted disclosures to congregational clergy/ministers, if requested, include:

- All the above information, plus
- Your religious affiliation

*You have the right to restrict some or all of the directory disclosures.*

☒ I wish to be listed in the facility directory

☐ I do not wish to be listed in the facility directory

☐ I wish to be listed in the facility directory, but request my information not be given to community clergy.

Relationship to Patient

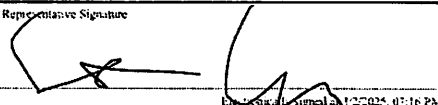
☒ Self ☐ Parent ☐ Guardian  
☐ Other

If "Other", please specify

Type hereType here

If signing for the patient, please  
print your name

Type hereType here

Patient / Patient Representative Signature  
  
Electronic Signature on 3/2/2025 07:16 PM

Patient / Patient Representative Signature



03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Documents (continued)

MEMORIAL  
HERMANN

Consent to Facility  
Directory Listing

12778 (3/23) Page 1 of 1

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

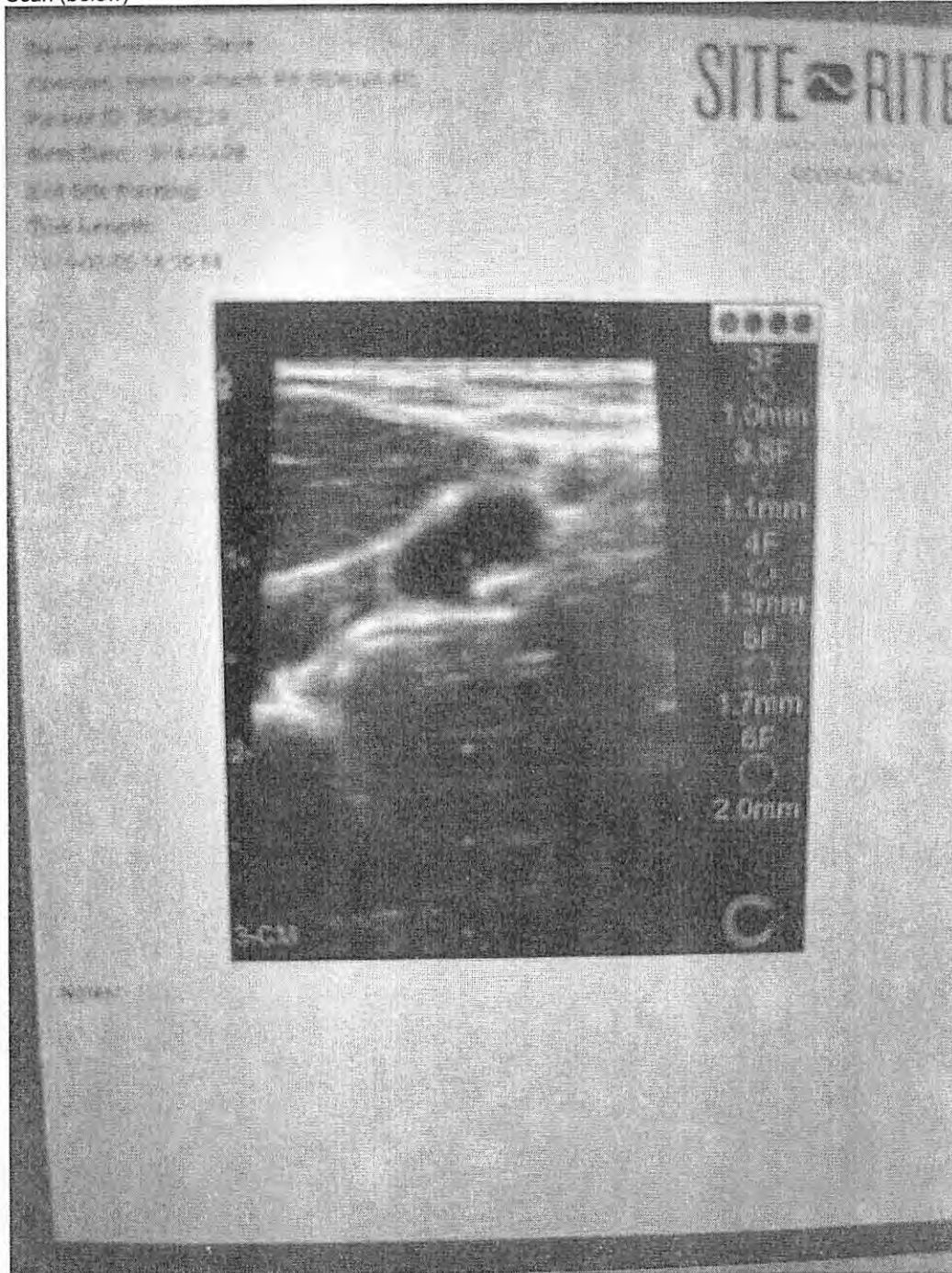
## Documents (continued)

### Clinical Image - Scan on 3/6/2025 5:10 PM

Clinical date/time: 3/6/2025 1710  
Description: US LUE PICC placement  
Service date/time: 3/6/2025 1710

User: Alberto Benitez, RN  
Status: —

Scan (below)



03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Documents (continued)

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

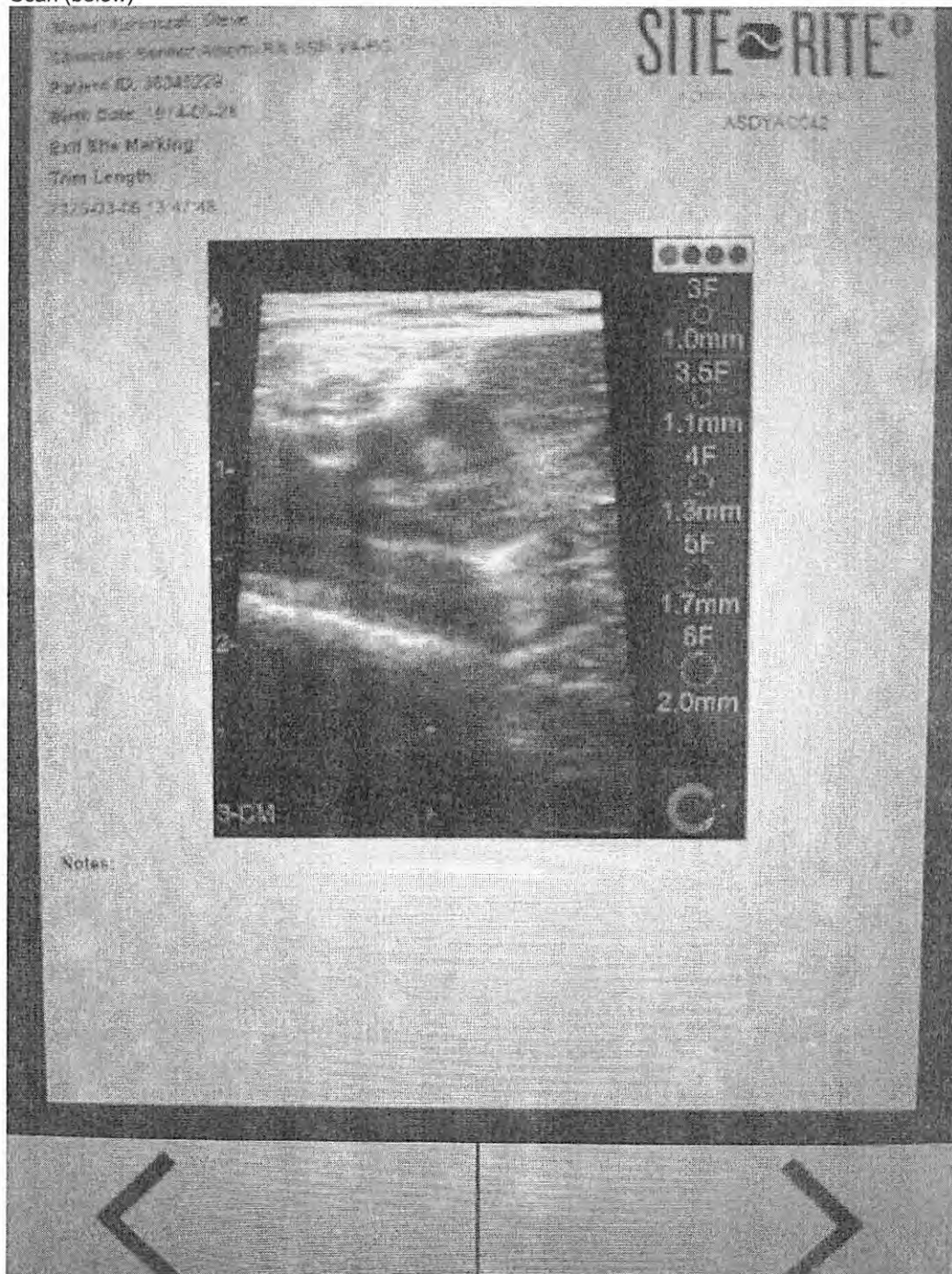
## Documents (continued)

### Clinical Image - Scan on 3/6/2025 5:11 PM

Clinical date/time: 3/6/2025 1711  
Description: US RUE PICC placement  
Service date/time: 3/6/2025 1711

User: Alberto Benitez, RN  
Status: —

Scan (below)



03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Documents (continued)

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Documents (continued)

AMA (Against Medical Advice) Form - Scan on 3/9/2025 8:04 AM

Clinical date/time: 3/3/2025 0000

Description: - DC Instructions - -

Status: Received

Service date/time: 3/3/2025 0000

Scan (below)

## Leaving Against Medical Advice

I, the undersigned, am

☒ leaving against medical advice: \_\_\_\_\_

☐ refusing transport to: \_\_\_\_\_

☒ other: am being lied about

at my own risk and hereby release Memorial Hermann Medical Group, Memorial Hermann Health System, the Hospital, its respective boards, officers, directors, employees, agents and providers from all possible causes of action or liability.

Steve Kaminczak Steve Kaminczak self 3/7/25  
Patient / Guardian Signature Print Name Relationship to patient Date

Shaniya Polk Shaniya Polk 3/7/25 1903  
Witness Signature Print Name Date Time

A photocopy or faxed copy of these authorizations shall be deemed as valid as the original.

MEMORIAL  
HERMANN

MHMG Against  
Medical Advice

16133 (3/19)



Kaminczak, Steve  
Prefers: Steve  
DOB: 5/28/1974 (50 yrs)  
MRN: 38345229  
HAR: 10000616889  
Enc Date: 3/3/2025



CSN:  
10146808331  
TMC

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

## Documents (continued)

### Consent Form - Scan on 3/9/2025 9:05 AM

Clinical date/time: 3/3/2025 0000  
Status: Received  
Service date/time: 3/3/2025 0000  
Scan (below)

Description: - Consents - -

**TO THE PATIENT:** You have the right to be informed about 1) your condition, 2) the recommended medical care or surgical procedure, and 3) the risks related to this care/procedure. This disclosure is designed to provide you this information, so that you can decide whether to consent to receive this care/procedure. Please ask your physician/healthcare provider any remaining questions you have before signing this form.

#### Description of Medical Care and Surgical Procedure(s)

I voluntarily request my physician, resident and such associates [name/credentials] Abdel Aal, Ahmed Kamel, MD,

and technical assistants and other healthcare providers, to treat my condition which is: Venous Access

I understand that the following care/procedure(s) are planned for me: (PICC) Peripherally Inserted Central Catheter

#### Potential for Additional Necessary Care/Procedure(s)

I understand that during my care/procedure(s) my physician, resident and such associates, technical assistants and other healthcare providers may discover other conditions which require additional or different care/procedure(s) than originally planned.

I authorize my physician, resident and such associates, technical assistants and other healthcare providers to use their professional judgment to perform the additional or different care/procedure(s) they believe are needed.

#### Use of Blood Please Initial "Yes" or "No":

☐ Yes ☐ No I consent to the use of blood and blood products as necessary for my health during the care/procedure(s).

The risks that may occur with the use of blood and blood products are:

1. Serious infection including but not limited to Hepatitis and HIV which can lead to organ damage and permanent impairment.
2. Transfusion related injury resulting in impairment of lungs, heart, liver, kidneys, and immune system.
3. Severe allergic reaction, potentially fatal.

#### Risks Related to this Care/Procedure(s)

Just as there may be risks and hazards to my health without treatment, there are also risks and hazards related to the care/procedure(s) planned for me. The risks, side effects potential benefits and reasonable alternatives have been discussed with me (us), including risks, benefits and side effects related to alternatives. I have had the opportunity to ask questions regarding the proposed treatment(s), alternatives, risks of non-treatment, and steps that will occur during my treatment/procedure.

I understand that all care/procedure(s) involve some risks, ranging from minor to severe. These risks include infection, blood clots in veins, lungs or other organs, hemorrhage (severe bleeding), allergic reactions, poor wound healing, and death.

The chances of these occurring may be different for each patient based on the care/procedure(s) and the patient's current health.

Risks of this care/procedure(s) include, but are not limited to [include List A risks here and additional risks if any]:

Infection, DVTs, Clots, Bleeding  
Pain, Nerve Damage, Malposition

Procedures Requiring Full Disclosure of Specific Risks and Hazards are on the following pages.  
PLEASE COMPLETE AND SIGN PAGE 16.

MEMORIAL  
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Disclosure and Consent  
MEDICAL AND SURGICAL PROCEDURES

MEMORIAL HERMANN HOSPITAL - TMC  
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03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Documents (continued)

## MEMORIAL HERMANN HEALTH SYSTEM DISCLOSURE AND CONSENT MEDICAL AND SURGICAL PROCEDURES

This form is designed to comply with the requirements promulgated by The Texas Medical Disclosure Panel Medical Treatment and Surgical Procedures Established by the Texas Medical Disclosure Panel

### LIST A

Procedures requiring written disclosure. The following treatments and procedures require written disclosure of risks or hazards by the physician, resident and such associates, technical assistants and other health care providers to the patient or person authorized to consent for the patient.

#### 1. Anesthesia.

\* See Disclosure & Consent Anesthesia (and/or) Perioperative Pain Management (Analgesia) (Form No. 88125).

PATIENT OR  
LEGAL GUARDIAN  
INITIALS  
↓

#### 2. Hematic and lymphatic system.

##### A. Transfusion of blood and blood components.

1. Serious infection including but not limited to Hepatitis and HIV which can lead to organ damage and permanent impairment. ☐
2. Transfusion related injury resulting in impairment of the lungs, heart, liver, kidneys, and immune system. INITIALS
3. Severe allergic reaction, potentially fatal. INITIALS

##### B. Splenectomy.

1. Susceptibility to infections and increased severity of infections. ☐
2. Increased immunization requirements. INITIALS

#### 3. Digestive system treatments and procedures.

##### A. Cholecystectomy with or without common bile duct exploration.

1. Pancreatitis. ☐
2. Injury to the tube between the liver and the bowel.
3. Retained stones in the tube between the liver and the bowel. INITIALS
4. Narrowing or obstruction of the tube between the liver and the bowel.
5. Injury to the bowel and/or intestinal obstruction.

##### B. Bariatric laparoscopic surgery.

1. Conversion to open procedure.
2. Injury to organs.
3. Failure of device requiring additional surgical procedure.
4. Obstructive symptoms requiring additional surgical procedure. ☐
5. Development of gallstones (Roux-En-Y). INITIALS
6. Development of metabolic and vitamin disorders (Roux-En-Y).
7. Suture line leak with abscess or fistula formation.

##### C. Bariatric open surgery.

1. Failure of wound to heal or wound dehiscence (separation of wound).
2. Injury to organs.
3. Failure of device requiring additional surgical procedure. ☐
4. Obstructive symptoms requiring additional surgical procedure. INITIALS
5. Development of gallstones (Roux-En-Y).
6. Development of metabolic and vitamin disorders (Roux-En-Y).

##### D. Pancreatectomy (subtotal or total).

1. Pancreatitis (subtotal).
2. Diabetes (total).
3. Lifelong requirement of enzyme and digestive medication. ☐
4. Anastomotic leaks. INITIALS

##### E. Total colectomy.

1. Permanent ileostomy. ☐
2. Injury to organs.
3. Infection. INITIALS

#### F. Subtotal colectomy.

1. Anastomotic leaks. ☐
2. Temporary colectomy.
3. Infection. INITIALS
4. Second surgery.
5. Injury to organs.

#### G. Hepatobiliary drainage/intervention including percutaneous transhepatic cholangiography, percutaneous biliary drainage, percutaneous cholecystostomy, biliary stent placement (temporary or permanent), biliary stone removal/therapy.

1. Leakage of bile at the skin site or into the abdomen with possible peritonitis (inflammation of the abdominal lining and pain or if severe can be life threatening). ☐
2. Pancreatitis (inflammation of the pancreas).
3. Hemobilia (bleeding into the bile ducts). INITIALS
4. Cholangitis, cholecystitis, sepsis (inflammation/infection of the bile ducts, gallbladder or blood).
5. Pneumothorax (collapsed lung) or other pleural complications (complication involving chest cavity).

#### H. Gastrointestinal tract stenting.

1. Stent migration (stent moves from location in which it was placed).
2. Esophageal/bowel perforation (creation of a hole or tear in the tube from the throat to the stomach or in the intestines).
3. Tumor ingrowth or other obstruction of stent.
4. For stent placement in the esophagus (tube from the throat to the stomach). ☐
5. Tracheal compression (narrowing of windpipe) with resulting or worsening of shortness of breath. INITIALS
6. Reflux (stomach contents passing up into esophagus or higher).
7. Aspiration pneumonia (pneumonia from fluid getting in lungs) (if stent in lower part of the esophagus).
8. Foreign body sensation (feeling like there is something in throat) (for stent placement in the upper esophagus).

#### 4. Ear treatments and procedures.

##### A. Stapedectomy

1. Diminished or bad taste.
2. Total or partial loss of hearing in the operated ear. ☐
3. Brief or long-standing dizziness. INITIALS
4. Eardrum hole requiring more surgery.
5. Ringing in the ear.

##### B. Reconstruction of auricle of ear for congenital deformity or trauma.

1. Less satisfactory appearance compared to possible alternative artificial ear. ☐
2. Exposure of implanted material. INITIALS

##### C. Tympanoplasty with mastoidectomy.

1. Facial nerve paralysis.
2. Altered or loss of taste.
3. Recurrence of original disease process. ☐
4. Total loss of hearing in operated ear. INITIALS
5. Dizziness.
6. Ringing in the ear.

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03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Documents (continued)

5. Endocrine system treatments and procedures.

A. Thyroidectomy.

1. Acute airway obstruction requiring temporary tracheostomy. ☐
2. Injury to nerves resulting in hoarseness or impairment of speech. ☐
3. Injury to parathyroid glands resulting in low blood calcium levels that require extensive medication to avoid serious degenerative conditions, such as cataracts, brittle bones, muscle weakness and muscle irritability. ☐
4. Lifelong requirement of thyroid medication. ☐

B. Parathyroidectomy.

1. Acute airway obstruction requiring temporary tracheostomy. ☐
2. Injury to nerves resulting in hoarseness or impairment of speech. ☐
3. Low blood calcium levels that require extensive medication to avoid serious degenerative conditions, such as cataracts, brittle bones, muscle weakness, and muscle irritability. ☐

C. Adrenalectomy.

1. Loss of endocrine functions. ☐
2. Lifelong requirement for hormone replacement therapy and steroid medication. ☐
3. Damage to kidneys. ☐

D. Other procedures.

E. See also Pancreatectomy under subsection (3)(D) of this section (relating to digestive system treatments and procedures).

6. Eye treatments and procedures.

A. Eye muscle surgery.

1. Additional treatment and/or surgery. ☐
2. Double vision. ☐
3. Partial or total blindness. ☐

B. Surgery for cataract with or without implantation of intraocular lens.

1. Complications requiring additional treatment and/or surgery. ☐
2. Need for glasses or contact lenses. ☐
3. Complications requiring the removal of implanted lens. ☐
4. Partial or total blindness. ☐

C. Retinal or vitreous surgery.

1. Complications requiring additional treatment and/or surgery. ☐
2. Recurrence or spread of disease. ☐
3. Partial or total blindness. ☐

D. Reconstructive and/or plastic surgical procedures of the eye and eye region, such as blepharoplasty, tumor, fracture, lacrimal surgery, foreign body, abscess, or trauma.

1. Blindness. ☐
2. Nerve damage with loss of use and/or feeling to eye or other area of face. ☐
3. Painful or unattractive scarring. ☐
4. Worsening or unsatisfactory appearance. ☐
5. Dry eye. ☐

E. Photocoagulation and/or cryotherapy.

1. Complications requiring additional treatment and/or surgery. ☐
2. Pain. ☐
3. Partial or total blindness. ☐

F. Corneal surgery, such as corneal transplant, refractive surgery and pterygium.

1. Complications requiring additional treatment and/or surgery. ☐
2. Pain. ☐
3. Need for glasses or contact lenses. ☐
4. Partial or total blindness. ☐

G. Glaucoma surgery by any method.

1. Complications requiring additional treatment and/or surgery. ☐
2. Worsening of the glaucoma. ☐
3. Pain. ☐
4. Partial or total blindness. ☐

H. Removal of the eye or its contents (enucleation or evisceration).

1. Complications requiring additional treatment and/or surgery. ☐
2. Worsening or unsatisfactory appearance. ☐
3. Recurrence or spread of disease. ☐

I. Surgery for penetrating ocular injury, including intraocular foreign body.

1. Complications requiring additional treatment and/or surgery. ☐
2. Possible removal of eye. ☐
3. Pain. ☐
4. Partial or total blindness. ☐

7. Female Genital System Treatments and Procedures.

A. Hysterectomy (abdominal and vaginal).

1. Complete Disclosure and Consent for Hysterectomy (Form 3296).
2. If performing an abdominal hysterectomy in conjunction with any of the procedures listed in Section 7(B) below, complete both Section 7(B) of this Form (7000) and the Disclosure and Consent for Hysterectomy (Form 3296).
  - i. Uncontrollable leakage of urine.
  - ii. Injury to bladder.
  - iii. Injury to the tube (ureter) between the kidney and the bladder.
  - iv. Injury to the bowel and/or intestinal obstruction.
  - v. Need to convert to abdominal incision.
  - vi. If laparoscopic surgery is utilized, include the following risks:
    - a. Damage during introduction of trocar to adjacent intra-abdominal structures and organs (e.g., bowel, bladder, blood vessels, or nerves) and potential need for additional surgery.
    - b. Trocar site complications (e.g., hematoma, bleeding, leakage of fluid, or hernia formation).
    - c. Air embolus (bubble causing heart failure or stroke).
    - d. Change during the procedure to an open procedure.
    - e. If cancer is present, may increase the risk of the spread of cancer.

B. All fallopian tube and ovarian surgery with or without hysterectomy, including removal and lysis of adhesions.

1. If performing an abdominal hysterectomy in conjunction with any of the procedures listed in Section 7(B) below, complete both Section 7(B) of this Form (7000) and the Disclosure and Consent for Hysterectomy (Form 3296).
  - i. Injury to the bowel and/or bladder.
  - ii. Sterility.
  - iii. Failure to obtain fertility (if applicable).
  - iv. Failure to obtain sterility (if applicable).
  - v. Loss of ovarian functions or hormone production from ovary(ies).
  - vi. If performed with hysterectomy, all associated risks under subsection (a) of this section.
  - vii. For fallopian tube occlusion (for sterilization with or without hysterectomy), see subsection (n) of this section.



## 03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

### Documents (continued)

#### C. Removing fibroids (uterine myomectomy).

1. Injury to bladder.
2. Sterility.
3. Injury to the tube (ureter) between the kidney and the bladder.
4. Injury to the bowel and/or intestinal obstruction.
5. May need to convert to hysterectomy.
6. If laparoscopic surgery is utilized, include the following risks:
  - i. Damage during introduction of trocar to adjacent intra-abdominal structures and organs (e.g., bowel, bladder, blood vessels, or nerves) and potential need for additional surgery.
  - ii. Trocar site complications (e.g., hematoma, bleeding, leakage of fluid, or hernia formation).
  - iii. Air embolus (bubble causing heart failure or stroke).
  - iv. Change during the procedure to an open procedure.
  - v. If cancer is present, may increase the risk of the spread of cancer.

#### D. Uterine suspension.

1. Uncontrollable leakage of urine.
2. Injury to bladder.
3. Injury to the tube (ureter) between the kidney and the bladder.
4. Injury to the bowel and/or intestinal obstruction.

#### E. Removal of the nerves to the uterus (presacral neurectomy).

1. Uncontrollable leakage of urine.
2. Injury to bladder.
3. Injury to the tube (ureter) between the kidney and the bladder.
4. Injury to the bowel and/or intestinal obstruction.
5. Hemorrhage (severe bleeding).

#### F. Removal of the cervix.

1. Uncontrollable leakage of urine.
2. Injury to bladder.
3. Sterility.
4. Injury to the tube (ureter) between the kidney and the bladder.
5. Injury to the bowel and/or intestinal obstruction.
6. Need to convert to abdominal incision.

#### G. Repair of vaginal hernia (anterior and/or posterior colporrhaphy and/or entorocole repair).

1. Uncontrollable leakage of urine.
2. Injury to bladder.
3. Sterility.
4. Injury to the tube (ureter) between the kidney and the bladder.
5. Injury to the bowel and/or intestinal obstruction.
6. Mesh erosion (with damage to vagina and adjacent tissue).

#### H. Abdominal suspension of the bladder (retropubic urethropoxy).

1. Uncontrollable leakage of urine.
2. Injury to bladder.
3. Injury to the tube (ureter) between the kidney and the bladder.
4. Injury to the bowel and/or intestinal obstruction.

#### I. Conization of cervix.

1. Hemorrhage (severe bleeding) which may result in hysterectomy.
2. Sterility.
3. Injury to bladder.
4. Injury to rectum.

#### J. Dilation and curettage of uterus (diagnostic/therapeutic).

1. Possible hysterectomy.
2. Perforation (hole) created in the uterus.
3. Sterility.
4. Injury to bowel and/or bladder.
5. Abdominal incision and operation to correct injury.

#### K. Surgical abortion/dilation and curettage/dilation and evacuation.

1. Possible hysterectomy.
2. Perforation (hole) created in the uterus.
3. Sterility.
4. Injury to the bowel and/or bladder.
5. Abdominal incision and operation to correct injury.
6. Failure to remove all products of conception.

#### L. Medical abortion/non-surgical.

1. Hemorrhage with possible need for surgical intervention.
2. Failure to remove all products of conception.
3. Sterility.

#### M. Selective salpingography and tubal reconstruction.

1. Perforation (hole) created in the uterus or Fallopian tube.
2. Future ectopic pregnancy (pregnancy outside of the uterus).
3. Pelvic infection.

#### N. Fallopian tube occlusion (for sterilization with or without hysterectomy).

1. Perforation (hole) created in the uterus or Fallopian tube.
2. Future ectopic pregnancy (pregnancy outside of the uterus).
3. Pelvic infection.
4. Failure to obtain sterility.

#### O. Hysteroscopy.

1. Perforation (hole) created in the uterus.
2. Fluid overload/electrolyte imbalance.
3. Possible hysterectomy.
4. Abdominal incision to correct injury.

#### 8. Breast surgery (non-cosmetic).

##### A. Radical or modified radical mastectomy.

1. Limitation of movement of shoulder and arm.
2. Permanent swelling of the arm.
3. Loss of the skin of the chest requiring skin graft.
4. Recurrence of malignancy, if present.
5. Decreased sensation or numbness of the inner aspect of the arm and chest wall.

##### B. Simple mastectomy.

1. Loss of skin of the chest requiring skin graft.
2. Recurrence of malignancy, if present.
3. Decreased sensation or numbness of the nipple.

##### C. Lumpectomy.

1. Loss of skin of the chest requiring skin graft.
2. Recurrence of malignancy, if present.
3. Decreased sensation or numbness of the nipple.

##### D. Open biopsy.

1. Loss of skin of the chest requiring skin graft.
2. Recurrence of malignancy, if present.
3. Decreased sensation or numbness of the nipple.

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## 03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

### Documents (continued)

#### 9. Plastic surgery and surgery of the integumentary system.

##### A. Augmentation mammoplasty (breast enlargement with implant).

1. Bleeding around implant.
2. Sensory changes or loss of nipple sensitivity.
3. Failure, deflation, or leaking of implant requiring replacement. ☐
4. Worsening or unsatisfactory appearance including asymmetry (unequal size or shape). INITIALS
5. Problems with or the inability to breastfeed.
6. Capsular contracture (hardening of breast).

##### B. Bilateral breast reduction.

1. Skin flap or fat necrosis (injury or death of skin and fat).
2. Loss of nipple or areola. ☐
3. Sensory changes or loss of nipple sensitivity.
4. Problems with or the inability to breastfeed.
5. Worsening or unsatisfactory appearance including asymmetry (unequal size or shape or not desired size). INITIALS

##### C. Rhinoplasty or nasal reconstruction with or without septoplasty (repairing the middle wall of the nose).

1. Development of new problems, such as perforation of the nasal septum (hole in wall between the right and left halves of the nose) or breathing difficulty. ☐
2. Spinal fluid leak. INITIALS
3. Worsening or unsatisfactory appearance.

##### D. Reconstruction and/or plastic surgery operations of the face and neck.

1. Impairment of regional organs, such as eye or lip function. ☐
2. Recurrence of the original condition.
3. Worsening or unsatisfactory appearance. INITIALS

##### E. Liposuction (removal of fat by suction).

1. Shock.
2. Pulmonary fat embolism (fat escaping with possible damage to vital organs). ☐
3. Damage to skin with possible skin loss.
4. Loose skin. INITIALS
5. Worsening or unsatisfactory appearance.

##### F. Breast reconstruction with other flaps and/or implants.

1. Bleeding around implant.
2. Sensory changes or loss of nipple sensitivity.
3. Failure, deflation, or leaking of implant requiring replacement. ☐
4. Damage to internal organs.
5. Worsening or unsatisfactory appearance including asymmetry (unequal size or shape). INITIALS

##### G. Nipple Areolar Reconstruction.

1. Loss of graft. ☐
2. Unsatisfactory appearance. INITIALS

##### H. Panniculectomy (removal of skin and fat).

1. Persistent swelling in the legs. ☐
2. Nerve damage.
3. Worsening or unsatisfactory appearance. INITIALS

##### I. Tendonitis, tendon release, and trigger releases.

1. Recurrence of symptoms. ☐
2. Damage to blood vessels, nerves, tendons, or muscles.
3. Worsening function. INITIALS

##### J. Breast reconstruction with flaps.

1. Damage to blood vessels, nerves, or muscles.
2. Loss of flap possibly requiring additional surgery.
3. Damage to internal organs.
4. Increased risk of abdominal wall complications with pregnancy. ☐
5. Abdominal hernias with abdominal flaps. INITIALS
6. Chronic abdominal pain with abdominal flaps.
7. Worsening or unsatisfactory appearance including asymmetry (unequal size or shape).

##### K. Flap or graft surgery.

1. Damage to blood vessels, nerves, or muscles. ☐
2. Deep vein thrombosis (blood clot in legs or arms).
3. Loss of flap possibly requiring additional surgery.
4. Worsening or unsatisfactory appearance. INITIALS

##### L. Tendons, nerves, or blood vessel repair.

1. Damage to nerves. ☐
2. Deep vein thrombosis (blood clot in legs or arms).
3. Rupture of repair.
4. Worsening of function. INITIALS

##### M. Reconstructive and/or plastic surgical procedures of the eye and eye region, such as blepharoplasty, tumor, fracture, lacrimal surgery, foreign body, abscess, or trauma. (See subsection 6 (A-I) (relating to eye treatments and procedures)).

#### 10. Laparoscopic/Thoracoscopic surgery (Including robotic surgery).

##### A. Laparoscopic/Thoracoscopic risks. The following shall be in addition to risks and hazards of the same surgery when done as an open procedure.

1. Damage to adjacent structures.
2. Abscess and infectious complications.
3. Trocar site complications (e.g., hematoma/bleeding, leakage of fluid, or hernia formation). ☐
4. Cardiac dysfunction.
5. Postoperative pneumothorax.
6. Subcutaneous emphysema.
7. Conversion of the procedure to an open procedure. INITIALS

##### B. Use of a power morcellator in laparoscopic surgery.

1. If cancer is present, may increase the risk of the spread of cancer. ☐
2. Increased risk of damage to adjacent structures. INITIALS

#### 11. Male genital system.

##### A. Orchiopexy (reposition of testis(es)).

1. Removal of testicle. ☐
2. Atrophy (shriveling) of the testicle with loss of function. INITIALS

##### B. Orchiectomy (removal of the testis(es)).

1. Decreased sexual desire.
2. Difficulties with penis erection. ☐
3. Permanent sterility (inability to father children) if both testes are removed. INITIALS

##### C. Vasectomy.

1. Loss of testicle. ☐
2. Failure to produce permanent sterility (inability to father children). INITIALS

##### D. Circumcision

1. Injury to penis. ☐
2. Need for further surgery. INITIALS



## 03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

### Documents (continued)

#### 12. Maternity and related cases.

##### A. Delivery (vaginal).

1. Injury to the bladder and/or rectum, including a fistula (hole between bladder and vagina and/or rectum and vagina).
2. Hemorrhage (severe bleeding) possibly requiring blood administration and/or hysterectomy (removal of uterus) and/or artery ligation (tying off) to control. ☐ INITIALS
3. Sterility (inability to get pregnant).
4. Brain damage, injury or even death occurring to the fetus before or during labor and/or vaginal delivery whether or not the cause is known.

##### B. Delivery (cesarean section).

1. Injury to bowel and/or bladder.
2. Sterility (inability to get pregnant).
3. Injury to ureter (tube between kidney and bladder).
4. Brain damage, injury or even death occurring to the fetus before or during labor and/or cesarean delivery whether or not the cause is known.
5. Uterine disease or injury requiring hysterectomy (removal of uterus). ☐ INITIALS

##### C. Cerdage.

1. Premature labor. ☐
2. Injury to bowel and/or bladder.
3. Rupture to membranes and possible infection. ☐ INITIALS

#### 13. Musculoskeletal system.

##### A. Arthroplasty of any joints with mechanical device.

1. Impaired function such as stiffness, limp, or change in limb length.
2. Blood vessel or nerve injury.
3. Pain.
4. Blood clot in limb or lung.
5. Failure of bone to heal. ☐
6. Infection.
7. Removal or replacement of any implanted device or material. ☐ INITIALS
8. Dislocation or loosening requiring additional surgery.
9. If performed on a child age 12 or under, include the following additional risks: problems with appearance, use, or growth requiring additional surgery.

##### B. Arthroscopy of any joint.

1. Blood vessel or nerve injury.
2. Continued pain.
3. Stiffness of joint.
4. Blood clot in limb or lung.
5. Joint infection. ☐ INITIALS
6. If performed on a child age 12 or under, include the following additional risks: problems with appearance, use, or growth requiring additional surgery.

##### C. Open reduction with internal fixation.

1. Impaired function such as stiffness, limp, or change in limb length.
2. Blood vessel or nerve injury.
3. Pain.
4. Blood clot in limb or lung.
5. Failure of bone to heal. ☐
6. Infection.
7. Removal or replacement of any implanted device or material. ☐ INITIALS
8. If performed on a child age 12 or under, include the following additional risks: problems with appearance, use, or growth requiring additional surgery.

##### D. Osteotomy.

1. Impaired function such as stiffness, limp, or change in limb length.
2. Blood vessel or nerve injury.
3. Pain.
4. Blood clot in limb or lung.
5. Failure of bone to heal. ☐
6. Infection.
7. Removal or replacement of any implanted device or material. ☐ INITIALS
8. If performed on a child age 12 or under, include the following additional risks: problems with appearance, use, or growth requiring additional surgery.

##### E. Ligamentous reconstruction of joints.

1. Continued instability of the joint.
2. Arthritis.
3. Continued pain.
4. Stiffness of joint.
5. Blood vessel or nerve injury. ☐
6. Impaired function and/or scarring. ☐ INITIALS
7. Blood clot in limb or lung.
8. If performed on a child age 12 or under, include the following additional risks: problems with appearance, use, or growth requiring additional surgery.

##### F. Vertebroplasty/kyphoplasty.

1. Nerve/spinal cord injury.
2. Need for emergency surgery.
3. Embolization of cement (cement passes into blood vessels and possibly all the way to the lungs). ☐
4. Collapse of adjacent vertebrae (bones in spine).
5. Leak of cerebrospinal fluid (fluid around the brain and spinal cord).
6. Pneumothorax (collapsed lung).
7. Failure to relieve pain.
8. Rib Fracture. ☐ INITIALS

##### G. If the following procedures are performed on a child age 12 or under, problems with appearance, use, or growth requiring additional surgery should be disclosed.

1. Arthrotomy (opening of joint).
2. Closed reduction with or without pin or external fixation. ☐
3. Surgical management of open wound.
4. Partial excision or removal of bone.
5. Removal of external fixation device. ☐ INITIALS
6. Traction or casting with or without manipulation for reduction.

##### H. Amputation of limb.

1. Pain and/or phantom sensation in removed limb.
2. Need for further surgery. ☐
3. Infection.
4. Hemorrhage (severe bleeding). ☐ INITIALS
5. Difficulty with prosthesis fitting.

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## 03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

### Documents (continued)

#### 14. Nervous system treatments and procedures.

##### A. Craniotomy, craniectomy or cranioplasty.

1. Loss of brain function such as memory and/or ability to speak.
2. Recurrence, continuation or worsening of the condition that required this operation (no improvement or symptoms made worse).
3. Stroke (damage to brain resulting in loss of one or more functions).
4. Loss of senses (blindness, double vision, deafness, smell, numbness, taste).
5. Weakness, paralysis, loss of coordination.
6. Cerebrospinal fluid leak with potential for severe headaches.
7. Meningitis (infection of coverings of brain and spinal cord).
8. Brain abscess.
9. Persistent vegetative state (not able to communicate or interact with others).
10. Hydrocephalus (abnormal fluid buildup causing pressure in the brain).
11. Seizures (uncontrolled nerve activity).
12. Need for permanent breathing tube and/or permanent feeding tube.

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##### B. Cranial nerve operations.

1. Weakness, numbness, impaired muscle function or paralysis.
2. Recurrence, continuation or worsening of the condition that required this operation (no improvement or symptoms made worse).
3. Seizures (uncontrolled nerve activity).
4. New or different pain.
5. Stroke (damage to brain resulting in loss of one or more functions).
6. Persistent vegetative state (not able to communicate or interact with others).
7. Loss of senses (blindness, double vision, deafness, smell, numbness, taste).
8. Cerebrospinal fluid leak with potential for severe headaches.
9. Meningitis (infection of coverings of brain and spinal cord).
10. Need for prolonged nursing care.
11. Need for permanent breathing tube and/or permanent feeding tube.

INITIALS

##### C. Spine operation, including laminectomy, decompression, fusion, internal fixation or procedures for nerve root or spinal cord compression; diagnosis; pain; deformity; mechanical instability; injury; removal of tumor, abscess or hematoma (excluding coccygeal operations).

1. Weakness, pain, numbness or clumsiness.
2. Impaired muscle function or paralysis.
3. Incontinence, impotence or impaired bowel function (loss of bowel/bladder control and/or sexual function).
4. Migration of implants (movement of implanted devices).
5. Failure of implants (breaking of implanted devices).
6. Adjacent level degeneration (breakdown of spine above and/or below the level treated).
7. Cerebrospinal fluid leak with potential for severe headaches.
8. Meningitis (infection of coverings of brain and spinal cord).
9. Recurrence, continuation or worsening of the condition that required this operation (no improvement or symptoms made worse).
10. Unstable spine (abnormal movement between bones and/or soft tissues of the spine).

INITIALS

##### D. Peripheral nerve operation; nerve grafts, decompression, transposition or tumor removal; neurolysis, neurectomy or neurolysis.

1. Numbness.
2. Impaired muscle function.
3. Recurrence, continuation or worsening of the condition that required the operation (no improvement or symptoms made worse).
4. Continued, increased or different pain.
5. Weakness.

INITIALS

##### E. Transphenoidal hypophysectomy or other pituitary gland operation.

1. Cerebrospinal fluid leak with potential for severe headaches.
2. Necessity for hormone replacement.
3. Recurrence or continuation of the condition that required this operation.
4. Deformity or perforation of nasal septum (hole in wall between the right and left halves of the nose).
5. Facial nerve injury resulting in disfigurement (loss of nerve function controlling muscles in face).
6. Loss of senses (blindness, double vision, deafness, smell, numbness, taste).
7. Stroke (damage to brain resulting in loss of one or more functions).
8. Persistent vegetative state (not able to communicate or interact with others).
9. Headaches.

INITIALS

##### F. Cerebrospinal fluid shunting procedure or revision.

1. Shunt obstruction (blockage of shunt/tubing causing it to stop draining adequately).
2. Malposition or migration of shunt/tubing (improper positioning or later movement of shunt/tubing causing it to stop draining adequately).
3. Seizures (uncontrolled nerve activity).
4. Recurrence or continuation of brain dysfunction.
5. Injury to internal organs of the chest or abdomen.
6. Brain injury.
7. Stroke (damage to brain resulting in loss of one or more functions).
8. Persistent vegetative state (not able to communicate or interact with others).
9. Loss of senses (blindness, double vision, deafness, smell, numbness, taste).
10. Cerebrospinal fluid leak with potential for severe headaches.
11. Meningitis (infection of coverings of brain and spinal cord).
12. Need for prolonged nursing care.
13. Need for permanent breathing tube and/or permanent feeding tube.

INITIALS

##### G. Elevation of depressed skull fracture.

1. Loss of brain function such as memory and/or ability to speak.
2. Recurrence, continuation or worsening of the condition that required this operation (no improvement or symptoms made worse).
3. Loss of senses (blindness, double vision, deafness, smell, numbness, taste).
4. Weakness, paralysis, loss of coordination.
5. Cerebrospinal fluid leak with potential for severe headaches.
6. Meningitis (infection of coverings of brain and spinal cord).
7. Brain abscess.
8. Persistent vegetative state (not able to communicate or interact with others).
9. Seizures (uncontrolled nerve activity).
10. Need for permanent breathing tube and/or permanent feeding tube.

INITIALS



03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

## Documents (continued)

### 15. Radiology.

Angiography (inclusive of aortography, arteriography, venography)  
- Injection of contrast material into blood vessels. Refer to Cardiovascular System (21) (II) (B) (1-9).

A. Splenoportography (needle injection of contrast media into the spleen).

1. All associated risks as listed under subsection (21) (II) (B) (1-9) of this section. ☐
2. Injury to the spleen requiring blood transfusion and/or removal of the spleen. INITIALS

B. Chemoembolization.

1. All associated risks as listed under subsection (21) (II) (B) (1-9) of this section.
2. Tumor lysis syndrome (rapid death of tumor cells, releasing their contents which can be harmful).
3. Injury to or failure of liver (or other organ in which tumor is located). ☐
4. Risks of the chemotherapeutic agent(s) utilized.
5. Cholecystitis (inflammation of the gallbladder) (for liver or other upper GI embolizations). INITIALS
6. Abscess (infected fluid collection) in the liver or other embolized organ requiring further intervention.
7. Biloma (collection of bile in or near the liver requiring drainage) (for liver embolizations).

C. Radioembolization.

1. All associated risks as listed under subsection (21) (II) (B) (1-9) of this section.
2. Tumor lysis syndrome (rapid death of tumor cells, releasing their contents which can be harmful).
3. Injury to or failure of liver (or other organ in which tumor is located). ☐
4. Radiation complications: pneumonitis (inflammation of lung) which is potentially fatal; inflammation of stomach, intestines, gallbladder, pancreas; stomach or intestinal ulcer; scarring of liver. INITIALS

D. Thermal and other ablative techniques for treatment of tumors (for curative intent or palliation) including radio frequency ablation, cryoablation, microwave ablation, and high intensity focused ultrasound (HIFU).

1. Injury to tumor-containing organ or adjacent organs/structures. ☐
2. Injury to nearby nerves potentially resulting in temporary or chronic (continuing) pain and/or loss of use and/or feeling. INITIALS
3. Failure to completely treat tumor.

E. TIPS (Transjugular Intrahepatic Portosystemic Shunt) and its variants such as DIPS (Direct Intrahepatic Portocaval Shunt).

1. All associated risks as listed under subsection (21) (II) (B)-(D) of this section.
2. Hepatic encephalopathy (confusion/decreased ability to think).
3. Liver failure or injury. ☐
4. Gallbladder injury.
5. Hemorrhage (severe bleeding).
6. Recurrent ascites (fluid building up in abdomen) and/or bleeding. INITIALS
7. Kidney failure.
8. Heart failure.
9. Death.

F. Myelography.

1. Chronic (continuing) pain.
2. Nerve injury with loss of use and/or feeling.
3. Transient (temporary) headache, nausea, and/or vomiting.
4. Numbness. ☐
5. Seizure. INITIALS

G. Percutaneous abscess/fluid collection drainage (percutaneous abscess/seroma/lymphocele drainage and/or sclerosis (inclusive of percutaneous, transgluteal, transrectal and transvaginal routes)).

1. Sepsis (infection in the blood stream), possibly resulting in shock (severe decrease in blood pressure). ☐
2. Injury to nearby organs.
3. Hemorrhage (severe bleeding). INITIALS
4. Infection of collection which was not previously infected, or additional infection of abscess.

H. Procedures utilizing prolonged fluoroscopy.

1. Skin injury (such as epilation (hair loss), burns, or ulcers). ☐
2. Cataracts (for procedures in the region of the head). INITIALS

### 16. Respiratory System Treatments and Procedures.

A. Biopsy and/or excision (removal) of lesion of larynx, vocal cords, trachea.

1. Loss or change of voice. ☐
2. Swallowing or breathing difficulties.
3. Perforation (hole) or fistula (connection) in esophagus (tube from throat to stomach). INITIALS

B. Rhinoplasty (surgery to change the shape of the nose) or nasal reconstruction with or without nasal septoplasty (surgical procedure to remove blockage in or straighten the bone and cartilage dividing the space between the two nostrils).

1. Deformity of skin, bone or cartilage. ☐
2. Creation of new problems, such as perforation of the nasal septum (hole in wall between the right and left halves of the nose) or breathing difficulty. INITIALS

C. Submucous resection of nasal septum or nasal septoplasty (surgery to remove blockage in or straighten the bone and cartilage dividing the space between the two nostrils).

1. Persistence, recurrence or worsening of the obstruction. ☐
2. Perforation of nasal septum (hole in the bone and/or cartilage dividing the space between the right and left halves of the nose) with dryness and crusting. INITIALS
3. External deformity of the nose.

D. Sinus surgery/endoscopic sinus surgery.

1. Spinal fluid leak.
2. Visual loss or other eye injury.
3. Numbness in front teeth and palate (top of mouth).
4. Loss or reduction in sense of taste or smell.
5. Recurrence of disease.
6. Empty Nose Syndrome (sensation of nasal congestion, sensation of not being able to take in adequate air through nose). ☐
7. Injury to tear duct causing drainage of tears down the cheek. INITIALS
8. Brain injury and/or infection.
9. Injury to nasal septum (the bone and cartilage dividing the space between the two nostrils).
10. Nasal obstruction.

E. Lung biopsy (removal of small piece of tissue from inside of lung).

1. Air leak with pneumothorax (leak of air from lung to inside of chest causing the lung to collapse) with need for insertion of chest tube or repeat surgery. ☐
2. Hemothorax (blood in the chest around the lung) possibly requiring additional procedures. INITIALS
3. Hemoptysis (coughing up blood which can result in trouble breathing and the need to be placed on a ventilator or breathing machine and oxygen).



03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Documents (continued)

F. Segmental resection of lung (removal of a portion of a lung).

1. Hemothorax (blood in the chest around the lung).
2. Abscess (infected fluid collection) in chest.
3. Air leak with pneumothorax (leak of air from lung inside of chest causing the lung to collapse) with need for insertion of chest drainage tube into space between lung and chest wall or repeat surgery.
4. Need for additional surgery.

INITIALS

G. Thoracotomy (surgery to reach the inside of the chest).

1. Hemothorax (blood in the chest around the lung).
2. Abscess (infected fluid collection) in chest.
3. Air leak with pneumothorax (leak of air from lung inside of chest causing the lung to collapse) with need for insertion of chest drainage tube into space between lung and chest wall or repeat surgery.
4. Need for additional surgery.

INITIALS

H. VATS - video-assisted thoracoscopic surgery (camera-assisted surgery to reach the inside of the chest through small incisions).

1. Hemothorax (blood in the chest around the lung).
2. Abscess (infected fluid collection) in chest.
3. Air leak with pneumothorax (leak of air from lung inside of chest causing the lung to collapse) with need for insertion of chest drainage tube into space between lung and chest wall or repeat surgery.
4. Need for additional surgery.
5. Need to convert to open surgery.

INITIALS

I. Percutaneous (puncture through the skin instead of incision) or Open (surgical incision) tracheostomy.

1. Loss of voice.
2. Breathing difficulties.
3. Pneumothorax (collapsed lung) with need for insertion of chest tube.
4. Hemothorax (blood in the chest around the lung).
5. Scarring in trachea (windpipe).
6. Fistula (connection) between trachea into esophagus (tube from throat to stomach) or great vessels.
7. Bronchospasm (constriction of the airways leading to trouble breathing).
8. Hemoptysis (coughing up blood which can result in trouble breathing and the need to be placed on a ventilator or breathing machine and oxygen).

INITIALS

J. Bronchoscopy (insertion of a camera into the airways of the neck and chest).

1. Mucosal injury (damage to lining of airways) including perforation (hole in the airway).
2. Pneumothorax (collapsed lung) with need for insertion of chest tube.
3. Pneumomediastinum (air enters the space around the airways including the space around the heart).
4. Injury to vocal cords, laryngospasm (irritation/spasm of the vocal cords) or laryngeal edema (swelling of the vocal cords).
5. Bronchospasm (constriction of the airways leading to trouble breathing).
6. Hemoptysis (coughing up blood which can result in trouble breathing and the need to be placed on a ventilator or breathing machine and oxygen).

INITIALS

K. Endobronchial valve placement (device inserted into airways in the lung that controls air movement into and out of abnormal portions of a lung).

1. Mucosal injury (damage to lining of airways) including perforation (hole in the airway).
2. Pneumothorax (collapsed lung) with need for insertion of chest tube.
3. Pneumomediastinum (air enters the space around the airways including the space around the heart).
4. Injury to vocal cords, laryngospasm (irritation/spasm of the vocal cords) or laryngeal edema (swelling of the vocal cords).
5. Migration (movement) of the stent from its original position.
6. Airway blockage, potentially life threatening.
7. Stent blockage.
8. Worsening of chronic obstructive pulmonary disease (worsening of emphysema).
9. Respiratory failure (need for breathing tube placement with ventilator support).
10. Bronchospasm (constriction of the airways leading to trouble breathing).
11. Hemoptysis (coughing up blood which can result in trouble breathing and the need to be placed on a ventilator or breathing machine and oxygen).
12. Recurrent infections.

INITIALS

L. Endobronchial balloon dilatation with or without stent placement (placement of tube to keep airway open).

1. Bronchial rupture (tearing of the airway) with need for additional surgery.
2. Pneumothorax (collapsed lung) with need for insertion of chest tube.
3. Pneumomediastinum (air enters the space around the airways including the space around the heart).
4. Injury to vocal cords, laryngospasm (irritation/spasm of the vocal cords) or laryngeal edema (swelling of the vocal cords).
5. Migration (movement) of the stent from its original position.
6. Airway blockage, potentially life threatening.
7. Stent blockage.
8. Stent fracture (broken stent).
9. Recurrent infections.
10. Stent erosion into adjacent structures (stent wears a hole through the airway and injures nearby tissues).
11. Hemoptysis (coughing up blood which can result in respiratory distress and the need to be placed on a ventilator or breathing machine and oxygen).

INITIALS

M. Mediastinoscopy (insertion of a camera into the space behind the breastbone and between the lungs) with or without biopsy (removal of tissue).

1. Hemorrhage (severe bleeding) requiring open surgery.
2. Nerve injury causing vocal cord paralysis or poor function.
3. Pneumothorax (collapsed lung).
4. Tracheal injury (damage to the airway/windpipe).

INITIALS

N. Pleurodesis (procedure to prevent fluid build-up in space between the lung and chest wall).

1. Respiratory failure (need for breathing tube placement).
2. Empyema (infection/pus in the space around the lung).

INITIALS

17. Urinary system.

A. Partial nephrectomy (removal of part of the kidney).

1. Incomplete removal of stone(s) or tumor, if present.
2. Blockage of urine.
3. Leakage of urine at surgical site.
4. Injury to or loss of the kidney.
5. Damage to organs next to kidney.

INITIALS



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## Documents (continued)

### B. Radical nephrectomy (removal of kidney and adrenal gland for cancer).

1. Loss of the adrenal gland (gland on top of kidney that makes certain hormones/chemicals the body needs). ☐
2. Incomplete removal of tumor. ☐
3. Damage to organs next to kidney. ☐

### C. Nephrectomy (removal of kidney).

1. Incomplete removal of tumor if present. ☐
2. Damage to organs next to kidney. ☐
3. Injury to or loss of the kidney. ☐

### D. Nephrolithotomy and pyelolithotomy (removal of kidney stone(s)).

1. Incomplete removal of stone(s). ☐
2. Blockage of urine. ☐
3. Leakage of urine at surgical site. ☐
4. Injury to or loss of the kidney. ☐
5. Damage to organs next to kidney. ☐

### E. Pyeloureteroplasty (pyeloplasty or reconstruction of the kidney drainage system).

1. Blockage of urine. ☐
2. Leakage of urine at surgical site. ☐
3. Injury to or loss of the kidney. ☐
4. Damage to organs next to kidney. ☐

### F. Exploration of kidney or perinephric mass.

1. Incomplete removal of stone(s) or tumor, if present. ☐
2. Leakage of urine at surgical site. ☐
3. Injury to or loss of the kidney. ☐
4. Damage to organs next to kidney. ☐

### G. Ureteroplasty (reconstruction of ureter (tube between kidney and bladder)).

1. Leakage of urine at surgical site. ☐
2. Incomplete removal of the stone or tumor (when applicable). ☐
3. Blockage of urine. ☐
4. Damage to organs next to ureter. ☐
5. Damage to or loss of the ureter. ☐

### H. Ureterolithotomy (surgical removal of stone(s) from ureter (tube between kidney and bladder)).

1. Leakage of urine at surgical site. ☐
2. Incomplete removal of stone. ☐
3. Blockage of urine. ☐
4. Damage to organs next to ureter. ☐
5. Damage to or loss of ureter. ☐

### I. Ureterectomy (partial/complete removal of ureter (tube between kidney and bladder)).

1. Leakage of urine at surgical site. ☐
2. Incomplete removal of stone. ☐
3. Blockage of urine. ☐
4. Damage to organs next to ureter. ☐

### J. Ureterolysis (partial/complete removal of ureter (tube between kidney and bladder from adjacent tissue)).

1. Leakage of urine at surgical site. ☐
2. Blockage of urine. ☐
3. Damage to organs next to ureter. ☐
4. Damage to or loss of ureter. ☐

### K. Ureteral reimplantation (reinserting ureter (tube between kidney and bladder) into the bladder).

1. Leakage of urine at surgical site. ☐
2. Blockage of urine. ☐
3. Damage to or loss of the ureter. ☐
4. Backward flow of urine from bladder into ureter. ☐
5. Damage to organs next to ureter. ☐

### L. Prostatectomy (partial or total removal of prostate).

1. Leakage of urine at surgical site. ☐
2. Blockage of urine. ☐
3. Incontinence (difficulty with control of urine flow). ☐
4. Semen passing backward into bladder. ☐
5. Difficulty with penile erection (possible with partial and probable with total prostatectomy). ☐

### M. Total cystectomy (removal of bladder).

1. Probable loss of penile erection and ejaculation in the male. ☐
2. Damage to organs next to bladder. ☐
3. This procedure will require an alternate method of urinary drainage. ☐

### N. Radical cystectomy.

1. Probable loss of penile erection and ejaculation in the male. ☐
2. Damage to organs next to bladder. ☐
3. This procedure will require an alternate method of urinary drainage. ☐
4. Chronic (continuing) swelling of thighs, legs and feet. ☐
5. Recurrence or spread of cancer if present. ☐

### O. Partial cystectomy (partial removal of bladder).

1. Leakage of urine at surgical site. ☐
2. Incontinence (difficulty with control of urine flow). ☐
3. Backward flow of urine from bladder into ureter (tube between kidney and bladder). ☐
4. Blockage of urine. ☐
5. Damage to organs next to bladder. ☐

### P. Urinary diversion (ileal conduit, colon conduit).

1. Blood chemistry abnormalities requiring medication. ☐
2. Development of stones, strictures or infection in the kidneys, ureter or bowel (intestine). ☐
3. Leakage of urine at surgical site. ☐
4. This procedure will require an alternate method of urinary drainage. ☐

### Q. Ureterosigmoidostomy (placement of kidney drainage tubes into the large bowel (intestine)).

1. Blood chemistry abnormalities requiring medication. ☐
2. Development of stones, strictures or infection in the kidneys, ureter or bowel (intestine). ☐
3. Leakage of urine at surgical site. ☐
4. Difficulty in holding urine in the rectum. ☐

### R. Urethroplasty (construction/reconstruction of drainage tube from bladder).

1. Leakage of urine at surgical site. ☐
2. Stricture formation (narrowing of urethra (tube from bladder to outside)). ☐
3. Need for additional surgery. ☐

### S. Percutaneous nephrostomy/stoning/stone removal.

1. Pneumothorax or other pleural complications (collapsed lung or filling of the chest cavity on the same side with fluid). ☐
2. Septic shock/bacteremia (infection of the blood stream with possible shock/severe lowering of blood pressure) when pyonephrosis (infected urine in the kidney) is present. ☐
3. Bowel (intestinal) injury. ☐
4. Blood vessel injury with or without significant bleeding. ☐

### T. Dialysis (technique to replace functions of kidney and clean blood of toxins). Hemodialysis.

1. \*See Dialysis Consent (Form No. 68228). ☐

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## Documents (continued)

U. Dialysis (technique to replace functions of kidney and clean blood of toxins). Peritoneal Dialysis.

1. \*See Dialysis Consent (Form No. 66226). ☐

INITIALS

### 18. Psychiatric procedures.

A. Electroconvulsive therapy with modification by intravenous muscle relaxants and sedatives.

\*Electroconvulsive Therapy is NOT an approved treatment at any MHHS facility.

### 19. Radiation therapy.

\*\* See Disclosure and Consent for Radiation Therapy (consents are specific to body part and location being treated). ☐

INITIALS

### 20. Pain management procedures.

A. Neuroaxial procedures (injections into or around spinal).

1. Failure to reduce pain or worsening of pain.
2. Nerve damage including paralysis (inability to move).
3. Epidural hematoma (bleeding in or around spinal canal).
4. Infection.
5. Seizure.
6. Persistent leak of spinal fluid which may require surgery.
7. Breathing and/or heart problems including cardiac arrest (heart stops beating).
8. Loss of vision.
9. Stroke.

INITIALS

B. Peripheral and visceral nerve blocks and/or ablations.

1. Failure to reduce pain or worsening of pain.
2. Bleeding.
3. Nerve damage including paralysis (inability to move).
4. Infection.
5. Damage to nearby organ or structure.
6. Seizure.

INITIALS

C. Implantation of pain control devices.

1. Failure to reduce pain or worsening of pain.
2. Nerve damage including paralysis (inability to move).
3. Epidural hematoma (bleeding in or around spinal canal).
4. Infection.
5. Persistent leak of spinal fluid which may require surgery.

INITIALS

### 21. Cardiovascular System Treatments and Procedures.

I. Cardiac.

A. Coronary artery bypass.

1. Acute myocardial infarction (heart attack).
2. Hemorrhage (severe bleeding).
3. Kidney failure.
4. Stroke.
5. Sudden death.
6. Infection of chest wall/chest cavity.

INITIALS

B. Heart valve replacement by open surgery, structural heart surgery.

1. Acute myocardial infarction (heart attack).
2. Hemorrhage (severe bleeding).
3. Kidney failure.
4. Stroke.
5. Sudden death.
6. Infection of chest wall/chest cavity.
7. Valve related delayed onset infection.
8. Malfunction of new valve.
9. Persistence of problem for which surgery was performed, including need for repeat surgery.

INITIALS

C. Heart transplant.

1. Infection.
2. Rejection.
3. Death.

INITIALS

D. Coronary angiography (injection of contrast material into arteries of the heart), coronary angioplasty (opening narrowing in heart vessel), and coronary stent insertion (placement of permanent tube into heart blood vessel to open it).

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention including emergency open heart surgery.
2. Arrhythmia (abnormal heart rhythm), possibly life threatening.
3. Hemorrhage (severe bleeding).
4. Myocardial infarction (heart attack).
5. Worsening of the condition for which the procedure is being done.
6. Sudden death.
7. Stroke.
8. Contrast nephropathy (kidney damage due to the contrast agent used during the procedure).
9. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.

INITIALS

E. Percutaneous (through the skin) or minimally invasive heart valve insertion/replacement.

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention including emergency open heart surgery.
2. Arrhythmia (abnormal heart rhythm), possibly life threatening.
3. Hemorrhage (severe bleeding).
4. Myocardial infarction (heart attack).
5. Worsening of the condition for which the procedure is being done.
6. Sudden death.
7. Stroke.
8. Contrast nephropathy (kidney damage due to the contrast agent used during the procedure).
9. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
10. Malfunction of new valve.
11. Need for permanent pacemaker implantation.

INITIALS

F. Left atrial appendage closure (closing of small pouch on left side of heart) - percutaneous (through the skin) or minimally invasive.

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention including emergency open heart surgery.
2. Arrhythmia (abnormal heart rhythm), possibly life threatening.
3. Hemorrhage (severe bleeding).
4. Myocardial infarction (heart attack).
5. Worsening of the condition for which the procedure is being done.
6. Sudden death.
7. Stroke.
8. Contrast nephropathy (kidney damage due to the contrast agent used during the procedure).
9. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
10. Device embolization (device moves from intended location).
11. Pericardial effusion (development of fluid in the sack around the heart) and cardiac tamponade (fluid around heart causing too much pressure for heart to pump properly).

INITIALS

# MEMORIAL HERMANN

## Disclosure and Consent

MEDICAL AND SURGICAL PROCEDURES



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03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

## Documents (continued)

G. Patent foramen ovale/atrial septal defect/ventricular septal defect closure by percutaneous (through the skin) or minimally invasive procedure (closing of abnormal hole between the chambers of the heart).

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention including emergency open heart surgery.
2. Arrhythmia (abnormal heart rhythm), possibly life threatening.
3. Hemorrhage (severe bleeding).
4. Myocardial infarction (heart attack).
5. Worsening of the condition for which the procedure is being done.
6. Sudden death.
7. Stroke.
8. Contrast nephropathy (kidney damage due to the contrast agent used during the procedure).
9. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
10. Atrial fibrillation (irregular heart rhythm).
11. Pulmonary embolus (development of blood clot that travels to blood vessels in lungs).
12. Device embolization (device moves from where it is placed).
13. Cardiac perforation (creation of hole in wall of heart).

INITIALS

H. Electrophysiology studies (exams of heart rhythm), arrhythmia ablation (procedure to control or stop abnormal heart rhythms).

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention including emergency open heart surgery.
2. Arrhythmia (abnormal heart rhythm), possibly life threatening.
3. Hemorrhage (severe bleeding).
4. Myocardial infarction (heart attack).
5. Worsening of the condition for which the procedure is being done.
6. Sudden death.
7. Stroke.
8. Contrast nephropathy (kidney damage due to the contrast agent used during the procedure).
9. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
10. Rupture of myocardium/cardiac perforation (hole in wall of heart).
11. Cause or worsening of arrhythmia (damage to heart electrical system causing abnormal heart rhythm), possibly requiring permanent pacemaker implantation, possibly life threatening.
12. Pulmonary vein stenosis (narrowing of blood vessel going from lung to heart).

INITIALS

I. Pacemaker insertion, AICD insertion (implanted device to shock the heart out of an abnormal rhythm).

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention including emergency open heart surgery.
2. Arrhythmia (abnormal heart rhythm), possibly life threatening.
3. Hemorrhage (severe bleeding).
4. Myocardial infarction (heart attack).
5. Worsening of the condition for which the procedure is being done.
6. Sudden death.
7. Stroke.
8. Contrast nephropathy (kidney damage due to the contrast agent used during the procedure).
9. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
10. Rupture of myocardium/cardiac perforation (hole in wall of heart).
11. Cause or worsening of arrhythmia (damage to heart electrical system causing abnormal heart rhythm), possibly requiring permanent pacemaker implantation, possibly life threatening.
12. Device related delayed onset infection (infection related to the device that happens at some time after surgery).

INITIALS

J. Electrical cardioversion (shocking the heart out of an abnormal rhythm).

1. Heart arrhythmias (abnormal heart rhythm), possibly life threatening.
2. Skin burns on chest.

INITIALS

K. Stress testing.

1. Acute myocardial infarction (heart attack).
2. Heart arrhythmias (abnormal heart rhythm), possibly life threatening.

INITIALS

L. Transesophageal echocardiography (ultrasound exam of the heart from inside the throat).

1. Sore throat.
2. Vocal cord damage.
3. Esophageal perforation (hole or tear in tube from mouth to stomach).

INITIALS

M. Circulatory assist devices (devices to help heart pump blood).

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention including emergency open heart surgery.
2. Arrhythmia (abnormal heart rhythm), possibly life threatening.
3. Hemorrhage (severe bleeding).
4. Myocardial infarction (heart attack).
5. Worsening of the condition for which the procedure is being done.
6. Sudden death.
7. Stroke.
8. Contrast nephropathy or other kidney injury (kidney damage due to the contrast agent used during the procedure or procedure itself).
9. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
10. Hemorrhage (severe bleeding) possibly leading to sudden death.
11. Hemolysis (blood cells got broken apart).
12. Right heart failure (poor functioning of the side of heart not assisted by device).
13. Acquired von Willebrand syndrome (platelets do not work).
14. Arrhythmia (irregular or abnormal heart rhythm).
15. Cardiac or vascular injury or perforation (hole in heart or blood vessel).
16. Limb ischemia (lack of blood flow or oxygen to limb that device placed through).
17. Device migration or malfunction.
18. Exposure of device/wound break down with need for surgery to cover/reimplant.

INITIALS

N. Extracorporeal Membrane Oxygenation (ECMO)

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention including emergency open heart surgery.
2. Arrhythmia (abnormal heart rhythm), possibly life threatening.
3. Hemorrhage (severe bleeding).
4. Myocardial infarction (heart attack).
5. Worsening of the condition for which the procedure is being done.
6. Sudden death.
7. Stroke.
8. Contrast nephropathy or other kidney injury (kidney damage due to the contrast agent used during the procedure or procedure itself).
9. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
10. Thrombocytopenia (low platelets) or other coagulopathy (blood thinning).
11. Vascular or cardiac perforation (hole in blood vessel or heart).
12. Seizure.
13. Device migration or malfunction.
14. Ischemia to limb (lack of blood flow or oxygen to limb that device placed through).
15. Thromboembolism (blood clots in blood vessels or heart and possibly traveling to blood vessels in lungs).

INITIALS

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Kaminczak, Steve  
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03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

## Documents (continued)

### II. Vascular.

A. Open surgical repair of aortic, subclavian, iliac, or other artery aneurysms or occlusions, arterial or venous bypass or other vascular surgery.

1. Hemorrhage (severe bleeding).
2. Paraplegia (unable to move limbs) (for surgery involving the aorta or other blood vessels to the spine).
3. Damage to parts of the body supplied by the artery or drained by the vessel with resulting loss of use or amputation (removal of body part).
4. Worsening of the condition for which the procedure is being done.
5. Stroke (for surgery involving blood vessels supplying the neck or head).
6. Kidney damage.
7. Myocardial infarction (heart attack).
8. Infection of graft (material used to repair blood vessel).

☐  
INITIALS

B. Angiography (inclusive of aortography, arteriography, venography) - injection of contrast material into blood vessels.

1. Injury to or occlusion (blocking) of artery which may require immediate surgery or other intervention.
2. Hemorrhage (severe bleeding).
3. Damage to parts of the body supplied by the artery or drained by the vessel with resulting loss of use or amputation (removal of body part).
4. Worsening of the condition for which the procedure is being done.
5. Stroke and/or seizure (for procedures involving blood vessels supplying the spine, arms, neck or head).
6. Contrast-related, temporary blindness or memory loss (for studies of the blood vessels of the brain).
7. Paralysis (inability to move) and inflammation of nerves (for procedures involving blood vessels supplying the spine).
8. Contrast nephropathy (kidney damage due to the contrast agent used during procedure).
9. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.

☐  
INITIALS

C. Angioplasty (intravascular dilatation technique).

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention.
2. Hemorrhage (severe bleeding).
3. Damage to parts of the body supplied by the artery or drained by the vessel with resulting loss of use or amputation (removal of body part).
4. Worsening of the condition for which the procedure is being done.
5. Stroke and/or seizure (for procedures involving blood vessels supplying the spine, arms, neck or head).
6. Contrast-related, temporary blindness or memory loss (for studies of the blood vessels of the brain).
7. Paralysis (inability to move) and inflammation of nerves (for procedures involving blood vessels supplying the spine).
8. Contrast nephropathy (kidney damage due to the contrast agent used during procedure).
9. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
10. Failure of procedure or injury to blood vessel requiring stent (small, permanent tube placed in blood vessel to keep it open) placement or open surgery.

☐  
INITIALS

D. Endovascular stenting (placement of permanent tube into blood vessel to open it) of any portion of the aorta, iliac or carotid artery or other (peripheral) arteries or veins.

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention.
2. Hemorrhage (severe bleeding).
3. Damage to parts of the body supplied by the artery or drained by the vessel with resulting loss of use or amputation (removal of body part).
4. Worsening of the condition for which the procedure is being done.
5. Stroke and/or seizure (for procedures involving blood vessels supplying the spine, arms, neck or head).
6. Contrast-related, temporary blindness or memory loss (for studies of the blood vessels of the brain).
7. Paralysis (inability to move) and inflammation of nerves (for procedures involving blood vessels supplying the spine).
8. Contrast nephropathy (kidney damage due to the contrast agent used during procedure).
9. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
10. Failure of procedure or injury to blood vessel requiring stent (small, permanent tube placed in blood vessel to keep it open) placement or open surgery.
11. Change in procedure to open surgical procedure.
12. Failure to place stent/endoluminal graft (stent with fabric covering it).
13. Stent migration (stent moves from location in which it was placed).
14. Impotence (difficulty with or inability to obtain penile erection) (for abdominal aorta and iliac artery procedures).

☐  
INITIALS

E. Vascular thrombolysis (removal or dissolving of blood clots) - percutaneous (through the skin) (mechanical or chemical).

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention.
2. Hemorrhage (severe bleeding).
3. Damage to parts of the body supplied by the artery or drained by the vessel with resulting loss of use or amputation (removal of body part).
4. Worsening of the condition for which the procedure is being done.
5. Stroke and/or seizure (for procedures involving blood vessels supplying the spine, arms, neck or head).
6. Contrast-related, temporary blindness or memory loss (for studies of the blood vessels of the brain).
7. Paralysis (inability to move) and inflammation of nerves (for procedures involving blood vessels supplying the spine).
8. Contrast nephropathy (kidney damage due to the contrast agent used during procedure).
9. Kidney injury or failure which may be temporary or permanent (for procedures using certain mechanical thrombectomy devices).
10. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
11. Increased risk of bleeding at or away from site of treatment (when using medications to dissolve clots).
12. For arterial procedures: distal embolus (fragments of blood clot may travel and block other blood vessels with possible injury to the supplied tissue).
13. For venous procedures: pulmonary embolus (fragments of blood clot may travel to the blood vessels in the lungs and cause breathing problems or if severe could be life threatening).
14. Need for emergency surgery.

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INITIALS

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03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

## Documents (continued)

### F. Angiography with occlusion techniques (including embolization and sclerolysis) - therapeutic.

1. For all embolizations/sclerolysis:
  - i. Injury to or occlusion (blocking) of blood vessel other than the one intended which may require immediate surgery or other intervention.
  - ii. Hemorrhage (severe bleeding).
  - iii. Damage to parts of the body supplied or drained by the vessel with resulting loss of use or amputation (removal of body part).
  - iv. Worsening of the condition for which the procedure is being done.
  - v. Contrast nephropathy (kidney damage due to the contrast agent used during procedure).
  - vi. Unintended thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
  - vii. Loss or injury to body parts with potential need for surgery, including death of overlying skin for sclerotherapy/treatment of superficial lesions/vessels and nerve injury with associated pain, numbness or tingling or paralysis (inability to move).
  - viii. Infection in the form of abscess (infected fluid collection) or septicemia (infection of blood stream).
  - ix. Nontarget embolization (blocking of blood vessels other than those intended) which can result in injury to tissues supplied by those vessels.
2. For procedures involving the thoracic aorta and/or vessels supplying the brain, spinal cord, head, neck or arms, these risks in addition to those under subparagraph (F-1) of this paragraph:
  - i. Stroke.
  - ii. Seizure.
  - iii. Paralysis (inability to move).
  - iv. Inflammation or other injury of nerves (for procedures involving blood vessels supplying the spine).
  - v. For studies of the blood vessels of the brain: contrast-related, temporary blindness or memory loss.
3. For female pelvic arterial embolizations including uterine fibroid embolization, these risks in addition to those under subparagraph (F-1) of this paragraph:
  - i. Premature menopause with resulting sterility.
  - ii. Injury to or infection involving the uterus which might necessitate hysterectomy (removal of the uterus) with resulting sterility.
  - iii. After fibroid embolization: prolonged vaginal discharge.
  - iv. After fibroid embolization: expulsion/delayed expulsion of fibroid tissue possibly requiring a procedure to deliver/remove the tissue.
4. For male pelvic arterial embolizations, in addition to the risks under subparagraph (F-1) of this paragraph: impotence (difficulty with or inability to obtain penile erection).
5. For embolizations of pulmonary arteriovenous fistulae/malformations, these risks in addition to those under subparagraph (F-1) of this paragraph:
  - i. New or worsening pulmonary hypertension (high blood pressure in the lung blood vessels).
  - ii. Paradoxical embolization (passage of air or an occluding device beyond the fistula/malformation and into the arterial circulation) causing blockage of blood flow to tissues served (for example the blood vessels supplying the heart (which could cause chest pain and/or heart attack) or brain (which could cause stroke, paralysis (inability to move) or other neurological injury)).
6. For varicocele embolization, these risks in addition to those under subparagraph (A) of this paragraph:
  - i. Phlebitis/inflammation of veins draining the testicles leading to decreased size and possibly decreased function of affected testis and sterility (if both sides performed).
  - ii. Nerve injury (high numbness or tingling).
7. For ovarian vein embolization/pelvic congestion syndrome embolization: general angiography and embolization risks as listed in subparagraph (F-1) of this paragraph.
8. For cases utilizing ethanol (alcohol) injection, in addition to the risks under subparagraph (F-1) of this paragraph: shock or severe lowering of blood pressure (when more than small volumes are utilized).
9. For varicose vein treatments (with angiography) see Section 21-II L of this subsection.

### G. Mesenteric angiography with infusional therapy (Vasopressin) for gastrointestinal bleeding.

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention.
2. Hemorrhage (severe bleeding).
3. Damage to parts of the body supplied or drained by the vessel with resulting loss of use or amputation (removal of body part).
4. Worsening of the condition for which the procedure is being done.
5. Contrast nephropathy (kidney damage due to the contrast agent used during procedure).
6. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
7. Ischemia/infarction of supplied or distant vascular beds (reduction in blood flow causing lack of oxygen with injury or death of tissues supplied by the treated vessel or tissues supplied by blood vessels away from the treated site including heart, brain, bowel, extremities).
8. Antidiuretic hormone side effects of vasopressin (reduced urine output with disturbance of fluid balance in the body, rarely leading to swelling of the brain).

### H. Inferior vena caval filter insertion and removal.

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention.
2. Hemorrhage (severe bleeding).
3. Worsening of the condition for which the procedure is being done.
4. Contrast nephropathy (kidney damage due to the contrast agent used during procedure).
5. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere including caval thrombosis (clotting of main vein in abdomen and episodes of swelling of legs).
6. Injury to the inferior vena cava (main vein in abdomen).
7. Filter migration or fracture (filter could break and/or move from where it was placed).
8. Risk of recurrent pulmonary embolus (continued risk of blood clots going to blood vessels in lungs despite filter).
9. Inability to remove filter (for "optional"/retrievable filters).

### I. Pulmonary angiography.

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention.
2. Hemorrhage (severe bleeding).
3. Damage to parts of the body supplied or drained by the vessel with resulting loss of use or amputation (removal of body part).
4. Worsening of the condition for which the procedure is being done.
5. Contrast nephropathy (kidney damage due to the contrast agent used during procedure).
6. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
7. Cardiac arrhythmia (irregular heart rhythm) or cardiac arrest (heart stops beating).
8. Cardiac injury/perforation (heart injury).
9. Death.

### J. Percutaneous treatment of pseudoaneurysm (percutaneous thrombin injection through the skin versus compression).

1. Thrombosis (clotting) of supplying vessel or branches in its territory.
2. Allergic reaction to thrombin (agent used for direct injection).

### K. Vascular access - nontunneled catheters, tunneled catheters, implanted access.

1. Pneumothorax (collapsed lung).
2. Injury to blood vessel.
3. Hemothorax/hemomediastinum (bleeding into the chest around the lungs or around the heart).
4. Air embolism (passage of air into blood vessel and possibly to the heart and/or blood vessels entering the lungs).
5. Vessel thrombosis (clotting of blood vessel).

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## 03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

### Documents (continued)

L. Varicose vein treatment (percutaneous (through the skin), via laser, radiofrequency ablation (RFA), chemical or other method) without angiography

1. Burns.
2. Deep vein thrombosis (blood clots in deep veins).
3. Hyperpigmentation (darkening of skin).
4. Skin wound (ulcer).
5. Telangiectatic matting (appearance of tiny blood vessels in treated area).
6. Paresthesia and dysesthesia (numbness or tingling in the area or limb treated).
7. Injury to blood vessel requiring additional procedure to treat.

### 22. Dental Surgery Procedures.

#### I. Oral surgery.

##### A. Extraction (removing tooth).

1. Dry socket (inflammation in the socket of a tooth).
2. Permanent or temporary numbness or altered sensation.
3. Sinus communication (opening from tooth socket into the sinus cavity).
4. Fracture of alveolus and/or mandible (upper and/or lower jaw).

##### B. Surgical exposure of tooth in order to facilitate orthodontics.

1. Injury to tooth or to adjacent teeth and structures.
2. Failure to get proper attachment to tooth requiring additional procedure.

#### II. Endodontics (deals with diseases of the dental pulp).

##### A. Apicoectomy (surgical removal of root tip or end of the tooth, with or without sealing it).

1. Shrinkage of the gums and crown margin exposure.
2. Sinus communication (opening from tooth socket into the sinus cavity).
3. Displacement of tooth or foreign bodies into nearby tissues, spaces, and cavities.

##### B. Root amputation (surgical removal of portion of one root of a multi-rooted tooth).

1. Shrinkage of the gums and crown margin exposure.
2. Sinus communication (opening from tooth socket into the sinus cavity).
3. Displacement of tooth or foreign bodies into nearby tissues, spaces, and cavities.

##### C. Root canal therapy (from an occlusal access in order to clean and fill the canal system).

1. Instrument separation (tiny files which break within the tooth canal system).
2. Fenestration (penetration of walls of tooth into adjacent tissue).
3. Failure to find and/or adequately fill all canals.
4. Expression of irrigants or filling material past the apex of the tooth (chemicals used to clean or materials used to fill a root may go out the end of the root and cause pain or swelling).
5. Damage to adjacent tissues from irrigants or clamps.
6. Fracture or loss of tooth.

#### III. Periodontal surgery (surgery of the gums).

##### A. Gingivectomy and gingivoplasty (involves the removal of soft tissue).

1. Tooth sensitivity to hot, cold, sweet, or acid foods.
2. Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.

B. Anatomical crown exposure (removal of enlarged gingival tissue and supporting bone to provide an anatomically correct gingival relationship).

1. Tooth sensitivity to hot, cold, sweet, or acid foods.
2. Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.

C. Gingival flap procedure, including root planing (soft tissue flap is laid back or removed to allow debridement (cleaning) of the root surface and the removal of granulation tissue (unhealthy soft tissue)).

1. Permanent or temporary numbness or altered sensation.
2. Tooth sensitivity to hot, cold, sweet, or acid foods.
3. Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.

D. Apically positioned flap (used to preserve keratinized gingival (attached gum tissue) in conjunction with osseous resection (removal) and second stage implant procedure).

1. Permanent or temporary numbness or altered sensation.
2. Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.

E. Clinical crown lengthening (removal of gum tissue and/or bone from around tooth).

1. Permanent or temporary numbness or altered sensation.
2. Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.

F. Osseous surgery-including flap entry and closure (modification of the bony support of the teeth).

1. Permanent or temporary numbness or altered sensation.
2. Tooth sensitivity to hot, cold, sweet, or acid foods.
3. Loss of tooth.
4. Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.

G. Guided tissue regeneration-resorbable barrier.

1. Permanent or temporary numbness or altered sensation.
2. Accidental aspiration (into the lungs) of foreign matter.
3. Rejection of donor materials.

H. Guided tissue regeneration-nonresorbable barrier (includes membrane removal).

1. Permanent or temporary numbness or altered sensation.
2. Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.
3. Accidental aspiration (into the lungs) of foreign matter.
4. Rejection of donor materials.

I. Pedicle soft tissue graft procedure.

1. Permanent or temporary numbness or altered sensation.
2. Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.
3. Rejection of donor materials.

J. Free soft tissue graft protection-including donor site surgery.

1. Permanent or temporary numbness or altered sensation.
2. Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.
3. Rejection of graft.

K. Sub epithelial connective tissue graft procedures.

1. Permanent or temporary numbness or altered sensation.
2. Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.
3. Rejection of graft.

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Disclosure and Consent  
MEDICAL AND SURGICAL PROCEDURES

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Kaminczak, Steve  
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03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

Documents (continued)

L. Distal or proximal wedge procedure (taking off gum tissue from the very back of the last tooth or between teeth).

1. Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth. ☐  
INITIALS

M. Soft tissue allograft and connective tissue double pedicle graft from below (creates or augments gum tissue).

1. Permanent or temporary numbness or altered sensation. ☐  
2. Tooth sensitivity to hot, cold, sweet, or acid foods. ☐  
3. Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth. ☐  
INITIALS

IV. Implant procedures.

A. Bone grafting (replacing missing bone).

1. Permanent or temporary numbness or altered sensation. ☐  
2. Rejection of bone particles or graft from donor or recipient sites. ☐  
3. Damage to adjacent teeth or bone. ☐  
INITIALS

B. Surgical placement of implant body.

1. Blood vessel or nerve injury. ☐  
2. Damage to adjacent teeth or bone fracture. ☐  
3. Sinus communication (opening from tooth socket into the sinus cavity). ☐  
4. Failure of implant requiring corrective surgery. ☐  
5. Cyst formation, bone loss, or gum disease around the implant. ☐  
INITIALS

Granting of Consent for this Care/Procedure(s)

In signing below, I consent to the care/procedure(s) described above. I acknowledge the following:

- I understand this care/procedure(s) does not guarantee a result or a cure to my condition.
- I have been given an opportunity to ask questions I may have about:
  1. Alternative forms of treatment,
  2. Risks of non-treatment,
  3. Steps that will occur during my care/procedure(s), and
  4. Risks and hazards involved in the care/procedure(s).
- I believe I have enough information to give this informed consent.
- I certify this form has been fully explained to me and the blank spaces have been filled in.
- I have read this form or had it read to me.
- I understand the information on this form.

If any of those statements are not true for you, please talk to your physician/health care provider before continuing.

Patient/Other Legally Authorized Representative (signature required):

Translated Into

By

Translated copy of consent given to patient: ☐ Yes ☐ No ☐ Spanish ☐ Chinese ☐ Vietnamese

*[Signature]*  
Patient / Guardian Signature

Print Name

Relationship to patient

3/6/25 1340 ☐ AM ☒ PM  
Date Time

Patient unable to sign due to:

*[Signature]*  
Witness Signature (must be a health care professional)

*[Signature]*  
Print Name

3/6/25 1340 ☐ AM ☒ PM  
Date Time

Institution Name

Address (Street or P.O. Box), City and State

Provider Signature (optional)

Print Name

NPI/MHHS ID.

Date

Time

☐ AM  
☐ PM

Contact No.

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03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

## Documents (continued)

Release of Information - Scan on 3/10/2025 6:40 AM

Clinical date/time: 3/3/2025 0000  
Status: Received  
Service date/time: 3/3/2025 0000  
Scan (below)

Description: - Other - -

Authorization for:		Memorial Hermann	
		<input checked="" type="checkbox"/> Disclosure	<input type="checkbox"/> Inspection
		<input type="checkbox"/> Amendment	
Of Protected Health Information			
Kaminczak, Steve Prefers: Steve DOB: 5/28/1974 (50 yrs) MRN: 38345229 HAR: 10000612134 Enc Date: 3/3/2025		 CSN: 10146808331 TMC	
		Date of Birth	MR#
		Telephone #	
		Facility Name	
		Patient Name	
To release information from the medical records of <u>Memorial Hermann</u> <u>Kaminczak, Steve</u>			
TO:	COMPANY CONTACT	<u>Work Comp Department</u> PHONE <u>713-556-9202</u> FAX <u>713-556-9224</u>	
	COMPANY NAME	<u>Houston Independent School District</u> PHONE <u>713-556-9200</u> FAX <u>713-556-9224</u>	
	COMPANY ADDRESS	<u>5827 Chimney Rock</u> Route 3 Houston, TX 77081	
	MRO	PHONE	FAX
	REFERRED PROVIDER	COMPANY MD	PHONE
	WORKLINK CASE MANAGER	PHONE	FAX
		PHONE <u>713-338-6519</u>	FAX <u>713-338-6590</u>
For treatment dates:		<u>3/3/25</u> -Through Discharge	
For the following purpose:		THIS LINE MUST BE COMPLETED	
<input checked="" type="checkbox"/> Medical Care		<input type="checkbox"/> Other (detail below)	
<input checked="" type="checkbox"/> OCCUPATIONAL MEDICINE SERVICES		<input checked="" type="checkbox"/> COMPANY CASE MANAGEMENT	
Select Portions			
<input type="checkbox"/> Abstract/Pertinent Information	<input type="checkbox"/> Entire Record <u>EXCLUDING</u> - HIV Testing & Chemical Dependency.		
<input type="checkbox"/> Lab	<input checked="" type="checkbox"/> Entire Record <u>INCLUDING</u> - HIV Testing & Chemical Dependency.		
<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Entire Record <u>INCLUDING</u> - HIV Testing only.		
<input type="checkbox"/> Imaging/Radiology	<input type="checkbox"/> Entire Record <u>INCLUDING</u> - Chemical Dependency only.		
<input type="checkbox"/> Nursing Notes	<input type="checkbox"/> Itemized Bill		
<input type="checkbox"/> H & P	<input checked="" type="checkbox"/> Return to Work Status Form		
<input type="checkbox"/> Cardiac Studies	<input type="checkbox"/> Drug Screen Results		
<input type="checkbox"/> MD Progress Notes	<input type="checkbox"/> Alcohol Screen Results		
<input type="checkbox"/> MD Orders	<input type="checkbox"/> Other		
<input type="checkbox"/> Face Sheet			
<input type="checkbox"/> Operative/Procedure Report			
This authorization is valid until the 180th day after the date it is signed unless it provides otherwise, not to exceed 24 months, or unless it is revoked, and covers only treatment(s) for the dates specified above.			
I, the undersigned, have read the above and authorize the staff of Memorial Hermann to disclose such information as herein contained. I have the right to revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon it. I understand that when this information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected. I hereby release and hold harmless the above named facility and its parent company from all liability and damages resulting from the lawful release of my Protected Health Information.			
 Patient/Parent/Conservator/Guardian Signature		Steve Kaminczak Authority/Relationship to	
Date		3-3-25	
Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Fees/charges will comply with all laws and regulations applicable to release of Protected Health Information. Payment is due at time of release.			

MEMORIAL  
HERMANN  
Occupational Medicine  
Release of Protected  
Health Information

78368 (1/24)



Kaminczak, Steve  
Prefers: Steve  
DOB: 5/28/1974 (50 yrs)  
MRN: 38345229  
HAR: 10000612134  
Enc Date: 3/3/2025

  
CSN: 10146808331  
TMC

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5  
Neuroscience Acute Care) (continued)

## Visit Account Information (continued)

### Hospital Account

Name	Acct ID	Class	Status	Primary Coverage
Kaminczak, Steve	1000061698 9	Inpatient	Billed	CCMSI - WC CCMSI

### Guarantor Account (for Hospital Account #10000616989)

Name	Relation to Pt	Service Area	Active?	Acct Type
KS03022025hisd	Self	MHSA	Yes	Workers Comp
Address	Phone			
5740 San Felipe #627 Houston, TX 77057	713-556-9200(O)			

### Coverage Information (for Hospital Account #10000616989)

F/O Payor/Plan	Precert #
CCMSI/WC CCMSI	
Subscriber	Subscriber #
District, Houston Independent School	25F30M590202
Address	Phone
PO BOX 802082 DALLAS, TX 75380-2082	



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Coding Summary\*\*\***

**Account Information**

Hospital Account	Primary Payor	Affiliated Recurring Accounts	Combined from HAR
10000616989 - KAMINCZAK,STEVE	CCMSI [700017]	None	10000612134
			10000616987

**Admission Information**

Arrival Date/Time:	03/02/2025 1830	Admit Date/Time:	03/02/2025 1830	IP Adm. Date/Time:	03/03/2025 2228
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility Point Of Origin	Admit Category:	
Means of Arrival:	Car	Primary Service:	General Medicine	Secondary Service:	
Transfer Source:		Service Area:	MH SERVICE AREA	Unit:	Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care)
Admit Provider:	Benjamin D Mouser, MD	Attending Provider:	Omar Naji Saab Saab, MD	Referring Provider:	

**Discharge Information**

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
03/07/2025 2000	Left Against Medical Advice Or Discontinued Care	None	Omar Naji Saab Saab, MD	Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care)

**Admission Diagnoses / Reasons for Visit (ICD-10-CM)**

Code	Description	Comments
M54.41	Lumbago with sciatica, right side	

**Final Diagnoses (ICD-10-CM)**

Code	Description	POA	CC	HAC	Affects DRG
M46.26 [Principal]	Osteomyelitis of vertebra, lumbar region	Yes	No		Yes
K94.23	Gastrostomy malfunction	Yes	CC		Yes
I10	Essential (primary) hypertension	Yes	No		No
D64.9	Anemia, unspecified	Yes	No		No
M48.56XA	Collapsed vertebra, not elsewhere classified, lumbar region, initial encounter for fracture	Yes	CC		No
M46.27	Osteomyelitis of vertebra, lumbosacral region	Yes	No		No
M46.47	Discitis, unspecified, lumbosacral region	Yes	No		No
G89.29	Other chronic pain	Yes	No		No
Z53.29	Procedure and treatment not carried out because of patient's decision for other reasons	No	No		No
Z98.84	Bariatric surgery status	Exempt from POA reporting	No		No
Z86.14	Personal history of Methicillin resistant Staphylococcus aureus infection	Exempt from POA reporting	No		No
Z79.899	Other long term (current) drug therapy	Exempt from POA reporting	No		No

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Coding Summary\*\*\* (continued)

DRG Information

DRG	DRG Type	Qualifier	Weight	MDC	LOS	SOI	ROM	Exp Reimb
540 [Billing]	MS-DRG V42 (FY 2025)		1.2941	008	4			16,328.46
Description: OSTEOMYELITIS WITH CC								
344	APR-DRG V40 (FY 2024)		1.1837	008	4	2	1	6,294.44
Description: OSTEOMYELITIS SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS								
344	APR-DRG V40 (FY 2024)	Admission DRG	1.1837	008	4	2	1	0.00
Description: OSTEOMYELITIS SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS								
344	APR-DRG V40 (FY 2024)	PPC DRG	1.1837	008	4	2	1	0.00
Description: OSTEOMYELITIS SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS								
344	APR-DRG V40 (FY 2024)	PPC Admit DRG	1.1837	008	4			0.00
Description: OSTEOMYELITIS SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS								
540	TRICARE DRG (FY 2025)		1.1413	008	4			0.00
Description: OSTEOMYELITIS WITH CC								
540	MS-DRG V39 (FY 2022)		1.3016	008	4			0.00
Description: OSTEOMYELITIS WITH CC								

**03/02/2025 - Sepsis Early Detection (Sepsis Early Detection Care Path): records starting on 3/3/2025**

**Episode Info**

Type: Sepsis Early Detection Care Path      Noted date: 3/2/2025      Resolved date: 3/8/2025  
Comments: Episode created 03/02/25 1844 CST

**Associated Visits**

- 03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care)

**Sepsis Early Detection**

Step	User	Date
Reviewed and Excluded	Nicolai Harcrow, RN	03/02/2025 06:44 PM

02/24/2025 - Physical Therapy - Physical Therapy - February 2025 (Physical Therapy): records from 3/3/2025 to 3/8/2025

Episode Info

Type: Physical Therapy      Noted date: 2/24/2025  
Comments: Episode created from referral 1343074



**To:** 7135223701  
**Fax Number:** 7135223701

**From:** Memorial Hermann Healthcare System

---

**NOTES:**

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**Date and time of transmission: Monday, April 28, 2025 11:55:42 AM**  
**Number of pages including this cover sheet: 02**



Release of Information - Billing Department  
Tax Id#: 74-1152597  
[www.memorialhermann.org/mhrelease](http://www.memorialhermann.org/mhrelease)

Invoice Date: 04/28/2025  
MHR No: 1350727  
Portal Code: HGUY2M0H

MACNAUGHTON & SHANAHAN  
2038 LEXINGTON ST  
HOUSTON, TX 77098

Records will be shipped to:

MACNAUGHTON & SHANAHAN  
2038 LEXINGTON ST  
HOUSTON, TX 77098

Patient Name: KAMINCZAK, STEVE  
Dates of Service: 03/03/2025 to 03/08/2025

Patient DOB: 05/28/1974  
Claim No: AHH-MR

Description	Quantity	Units (\$)	Amount (\$)
No charge	391	0.0000	0.00
Total			0.00
Outstanding Amount			0.00

.....X.....  
Please return this portion of the invoice with payment.  
To make a credit card payment access the requestor portal @  
[www.memorialhermann.org/mhrelease](http://www.memorialhermann.org/mhrelease)  
Please allow 3 hours for updates to the portal  
\$35 Fee for all returned checks.

MHR No:	1350727
Amount Due:	\$0.00
Amount Paid:	
Check No:	

Memorial Hermann Health System  
Release of Information - Billing Department  
7737 SW Fwy. C-94  
Houston TX 77074



**To: MACNAUGHTON & SHANAHAN**  
**Fax Number: 7135223701**

**From: Memorial Hermann Healthcare System**

---

**NOTES:** Dear Sir/Madam,  
Enclosed is a letter for your request with the Release  
of Information Office of Memorial Hermann Health System.  
In case you have questions, please contact us at 713.242.3401.  
Your reference number is 1350727.

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**Date and time of transmission: Monday, April 21, 2025 4:44:10 PM**  
**Number of pages including this cover sheet: 03**



## Acknowledgement Letter

Release of Information

4/21/2025

MACNAUGHTON & SHANAHAN  
2038 LEXINGTON ST  
HOUSTON, TX 77098

**Patient Name: KAMINCZAK, STEVE**  
**MHR Number: 1350727**  
**Portal Code: HGUY2M0H**  
**Requestor Claim Number: AHH-MR**

**Your request for records has been received and is currently in process**

Patient Name: KAMINCZAK, STEVE					
Medical Record No: 38345229		Date of Birth: 05/28/1974			
Account#	Admit	Discharge	Location	Requested	Request Format
-----	-----	-----	-----	-----	-----
10000616989	03/06/2025	03/06/2025		EMR	Print
10147225306	03/06/2025	03/06/2025		EMR	Print
10147225713	03/06/2025	03/06/2025		EMR	Print
10000616989	03/05/2025	03/05/2025		EMR	Print
10000616989	03/04/2025	03/05/2025		EMR	Print
10000616989	03/04/2025	03/04/2025		EMR	Print
10000616989	03/03/2025	03/03/2025		EMR	Print
10000616989	03/03/2025	03/08/2025		EMR	Print

\* ITM=Itemized Statement FCS=Coding Summary EMR=Electronic Medical Record RAD=Radiology PATH=Pathology

**For Status Updates regarding your request:**

The Memorial Hermann Requestor Portal can be accessed at

<https://www.memorialhermann.org/legal/release-information-request>

After you register as a user you must add request to your tracking board to review correspondence, make payment, and download the requested records (if applicable). Updates to the portal occur at the top of every hour.

**Questions regarding electronic format:**

As outlined in HB 300, patient authorization is required for the electronic release of requested documents to be available for download from the Memorial Hermann Requestor Portal or to be released on CD. The



authorization that you submitted must allow for electronic transmission of the medical records. If your authorization allows for an electronic release, and your request does not stipulate the format (CD for example), your request format will default to the portal download.

**Confidentiality Notice - Warning:** Unauthorized interception of this electronic communication could be a violation of federal and state law. The documents and/or information accompanying this electronic transmission may contain information that is legally privileged. The information is intended only for use by the recipient. You are hereby notified that any disclosure, copying, distribution, or taking of any action on the contents of this electronic information is strictly prohibited. If you have received this information in error, please immediately notify sender by telephone.

## Broadcast Report

P 1  
04/22/2025 17:26  
Serial No. AC76011001999  
TC: 224340

Addressee	Start Time	Time	Prints	Result	Note
15128044011	04-22 17:20	00:04:24	005/005	OK	
19723867918	04-22 17:24	00:01:56	005/005	OK	

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX,  
DPS:Page Separation TX, MIX:Mixed Original TX, CALL:Manual TX, CSAC:CSAC,  
FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, SP:Special Original,  
FCODE:F-code, RTX:Re-TX, RLV:Relay, MBX:Confidential, BUL:Bulletin,  
IPADR:IP Address Fax, I-FAX:Internet Fax IP-FAX: IP-FAX(SIP)

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF,  
TEL: RX from TEL, NS: Other Error, CONT: Continue, No Ans: No Answer,  
REFUSE: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOVR:Receiving length Over,  
POVR:Receiving page Over, FTL:File Error, DC:Decode Error, MDN:MDN Response Error,  
DSN:DSN Response Error, PRINT:Compulsory Memory Document Print,  
DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

## MACNAUGHTON & SHANAHAN PLLC

2038 Lexington St.  
Houston, TX 77098  
P: 713-522-3700  
F: 713-522-3701  
www.macshanlaw.com

Meredith MacNaughton  
Jennifer Shanahan

+Adrienne S. Draper

Writers Email: jennifer@macshanlaw.com

+Board Certified/Worker's Compensation Law  
Texas Board of Legal Specialization

### FAX COVER SHEET

To: Chief Clerk of Proceedings  
Company: TDI  
Fax Number: 512-804-4011  
To: Adj.  
Company: CCMSI  
Fax Number: 972-386-7918  
Regarding: Steve Kaminczak  
Pages: 5, including cover sheet  
From: Jennifer Shanahan  
Date: 04/22/2025  
Message: Transmitted please find DWC 045.

#### Confidentiality Notice:

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# MACNAUGHTON & SHANAHAN PLLC

2038 Lexington St.  
Houston, TX 77098  
P: 713-522-3700  
F: 713-522-3701  
www.macshanlaw.com

Meredith MacNaughton  
Jennifer Shanahan

+Adrienne S. Draper

Writers Email: jennifer@macshanlaw.com

+Board Certified/Worker's Compensation Law  
Texas Board of Legal Specialization

---

## FAX COVER SHEET

**To:** Chief Clerk of Proceedings

**Company:** TDI

**Fax Number:** 512-804-4011

**To:** Adj.

**Company:** CCMSI

**Fax Number:** 972-386-7918

**Regarding:** Steve Kaminczak

**Pages:** 5, including cover sheet

**From:** Jennifer Shanahan

**Date:** 04/02/2025

**Message:** Transmitted please find DWC 045.

### **Confidentiality Notice:**

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**Division of Workers'  
Compensation**

PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Complete if known: **25218944**  
DWC claim #  
Insurance carrier claim # **25F30M590202**

## Request to schedule, reschedule, or cancel a benefit review conference (BRC)

Este formulario está disponible en español en el sitio web de la División en  
[www.tdi.texas.gov/forms/dwc/dwc045brcs.pdf](http://www.tdi.texas.gov/forms/dwc/dwc045brcs.pdf)

Para obtener asistencia en español, llame a la División al 800-252-7031.

### Part 1: Request specifications

<b>1. I want to:</b> <input checked="" type="checkbox"/> Schedule a BRC <input type="checkbox"/> Reschedule a BRC <input type="checkbox"/> Cancel a BRC (check only one box)
<b>2. I need:</b> (check boxes) <input type="checkbox"/> <b>Special accommodations</b> (please specify) <input type="checkbox"/> <b>Expedited BRC</b> (provide reason)

### Part 2: Information about the claim

<b>3. Employee's name</b> (first, middle, last) Steve Kaminczak	<b>4. Employee's physical address</b> (street, city, state, ZIP code) 5740 San Felipe Sr. Apt. #627 Houston, TX 77057		
<b>5. Insurance carrier's name</b> CCMSI	<table style="width: 100%;"> <tr> <td style="width: 60%;"><b>6. Date of injury</b> (mm-dd-yyyy) 01/31/2025</td> <td style="width: 40%;"><b>7. Social Security number</b> XXX-XX- 8171</td> </tr> </table>	<b>6. Date of injury</b> (mm-dd-yyyy) 01/31/2025	<b>7. Social Security number</b> XXX-XX- 8171
<b>6. Date of injury</b> (mm-dd-yyyy) 01/31/2025	<b>7. Social Security number</b> XXX-XX- 8171		
<b>8. Employer's business name</b> (at the time of the injury) HISD	<b>9. Employer's business address</b> (street or PO box, city, state, ZIP code) 11911 Chimney Rock Rd. Houston, TX 77035		

### Part 3: Information about the party making the request

<b>10. Who is making the request?</b> <input checked="" type="checkbox"/> Injured employee <input checked="" type="checkbox"/> Insurance carrier <input type="checkbox"/> Employer <input type="checkbox"/> Subclaimant <input type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Attorney for <u>Claimant</u>		
<b>11. Is the Office of Injured Employee Counsel (OIEC) assisting the injured employee?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>12. Requester's name and mailing address</b> (street or PO box, city, state, ZIP code) Gilda Jennifer Shanahan, 2038 Lexington St. Houston, TX 77098		
<b>13. Business/firm name</b> (if applicable) MacNaughton & Shanahan, PLLC	<b>14. Phone number</b> 713-522-3700	<b>15. Requester's email</b> jennifer@macshanlaw.com

Employee's name: Steve Kaminczak  
DWC claim number: 25218944



For DWC Use Only

**Part 4: Request to schedule a BRC****16. If you want to request a BRC, explain what the dispute is about:** (check all boxes that apply)

- ☒ **Compensability of the claim** – The insurance carrier denied the claim and is not going to pay income or medical benefits.
- ☐ **Extent of the compensable injury** – The parties do not agree on what medical conditions were caused by the work-related injury.
- ☒ **Temporary income benefits** – The insurance carrier does not agree that the work-related injury stops the injured employee from getting or keeping a job that pays what they earned before the injury.
- ☐ **Supplemental income benefits** – The insurance carrier does not agree that the injured employee should get supplemental income benefits.
- ☐ **Average weekly wage** – The parties do not agree about the average amount of money the employer paid the injured employee before the work-related injury.
- ☐ **Maximum medical improvement and impairment rating** – The parties do not agree about whether the injured employee will have any further healing or recovery from the injury and to what percent the work-related injury affects the injured employee's body as a whole.
- ☐ **Death benefits or burial benefits** – The insurance carrier does not agree that the beneficiary or beneficiaries should be paid death or burial benefits.
- ☐ **Other** – Please describe.

**Part 5: Request to reschedule or cancel a BRC****17. If you want to reschedule a BRC, explain why:** (📎 Attach any supporting documents.)

**Note:** If a BRC was held but you missed it, explain why you missed the BRC and why you did not contact the Texas Department of Insurance, Division of Workers' Compensation (DWC) before missing the BRC.

**18. If you want to cancel a scheduled BRC, explain why:** (📎 Attach any supporting documents.)

**Note:** There are strict deadlines for requesting a BRC in some disputes. Requesting to cancel a BRC may be considered a withdrawal of the dispute, which can cause serious legal problems with your case.

Employee's name: Steve Kaminczak

DWC claim number: 25218944



For DWC Use Only

**Part 6: Communication with other parties****19. Describe what you have done to resolve the disputed issues. This may include:**

- how and when you contacted the other parties about this request
- what you agreed on and what you still disagree about
- describing your efforts to contact the other parties if you were not able to reach them

**If you are requesting to reschedule a BRC, you must contact the other parties and DWC docketing to get an agreed date when everyone is available. The proposed date is:**

(  Attach more pages and supporting documents if needed.)

**Note:** Your request may be denied if you do not provide the required information.

**20. Certify with your signature:**

- I gave a copy of all important information that I have about the disputed issues to the other parties, and I made reasonable efforts to resolve the dispute. (You can learn more about important information, also called pertinent information, in the FAQ below on this form.)
- I sent a copy of this request to the other parties, including the injured employee's attorney or ombudsman (if they have one).

Signature \_\_\_\_\_

Date \_\_\_\_\_

9/22/25

Employee's name: Steve Kaminczak

DWC claim number: 25218944



For DWC Use Only

# MACNAUGHTON & SHANAHAN PLLC

2038 Lexington Street  
Houston, TX 77098  
P: 713-522-3700  
F: 713-522-3701  
[www.macshanlaw.com](http://www.macshanlaw.com)

Meredith MacNaughton

Jennifer Shanahan

Writers Email: [jennifer@macshanlaw.com](mailto:jennifer@macshanlaw.com)

---

Steve Kaminczak: Contacted Carrier on 4/1 and 4/10 and no resolution to denial on file.  
Please reset BRC.

M 590202 ES/MN



**To: Workers Comp**  
Fax Number: 713-218-8579

**From: Amber Lewis**

---

**NOTES:**

CCMSI

MAR 07 2025

HISC

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**Date and time of transmission: Friday, March 7, 2025 2:04:12 PM**  
**Number of pages including this cover sheet: 19**



M 590202 ES/mr

**TO:**

Workers Comp  
CCMSI

Phone: 713-314-1484

Fax: 713-218-8579

**FROM:**

Amber Lewis

MEMORIAL HERMANN TMC HOSPITAL

Phone: 713-338-4517

Fax: 713-338-6720

**SENT AT 2:04 PM March 7, 2025.**

**IMPORTANT:** This facsimile transmission contains confidential information, some or all of which may be considered protected health information and protected by federal and state laws including, but not limited to, the Health Insurance Portability & Accountability Act (HIPAA), Texas Health & Safety Code, and laws protecting the confidentiality of substance use disorder patient records. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restrictions, sanctions, and/or fines. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.

Claim#25F30M590202

CCMSI

MAR 07 2025

HISD

**Patient Demographics**

Address	Phone	E-mail Address
5740 San Felipe #627	713-556-9200 (Work) *Preferred*	KAMINCZAK@GMAIL.COM
Houston TX 77057	976-436-5969 (Mobile)	

**Active Insurance as of 3/3/2025****Primary Coverage**

Payor	Plan	Insurance Group	Employer/Plan Group
CCMSI	WC CCMSI		

Payor Plan Address	Payor Plan Phone Number	Payor Plan Fax Number	Effective Dates
PO BOX 802082			3/2/2025 - None Entered
DALLAS TX 75380-2082			

Subscriber Name	Subscriber Birth Date	Member ID
HOUSTON INDEPENDENT SCHOOL DISTRICT	5/28/1974	25F30M590202

"Primary Care Provider"  
Amy Ward Hamilton, PA

"Phone"  
832-698-4291

**Emergency Contacts**

Name	Relation	Home	Work	Mobile
hughe,garrett	Son			832-870-0101

**Other Contacts**

Name	Relation	Home	Work	Mobile
?,Annette	Sister			512-828-1915

**Documents on File**

	Status	Date Received	Description
<b>Documents for the Patient</b>			
HIPAA Notice of Privacy	Received	03/02/25	
Photo ID	Not Received		
Insurance Card	Not Received		
Advance Directives and Living Will	Not Received		
Power of Attorney	Not Received		
External Radiology and Imaging			(SCN) CT ABDOMEN/PELVIS
External Radiology and Imaging			(SCN) DIAG & IMAGING
External Legal Document			
External Insurance Card			
External Living Will			
External Cardiology Imaging			Hospital Account RHYTHM STRIP - SCAN
External Insurance Card		MAR 07 2025	
External Living Will			Hospital Encounter
External Insurance Card			
External Cardiology Imaging			Hospital Encounter
External Cardiology Imaging			EKG-SCANNED
Archived Procedural Result			Transthoracic Echocardiogram Complete, wo Contrast, w Doppler
External Insurance Card			
External Cardiology			ECG Pre/Post Op

	Status	Date Received	Description
Imaging			
External Cardiology			Hospital Encounter
Imaging			
External Cardiology			Hospital Encounter
Imaging			
External Photographic			Hospital Encounter
Image			
External Cardiology			Hospital Encounter
Imaging			
External Cardiology			ECG 12 lead
Imaging			
External Wound Care			Right Shin
Image			
External Wound Care			Hospital Encounter
Image			
External Cardiology			Hospital Encounter
Imaging			
External Wound Care			Wound 01/31/22 Abrasion Anterior; Left
Image			Knee
External Wound Care			Wound 02/10/22 Left; Proximal Pretibial
Image			
External Wound Care			Wound 01/25/22 Right Pretibial
Image			
External Wound Care			Wound 01/20/22 Pressure Injury Spine -
Image			Coccyx
External Wound Care			Wound 02/10/22 Left; Posterior Elbow
Image			
External Wound Care			Wound 02/10/22 Posterior; Right Elbow
Image			
External Cardiology			Hospital Encounter
Imaging			
External Wound Care			L foot dorsal 2/10/22
Image			
External Wound Care			R lower leg ant/ proximal 2/10/22
Image			
External Wound Care			R lower leg distal ant 2/10/22
Image			
External Wound Care			R 1st metatarsal area dorsal 2/10/22
Image			
External Wound Care			R lat malleolus 2/10/22
Image			CCMSI
External Cardiology			ECG 12 lead
Imaging			
External Cardiology			Hospital Encounter
Imaging			MAR 07 2025
External Misc Clinical			Hospital Encounter
External Misc Clinical			Hospital Encounter
External Misc Clinical			Hospital Encounter
External Insurance Card			
External Wound Care			Wound 01/16/23 Left Buttocks
Image			
External Wound Care			Wound 01/16/23 Moisture/Incontinence
Image			Dermatitis Lower Abdomen
Archived Procedural			Transthoracic Echocardiogram Complete,
Result			wo Contrast, w Doppler
External Wound Care			Wound 01/16/23 Left Buttocks

Status	Date Received	Description
Image		
External Wound Care		g_tube site
Image		
External Misc Clinical		Hospital Encounter
External Wound Care		Gastrostomy Tube
Image		
External Cardiology		ECG 12 lead
Imaging		
External Radiology and		MRI Lumbar Spine W Wo Contrast
Imaging		
External Power of		AD 11/13/2024
Attorney		
External Cardiology		Hospital Encounter
Imaging		
External Wound Care		Wound 02/22/25 Abrasion Left Knee
Image		
External Insurance Card		
External Patient Consent		Hospital Encounter
External Living Will		Hospital Encounter
External Billing		
External Billing		Hospital Encounter
External Patient		Hospital Encounter
Education and		
Instructions		
External Billing		
External Patient Consent		Hospital Encounter
External Patient		Hospital Encounter
Education and		
Instructions		
External Insurance Card		
External Billing		
External Patient Consent		Hospital Encounter
External Patient		Hospital Encounter
Education and		
Instructions		
External Patient Consent		Hospital Encounter
External Billing		
External Patient Consent		Hospital Encounter
External Patient		Hospital Encounter
Education and		
Instructions		
External Patient		Hospital Encounter
Education and		
Instructions		
External Patient Consent		Hospital Encounter
External Patient Consent		Hospital Encounter
External Patient		Hospital Encounter
Education and		
Instructions		
External Procedure		Hospital Encounter
External Patient Consent		Hospital Encounter
External Patient Consent		Hospital Encounter
External Cardiology		Hospital Encounter
Imaging		
External Patient		Hospital Encounter

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Status	Date Received	Description
Education and Instructions		
External ROI / HIM Consent		
External Patient Consent		Hospital Encounter
External Patient Education and Instructions		Hospital Encounter
External Patient Education and Instructions		Hospital Encounter
External Cardiology Imaging		EKG-SCANNED
Documents for the Encounter		
Hospital Consent for Treatment	Received	03/02/25
Hospital Financial Notice of Responsibility	Received	03/02/25
Consent to Facility Directory	Received	03/02/25
Clinical Image		US LUE PICC placement
Clinical Image		US RUE PICC placement
DICOM Study	(Deleted)	
DICOM Series	(Deleted)	
DICOM Image	(Deleted)	
DICOM Study	(Deleted)	
DICOM Series	(Deleted)	
DICOM Image	(Deleted)	
DICOM Study		
DICOM Series		
DICOM Image		
DICOM Study	(Deleted)	CCMSI
DICOM Series	(Deleted)	
DICOM Image	(Deleted)	
DICOM Series	(Deleted)	MAR 07 2025
DICOM Image	(Deleted)	
DICOM Study	(Deleted)	
DICOM Series	(Deleted)	HISC
DICOM Image	(Deleted)	
DICOM Series	(Deleted)	
DICOM Image	(Deleted)	
DICOM Study	(Deleted)	
DICOM Series	(Deleted)	
DICOM Image	(Deleted)	

#### Admission Information

##### Current Information

Attending Provider	Admitting Provider	Admission Type	Admission Status
Omar Naji Saab Saab, MD	Benjamin D Mouser, MD	Emergency	Confirmed Admission

**Admission Information (continued)**

Admission Date/Time	Discharge Date	Hospital Service	Auth/Cert Status
03/03/25 0055		General Medicine	Incomplete
Hospital Area	Unit	Room/Bed	
Memorial Hermann TMC Hospital	TMC JONES 5 NEUROSCIENCE ACUTE CARE	J5.501/J5.501	

**Admission**

Complaint
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**Hospital Account**

Name	Acct ID	Class	Status	Primary Coverage
Kaminczak, Steve	100006169 89	Inpatient	Open	CCMSI - WC CCMSI

**Guarantor Account (for Hospital Account #10000616989)**

Name	Relation to Pt	Service Area	Active?	Acct Type
KS03022025hisd	Self	MHSA	Yes	Workers Comp
Address	Phone			
5740 San Felipe #627 Houston, TX 77057	713-556-9200(O)			

**Coverage Information (for Hospital Account #10000616989)**

5	Present #
CCMSI/WC CCMSI	
Subscriber	Subscriber #
District, Houston Independent School Grp #	25F30M590202
Address	Phone
PO BOX 802082 DALLAS, TX 75380-2082	
Status	Benefits Phone
Auth/Cert CB IP	
	CCMSI

**Medical Record Numbers**

Enterprise Id Number		
Mrn	E1250891	MAR 07 2025
Utmrn	38345229	
	13294105	

HISD

Kaminczak, Steve MRN:38345229 (CSN:10146808331)  
(50 y.o. M) (Adm: 03/03/25)

TMC 5J NEU-J5.501-J5.501

Comments

Most Recent Utilization Review

Last updated by Nguyet Anh Bao Tran

Review Status	Review Type	Associated Date	Created By	Criteria Set Name - Subset
Completed	—	3/4/2025	Nguyet Anh Bao Tran	LOC:Acute Adult-Infection: Musculoskeletal

Criteria Review  
REVIEW SUMMARY

Patient: Kaminczak, Steve  
InterQual® Review Status: Completed  
Condition Specific: Yes

REVIEW DETAILS

Service Date: 3/4/2025  
Product: LOC:Acute Adult  
Subset: Infection: Musculoskeletal

Select Day, One:

☐ Episode Day 1, One:

☐ ACUTE, >= One:

☐ Osteomyelitis, actual or suspected, by bone scan, x-ray, CT or MRI and, >= One:

Comment by Tran, Nguyet on 3/4/2025 1017:

mri lumbar IMPRESSION:

- \* Findings concerning for a discitis osteomyelitis at L4-5 and L5-S1, with an associated epidural phlegmon.
- \* No evidence of fluid collections.
- \* Fracture of L5 vertebral body causing 20 to 30% height loss without significant retropulsion.

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Version: InterQual® 2024, Mar. 2024 Release

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Additional Notes

Clinical Findings for Dates: 0303-0304

Kaminczak, Steve (MR # 38345229) Printed at 3/7/2025 2:04 PM

**Most Recent Utilization Review (continued)**

**Point of Origin:**

Prior Permanent Residence: Private residence

NON-HEALTH CARE FACILITY POINT OF ORIGIN [1]

**Admit Location:**

MEMORIAL HERMANN TMC HOSPITAL

MEMORIAL HERMANN-TEXAS MEDICAL CENTER (JONES 5 NEUROSCIENCE ACUTE CARE)

**Chief Complaint/Diagnosis:**

**Principal Problem:**

Acute midline low back pain with right-sided sciatica

**Active Problems:**

Hypertension

Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC)

Discitis

History of MRSA infection

Malfunction of gastrostomy tube (CMS/HCC) (HCC)

**Clinical Status/Treatments/Plan of care:**

Last Surgery: \* Cannot find OR case \*

**Current Vent settings:**

No data recorded days.

Barriers to Discharge: Neurosurgery on board and no acute plan for surgical intervention

Pending entire MRI imaging of spine CRP mildly elevated

Will monitor off antibiotics for now PT OT evaluation - pending final nsgy rec and abx plans if needs on dc .

**Discharge Plan:**

Anticipated Discharge Location Other (Comment) (Patient requested to have a wheelchair, cane and gauze to cover his Gtube)

Discharge Service Needs

Discharge Services: PTOT eval pending

Equipment/Supplies Need: None

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**Medical Problems**

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**Problem List**

	ICD-10-CM	Noted
* (Principal) Acute midline low back pain with right-sided sciatica	M54.41	3/3/2025
Hypertension	I10	3/4/2025
Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC)	S32.050A	3/4/2025
Discitis	M46.40	3/4/2025
History of methicillin resistant staphylococcus aureus (MRSA)	Z86.14	3/4/2025
Complication of artificial opening of stomach	K94.23	3/4/2025
Anemia, unspecified	D64.9	3/5/2025



## Payer Communication History

Ccmsti/Wc Ccmsti

Document	Status	Date/Time	First Action	User	Fax
2 Attachments • Facesheet • Initial Review	Sending	3/7/2025 1404	—	Amber Lewis	713-218-8579

## H&P Note

H&P by Bhrugesh Jogeshkumar Shah, MD at 3/4/2025 12:43 AM

Author: Bhrugesh Jogeshkumar Shah, MD Service: Internal Medicine

Author Type: Physician

Filed: 3/4/2025 1:00 AM

Date of Service: 3/4/2025 12:43 AM

Status: Signed

Editor: Bhrugesh Jogeshkumar Shah, MD (Physician)

## Subjective

### Chief Complaint

Patient presents with:

- Back Pain

## History Of Present Illness

50-year-old gentleman with past medical history significant for back pain, history of laminectomy many years ago, history of gastric sleeve surgery with complication, SBO s/p gastric bypass, esophageal stricture with J tube placement, h/o TPN via central line, complicated by MRSA bacteremia and osteomyelitis completed daptomycin course, now able to tolerate p.o. intake presented to hospital with worsening back pain that is radiating to his right hip. Patient endorses falling at his school week ago.

Patient otherwise hemodynamically stable. Denies any bowel bladder incontinence or saddle anesthesia. The imaging showed L4-L5 and L5-S1 discitis/osteomyelitis with associated epidural phlegmon. Patient otherwise denies any fever. He completed daptomycin course. Has no central line. Patient still takes clindamycin without any prescription. Patient takes over OxyContin from the street for his pain.

Patient continues to have leakage from the G-tube stoma. Patient is able to tolerate p.o. intake. He only uses G-tube for medications. Patient has complex bariatric surgery history.

## Past Medical History

HTN

Back pain

H/o MRSA infection

Spinal osteomyelitis

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## Surgical History

He has no past surgical history on file.

## Family History

No family history on file.

**H&P Note (continued)**

**H&P by Bhrugesh Jogeshkumar Shah, MD at 3/4/2025 12:43 AM (continued)**

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**Social History**

He has no history on file for tobacco use, alcohol use, and drug use.

**Allergies**

Patient has no known allergies.

**Medications**

No current outpatient medications

**Review of Systems**

**Objective**

**Last Recorded Vitals**

Blood pressure (l) 185/96, pulse 64, temperature 36.7 °C (98 °F), resp. rate 18, height 1.753 m (5' 9"), weight 74.8 kg (165 lb), SpO2 96%.

**Physical Exam:**

General Alert awake oriented not in apparent distress

Heart regular rate and rhythm

Lungs clear to auscultation bilaterally

Abdomen soft nontender, G stoma present, peristomal leaking noted covered in gauze

Neuro A and O x 3

Musculoskeletal no midline spinal tenderness noted, right lower extremity straight leg test positive with pain radiating to his right glutes.

**Lab Results**

Results from last 7 days

Lab	Units	03/02/25 2050
WBC	10 <sup>3</sup> /uL	6.97
HEMOGLOBIN	g/dL	13.0
HEMATOCRIT	%	40.0
PLATELETS	10 <sup>3</sup> /uL	348

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## H&P Note (continued)

H&P by Bhrugesh Jogeshkumar Shah, MD at 3/4/2025 12:43 AM (continued)

### Results from last 7 days

Lab	Units	03/02/25 2050
SODIUM	mEq/L	131 <sup>+</sup>
POTASSIUM	mEq/L	3.8
CHLORIDE	mEq/L	98
CO2	mEq/L	30.2
BUN	mg/dL	9
CREATININE	mg/dL	0.78
GLUCOSE	mg/dL	101 <sup>+</sup>
CALCIUM	mg/dL	8.3

### Imaging Results<sup>[BS:1]</sup>

MRI lumbar spine w and wo IV contrast

Result Date: 3/3/2025

EXAM: MRI LUMBAR SPINE WITHOUT AND WITH CONTRAST DATE 3/3/2025 11:02 INDICATION: lower back pain . COMPARISON: Correlation to abdomen pelvis CT 12/11/2020 TECHNIQUE: Multiplanar, multisequence, precontrast and postcontrast MR imaging of the lumbar spine. IV contrast: Refer to MRI technologist documentation FINDINGS: Numbering: The inferior-most, lumbar-type vertebral body is referred to as L5. Alignment: Minimal retrolisthesis of L3 over L4. Postsurgical changes of posterior decompression at L5-S1. Postoperative: L4 and L5 laminectomy. Bones: T1 hypointense T2 hyperintense signal is noted at L5 vertebral body consistent with bone marrow edema. Otherwise the vertebral body bone marrow shows normal signal. L5 pathologic fracture with approximately 30% height loss without significant retropulsion. Associated epidural enhancement at L4, L5 and S1 levels. There is paravertebral enhancement at L5. Conus medullaris: Normal in size and signal. Terminates at L1-L2. Cauda equina: Nonenlarged. Individual levels: L1-L2: Normal. L2-L3: Normal. L3-L4: Disc bulge and facet joint hypertrophy results in moderate bilateral neural foraminal narrowing and mild spinal canal stenosis. L4-L5: Disc bulge and facet joint hypertrophy, with an associated central disc protrusion results in severe right and moderate left neural foraminal narrowing. L5-S1: Disc bulge, facet joint hypertrophy and endplate spurring resulting in severe bilateral neural foraminal narrowing there is a central disc protrusion. No significant spinal canal stenosis. Other: Incidental retroperitoneal structures are unremarkable Postcontrast: Peripheral enhancement of the disc and L5 vertebral body with evidence of diffusion restriction in keeping with osteomyelitis (chronic versus acute on chronic) (series 601/602 image 4). There is also associated abnormal enhancement of the posterior paraspinal and anterior paraspinal muscles (series 901 image 14). No organized/drainable fluid IMPRESSION: \* Findings concerning for a discitis osteomyelitis at L4-5 and L5-S1, with an associated epidural phlegmon. \* No evidence of fluid collections. \* Fracture of L5 vertebral body causing 20 to 30% height loss without significant retropulsion. This report was dictated by a Radiology Resident/Fellow/ APP: Reema AlRasheed, RES 3/3/2025 14:41 This report was dictated by a Radiology Resident/Fellow/Physician Assistant. I have personally reviewed the images as well as the interpretation and agree with the findings. Report finalized by: Andres Rodriguez Gonzalez, MD 3/3/2025 16:49<sup>[BS:2]</sup>

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Assessment

Kaminczak, Steve (MR # 38345229) Printed at 3/7/2025 2:04 PM

**H&P Note (continued)**

**H&P by Bhrugesh Jogeshkumar Shah, MD at 3/4/2025 12:43 AM (continued)**

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**Assessment & Plan**

**Acute midline low back pain with right-sided sciatica**

Imaging as discussed above concern for Osteomyelitis/discitis on imaging with phlegmon and L5 compression fracture

No concern for cauda equina at this time

Neurosurgery on board and no acute plan for surgical intervention

Pending entire MRI imaging of spine

CRP mildly elevated

Will monitor off antibiotics for now

PT OT evaluation

PT is duloxetine and Gabapentin

Will resume

MMPR with tylenol tramadol and Oxycodone

**Hypertension**

Lisinopril

Resume

**Closed compression fracture of L5 lumbar vertebra, Initial encounter (HCC)**

Neurosurgery is on board

**Discitis**

As above imaging findings concerning for discitis

Blood cultures were drawn

**History of MRSA infection**

Completed daptomycin for 6 weeks

On Clindamycin PO> PT is self medicating

TTE ordered

**Malfunction of gastrostomy tube (CMS/HCC) (HCC)**

Leaking surrounding stoma

Can have EGS evaluation

Outpatient bariatric surgery evaluation

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VTE prophylaxis: Holding chemo ppx until

HISD

Disposition: Follow hospital course<sup>[BS1]</sup>

**Attribution Key**

BS.1 - Bhrugesh Jogeshkumar Shah, MD on 3/4/2025 12:43 AM

BS.2 - Bhrugesh Jogeshkumar Shah, MD on 3/4/2025 12:44 AM

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**Radiology Results (last 3 days)**

Procedure	Component	Value	Units	Date/Time
XR chest 1 v for placement [232822813]				Collected: 03/06/25 1743

**Radiology Results (last 3 days) (continued)**

Procedure	Component	Value	Units	Date/Time
Order Status: Completed				Updated: 03/06/25 1746

**Narrative:**

EXAM: XR CHEST 1 VIEW

DATE: 3/6/2025 15:09

INDICATION: RUE PICC insertion (tip location)

COMPARISON: Chest radiograph dated June 30, 2007

TECHNIQUE: AP chest.

IMPRESSION: Patient is rotated.

Lines, tubes and hardware: Interval placement of a right-sided PICC line with tip overlying the distal SVC.

Lungs and pleura: The lungs are clear. The costophrenic sulci are sharp without effusion. Small right pleural effusion. No definite left pleural effusion. No pneumothorax within this semierect film.

Heart and mediastinum: The heart size is normal. The mediastinal contours are normal.

Bones and soft tissues: No acute abnormality.

This report was dictated by a Radiology Resident/Fellow/APP: Amir Khadivi, RES, MD 3/6/2025 15:32

This report was dictated by a Radiology Resident/Fellow/Physician Assistant. I have personally reviewed the images as well as the interpretation and agree with the findings.

Report finalized by: Cihan Duran, MD 3/6/2025 17:43

**MRI thoracic spine w and wo IV contrast [231500494]**

Collected: 03/04/25 2230

Order Status: Completed

Updated: 03/04/25 2233

**Narrative:**

EXAM: MRI CERVICAL SPINE WITH AND WITHOUT CONTRAST

EXAM: MRI OF THE THORACIC SPINE WITHIN WITHOUT CONTRAST

DATE: 3/4/2025 17:09

INDICATION: osteo workup ,

COMPARISON: None.

**TECHNIQUE:**

- Multiplanar MR imaging of the cervical spine, with and without contrast.
- Multiplanar MR imaging of the thoracic spine, with and without contrast.

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**FINDINGS:**

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**CERVICAL SPINE:**

The axial postcontrast sequences are limited by motion artifacts. There is exaggerated cervical lordosis. No significant spinal canal narrowing is present in the interval. No cord compression or focal cord signal abnormality. No abnormal enhancement is identified. Uncovertebral change resulting in

HISD

# **Radiology Results (last 3 days) (continued)**

Procedure	Component	Value	Units	Date/Time
moderate bilateral foraminal narrowing at C3-C4, C4-C5 through C6-C7.				

## **THORACIC SPINE:**

The axial postcontrast sequences are limited by motion artifacts.  
Exaggerated thoracic kyphosis. No cord compression or definite focal cord signal abnormality. No abnormal enhancement. Focal disc protrusion/extrusion at T9-T10 resulting in moderate spinal canal narrowing at this level.

## **IMPRESSION:**

1. No imaging evidence of osteomyelitis in the cervical or thoracic spine. Degenerative changes, as detailed above.

Report finalized by: Arash Kamali, MD 3/4/2025 22:30

**MRI cervical spine w and wo IV contrast [231500493]**

Order Status: Completed

Resulted: 03/04/25 2230

Updated: 03/04/25 2233

## **Narrative:**

EXAM: MRI CERVICAL SPINE WITH AND WITHOUT CONTRAST  
EXAM: MRI OF THE THORACIC SPINE WITHIN WITHOUT CONTRAST

DATE: 3/4/2025 17:09

INDICATION: osteo workup ,

COMPARISON: None.

## **TECHNIQUE:**

- Multiplanar MR imaging of the cervical spine, with and without contrast.
- Multiplanar MR imaging of the thoracic spine, with and without contrast.

## **FINDINGS:**

### **CERVICAL SPINE:**

The axial postcontrast sequences are limited by motion artifacts.  
There is exaggerated cervical lordosis. No significant spinal canal narrowing is present in the interval. No cord compression or focal cord signal abnormality. No abnormal enhancement is identified. Uncovertebral change resulting in moderate bilateral foraminal narrowing at C3-C4, C4-C5 through C6-C7.

### **THORACIC SPINE:**

The axial postcontrast sequences are limited by motion artifacts.  
Exaggerated thoracic kyphosis. No cord compression or definite focal cord signal abnormality. No abnormal enhancement. Focal disc protrusion/extrusion at T9-T10 resulting in moderate spinal canal narrowing at this level.

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MAR 07 2025

HISD

## **IMPRESSION:**

1. No imaging evidence of osteomyelitis in the cervical or thoracic spine. Degenerative changes, as detailed above.

Report finalized by: Arash Kamali, MD 3/4/2025 22:30

## **Recent Vitals**

	3/7/2025	3/7/2025	3/7/2025	3/7/2025	3/7/2025	3/7/2025	3/7/2025	3/7/2025
	0017	0017	0017	0437	0438	0801	0802	0802
BP:	—	138/88	—	113/83	—	160/96 †	—	—

## Recent Vitals (continued)

	3/7/2025 0017	3/7/2025 0017	3/7/2025 0017	3/7/2025 0437	3/7/2025 0438	3/7/2025 0801	3/7/2025 0802	3/7/2025 0802
Pulse:	—	—	72	—	86	—	—	58
Resp:	—	—	17	—	18	—	—	17
Temp:	36.9 °C (98.4 °F)	—	—	—	—	—	35.9 °C (96.7 °F) ?	—
Temp src:	—	—	Oral	—	Axillary	—	—	Oral
SpO2:	—	—	99 %	—	100 %	—	—	100 %
Body Mass Index:	—	—	—	—	—	—	—	—
Body Surface Area:	—	—	—	—	—	—	—	—

## Labor Summary Last refreshed 03/07/25 1404

## Vitals

Reading	Time Taken
BP: 160/96 ?	0801
Temp: 35.9 °C (96.7 °F) ?	0802
Pulse: 58	0802
Resp: 17	0802
SpO2: 100 %	0802
Pain score: 0	0900
Max temperature before delivery 37.4 °C (99.3 °F)	03/04/25 1603

## PRN Medication Administered Past 3 Days for Kaminczak, Steve as of 3/5/25 through 3/7/25

Medications	03/05/25	03/06/25	03/07/25
<b>dextrose 50 % solution 12.5 g</b> Dose: 12.5 g Freq: As needed Route: IV PRN Reason: low blood sugar PRN Comment: if Blood Glucose 51- 69 mg/dL Start: 03/04/25 0048 Admin Instructions: For BG 51-69 mg/dL and patient UNCONSCIOUS OR UNABLE TO SWALLOW OR NPO: Give 25 mL of D50W IV push and notify MD.			
<b>dextrose 50 % solution 25 g</b> Dose: 25 g Freq: As needed Route: IV PRN Reason: other PRN Comment: if Blood Glucose <= 50 mg/dL Start: 03/04/25 0048 Admin Instructions: If BG <=50 mg/dL, give 50 mL of D50W IV push STAT and notify MD.			
<b>glucagon injection 1 mg</b> Dose: 1 mg Freq: As needed Route: IM PRN Comment: For BG < 70 mg/dL if no IV access and patient is either Unconscious, unable to swallow or npo Start: 03/04/25 0048 Admin Instructions: For BG < 70 mg/dL if no IV access and patient is either Unconscious, unable to swallow or npo and notify MD.			CCMS MAR 07 2025
<b>ibuprofen tablet 800 mg</b> Dose: 800 mg Freq: Every 8 hours PRN Route: PO PRN Reasons: mild pain (1-3), headaches Start: 03/04/25 2016		0514- Given	HISD

PRN Medication Administered Past 3 Days (continued) for Kaminczak, Steve as of 3/5/25 through 3/7/25

Medications	03/05/25	03/06/25	03/07/25
<b>LORazepam (Ativan) tablet 1 mg</b> Dose: 1 mg Freq: Daily PRN Route: PO PRN Reason: anxiety Start: 03/04/25 2023 Admin Instructions: Hold for sedation	2224- Given		
<b>melatonin tablet 6 mg</b> Dose: 6 mg Freq: Nightly PRN Route: PO PRN Reason: sleep Start: 03/05/25 2058			
<b>naloxone (Narcan) injection 0.04 mg</b> Dose: 0.04 mg Freq: As needed Route: IV PRN Reason: opioid reversal PRN Comment: every 2 mins PRN for Narcotic Reversal Start: 03/04/25 0049 Admin Instructions: Give up to 8 doses of 0.04 mg as needed to reverse over sedation. Keep available for immediate use. Call ordering physician STAT. (Dilute 0.4 mg/mL in 9 mL of saline)			
<b>oxyCODONE (Roxicodone) immediate release tablet 10 mg</b> Dose: 10 mg Freq: Every 6 hours PRN Route: PO PRN Reason: severe pain (7-10) Start: 03/05/25 1307	1830- Given	0152- Given    0903- Given    1649- Given	0112- Given    0836- Given
<b>sodium chloride (NS) 0.9 % flush 10 mL</b> Dose: 10 mL Freq: As needed Route: IV PRN Reason: line care Start: 03/06/25 0938 Admin Instructions: Flush to clear line before and after all medications, lab draws, and blood products.			
<b>tramADol (Ultram) tablet 100 mg</b> Dose: 100 mg Freq: Every 6 hours PRN Route: PO PRN Reason: moderate pain (4-6) Start: 03/05/25 1308 End: 03/09/25 0048	1701- Given	0421- Given    1311- Given    2105- Given	

Orders (720h ago, onward)

Start	Ordered
03/07/25 1402	<b>Candida Auris Fungal Culture Surveillance</b> Once 03/07/25 1401
03/07/25 0942	<b>Creatine Kinase</b> STAT 03/07/25 0941
03/06/25 0000	<b>Referral to Home Health for Home Infusion (Referral to Home Infusion)</b>

Comments: I attest that I or another qualified licensed provider saw Steve Kaminczak 90 days prior to or 30 days post admission and this face to face encounter meets the necessary Home Health requirements. The face to face encounter occurred on 03/06/25

The encounter with the patient was in whole, or in part, for the following medical necessity, which is the primary reason for home health care.  
Inability to safely perform ADL's, IADL, complex activities, Multiple medications or recent change in medication regime, and Safety eval s/p fall, hip or knee surgery

I certify that, based on my findings, above selected services in the order are medically necessary skilled home health services.  
Further, I certify that my clinical findings support this patient's homebound status (i.e. absences from home require considerable and taxing effort, are for health treatment, or for attendance at religious events; absences from

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Orders (continued) (720h ago, onward)

	home for nonmedical reasons are infrequent or are of relatively short duration).	03/06/25 0803
	The clinical findings that support the need for home care and homebound status are due to Requires assistance with transfers and ambulation and the patient has a condition such that leaving his/her home is medically contraindicated. There exists a normal inability to leave home and leaving home requires a considerable and taxing effort including worsening clinical course	
03/06/25 0000	Heparin Sod, Pork, Lock Flush (heparin flush) 10 units/mL Injection (Referral to Home Infusion) As needed	03/06/25 0803
03/06/25 0000	heparin flush 100 units/mL solution (Referral to Home Infusion) As needed	03/06/25 0803
03/06/25 0000	sodium chloride (NS) 0.9 % flush (Referral to Home Infusion) As needed	03/06/25 0803
03/06/25 0000	Home IV line disposition (Referral to Home Infusion)	03/06/25 0803
03/06/25 0000	Home IV line care (Referral to Home Infusion)	03/06/25 0803
03/06/25 0000	Type of line (Referral to Home Infusion)	03/06/25 0803
03/06/25 0000	sodium chloride 0.9 % solution 100 mL with DAPTOmycin 350 mg/7mL wet vial 600 mg (Referral to Home Infusion) Every 24 hours scheduled	03/06/25 0803
03/06/25 0000	Follow-up with provider (Anti-infectives) (Referral to Home Infusion)	03/06/25 0803
03/06/25 0000	Lab Instructions - Select Labs (Referral to Home Infusion) Comments: Discharge Labs: Complete Blood Count w/Diff and Platelet, CK, Total , C-Reactive Protein, Hepatic Function Panel, and Other: BMP	03/06/25 0803
03/06/25 0000	Follow Up In Internal Medicine (Follow-Up (Schedulable))	03/06/25 0803
03/06/25 0000	Ambulatory referral to Home Health Comments: Special Instructions:	03/06/25 0804

I attest that I or another qualified licensed provider saw Steve Kaminczak 90 days prior to or 30 days post admission and this face to face encounter meets the necessary Home Health requirements. The face to face encounter occurred on 3/6/2025 .

The encounter with the patient was in whole, or in part, for the following medical necessity, which is the primary reason for home health care.  
Inability to safely perform ADL's, IADL, complex activities

I certify that, based on my findings, above selected services in the order are medically necessary skilled home health services.  
Further, I certify that my clinical findings support this patient's homebound status (i.e. absences from home require considerable and taxing effort, are for health treatment, or for attendance at religious events; absences from home for nonmedical reasons are infrequent or are of relatively short duration).

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The clinical findings that support the need for home care and homebound status are due to Requires supportive devices (example crutches, canes, wheelchairs, walkers), special transportation and/or the assistance of another person(s) to leave the home or leaving home is medically contraindicated and the patient has a condition such that leaving his/her home is medically contraindicated. There exists a normal inability to leave home and leaving home requires a considerable and taxing effort including worsening clinical course

03/06/25 0000	Walker rolling	03/06/25 0940
03/05/25 0300	Basic Metabolic Panel (Order Panel) Morning draw	03/04/25 2203
03/05/25 0300	Complete Blood Count w/Diff and Platelet (Order Panel) Morning draw	03/04/25 2203
03/05/25 0000	Walker rolling	03/05/25 1320

**Orders (continued) (720h ago, onward)**

03/04/25 0051	<b>Activity (specify) Bedrest With Exceptions; Ambulate With Assistance; Three Times Daily</b> Until discontinued	03/04/25 0050
03/04/25 0050	<b>Call physicians for further orders if pain is unrelieved (Acute Pain/Anxiolytic Orders Panel)</b> Until discontinued	03/04/25 0050
03/04/25 0050	<b>Contact physician to discontinue all previous orders for "as-needed" analgesics. (Acute Pain/Anxiolytic Orders Panel)</b> Until discontinued	03/04/25 0050
03/04/25 0050	<b>If PCA is ordered, contact physician to discontinue all PRN Pain Medications on the MAR (Acute Pain/Anxiolytic Orders Panel)</b> Until discontinued	03/04/25 0050
03/04/25 0050	<b>Thermal Therapy (Acute Pain/Anxiolytic Orders Panel)</b> Until discontinued Comments: Obtain Cold/Heat Pad and machine and apply to affected area for non-pharmacological pain control	03/04/25 0050
03/04/25 0049	<b>Adult Diet Regular</b> Diet effective now	03/04/25 0050
03/04/25 0049	<b>Vital Signs</b> Per Unit Guidelines	03/04/25 0050
03/04/25 0049	<b>Pulse Oximetry Spot Check by Nurse</b> Every shift Comments: Remove O2 prior to spot check	03/04/25 0050
03/04/25 0049	<b>Notify MD if hypoglycemia persists for more than 30 minutes (Hypoglycemia Management Panel)</b> Until discontinued	03/04/25 0050
03/04/25 0049	<b>Notify MD (Hypoglycemia Management Panel)</b> Until discontinued Comments: Contact physician to consider discontinuing all previous insulin orders if patient experiences hypoglycemic event.	03/04/25 0050
03/04/25 0049	<b>Notify MD (Hypoglycemia Management Panel)</b> Until discontinued Comments: Notify MD for blood glucose > 300 mg/dL or < 70 mg/dL.	03/04/25 0050
03/04/25 0049	<b>Notify MD (Hypoglycemia Management Panel)</b> Until discontinued Comments: Notify MD if patient becomes NPO or if parenteral/enteral nutrition is stopped (review insulin orders).	03/04/25 0050
03/04/25 0049	<b>PT Eval and Treat (PT Eval and Treat)</b> Until therapy completed	03/04/25 0050
03/04/25 0049	<b>OT Eval and Treat (OT Eval and Treat)</b> Until therapy completed	03/04/25 0050

**Imaging Study Text**

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MAR 07 2025

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M590202  
ES/mn

**To:** Workers Comp  
Fax Number: 713-218-8579

**From:** Nguyet Anh Bao Tran

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**NOTES:**

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Date and time of transmission: Friday, March 7, 2025 2:49:12 PM  
Number of pages including this cover sheet: 41

**TO:**

Workers Comp

CCMSI

Phone: 713-314-1484Fax: 713-218-8579**FROM:**

Nguyet Anh Bao Tran

MEMORIAL HERMANN TMC HOSPITAL

Phone: 713-338-4517Fax: 713-338-6720**SENT AT 2:49 PM March 7, 2025.**

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M 590202 ES/ML

Kaminczak, Steve (MRN 38345229) DOB: 05/28/1974

Page 1 of 5

**Patient Demographics**

Address	Phone	E-mail Address
5740 San Felipe #627	713-556-9200 (Work) *Preferred*	KAMINCZAK@GMAIL.COM
Houston TX 77057	976-436-5969 (Mobile)	

**Active Insurance as of 3/3/2025****Primary Coverage**

Payor	Plan	Insurance Group	Employer/Plan Group
Payor Plan Address	Payor Plan Phone Number	Payor Plan Fax Number	Effective Dates
PO BOX 802082			3/2/2025 - None Entered
DALLAS TX 75380-2082			

Subscriber Name	Subscriber Birth Date	Member ID
HOUSTON INDEPENDENT SCHOOL DISTRICT	5/28/1974	25F30M590202

"Primary Care Provider"  
Amy Ward Hamilton, PA

"Phone"  
832-698-4291

**Emergency Contacts**

Name	Relation	Home	Work	Mobile
hughe,garrett	Son			832-870-0101

**Other Contacts**

Name	Relation	Home	Work	Mobile
?Annette	Sister			512-828-1915

**Documents on File**

	Status	Date Received	Description	CCMSI
Documents for the Patient				
HIPAA Notice of Privacy	Received	03/02/25		MAR 07 2025
Insurance Card	Not Received			
Advance Directives and Living Will	Not Received			HISD
Power of Attorney	Not Received			
External Radiology and Imaging			(SCN) CT ABDOMEN/PELVIS	
External Radiology and Imaging			(SCN) DIAG & IMAGING	
External Legal Document				
External Insurance Card				
External Living Will				
External Cardiology Imaging			Hospital Account RHYTHM STRIP - SCAN	
External Insurance Card				
External Living Will			Hospital Encounter	
External Insurance Card				
External Cardiology Imaging			Hospital Encounter	
External Cardiology Imaging			EKG-SCANNED	
Archived Procedural Result			Transthoracic Echocardiogram Complete, wo Contrast, w Doppler	
External Insurance Card				
External Cardiology			ECG Pre/Post Op	

Status	Date Received	Description
Imaging		
External Cardiology		Hospital Encounter
Imaging		
External Cardiology		Hospital Encounter
Imaging		
External Photographic		Hospital Encounter
Image		
External Cardiology		Hospital Encounter
Imaging		
External Cardiology		ECG 12 lead
Imaging		
External Wound Care		Right Shin
Image		
External Wound Care		Hospital Encounter
Image		
External Cardiology		Hospital Encounter
Imaging		
External Wound Care		Wound 01/31/22 Abrasion Anterior; Left
Image		Knee
External Wound Care		Wound 02/10/22 Left; Proximal t-tibial
Image		
External Wound Care		Wound 01/25/22 Right Pretibial
Image		
External Wound Care		Wound 01/20/22 Pressure Injury Spine -
Image		Coccyx
External Wound Care		Wound 02/10/22 Left; Posterior Elbow
Image		
External Wound Care		Wound 02/10/22 Posterior; Right Elbow
Image		
External Cardiology		Hospital Encounter
Imaging		
External Wound Care		L foot dorsal 2/10/22
Image		
External Wound Care		R lower leg ant/ proximal 2/10/22
Image		
External Wound Care	CCMS	R lower leg distal ant 2/10/22
Image		
External Wound Care	MAR 07 2025	R 1st metatarsal area dorsal 2/10/22
Image		
External Wound Care		R lat malleolus 2/10/22
Image		
External Cardiology	RISC	ECG 12 lead
Imaging		
External Cardiology		Hospital Encounter
Imaging		
External Misc Clinical		Hospital Encounter
External Misc Clinical		Hospital Encounter
External Misc Clinical		Hospital Encounter
External Insurance Card		
External Wound Care		Wound 01/16/23 Left Buttocks
Image		
External Wound Care		Wound 01/16/23 Moisture/Incontinence
Image		Dermatitis Lower Abdomen
Archived Procedural		Transthoracic Echocardiogram Complete,
Result		wo Contrast, w Doppler
External Wound Care		Wound 01/16/23 Left Buttocks

Status	Date Received	Description
Image		
External Wound Care		g_tube site
Image		
External Misc Clinical		Hospital Encounter
External Wound Care		Gastrostomy Tube
Image		
External Cardiology		ECG 12 lead
Imaging		
External Radiology and		MRI Lumbar Spine W Wo Contrast
Imaging		
External Power of		AD 11/13/2024
Attorney		
External Cardiology		Hospital Encounter
Imaging		
External Wound Care		Wound 02/22/25 Abrasion Left Knee
Image		
External Patient Consent		Hospital Encounter
External Living Will		Hospital Encounter
External Billing		
External Billing		Hospital Encounter
External Patient		Hospital Encounter
Education and		
Instructions		
External Billing		
External Patient Consent		Hospital Encounter
External Patient		Hospital Encounter
Education and		
Instructions		
External Insurance Card		
External Billing		
External Patient Consent		Hospital Encounter
External Patient		Hospital Encounter
Education and		
Instructions		
External Patient Consent		Hospital Encounter
External Billing		CCMSJ
External Patient Consent		Hospital Encounter
External Patient		Hospital Encounter
Education and		
Instructions		
External Patient		Hospital Encounter
Education and		
Instructions		HISC
External Patient Consent		Hospital Encounter
External Patient Consent		Hospital Encounter
Education and		
Instructions		
External Procedure		Hospital Encounter
External Patient Consent		Hospital Encounter
External Patient Consent		Hospital Encounter
External Cardiology		Hospital Encounter
Imaging		
External Patient		Hospital Encounter

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	Status	Date Received	Description
Education and Instructions			
External ROI / HIM Consent			
External Patient Consent			Hospital Encounter
External Patient Education and Instructions			Hospital Encounter
External Patient Education and Instructions			Hospital Encounter
External Cardiology Imaging			EKG-SCANNED
Documents for the Encounter			
Hospital Consent for Treatment	Received	03/02/25	
Hospital Financial Notice of Responsibility	Received	03/02/25	
Consent to Facility Directory	Received	03/02/25	
Clinical Image			US LUE PICC placement
Clinical Image			US RUE PICC placement
PDF Report			Facesheet, Initial Review
After Visit Summary			AVS - Discharge to Home
DICOM Study	(Deleted)		
DICOM Series	(Deleted)		
DICOM Image	(Deleted)		
DICOM Study	(Deleted)		
DICOM Series	(Deleted)		
DICOM Image	(Deleted)		CCMSI
DICOM Study			
DICOM Series			
DICOM Image			MAR 07 2025
DICOM Study	(Deleted)		
DICOM Series	(Deleted)		
DICOM Image	(Deleted)		HISD
DICOM Series	(Deleted)		
DICOM Image	(Deleted)		
DICOM Study	(Deleted)		
DICOM Series	(Deleted)		
DICOM Image	(Deleted)		
DICOM Series	(Deleted)		
DICOM Image	(Deleted)		
DICOM Study	(Deleted)		
DICOM Series	(Deleted)		
DICOM Image	(Deleted)		
HIM Release of Information Output		03/07/25	Document (3/7/2025 2:44 PM CST)
Admission Information			



**Most Recent Utilization Review (continued)**

Hypertension  
 Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC)  
 Discitis  
 History of MRSA infection  
 Malfunction of gastrostomy tube (CMS/HCC) (HCC)  
 Anemia, unspecified

Clinical Status/Treatments/Plan of care:

Current Vent settings:  
 No data recorded days.

Barriers to Discharge: dc order 0307

NSGY spine recommended I&D but the patient refused as he is a school teacher, lives alone, no financial savings, and he needs 3 months for recovery post op, that's why he wants to be discharged on ABX and get the surgery done in the Summer. IR was consulted to see if he has a drainable abscess, but they said no intervention. Daptomycin 8mg/kg Q24 until 3/16/25

Discharge Plan:

Anticipated Discharge Location In home services Home Health and IV ABX

Discharge Service Needs DME or oxygen

Discharge Services:

Equipment/Supplies Need: set up IV ABX home infusion , PT: RW-ordered

**Medical Problems****Problem List**

Problem	ICD-10-CM	Notes
* (Principal) Acute midline low back pain with right-sided sciatica	M54.41	3/3/2025
Hypertension	I10	3/4/2025
Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC)	S32.050A	3/4/2025
Discitis	M46.40	3/4/2025
History of methicillin resistant staphylococcus aureus (MRSA)	Z86.14	3/4/2025
Complication of artificial opening of stomach	K94.23	3/4/2025
Anemia, unspecified	D64.9	3/5/2025

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**Payer Communication History****Ccmsi/Wc Ccmsi**

Document	Status	Date/Time	First Action	User	Fax
3 Attachments	Pending	3/7/2025 1449		Nguyet Anh Dao Tran	713 218 8579
• Facesheet					
• Concurrent Review					
• Custom Document					
2 Attachments	Complete	3/7/2025 1404		Amber Lewis	713-218-8579
• Facesheet					

## Payer Communication History (continued)

- Initial Review

## Radiology (Last 24 hours)

03/06 1515 XR chest 1 v for placement

## Radiology Results (last 3 days)

Procedure	Component	Value	Units	Date/Time
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XR chest 1 v for placement [232822813]

Collected: 03/06/25 1743

Order Status: Completed

Updated: 03/06/25 1746

Narrative:

EXAM: XR CHEST 1 VIEW

DATE: 03/06/2025 15:00

INDICATION: RUE PICC insertion (tip location)

COMPARISON: Chest radiograph dated June 30, 2007

TECHNIQUE: AP chest.

IMPRESSION: Patient is rotated.

Lines, tubes and hardware: Interval placement of a right-sided PICC line with tip overlying the distal SVC.

Lungs and pleura: The lungs are clear. The costophrenic sulci are sharp without effusion. Small right pleural effusion. No definite left pleural effusion. No pneumothorax within this semierect film.

Heart and mediastinum: The heart size is normal. The mediastinal contours are normal.

Bones and soft tissues: No acute abnormality.

This report was dictated by a Radiology Resident/Fellow/APP: Amir Khadivi, RES, MD 3/6/2025 15:32

This report was dictated by a Radiology Resident/Fellow/Physician Assistant. I have personally reviewed the images as well as the interpretation and agree with the findings.

Report finalized by: Cihan Duran, MD 3/6/2025 17:43

MRI thoracic spine w and wo IV contrast [231500494]

Collected: 03/04/25 2230

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Order Status: Completed

Updated: 03/04/25 2233

Narrative:

EXAM: MRI CERVICAL SPINE WITH AND WITHOUT CONTRAST

EXAM: MRI OF THE THORACIC SPINE WITHIN WITHOUT CONTRAST

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DATE: 3/4/2025 17:09

WISD

INDICATION: osteo workup ,

COMPARISON: None.

TECHNIQUE:

- Multiplanar MR imaging of the cervical spine, with and without contrast.

## Radiology Results (last 3 days) (continued)

Procedure	Component	Value	Units	Date/Time
- Multiplanar MR imaging of the thoracic spine, with and without contrast.				

### FINDINGS:

#### CERVICAL SPINE:

The axial postcontrast sequences are limited by motion artifacts.  
There is exaggerated cervical lordosis. No significant spinal canal narrowing is present in the interval. No cord compression or focal cord signal abnormality. No abnormal enhancement is identified. Uncovertebral change resulting in moderate bilateral foraminal narrowing at C3-C4, C4-C5 through C6-C7.

#### THORACIC SPINE:

The axial postcontrast sequences are limited by motion artifacts.  
Exaggerated thoracic kyphosis. No cord compression or definite focal cord signal abnormality. No abnormal enhancement. Focal disc protrusion/extrusion at T9-T10 resulting in moderate spinal canal narrowing at this level.

### IMPRESSION:

1. No imaging evidence of osteomyelitis in the cervical or thoracic spine. Degenerative changes, as detailed above.

Report finalized by: Arash Kamali, MD 3/4/2025 22:30

**MRI cervical spine w and wo IV contrast [231500493]**

Resulted: 03/04/25 2230

Order Status: Completed

Updated: 03/04/25 2233

Narrative:

EXAM: MRI CERVICAL SPINE WITH AND WITHOUT CONTRAST

EXAM: MRI OF THE THORACIC SPINE WITHIN WITHOUT CONTRAST

DATE: 3/4/2025 17:09

INDICATION: osteo workup ,

COMPARISON: None.

### TECHNIQUE:

- Multiplanar MR imaging of the cervical spine, with and without contrast.
- Multiplanar MR imaging of the thoracic spine, with and without contrast.

### FINDINGS:

#### CERVICAL SPINE:

The axial postcontrast sequences are limited by motion artifacts.  
There is exaggerated cervical lordosis. No significant spinal canal narrowing is present in the interval. No cord compression or focal cord signal abnormality. No abnormal enhancement is identified. Uncovertebral change resulting in moderate bilateral foraminal narrowing at C3-C4, C4-C5 through C6-C7.

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#### THORACIC SPINE:

The axial postcontrast sequences are limited by motion artifacts.  
Exaggerated thoracic kyphosis. No cord compression or definite focal cord signal abnormality. No abnormal enhancement. Focal disc protrusion/extrusion at T9-T10 resulting in moderate spinal canal narrowing at this level.

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### IMPRESSION:

# Radiology Results (last 3 days) (continued)

Procedure	Component	Value	Units	Date/Time
1. No imaging evidence of osteomyelitis in the cervical or thoracic spine. Degenerative changes, as detailed above.				

Report finalized by: Arash Kamali, MD 3/4/2025 22:30

## All Component Based Labs

	03/07/25 0537	03/07/25 0125	03/06/25 0159	03/05/25 0115
Imm Grans #		0.02	0.01	0.01
Basos #		0.09 ^	0.07	0.07
Eos #		0.14	0.07	0.07
Lymphs #		2.28	1.99	1.94
Anion Gap		11.6	9.9 v Comment: Unable to calculate due to out of range variable.	11.4
Basos %		1.3	1.1	1.1
BUN		16	17	13
Calcium Lvl		8.6	7.9 v	8.6
Chloride Lvl		100	98	100
CO2 Lvl		26.7	28.4	27.0
Creatinine Lvl		0.87	0.89	0.98
EGFR		105 Comment: The eGFR is calculated using the CKD-EPI formula. In most young, healthy individuals the eGFR will be >90 mL/min/1.73m2. The eGFR declines with age. An eGFR of 60-89 may be normal in some populations, particularly the elderly, for whom the CKD-EPI formula has not been extensively validated. Use of the eGFR is not	104 Comment: Unable to calculate due to out of range variable. The eGFR is calculated using the CKD-EPI formula. In most young, healthy individuals the eGFR will be >90 mL/min/1.73m2. The eGFR declines with age. An eGFR of 60-89 may be normal in some populations, particularly the elderly, for whom the CKD-EPI formula has not been extensively validated. Use of the eGFR is not	94 Comment: The eGFR is calculated using the CKD-EPI formula. In most young, healthy individuals the eGFR will be >90 mL/min/1.73m2. The eGFR declines with age. An eGFR of 60-89 may be normal in some populations, particularly the elderly, for whom the CKD-EPI formula has not been extensively validated. Use of the eGFR is not

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## All Component Based Labs (continued)

	03/07/25 0537	03/07/25 0125	03/06/25 0159	03/05/25 0115
	<p>recommended in the following populations: Individuals with unstable creatinine concentrations, including pregnant patients and those with serious co-morbid conditions. Patients with extremes in muscle mass or diet. The data above are obtained from the National Kidney Disease Education Program (NKDEP) which additionally recommends that when the eGFR is used in patients with extremes of body mass index for purposes of drug dosing, the eGFR should be multiplied by the estimated BMI.</p>			
	<p>been extensively validated. Use of the eGFR is not recommended in the following populations: Individuals with unstable creatinine concentrations, including pregnant patients and those with serious co-morbid conditions. Patients with extremes in muscle mass or diet. The data above are obtained from the National Kidney Disease Education Program (NKDEP) which additionally recommends that when the eGFR is used in patients with extremes of body mass index for purposes of drug dosing, the eGFR should be multiplied by the estimated BMI.</p>			
	<p>recommended in the following populations: Individuals with unstable creatinine concentrations, including pregnant patients and those with serious co-morbid conditions. Patients with extremes in muscle mass or diet. The data above are obtained from the National Kidney Disease Education Program (NKDEP) which additionally recommends that when the eGFR is used in patients with extremes of body mass index for purposes of drug dosing, the eGFR should be multiplied by the estimated BMI.</p>			
Eos %		2.1	1.1	1.1
Glucose Lvl	45 ▼ Comment: Adult reference range values reflect the clinical guidelines of the American Diabetes Association.	75 Comment: Adult reference range values reflect the clinical guidelines of the American Diabetes Association.	77 Comment: Adult reference range values reflect the clinical guidelines of the American Diabetes Association.	
Hematocrit	36.7 ▼	36.4 ▼	38.3	
Hgb	11.3 ▼	11.4 ▼	11.9 ▼	
Immature Grans %	0.3	0.2	0.2	

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# All Component Based Labs (continued)

	03/07/25 0537	03/07/25 0125	03/06/25 0159	03/05/25 0115
Lymphs %		34.1	31.8	30.7
MCH		23.8 ▼	24.3 ▼	24.2 ▼
MCHC		30.8 ▼	31.3	31.1 ▼
MCV		77.3 ▼	77.4 ▼	78.0 ▼
Monos %		0.50	0.39	0.49
		7.5	6.2	7.8
MPV		9.8	9.4	9.5
Segs #		3.65	3.72	3.74
Segs %		54.7	59.6	59.1
NRBC %		0.0	0.0	0.0
Plt Count		340	328	322
POC Glucose	122 ^			
POC	J5E NEURO			
Performing Location				
Potassium Lvl		4.3	4.3	4.4
RBC		4.75	4.70	4.91
RDW - SD		44.2 ^	43.5 ^	43.9 ^
Sodium Lvl		134 ▼	132 ▼	134 ▼
				CCMST
WBC		6.68	6.25	6.32

## Recent Vitals

	3/7/2025 0017	3/7/2025 0017	3/7/2025 0437	3/7/2025 0438	3/7/2025 0801	3/7/2025 0802	3/7/2025 0802	3/7/2025 1300 (SD)
BP:	138/88	—	113/83	—	160/96 !	—	—	145/83
Pulse:	—	72	—	86	—	—	58	64
Resp:	—	17	—	18	—	—	17	18
Temp:	—	—	—	—	—	35.9 °C (96.7 °F) !	—	36 °C (96.8 °F) !
Temp src:	—	Oral	—	Axillary	—	—	Oral	Oral
SpO2:	—	99 %	—	100 %	—	—	100 %	100 %
Body Mass Index:	—	—	—	—	—	—	—	—
Body Surface	—	—	—	—	—	—	—	—

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## Recent Vitals (continued)

	3/7/2025	3/7/2025	3/7/2025	3/7/2025	3/7/2025	3/7/2025	3/7/2025	3/7/2025
	0017	0017	0437	0438	0801	0802	0802	1300

Area:

## Glasgow Coma Scale from 03/05/25 1449 to 03/07/25 1449

Date and Time	Best Eye Response	Best Verbal Response	Best Motor Response	Glasgow Coma Scale Score	Best Eye Response	Best Verbal Response	Best Motor Response	Pediatric Glasgow Coma Scale Score	User
03/07/25 0400	Spontaneous	Oriented	Follows commands	15	--	--	--	--	AG
03/07/25 0000	Spontaneous	Oriented	Follows commands	15	--	--	--	--	AG
03/06/25 2000	Spontaneous	Oriented	Follows commands	15	--	--	--	--	AG
03/06/25 1600	Spontaneous	Oriented	Follows commands	15	--	--	--	--	SP
03/06/25 1200	Spontaneous	Oriented	Follows commands	15	--	--	--	--	SP
03/06/25 0800	Spontaneous	Oriented	Follows commands	15	--	--	--	--	SP
03/06/25 0400	Spontaneous	Oriented	Follows commands	15	--	--	--	--	AG
03/06/25 0000	Spontaneous	Oriented	Follows commands	15	--	--	--	--	AG
03/05/25 2000	Spontaneous	Oriented	Follows commands	15	--	--	--	--	AG
03/05/25 1600	Spontaneous	Oriented	Follows commands	15	--	--	--	--	II

## Respiratory

Lab Data (Last 48 hours)

None

O2/Vent Data (Last 4)

	03/07 0017	03/07 0438	03/07 0802	03/07 1300
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)
SpO2 (%)	99	100	100	100

## Intake/Output Detail Report

Date	Intake		Output		Net
Shift	P.O.	IV Piggyback	Total	Urine	Total
Noc	--	--	--	--	0
03/05/25 2300 -					
03/06/25 0659					



Intake/Output Detail Report (continued)

Shift	P.O.	IV Piggyback	Total	Urine	Total
Day 03/06/25 0700 - 03/06/25 1459	500	--	500	--	500
Eve 03/06/25 1500 - 03/06/25 2259	490	--	490	--	490
Noc 03/06/25 2300 - 03/07/25 0659	240	--	240	--	240
Day 03/07/25 0700 - 03/07/25 1459	--	--	--	--	0

Labor Summary Last refreshed 03/07/25 1449

Vitals

Reading	Time Taken
BP: 145/83	1300
Temp: 36 °C (96.8 °F) <sup>†</sup> (Oral)	1300
Pulse: 64	1300
Resp: 18	1300
SpO2: 100 %	1300
Pain score: 0	0900
Max temperature before delivery 37.4 °C (99.3 °F)	03/04/25 1603

PRN Medication Adminstered Past 3 Days for Kaminczak, Steve as of 3/5/25 through 3/7/25

Medications	03/05/25	03/06/25	03/07/25
<b>dextrose 50 % solution 12.5 g</b> Dose: 12.5 g Freq: As needed Route: IV PRN Reason: low blood sugar PRN Comment: if Blood Glucose 51- 69 mg/dL Start: 03/04/25 0048 Admin Instructions: For BG 51-69 mg/dL and patient UNCONSCIOUS OR UNABLE TO SWALLOW OR NPO: Give 25 mL of D50W IV push and notify MD.			CCMSI
<b>dextrose 50 % solution 25 g</b> Dose: 25 g Freq: As needed Route: IV PRN Reason: other PRN Comment: if Blood Glucose <= 50 mg/dL Start: 03/04/25 0048 Admin Instructions: If BG <=50 mg/dL, give 50 mL of D50W IV push STAT and notify MD.			MAR 07 2025



PRN Medication Administered Past 3 Days (continued) for Kaminczak, Steve as of 3/5/25 through 3/7/25

Medications	03/05/25	03/06/25	03/07/25
<b>glucagon injection 1 mg</b> Dose: 1 mg Freq: As needed Route: IM PRN Comment: For BG < 70 mg/dL if no IV access and patient is either Unconscious, unable to swallow or npo Start: 03/04/25 0048 Admin Instructions: For BG < 70 mg/dL if no IV access and patient is either Unconscious, unable to swallow or npo and notify MD.			
<b>ibuprofen tablet 800 mg</b> Dose: 800 mg Freq: Every 8 hours PRN Route: PO PRN Reasons: mild pain (1-3), headaches Start: 03/04/25 2016		0514- Given	
<b>LORazepam (Ativan) tablet 1 mg</b> Dose: 1 mg Freq: Daily PRN Route: PO PRN Reason: anxiety Start: 03/04/25 2023 Admin Instructions: Hold for sedation	2224- Given		
<b>melatonin tablet 6 mg</b> Dose: 6 mg Freq: Nightly PRN Route: PO PRN Reason: sleep Start: 03/05/25 2058			
<b>naloxone (Narcan) injection 0.04 mg</b> Dose: 0.04 mg Freq: As needed Route: IV PRN Reason: opioid reversal PRN Comment: every 2 mins PRN for Narcotic Reversal Start: 03/04/25 0049 Admin Instructions: Give up to 0 doses of 0.04 mg as needed to reverse over sedation. Keep available for immediate use. Call ordering physician STAT (Dilute 0.4 mg/ml in 9 ml of saline)			
<b>oxyCODONE (Roxicodone) immediate release tablet 10 mg</b> Dose: 10 mg Freq: Every 6 hours PRN Route: PO PRN Reason: severe pain (7-10) Start: 03/05/25 1307	1830- Given	0152- Given    0903- Given    1649- Given	0112- Given    0836- Given    1443- Given
<b>sodium chloride (NS) 0.9 % flush 10 mL</b> Dose: 10 mL Freq: As needed Route: IV PRN Reason: line care Start: 03/06/25 0938 Admin Instructions: Flush to clear line before and after all medications, lab draws, and blood products.			CCMS MAR 07 2025
<b>tramadol (Ultram) tablet 100 mg</b> Dose: 100 mg Freq: Every 6 hours PRN Route: PO PRN Reason: moderate pain (4-6) Start: 03/05/25 1308 End: 03/09/25 0048	1701- Given	0421- Given    1311- Given    2105- Given	1432 MED

Orders (720h ago, onward)

Start		Ordered
03/08/25 0000	polyethylene glycol, PEG, 3350 (Miralax) 17 g packet Daily	03/07/25 1429
03/07/25 1426	Discharge patient Once	03/07/25 1429
03/07/25 1402	Candida Auris Fungal Culture Surveillance Once	03/07/25 1401
03/07/25 0942	Creatine Kinase STAT	03/07/25 0941
03/07/25 0000	DULoxetine (Cymbalta) 60 MG DR capsule Daily	03/07/25 1429
03/07/25 0000	gabapentin (Neurontin) 600 MG tablet 3 times daily	03/07/25 1429
03/07/25 0000	losartan (Cozaar) 100 MG tablet Daily	03/07/25 1429

Orders (continued) (720h ago, onward)

03/07/25 0000	acetaminophen (Tylenol) 500 MG tablet Every 6 hours scheduled	03/07/25 1429
03/07/25 0000	ibuprofen 800 MG tablet Every 8 hours PRN	03/07/25 1429
03/07/25 0000	melatonin 3 MG tablet Nightly PRN	03/07/25 1429
03/07/25 0000	methocarbamol (Robaxin) 500 MG tablet Every 6 hours scheduled	03/07/25 1429
03/07/25 0000	oxyCODONE (Roxicodone) 10 MG Immediate release tablet Every 6 hours PRN	03/07/25 1429
03/07/25 0000	sennosides (Senokot) 8.6 MG tablet Nightly	03/07/25 1429
03/07/25 0000	Discharge patient instructions (specify) Comments: Instructions:	03/07/25 1431

Steve Kaminczak is a 50 y.o. male presenting with back pain, history of laminectomy many years ago, history of gastric sleeve surgery with complication, SBO s/p gastric bypass, esophageal stricture with J tube placement, h/o TPN via central line for 5 years, recently complicated by MRSA bacteremia and osteomyelitis completed daptomycin course, now able to tolerate p.o. intake (except pills) presented to hospital with worsening back pain that is radiating to his right hip. Patient endorses falling at his school week ago.

The imaging showed L4-L5 and L5-S1 discitis/osteomyelitis with associated epidural phlegmon. He completed daptomycin course. Has no central line. Patient still takes clindamycin without any prescription. Patient takes over OxyContin from the street for his pain.

During this admission:

NSGY spine recommended I&D but the patient refused as he is a school teacher, lives alone, no financial savings, and he needs 3 months for recovery post op, that's why he wants to be discharged on ABX and get the surgery done in the Summer. IR was consulted to see if he has a drainable abscess, but they said no intervention.

ID recommended:

- Daptomycin 8mg/kg Q24 until 3/16/25
  - Every Monday labs: CBC with differential, CMP, CPK, ESR, and CRP
- Please fax above labs to (281) 365-0085  
Attention Dr Charles Ericsson

Outpatient follow up:

- PCP in 3 days
- Infectious diseases: Patient follows with Dr. Khoury (832-410-1464) who recommended OPAT again for a few months until patient is ready for surgery. OPAT to follow and patient will re-establish care with Dr. Khoury
- Pain management doctor:

UT Pain clinics

Pearland Main Branch: 713-486-6000  
MHOSH Pain Clinic: 713-486-6000  
Bayshore Pain Clinic: 713-486-6325

03/07/25 0000	Primary care provider (PCP)	03/07/25 1431
03/07/25 0000	Follow-up with provider (Provider)	03/07/25 1431
03/06/25 0000	Referral to Home Health for Home Infusion (Referral to Home Infusion) Comments: I attest that I or another qualified licensed provider saw Steve Kaminczak 90 days prior to or 30 days post admission and this face to face encounter meets the necessary Home Health requirements. The face to face encounter occurred on 03/06/25	

The encounter with the patient was in whole, or in part, for the following medical necessity, which is the primary reason for home health care.  
Inability to safely perform ADL's, IADL, complex activities, Multiple

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Orders (continued) (720h ago, onward)

medications or recent change in medication regime , and Safety eval s/p fall, hip or knee surgery

03/06/25 0803

I certify that, based on my findings, above selected services in the order are medically necessary skilled home health services.

Further, I certify that my clinical findings support this patient's homebound status (i.e. absences from home require considerable and taxing effort, are for health treatment, or for attendance at religious events; absences from home for nonmedical reasons are infrequent or are of relatively short duration).

The clinical findings that support the need for home care and homebound status are due to Requires assistance with transfers and ambulation and the patient has a condition such that leaving his/her home is medically contraindicated. There exists a normal inability to leave home and leaving home requires a considerable and taxing effort including worsening clinical course

03/06/25 0000	Heparin Sod, Pork, Lock Flush (heparin flush) 10 units/mL Injection (Referral to Home Infusion) As needed	03/06/25 0803
03/06/25 0000	heparin flush 100 units/mL solution (Referral to Home Infusion) As needed	03/06/25 0803
03/06/25 0000	sodium chloride (NS) 0.9 % flush (Referral to Home Infusion) As needed	03/06/25 0803
03/06/25 0000	Home IV line disposition (Referral to Home Infusion)	03/06/25 0803
03/06/25 0000	Home IV line care (Referral to Home Infusion)	03/06/25 0803
03/06/25 0000	Type of line (Referral to Home Infusion)	03/06/25 0803
03/06/25 0000	sodium chloride 0.9 % solution 100 mL with DAPTOmycin 350 mg/7mL wet vial 600 mg (Referral to Home Infusion) Every 24 hours scheduled	03/06/25 0803
03/06/25 0000	Follow-up with provider (Anti-infectives) (Referral to Home Infusion)	03/06/25 0803
03/06/25 0000	Lab Instructions - Select Labs (Referral to Home Infusion) Comments: Discharge Labs: Complete Blood Count w/Diff and Platelet, CK, Total , C-Reactive Protein, Hepatic Function Panel, and Other: BMP	03/06/25 0803
03/06/25 0000	Follow Up in Internal Medicine (Follow-Up (Schedulable))	03/06/25 0803
03/06/25 0000	Ambulatory referral to Home Health Comments: Special Instructions:	

I attest that I or another qualified licensed provider saw Steve Kaminczak 80 days prior to or 30 days post admission and this face to face encounter meets the necessary Home Health requirements. The face to face encounter occurred on 3/6/2025 .

The encounter with the patient was in whole, or in part, for the following medical necessity, which is the primary reason for home health care.  
Inability to safely perform ADL's, IADL, complex activities

I certify that, based on my findings, above selected services in the order are medically necessary skilled home health services.

Further, I certify that my clinical findings support this patient's homebound status (i.e. absences from home require considerable and taxing effort, are for health treatment, or for attendance at religious events; absences from home for nonmedical reasons are infrequent or are of relatively short duration).

The clinical findings that support the need for home care and homebound status are due to Requires supportive devices (example crutches, canes, wheelchairs, walkers), special transportation and/or the assistance of another person(s) to leave the home or leaving home is medically

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Orders (continued) (720h ago, onward)

	contraindicated and the patient has a condition such that leaving his/her home is medically contraindicated. There exists a normal inability to leave home and leaving home requires a considerable and taxing effort including worsening clinical course	03/06/25 0804
03/06/25 0000	Walker rolling	03/06/25 0940
03/05/25 0300	Basic Metabolic Panel (Order Panel) Morning draw	03/04/25 2203
03/05/25 0300	Complete Blood Count w/Diff and Platelet (Order Panel) Morning draw	03/04/25 2203
03/05/25 0000	Walker rolling	03/05/25 1320
03/04/25 0051	Activity (specify) Bedrest With Exceptions; Ambulate With Assistance; Three Times Daily Until discontinued	03/04/25 0050
03/04/25 0050	Call physicians for further orders if pain is unrelieved (Acute Pain/Anxiolytic Orders Panel) Until discontinued	03/04/25 0050
03/04/25 0050	Contact physician to discontinue all previous orders for "as-needed" analgesics. (Acute Pain/Anxiolytic Orders Panel) Until discontinued	03/04/25 0050
03/04/25 0050	If PCA is ordered, contact physician to discontinue all PRN Pain medications on the MAH (Acute Pain/Anxiolytic Orders Panel) Until discontinued	03/04/25 0050
03/04/25 0050	Thermal Therapy (Acute Pain/Anxiolytic Orders Panel) Until discontinued Comments: Obtain Cold/Heat Pad and machine and apply to affected area for non-pharmacological pain control	03/04/25 0050
03/04/25 0049	Adult Diet Regular Diet effective now	03/04/25 0050
03/04/25 0049	Vital Signs Per Unit Guidelines	03/04/25 0050
03/04/25 0049	Pulse Oximetry Spot Check by Nurse Every shift Comments: Remove O2 prior to spot check	03/04/25 0050
03/04/25 0049	Notify MD if hypoglycemia persists for more than 30 minutes (Hypoglycemia Management Panel) Until discontinued	03/04/25 0050
03/04/25 0049	Notify MD (Hypoglycemia Management Panel) Until discontinued Comments: Contact physician to consider discontinuing all previous insulin orders if patient experiences hypoglycemic event.	03/04/25 0050
03/04/25 0049	Notify MD (Hypoglycemia Management Panel) Until discontinued Comments: Notify MD for blood glucose > 300 mg/dL or < 70 mg/dL.	03/04/25 0050
03/04/25 0049	Notify MD (Hypoglycemia Management Panel) Until discontinued Comments: Notify MD if patient becomes NPO or if parenteral/enteral nutrition is stopped (review insulin orders).	03/04/25 0050
03/04/25 0049	PT Eval and Treat (PT Eval and Treat) Until therapy completed	03/04/25 0050
03/04/25 0049	OT Eval and Treat (OT Eval and Treat) Until therapy completed	03/04/25 0050

Patient Lines/Drains/Airways Status

Active LDAs

Name	Placement date	Placement time	Site	Days
LDA PICC 03/06/25 Single-lumen 4 Right Brachial vein	03/06/25	1455	Brachial vein	less than 1
Peripheral IV 03/02/25 Anterior, Left Forearm	03/02/25	1918	Forearm	4 CCMSI

MAR 07 2025

HILL

Memorial Hermann TMC  
Hospital  
6411 Fannin Street  
Houston TX 77030-1599

Kaminczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm: 3/3/2025, D/C: —

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**Consults by Aarohi Amol Vora, MD at 3/5/2025 12:09 PM**

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Author: Aarohi Amol Vora, MD      Service: Infectious Disease      Author Type: Resident  
Filed: 3/5/2025 5:16 PM      Date of Service: 3/5/2025 12:09 PM      Status: Attested

Editor: Aarohi Amol Vora, MD (Resident)

Related Notes: Original Note by Aarohi Amol Vora, MD (Resident) filed at 3/5/2025 5:09 PM

Cosigner: Divya Bhamidipati, MD at 3/5/2025 8:17 PM

Consult Orders

1. Inpatient consult to Infectious Diseases [232022004] ordered by Omar Naji Saab Saab, MD at 03/05/25 0721

Attestation signed by Divya Bhamidipati, MD at 3/5/2025 8:17 PM

---

I saw and evaluated the patient, participating in the key portions of the service. I reviewed the fellow's note.  
I agree with the fellow's findings and plan.

Divya Bhamidipati, MD MSc  
Division of Infectious Diseases  
McGovern Medical School  
Pager 713 200 0399

**UT Surgical Infectious Diseases Initial Consult Note**

**Assessment:**

50 y.o. male with history of esophageal stricture status post PEG tube placement. Patient had a PICC line for several months (for TPN). He was admitted on 11/2024 for abdominal pain and PEG tube leakage. He was taken to the OR where he underwent laparoscopic takedown of the previous jejunostomy site that was causing a volvulus and bowel obstruction and his blood cultures were positive for MRSA s/p 6 weeks of Daptomycin. Eventually represented and found to have Staph epi bacteremia and MRI findings concerning for discitis/OM. He was continued with IV Daptomycin with Dr. Khoury and planned for 3 month post suppressive therapy with PO Clindamycin but has been unable to take the recommended regimen due to issues using his g-tube during school hours. He presented now to MHH with phlegmon. He was offered NGSY with corpectomy but has trouble with taking necessary time off for recovery.

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**Diagnoses:**

#MRSA L5/S1 Discitis/osleo with phlegmon

- s/p 6 weeks with Daptomycin w/ Dr. Khoury and subsequent PO Clinda

#Prior laminectomy

#Esophageal stricture previously on TPN now with G-tube

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HISL

**Recommendations:**

- Can discuss if patient is a candidate for any other intervention/drainage or otherwise<sup>[AV.1]</sup>
- Patient asking for pain management eval<sup>[AV.2]</sup>
- Will plan for IV Daptomycin again w/ week<sup>[AV.1]</sup><sup>[AV.3]</sup> CK monitoring. Patient follows with Dr. Khoury (832-410-1464) who recommended OPAT again for a few months until patient is ready for surgery<sup>[AV.1]</sup>. OPAT to follow and patient will re-establish care with Dr. Khoury<sup>[AV.3]</sup>

Memorial Hermann TMC  
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Kaminczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm: 3/3/2025, D/C: —

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**Consults by Aarohi Amol Vora, MD at 3/5/2025 12:09 PM (continued)**

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Discussed with ID attending Dr. Bhamidipati

Thank you for involving us in the care of your patient.

Aarohi Vora, MD  
PGY-5 Infectious Diseases Fellow  
UTHealth

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38345229

Reason for consult: MRSA Discitis

Requesting service: Hosp

**HPI:**

50 y.o. male with history of esophageal stricture status post PEG tube placement. Patient had a PICC line for several months (for TPN) He was admitted on 11/2024 for abdominal pain and PEG tube leakage. He was taken to the OR where he underwent laparoscopic takedown of the previous jejunostomy site that was causing a volvulus and bowel obstruction and his blood cultures were positive for MRSA and he was given vancomycin and cefepime. For unclear reasons, he was discharged on 11/14 without antibiotics or PICC line. After this had multiple admission for various reasons including back pain and progressive weakness. Eventually represented and found to have Staph epi bacteremia and MRI findings concerning for discitis/OM. He was treated with 6 weeks of IV Daptomycin with Dr. Khoury and planned for 3 month post suppressive therapy with PO Clindamycin but has been unable to take the recommended regimen due to issues using his g-tube during school hours. He presented now to MHH with phlegmon. He was offered NGSY with corpectomy but has trouble with taking necessary time off for recovery.

Review of systems: 14 point review of systems reviewed with patient and is negative except as per HPI.

No Known Allergies

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acetaminophen, 1,000 mg, Oral, q6h SCH  
DULoxetine, 30 mg, Oral, Daily 630  
gabapentin, 800 mg, Oral, TID  
losartan, 100 mg, Oral, Daily  
polyethylene glycol (PEG) 3350, 17 g, Oral, Daily  
sennosides, 2 tablet, Oral, Nightly  
sodium chloride, 10 mL, Intravenous, q12h SCH

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**Consults by Aarehi Amel Vera, MD at 3/5/2025 12:09 PM (continued)**

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PRN medications: dextrose, dextrose, glucagon, ibuprofen, LOrazepam, naloxone, oxyCODONE, sodium chloride, traMADol

**Visit Vitals**

BP	126/88
Pulse	73
Temp	36.6 °C (97.9 °F)
Resp	18
Ht	1.753 m (5' 9.02")
Wt	74.8 kg (164 lb 14.5 oz)
SpO2	100%
BMI	24.34 kg/m <sup>2</sup>
Smoking Status	Unknown
BSA	1.91 m <sup>2</sup>

**Physical Exam**

General - Mild distress, spinal tenderness  
HEENT - Pupils equal, round and reactive to light  
Lungs - Clear to auscultation bilaterally  
Heart - Regular rate and rhythm, normal S1 and S2  
Abdomen - Soft, non tender, bowel sounds present  
Musculoskeletal - Normal range of motion in all extremities  
Skin - warm, dry  
Extremities - No lower extremity edema  
Neuro - Alert and oriented x3

**LDAs:**

Peripheral IV 03/02/25 Anterior Left Forearm (Active)

Number of days: 3

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**Current antimicrobials:**

Clindamycin

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**Prior antimicrobials:**

Daptomycin

**Microbiology:**

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Hospital  
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Karninczak, Steve  
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Adm: 3/3/2025, D/C: —

### Consults by Aarohi Amol Vora, MD at 3/5/2025 12:09 PM (continued)

1/11/2024 MRSA

Specimen: Blood - Structure of part of left upper limb (body structure)

Component	3 mo ago	Comments
Blood culture isolate	<div>1</div> <div>Staphylococcus aureus</div> <div>Anaerobic only:</div> <div>This organism should be considered Methicillin Resistant. If you have questions, please call the microbiology laboratory at 713-441-0310 and ask for the medical director.</div>	Specimen information Specimen Source: Blood Specimen Site: Arm, left
Blood culture isolate	<div>1</div> <div>Staphylococcus coagulase negative</div> <div>Anaerobic only:</div> <div>Organism failed to thrive for identification and susceptibility testing.</div>	
Resulting Agency	HOUSTON METHODIST HOSPITAL	

Organism	Antibiotic	Method	Susceptibility
Staphylococcus aureus	Ampicillin	MIC	8 mcg/mL: Resistant
Staphylococcus aureus	Cefazolin	MIC	8 mcg/mL: Resistant
Staphylococcus aureus	Cefazolin	MIC	0.5 mcg/mL: Susceptible
Staphylococcus aureus	Clindamycin	MIC	<=0.5 mcg/mL: Susceptible
Staphylococcus aureus	Daptomycin	MIC	<=0.5 mcg/mL: Susceptible
Staphylococcus aureus	Doxycycline	MIC	<=0.5 mcg/mL: Susceptible
Staphylococcus aureus	Linezolid	MIC	2 mcg/mL: Susceptible
Staphylococcus aureus	Mupirocin	MIC	<=1 mcg/mL: Susceptible
Staphylococcus aureus	Oxacillin	MIC	2 mcg/mL: Resistant
Staphylococcus aureus	Rifampin	MIC	<=0.25 mcg/mL: Susceptible
Staphylococcus aureus	Tetracycline	MIC	<=16 mcg/mL: Susceptible
Staphylococcus aureus	Trimethoprim/Sulfamethoxazole	MIC	<=0.5/9.5 mcg/mL: Susceptible
Staphylococcus aureus	Vancomycin	MIC	1 mcg/mL: Susceptible

Specimen Collected: 11/11/24 0648

Performed by: HMM DEPARTMENT OF PATHOLOGY AND GENOMIC MEDICINE

Received From: Houston Methodist

Last Resulted: 11/15/24 11:15

Result Received: 03/02/25 18:30

1/16/2025 Staph Epi

Specimen: Blood - Structure of part of left upper limb (body structure)		
Component	2 yr ago	Comments
Blood culture isolate	<div>1</div> <div>Staphylococcus epidermidis</div> <div>Aer/Ane bottles:</div>	Specimen information Specimen Source: Blood Specimen Site: Arm, left
Resulting Agency	HOUSTON METHODIST HOSPITAL	

Organism	Antibiotic	Method	Susceptibility
Staphylococcus epidermidis	Ampicillin	MIC	8 mcg/mL: Resistant
Staphylococcus epidermidis	Clindamycin	MIC	<=0.5 mcg/mL: Susceptible
Staphylococcus epidermidis	Doxycycline	MIC	<=0.5 mcg/mL: Susceptible
Staphylococcus epidermidis	Daptomycin	MIC	<=0.5 mcg/mL: Susceptible
Staphylococcus epidermidis	Linezolid	MIC	2 mcg/mL: Susceptible
Staphylococcus epidermidis	Mupirocin	MIC	<=1 mcg/mL: Susceptible
Staphylococcus epidermidis	Oxacillin	MIC	>1 mcg/mL: Resistant
Staphylococcus epidermidis	Tetracycline	MIC	<=0.5 mcg/mL: Susceptible
Staphylococcus epidermidis	Vancomycin	MIC	1 mcg/mL: Susceptible
Staphylococcus epidermidis	Trimethoprim/Sulfamethoxazole	MIC	<=0.5/9.5 mcg/mL: Susceptible

Specimen Collected: 01/16/23 11:00

Performed by: HMM DEPARTMENT OF PATHOLOGY AND GENOMIC MEDICINE

Received From: Houston Methodist

Last Resulted: 01/20/23 10:23

Result Received: 03/01/25 18:30

No results found for the last 90 days.

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Results from last 7 days

Lab	Units	03/03/25
		1629
SED RATE	mm/hr	44*
CRP	mg/L	16*

MAR 07 2025

MBI cervical spine w and wo IV contrast. MBI thoracic spine w and wo IV contrast

Generated on 3/7/25 2:44 PM

Page 4



Memorial Hermann TMC  
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Kaminczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm: 3/3/2025, D/C: —

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Consults by Aarohi Amol Vora, MD at 3/5/2025 12:09 PM (continued)

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EXAM: MRI CERVICAL SPINE WITH AND WITHOUT CONTRAST

EXAM: MRI OF THE THORACIC SPINE WITHIN WITHOUT CONTRAST

DATE 3/4/2025 17:09

INDICATION: osleo workup ,

COMPARISON: None.

#### TECHNIQUE

- Multiplanar MR imaging of the cervical spine, with and without contrast.
- Multiplanar MR imaging of the thoracic spine, with and without contrast.

#### FINDINGS:

##### CERVICAL SPINE

The axial postcontrast sequences are limited by motion artifacts.

There is exaggerated cervical lordosis. No significant spinal canal narrowing is present in the interval. No cord compression or focal cord signal abnormality. No abnormal enhancement is identified. Uncovertebral change resulting in moderate bilateral foraminal narrowing at C3-C4, C4-C5 through C6-C7.

##### THORACIC SPINE

The axial postcontrast sequences are limited by motion artifacts.

Exaggerated thoracic kyphosis. No cord compression or definite focal cord signal abnormality. No abnormal enhancement. Focal disc protrusion/extrusion at T9-T10 resulting in moderate spinal canal narrowing at this level.

#### IMPRESSION:

1. No imaging evidence of osteomyelitis in the cervical or thoracic spine. Degenerative changes, as detailed above.

Report finalized by: Arash Kamali, MD 3/4/2025 22:30

Transthoracic echo (TTE) complete

- Left Ventricle: Left ventricle size is normal. Normal wall motion of left ventricle. Normal systolic function with an estimated EF of 55 - 60%.
- Lumason used to enhance the endomyocardial border. No LV apical thrombus visualized.
- Right Ventricle: Right ventricle size is normal. Normal systolic function in the right ventricle.
- Aortic Valve: Aortic valve is structurally normal. Leaflet motion is normal. No aortic regurgitation present. No aortic stenosis present.

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MAR 07 2025

HISD

Memorial Hermann TMC  
Hospital  
6411 Fannin Street  
Houston TX 77030-1599

Kaminczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm: 3/3/2025 D/C: —

---

**Consults by Aarohi Amol Vora, MD at 3/5/2025 12:09 PM (continued)**

---

- Pulmonic Valve: No pulmonic regurgitation present. No pulmonic valve stenosis present.
- Mitral Valve: Mitral valve is structurally normal. Mitral leaflet motion is normal. Trace mitral regurgitation present. No mitral stenosis present.
- Tricuspid Valve: Tricuspid valve is structurally normal. Normal motion of the tricuspid valve. No tricuspid regurgitation present. No tricuspid valve stenosis present.
- Left Atrium: Left atrium size is normal.
- Right Atrium: Right atrium size is normal.
- IVC/SVC: IVC diameter is less than or equal to 21 mm and decreases greater than 50% during inspiration; therefore the estimated right atrial pressure is normal (~3 mmHg).
- Aorta: was not well visualized.
- Pericardium: No pericardial effusion present.
- No evidence of endocarditis.<sup>[AV.1]</sup>

**Attribution Key**

---

AV.1 - Aarohi Amol Vora, MD on 3/5/2025 12:09 PM  
AV.2 - Aarohi Amol Vora, MD on 3/5/2025 5:15 PM  
AV.3 - Aarohi Amol Vora, MD on 3/5/2025 5:09 PM

**Progress Notes by Aarohi Amol Vora, MD at 3/5/2025 5:09 PM**

---

Author: Aarohi Amol Vora, MD	Service: Infectious Disease	Author Type: Resident
Filed: 3/5/2025 5:11 PM	Date of Service: 3/5/2025 5:09 PM	Status: Signed
Editor: Aarohi Amol Vora, MD (Resident)		Cosigner: Divya Bhamidipati, MD at 3/5/2025 7:45 PM

**UT Infectious Diseases Outpatient Parenteral Antibiotic Therapy (OPAT) Note**

CCMSI

Patient: <sup>[AV.1]</sup> Steve Kaminczak<sup>[AV.2]</sup>  
MRN: <sup>[AV.1]</sup> 38345229<sup>[AV.2]</sup>  
Date of Birth: <sup>[AV.1]</sup> 5/28/1974<sup>[AV.2]</sup>

MAR 07 2025

ID Diagnosis: MRSA Discitis and Phlegmon

HISD

---

Please continue the following through 3/16/25:

Memorial Hermann TMC  
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6411 Fannin Street  
Houston TX 77030-1599

Kaminiczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm: 3/3/2025, D/C: —

---

**Progress Notes by Aarohi Amol Vora, MD at 3/5/2025 5:09 PM (continued)**

---

Daptomycin 8mg/kg Q24

Outpatient Lab Monitoring While on OPAT:

QMonday: CBC with differential, CMP, CPK, ESR, and CRP

Please fax above lab to (281) 265 0085

Attention Dr Charles Ericsson

---

Outpatient Infectious Diseases Follow-up:

1) Follow-up in ID Clinic: Dr. Khoury, see ID note

2) Follow-up MD: Dr Charles Ericsson

3) Pre-appointment Labs: CBC with differential, CMP, CPK, ESR, and CRP

4) Pre-appointment imaging: MRI Spine

5) Vascular access device plan: Remove after last dose of IV antibiotic. Okay for home health nurse to remove PICC. Tunneled catheters must be removed by IR (please coordinate outpatient follow-up with them prior to patient discharge).<sup>[AV.1]</sup>

Attribution Key

AV.1 - Aarohi Amol Vora, MD on 3/5/2025 5:09 PM

AV.2 - Aarohi Amol Vora, MD on 3/5/2025 5:10 PM

---

**Progress Notes by Omar Naji Saab Saab, MD at 3/5/2025 8:40 PM**

---

Author: Omar Naji Saab Saab, MD

Service: Internal Medicine

Author Type: Physician

Filed: 3/5/2025 8:52 PM

Date of Service: 3/5/2025 8:40 PM

Status: Signed

Editor: Omar Naji Saab Saab, MD (Physician)

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Texas Medical Center

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Medicine Daily Progress Note

Subjective

- IR consulted, no intervention. Still not ready for surgical intervention. His private ID attending called him and

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Memorial Hermann TMC  
Hospital  
6411 Fannin Street  
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Kaminczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm: 3/3/2025, D/C: —

---

**Progress Notes by Omar Naji Saab Saab, MD at 3/5/2025 8:40 PM (continued)**

---

advised him to get surgery to prevent paralysis.

**Objective**

**Last Recorded Vitals**

Blood pressure (l) 141/92, pulse 87, temperature 37.2 °C (98.9 °F), resp. rate 18, height 1.753 m (5' 9.02"), weight 74.8 kg (164 lb 14.5 oz), SpO2 96%.

**Physical Exam:**

Blood pressure (l) 141/92, pulse 87, temperature 37.2 °C (98.9 °F), resp. rate 18, height 1.753 m (5' 9.02"), weight 74.8 kg (164 lb 14.5 oz), SpO2 96%.

**General: NAD**

**Head:** Normocephalic

**Neck:** No masses, no JVD

**Lung:** Good air entry bilaterally, no wheezing, crackles.

**Heart:** regular rhythm, normal rate, no murmurs

**Abdomen:** soft, non tender

**Back:** no CVA tenderness

**Extremities:** no edema

**Skin:** no rash

**Neurology:** Alert and oriented X 4 , answer questions appropriately, follow commands. RLE 3/5, LLE 5/5

**Pulses:** Good pulses in the upper and lower extremities

**Lab Results**

Results from last 7 days

Lab	Units	03/05/25	03/04/25	03/02/25
		0115	0513	2050
WBC	10 <sup>3</sup> /uL	6.32	6.08	6.97
HEMOGLOBIN	g/dL	11.9*	13.0	13.0
HEMATOCRIT	%	38.3	41.8	40.0
PLATELETS	10 <sup>3</sup> /uL	322	372	348

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Memorial Hermann TMC  
Hospital  
6411 Fannin Street  
Houston TX 77030-1599

Kaminczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm. 3/3/2025, D/O. —

**Progress Notes by Omar Naji Saab Saab, MD at 3/5/2025 8:40 PM (continued)**

**Results from last 7 days**

Lab	Units	03/05/25 0115	03/04/25 0513	03/02/25 2050
SODIUM	mEq/L	134*	135*	131*
POTASSIUM	mEq/L	4.4	4.4	3.8
CHLORIDE	mEq/L	100	99	98
CO2	mEq/L	27.0	28.9	30.2
BUN	mg/dL	13	11	9
CREATININE	mg/dL	0.98	0.98	0.78
GLUCOSE	mg/dL	77	98	101*
CALCIUM	mg/dL	8.6	9.1	8.3

**Assessment**

Steve Kaminczak is a 50 y.o. male presenting with back pain, history of laminectomy many years ago, history of gastric sleeve surgery with complication, SBO s/p gastric bypass, esophageal stricture with J tube placement, h/o TPN via central line for 5 years, recently complicated by MRSA bacteremia and osteomyelitis completed daptomycin course, now able to tolerate p.o. intake (except pills) presented to hospital with worsening back pain that is radiating to his right hip. Patient endorses falling at his school work ago.

The imaging showed L4-L5 and L5-S1 discitis/osteomyelitis with associated epidural phlegmon. He completed daptomycin course. Has no central line. Patient still takes clindamycin without any prescription. Patient takes over OxyContin from the street for his pain.

NSGY spine recommended I&D but the patient refused as he is a school teacher, lives alone, no financial savings, and he needs 3 months for recovery post op, that's why he wants to be discharged on ABX and get the surgery done in the Summer. IR was consulted to see if he has a drainable abscess, but they said no intervention.

**Assessment & Plan**

**Acute midline low back pain with right-sided sciatica**

Imaging as discussed above concern for Osteomyelitis/discitis on imaging with phlegmon and L5 compression fracture

No concern for cauda equina at this time

Neurosurgery on board and no acute plan for surgical intervention

S/p entire MRI imaging of spine

CRP mildly elevated

PT OT evaluation

PT is duloxetine and Gabapentin

MMPR with tylenol tramadol and Oxycodone

- ID recommended: Daptomycin 8mg/kg Q24 until 3/16/25, labs weekly, OP ID clinic follow up.

**Hypertension**

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4450

Memorial Hermann TMC  
Hospital  
6411 Fannin Street  
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Kaminczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm: 3/3/2025, D/C: —

---

**Progress Notes by Omar Naji Saab Saab, MD at 3/5/2025 8:40 PM (continued)**

---

Lisinopril increased from 50 mg to 100 mg

**Closed compression fracture of L5 lumbar vertebra, Initial encounter (HCC)**

Neurosurgery is on board

**Discitis**

As above imaging findings concerning for discitis

Blood cultures were drawn

**History of MRSA Infection**

Completed daptomycin for 6 weeks

On Clindamycin PO> PT is self medicating

TTE ordered: no vegetations

**Malfunction of gastrostomy tube (CMS/HCC) (HCC)**

Leaking surrounding stoma

Can have EGS evaluation

Outpatient bariatric surgery evaluation

**Anemia, unspecified**


- ACD , monitor

VTE prophylaxis: This patient does not have an active medication from one of the medication groupers.

Disposition: Final ID recs, discharge with OPAT in 1-2 days, likely tomorrow , PT: RW-ordered

Omar Naji Saab Saab, MD  
Hospital Medicine Attending  
Assistant Professor of Medicine  
The University of Texas at Houston

CCMSI

 **UTHealth Houston**  
**McGovern Medical School**

MAR 07 2025

HISD

3/5/2025

8:40 PM

If you have any question, please EPIC chat me or you can call for urgent issues, my cell phone is in my EPIC message status<sup>(OS.1)</sup>

Attribution Key

---

OS.1 - Omar Naji Saab Saab, MD on 3/5/2025 8:40 PM

---

Memorial Hermann TMC  
Hospital  
6411 Fannin Street  
Houston TX 77030-1599

Kaminczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm: 3/3/2025, D/C: —

---

**Progress Notes by Omar Naji Saab Saab, MD at 3/5/2025 8:40 PM (continued)**

---

**Progress Notes by Omar Naji Saab Saab, MD at 3/6/2025 10:51 PM**

Author: Omar Naji Saab Saab, MD

Service: Internal Medicine

Author Type: Physician

Filed: 3/6/2025 10:52 PM

Date of Service: 3/6/2025 10:51 PM

Status: Signed

Editor: Omar Naji Saab Saab, MD (Physician)



Medicine Daily Progress Note

**Subjective**

[OS1] s/p PICC line [OS2]

**Objective**

**Last Recorded Vitals**

Blood pressure (!) 136/94, pulse 93, temperature 36.2 °C (97.2 °F), resp. rate 18, height 1.753 m (5' 9.02"), weight 74.8 kg (164 lb 14.5 oz), SpO2 98% [OS1]

**Physical Exam:**

Blood pressure (!) 136/94, pulse 93, temperature 36.2 °C (97.2 °F), resp. rate 18, height 1.753 m (5' 9.02"), weight 74.8 kg (164 lb 14.5 oz), SpO2 98% [OS2]

**General: NAD**

Head: Normocephalic

Neck: No masses, no JVD

Lung: Good air entry bilaterally, no wheezing, crackles.

Heart: regular rhythm, normal rate, no murmurs

Abdomen: soft, nontender

Extremities: no edema

Skin: no rash

Neurology: Alert and oriented X 4, answer questions appropriately, follow commands. FLE 3/5, LLE 5/5 MAR 07 2025

Pulses: Good pulses in the upper and lower extremities

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**Lab Results**

Memorial Hermann TMC  
Hospital  
6411 Fannin Street  
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Kaminczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm: 3/3/2025, D/C: —

**Progress Notes by Omar Naji Saab Saab, MD at 3/6/2025 10:51 PM (continued)**

**Results from last 7 days**

Lab	Units	03/06/25 0159	03/05/25 0115	03/04/25 0513
WBC	10 <sup>3</sup> /uL	6.25	6.32	6.08
HEMOGLOBIN	g/dL	11.4*	11.9*	13.0
HEMATOCRIT	%	36.4*	38.3	41.8
PLATELETS	10 <sup>3</sup> /uL	328	322	372

**Results from last 7 days**

Lab	Units	03/06/25 0159	03/05/25 0115	03/04/25 0513
SODIUM	mEq/L	132*	134*	135*
POTASSIUM	mEq/L	4.3	4.4	4.4
CHLORIDE	mEq/L	98	100	99
CO2	mEq/L	28.4	27.0	28.9
BUN	mg/dL	17	13	11
CREATININE	mg/dL	0.89	0.98	0.98
GLUCOSE	mg/dL	75	77	98
CALCIUM	mg/dL	7.9*	8.6	9.1

CCMS:

MAR 07 2025

HLSP:

**Assessment**

Steve Kaminczak is a 50 y.o. male presenting with back pain, history of laminectomy many years ago, history of gastric sleeve surgery with complication, SBO s/p gastric bypass, esophageal stricture with Jtube placement, h/o TPN via central line for 5 years, recently complicated by MRSA bacteremia and osteomyelitis completed daptomycin course, now able to tolerate p.o. intake (except pills) presented to hospital with worsening back pain that is radiating to his right hip. Patient endorses falling at his school week ago.

The imaging showed L4-L5 and L5-S1 discitis/osteomyelitis with associated epidural phlegmon. He completed daptomycin course. Has no central line. Patient still takes clindamycin without any prescription. Patient takes over OxyContin from the street for his pain.

NSGV opino recommended I&D but the patient refused as he is a school teacher, lives alone, no financial savings, and he needs 6 months for recovery post op, that's why he wants to be discharged on-ABX and get the surgery done in the Summer. IR was consulted to see if he has a drainable abscess, but they said no intervention.

**Assessment & Plan**

**Acute midline low back pain with right-sided sciatica**

Imaging as discussed above concern for Osteomyelitis/discitis on imaging with phlegmon and L5 compression fracture

No concern for cauda equina at this time



Memorial Hermann TMC  
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Houston TX 77030-1599

Kaminczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm: 3/3/2025, D/C: —

---

**Progress Notes by Omar Naji Saab Saab, MD at 3/6/2025 10:51 PM (continued)**

---

Neurosurgery on board and no acute plan for surgical intervention

S/p entire MRI imaging of spine

CRP mildly elevated

PT OT evaluation

PT is duloxetine and Gabapentin

MMPR with tylenol tramadol and Oxycodone

- ID recommended: Daptomycin 8mg/kg Q24 until 3/16/25, labs weekly, OP ID clinic follow up.

**Hypertension**

Lisinopril increased from 50 mg to 100 mg

**Closed compression fracture of L5 lumbar vertebra, Initial encounter (HCC)**

Neurosurgery is on board

**Discitis**

As above imaging findings concerning for discitis

Blood cultures were drawn

**History of MRSA Infection**

Completed daptomycin for 6 weeks

On Clindamycin PO> PT is self medicating

TTE ordered: no vegetations

**Malfunction of gastrostomy tube (CMS/HCC) (HCC)**

Leaking surrounding stoma

Can have EGS evaluation

Outpatient bariatric surgery evaluation

**Anemia, unspecified**

- ACD, monitor

VTE prophylaxis: enoxaparin - 40 mg/0.4mL

Disposition: set up IV ABX home infusion,<sup>[OS1]</sup> PT: RW-ordered<sup>[OS2]</sup>

Omar Naji Saab Saab, MD  
Hospital Medicine Attending  
Assistant Professor of Medicine  
The University of Texas at Houston

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Memorial Hermann TMC  
Hospital  
6411 Fannin Street  
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Kaminczak, Steve  
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Adm: 3/3/2025, D/C: —

---

Progress Notes by Omar Naji Saab Saab, MD at 3/6/2025 10:51 PM (continued)

---

## #UTHealth Houston

### McGovern Medical School

3/6/2025

10:52 PM

If you have any question, please EPIC chat me or you can call for urgent issues, my cell phone is in my EPIC message status

#### Attribution Key

OS.1 - Omar Naji Saab Saab, MD on 3/6/2025 10:52 PM

OS.2 - Omar Naji Saab Saab, MD on 3/6/2025 10:51 PM

---

#### Progress Notes by Victoria Arend, PTA at 3/7/2025 9:00 AM

Author: Victoria Arend, PTA

Service: —

Author Type: Physical Therapy  
Assistant

Filed: 3/7/2025 11:51 AM

Date of Service: 3/7/2025 9:00 AM

Status: Signed

Editor: Victoria Arend, PTA (Physical Therapy Assistant)

#### Treatment Session Note

Patient Name: Steve Kaminczak

MRN: 38345229

Today's Date: 3/7/2025

Preferred Language: English

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#### Assessment & Plan

##### Assessment:

PT Assessment: Pt remains SBA/SPV. PT will cont to follow.

Medical Staff Made Aware: Yes

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##### Plan:

PT Plan: Skilled PT

##### Subjective

RN Niya approved PT. Pt agreeable to tx.

---

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Memorial Hermann TMC  
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Kaminczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm: 3/3/2025, D/C: —

---

**Progress Notes by Victoria Arend, PTA at 3/7/2025 9:00 AM (continued)**

---

Pain:[VA.1]

Pain Assessment: 0-10 (3/7/2025 9:00 AM)

Pain Score: 0 (3/7/2025 9:00 AM)

Pain Type: Chronic pain (3/7/2025 8:36 AM)

Pain Location: Leg (3/7/2025 1:12 AM)

Pain Orientation: Right (3/7/2025 1:12 AM)

Pain Descriptors: Aching (3/7/2025 1:12 AM)

Pain Frequency: Constant/continuous (3/7/2025 1:12 AM)[VA.2]

Objective

General Visit Information:

PT Last Visit

PT Received: 3/11/2025

General

Family/Caregiver Present: Yes

Cognition

Overall Cognitive Status: Within Functional Limits

Behavior/Cognition: Alert, Cooperative, Pleasant mood

Orientation Level: Oriented X4

Treatment

Therapeutic activity:[VA.1]

Therapeutic Activity

Therapeutic Activity Time Entry: 13[VA.3]

CCMSI

Bed Mobility: Bed Mobility 1:[VA.1]

Level of Assistance 1: Independent

Bed Mobility To/From: Roll left/right

Assistive Devices And Adaptive Equipments: Bed rail[VA.3]

MAR 07 2025

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Bed Mobility 2:[VA.1]

Level of Assistance 2: Independent

Bed Mobility To/From: Supine to sit on EOB

Assistive Devices And Adaptive Equipments: Bed rail[VA.3]

Bed Mobility 3:[VA.1]

Level of Assistance 3: Independent

Bed Mobility To/From: Sitting EOB to supine

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---

**Progress Notes by Victoria Arend, PTA at 3/7/2025 9:00 AM (continued)**

---

Assistive Devices And Adaptive Equipments: Bed rail<sup>[VA.3]</sup>

Transfers: Transfers 1:<sup>[VA.1]</sup>

Level of Assistance 1: Independent

Transfer To/From: Sit-to-Stand/Stand-to-Sit

Assistive Devices And Adaptive Equipments: Walker, front-wheeled<sup>[VA.3]</sup>

Transfers 2:

Gait training:<sup>[VA.1]</sup>

Gait Training Time Entry: 10<sup>[VA.3]</sup>

Gait Training Activity 1:<sup>[VA.1]</sup>

Distance (enter in feet): 250'

Gait Training Activity 1: Indoor surface

Assistive Devices And Adaptive Equipments: Walker, front-wheeled

Level of Assistance 1: Supervision/touching assistance

Gait Training Activity 1 Comment: mild instability - no LOBs<sup>[VA.3]</sup>

Post-Therapy Checklist:

Pt supine in bed, Vital signs stable, and RN informed/aware

AM-PAC Basic Mobility:

AM-PAC Basic Mobility Inpatient

Turning in bed without bedrails: None

Lying on back to sitting on edge of flat bed: None

Bed to chair: None

Standing up from chair: None

Walk in room: A Little

Climbing 3-5 stairs: A Little

Mobility Inpatient Raw Score: 22

JH-HLM Goal: 7

Mobility: Highest Level of Mobility Performed (JH-HLM)

JH-HLM Goal: 7

Modified Rankin

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Patient Education:

Education Documentation

No documentation found.

Memorial Hermann TMC  
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Adm: 3/3/2025, D/C: —

---

**Progress Notes by Victoria Arend, PTA at 3/7/2025 9:00 AM (continued)**

---

Education Comments

No comments found.

**Goals:**

**Encounter Goals**

**Encounter Goals (Active)**

Patient will progress to ambulate on even surface using RW 300 ft modl.

Start: 03/04/25 Expected End: 03/28/25

Patient will progress level surface transfers using stand step transfer IND

Start: 03/04/25 Expected End: 03/28/25

Pt will perform dynamic standing balance activities c functional reaching modl with RW for 2 minutes to reduce fall risk.

Start: 03/04/25 Expected End: 03/28/25

Supervising Physical Therapist: Kersty Gregerson PT, DPT

*Treatment Note: If this is the last documented treatment, then it will signify discharge from acute care prior to discharge from the therapy service and will serve as the discharge summary.*

CCMSI

Victoria Arend, PTA<sup>(VA.1)</sup>

MAR 07 2025

Attribution Key

VA.1 - Victoria Arend, PTA on 3/7/2025 11:40 AM

VA.2 - Victoria Arend, PTA on 3/7/2025 11:41 AM

VA.3 - Victoria Arend, PTA on 3/7/2025 11:42 AM

---

**Discharge Summary by Omar Naji Saab Saab, MD at 3/7/2025 2:29 PM**

---

Memorial Hermann TMC  
Hospital  
6411 Fannin Street  
Houston TX 77030-1599

Kaminczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm: 3/3/2025, D/C: —

---

**Discharge Summary by Omar Naji Saab Saab, MD at 3/7/2025 2:29 PM (continued)**

---

Author: Omar Naji Saab Saab, MD    Service: Internal Medicine    Author Type: Physician  
Filed: 3/7/2025 2:29 PM    Date of Service: 3/7/2025 2:29 PM    Status: Signed  
Editor: Omar Naji Saab Saab, MD (Physician)

Date of discharge:

3/7/2025

Discharge Diagnosis

Principal Problem:

Acute midline low back pain with right-sided sciatica

Active Problems:

Hypertension

Closed compression fracture of L5 lumbar vertebra, Initial encounter (HCC)

Discitis

History of MRSA infection

Malfunction of gastrostomy tube (CMS/HCC) (HCC)

Anemia, unspecified

Resolved Problems:

\* No resolved hospital problems. \*

Hospital Course

Steve Kaminczak is a 50 y.o. male presenting with back pain, history of laminectomy many years ago, history of gastric sleeve surgery with complication, SBO s/p gastric bypass, esophageal stricture with J tube placement, h/o TPN via central line for 5 years, recently complicated by MRSA bacteremia and osteomyelitis completed daptomycin course, now able to tolerate p.o. intake (except pills) presented to hospital with worsening back pain that is radiating to his right hip. Patient endorses falling at his school week ago.

The imaging showed L4-L5 and L5-S1 discitis/osteomyelitis with associated epidural phlegmon. He completed daptomycin course. Has no central line. Patient still takes clindamycin without any prescription. Patient takes over OxyContin from the street for his pain.

During this admission:

NSGY spine recommended I&D but the patient refused as he is a school teacher, lives alone, no financial savings, and he needs 3 months for recovery post op, that's why he wants to be discharged on ABX and get the surgery done in the Summer. IR was consulted to see if he has a drainable abscess, but they said no intervention.

MAR 07 2025

ID recommended:

- Daptomycin 8mg/kg Q24 until 3/16/25
- Every Monday labs: CBC with differential, CMP, CPK, ESR, and CRP

Please fax above labs to (281) 365-0085

Attention Dr Charles Ericsson

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HISD

Memorial Hermann TMC  
Hospital  
6411 Fannin Street  
Houston TX 77030-1599

Kaminczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm: 3/3/2025, D/C: —

---

**Discharge Summary by Omar Naji Saab Saab, MD at 3/7/2025 2:29 PM (continued)**

---

**Outpatient follow up:**

- PCP in 3 days
- Infectious diseases: Patient follows with Dr. Khoury (832-410-1464) who recommended OPAT again for a few months until patient is ready for surgery. OPAT to follow and patient will re-establish care with Dr. Khoury
- Pain management doctor:

**UT Pain clinics**

Pearland Main Branch: 713-486-6000

MH/CH Pain Clinic: 713-486-6000

Bayshore Pain Clinic: 713-486-6325

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**Information Provided to Patient/Family**

I discussed with the patient/family details of the stay. See After Visit Summary which were reviewed and shared with patient/family.

**Operative Procedures Performed**

**Procedure(s):**

LUMBAR 5 CORPECTOMY, LUMBAR 3- PELVIS POSTERIOR SPINAL FUSION

**Pertinent Physical Exam At Time of Discharge**

**Physical Exam:**

General: NAD

Head: Normocephalic

Neck: No masses, no JVD

Lung: Good air entry bilaterally, no wheezing, crackles.

Heart: regular rhythm, normal rate, no murmurs

Abdomen: soft, non tender

Back: no CVA tenderness

Extremities: no edema

Skin: no rash

Neurology: Alert and oriented X 4 , answer questions appropriately, follow commands. RLE3/5, LLE5/5 CCMSI

Pulses: Good pulses in the upper and lower extremities

**Patient Condition at Discharge**

Stable

MAR 07 2025

**Disposition**

Home with Home Health

HISD

**Discharge Medications**

New

Memorial Hermann TMC  
Hospital  
6411 Fannin Street  
Houston TX 77030-1599

Kaminczak, Steve  
MRN: 30345229, DOD: 5/20/1974, Legal Dec: M  
Adm: 3/3/2025, D/C: —

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**Discharge Summary by Omar Naji Saab Saab, MD at 3/7/2025 2:29 PM (continued)**

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- acetaminophen (Tylenol) 500 MG tablet - 1,000 mg Every 6 hours scheduled
- heparin flush 100 units/mL solution - 300 Units As needed (3 mL)
- Heparin Sod, Pork, Lock Flush (heparin flush) 10 units/mL injection - 30 Units As needed
- ibuprofen 800 MG tablet - 800 mg Every 8 hours PRN
- melatonin 3 MG tablet - 6 mg Nightly PRN
- methocarbamol (Robaxin) 500 MG tablet - 500 mg Every 6 hours scheduled
- oxyCODONE (Roxicodone) 10 MG immediate release tablet - 10 mg Every 6 hours PRN
- polyethylene glycol, PEG, 3350 (Miralax) 17 g packet - 17 g Daily
- sennosides (Senokot) 8.6 MG tablet - 17.2 mg Nightly (2 tablet)
- sodium chloride (NS) 0.9 % flush - 10 mL As needed
- sodium chloride 0.9 % solution 100 mL with DAPTOmycin 350 mg/7mL wet vial 600 mg - 600 mg Every 24 hours scheduled (rounded from 598.4 mg = 8 mg/kg × 74.8 kg)

**Changed**

- DULoxetine (Cymbalta) 60 MG DR capsule - 60 mg Daily - Dose changed from "30 mg" to "60 mg". Frequency changed from "Daily 630" to "Daily".
- gabapentin (Neurontin) 600 MG tablet - 1,200 mg 3 times daily - Dose changed from "800 mg" to "1,200 mg". Frequency changed from "2 times daily" to "3 times daily".
- losartan (Cozaar) 100 MG tablet - 100 mg Daily - Dose changed from "50 mg" to "100 mg". Frequency changed from "Daily RT" to "Daily".

**Stopped**

- clindamycin (Cleocin) 300 MG capsule - 300 mg 3 times daily

**Continued**

- amphetamine-dextroamphetamine (Adderall) 30 MG tablet - 30 mg 2 times daily
- LORazepam (Ativan) 1 MG tablet - 1 mg Daily PRN

**Test Results Pending At Discharge**

Pending Labs

Order	Current Status	CCMSI
Blood culture, peripheral #1	Preliminary result	
Blood culture, peripheral #2	Preliminary result	
		MAR 07 2025
		HISU

**Issues Requiring Follow-Up**

Weekly labs



Memorial Hermann TMC  
Hospital  
6411 Fannin Street  
Houston TX 77030-1599

Kaminczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm: 3/3/2025, D/C: —

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**Discharge Summary by Omar Najl Saab Saab, MD at 3/7/2025 2:29 PM (continued)**

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Outpatient Follow-Up

Ambulatory referral to Home Health 3/6/2025 (Approximate)

Home Health Services

Referral to Home Health for Home Infusion 3/6/2025 (Approximate)

Home Health Services

Follow Up In Internal Medicine 3/10/2025

Time Spent: I have spent total 38 minutes completing this discharge.<sup>[OS.1]</sup>

Attribution Key

OS.1 - Omar Najl Saab Saab, MD on 3/7/2025 2:29 PM

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**END OF REPORT**

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CCMSI

MAR 07 2025

HISD

**Referred By:**

**Date:**

03/21/2025

**DWC #:**

Unknown

**Last Name:**

Kaminczak

**First Name:**

Steve

**Social Security Number:**

458-71-8171

**TDL:**

10190724 TX

**DOB:**

05/28/1974

**Marital Status:**

Divorced



**Address:**

5740 San Felipe St Apt 627 Houston Texas 77057

**City:**

Houston

**State:**

TX

**Zip:**

77057

**County:**

Harris

**Phone Home:**

979-436-5969

**Phone Cell:**

979-436-5969

**Date of injury:**

01/30/2025

**Time of injury:**

09:15 AM

**Date reported:**

01/30/2025

**First work day missed:**

02/07/2025

**How did the injury occur:**

Foot got caught on floor mat while exiting the doors during a fire drill. I fell on my left side.

**Additional details:**

In the past, those of us with issues or disabled were warned of fire drills to prepare for the mass exit.

**More details:**

The injury was 1/31 but the DWI form was filled out (on 3/5/25) However, it states that my foot got caught.

**Injured body Part(s):**

I already had compression fractures in L3, L4, and L5. A month later I couldn't walk and MRIs shows change.

**Returned to work:**

I went back on 3/19.

**Are you a surgical candidate?**

Yes, I needed surgery and choosing not to risks paralysis and more damage. I was told claim denied.

**Have you had surgery and if so when?**

I was told the surgery had a 3 month recovery and I cannot afford to take 3 months unpaid leave.

**Employer Name:**

Houston ISD

**Supervisor:**

William Mader

**Address:**

11911 Chimney Rock Rd

**City:**

Houston

**State:**

TX

**Zip:**

77035

**County:**

Harris

**Employer Phone number:**

713-723-6015

**Fax #:**

713-726-2165

**Have you been terminated by your employer and if so when?**

No

**Location of injury:**

Spine

**Hourly rate:**

**Amount per pay period:**

95k / year

**Treating Doctor:**

In hospital, Dr. Omar Saab

**Address:**

**City:**

**State:**

6431 Fannin St, Suire JLL270L

Houston

TX

**Zip:**

77030

**Phone number:**

**Fax number:**

713-500-7885

713-500-0625

**Insurance company:**

United Health

**Insurance Adj Name:**

**Phone Number:**

Third Party Administrator WC Claims

713-314-1470

**Fax number:**

**Claim number:**

713-218-8579

25F30M590202

**Address:**

PO Box 3309

**City:**

Bellaire

**State:**

TX

**Zip:**

77402

**Previous attorney:**

none

**MMI date:**

mm/dd/yyyy

**IR:**

**Weekly Check Amount:**

**Have you had any previous WC Claims? If yes, explain:**

no

**Are you receiving weekly checks NOW?**

Yes



**Are you working right NOW?**

Yes



**Have you been released to work NOW?**

Yes



**Previous Medical Providers**

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## Previous Doctor 1

**Doctor Name:**

Dr. Julio Rodriguez

**Clinic:**

Rodriguez Medical Center

**Address:**

15825 Bellaire Blvd

**City:**

Houston

**State:**

TX

**Zip:**

77083

**Phone number:**

832-328-1911

**Fax number:**

(XXX) XXX-XXXX

MacNaughton & Shanahan PLLC  
Power of Attorney

This agreement is by and between Steve A. Kaminczak of Harris County, Texas (hereinafter referred to as "Client") and MacNaughton & Shanahan PLLC (hereinafter referred to as "Firm"). The Firm has been hired by Client to represent him/her in his/her Texas Workers' Compensation Claim. The Client's date of injury is: 1/31/2025.

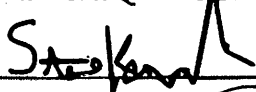
Client understands that this representation is limited solely to indemnity disputes, extent of injury disputes, and disputes that can be resolved through a benefit review conference or contested case hearing pertaining to the above-stated date of injury. Client understands this contract specifically excludes filing for IROs, appealing treatment denials, and any medical dispute regarding the reasonableness and necessity of medical treatment even though it may be resolved through a Contested Case Hearing. This agreement does not extend to include any other matter or third party claim including but not limited to negligence claims, wrongful termination, FMLA claims, overtime claims, any employment claims, FLSA claims, and/or discrimination claims. This agreement does not cover any dispute that requires invocation of the medical dispute resolution process. While Firm may from time to time assist with the approval of prescriptions, speak with the insurance company and medical professionals regarding treatment authorizations and/or denials, and act in other similar manner, in no way is this to be construed by the Client that the Firm represents him/her or any medical professional in a medical dispute resolution process.

Client understands Firm will bill Client at an hourly rate of \$200.00. Any work performed by legal assistants will be billed at \$65.00 an hour. Client understands that billing will be done in the customary manner of quarter hour increments. Work that takes less than fifteen minutes will be billed at .25, work that takes less than 30 minutes but more than 15 minutes will be billed at .50 (1/2 hour) and so forth. Client understands that Firm will submit billing to the Texas Workers' Compensation Commission at Firm's convenience and at any time the Firm chooses. Client understands he/she will be billed for phone calls, letters, receipt of documentation, and/or other similar work. Client understands that pursuant to Commission rules it must dispute attorney fees approved by the Commission within fifteen days of receipt of such approved attorney fee orders. Client understands that weekly indemnity benefits checks will be reduced by 25% in order to reduce the balance of approved attorney fee orders. If client is not receiving any income benefits, once the checks begin they will be reduced by 25%. In the event of a lump sum payment Client agrees to pay 25% of such lump sum payment to attorney, depending on the amount of approved attorney fees.

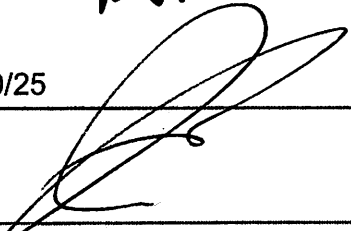
Client was referred to Attorneys by Terry Bryant, PLLC "Referring Attorneys" to prosecute Client's cause of action. Referring Attorneys will assume joint responsibility for the prosecution of Client's cause of action with Attorneys. At the conclusion of the case, if a recovery is made on behalf of Client, of the total attorneys fee, (2/3) will be paid to Attorneys and (1/3) will be paid to Referring Attorneys. The referral fee to be paid will not increase the total fee owed to the Client. Client's signature at the end of this agreement indicates his/her understanding and consent to the division of fees and the referral fee which will be paid.

Client and/or Firm may terminate this agreement at any time. Firm's withdrawal must be consistent with the Texas Disciplinary Rules of Professional Conduct. Client agrees that Firm may withdraw from representation of client prior to a benefit review conference, immediately after a benefit review conference, immediately after a Contested Case Hearing, and/or at any time the Firm chooses with no continuing obligation. Client may terminate Firm in any manner it chooses but understands that it is best to terminate Firm in writing. It can do so by mailing or faxing notice of such termination.

Client agrees to keep attorney updated on any new address, telephone numbers, and/or information regarding his/her claim. Performance of this agreement is required in Houston, Harris County. Client understands that Firm has made no promises or representation regarding the successful resolution or outcome of this claim. Client agrees that any changes, amendments, or modifications to the above must be in writing and signed by Meredith MacNaughton or Jennifer Shanahan. This agreement constitutes the sole and only agreement of the parties and it incorporates by reference the Workers' Compensation Questionnaire.

  
\_\_\_\_\_  
Client

3/20/25  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Attorney

3/24/25  
\_\_\_\_\_  
Date

The State Bar of Texas investigates and prosecutes professional misconduct committed by Texas Attorneys. Although not every complaint against or dispute with a lawyer involves professional misconduct, the State Bar Office of General Counsel will provide you with information about how to handle a complaint. For more information please call 1-800-932-1900.





March 27, 2025

Macnaughton & Shanahan PLLC  
Jennifer Shanahan  
2038 Lexington  
Houston, Texas 77098

RE: Claimant: STEVE KAMINCZAK  
Date of Loss: 01/30/2025  
Our File No.: 25F30M590202  
Issuing Carrier: CCMSI c/o Houston ISD

Dear Ms. Shanahan

CCMSI is the designated claims administrator for the following employer:

HOUSTON INDEPENDENT SCHOOL DISTRICT

This letter serves to acknowledge your legal representation of the claimant listed above.

Please note that all correspondence related to this matter should be sent to the undersigned. Please note the CCMSI file number on all correspondence.

Sincerely,

EVELYN SASSER  
CLAIM SPECIALIST  
713-713 1471

Cc:

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**Cannon Cochran Management Services, Inc.**

P.O. Box 3309, Bellaire, TX, 77402  
8332687800 • 713-268-7800 • Fax: 713-781-1879 • [www.ccmsi.com](http://www.ccmsi.com)

**FRAUD WARNING:** Any person who, knowingly and with intent to injure, defraud, or deceive any employer, insurance company, third party administrator, self-insured program, or any other third party, files an insurance claim containing any false or misleading information, which violates an applicable state statute, is guilty of a crime and subject to prosecution.



**Notice of Denial of Compensability/Liability and Refusal to Pay Benefits**

Date: 03/14/2025

To: Steve Kaminczak  
5740 SAN FELIPE ST APT 627  
Houston TX, 77057

Re: Date of injury: 01/30/2025

Nature of injury: SPECIFIC INJURY - SPRAIN/STRAIN/TEAR

Notice of injury date: 03/04/2025

Part of body injured: LOWER EXTREMITIES - HIP(S)

Employee SSN: XXX-XX-8171

DWC claim #:

Carrier name/TPA name: Houston ISD c/o CCMSI

Carrier claim #: 25F30M590202

Employer name: HOUSTON INDEPENDENT SCHOOL DISTRICT

Employer address, city, state, zip: 4400 West 18th Street HOUSTON TX, 77092

MR

**We, Houston ISD c/o CCMSI, reviewed your workers' compensation claim. Based on the facts we have about your claim, we are not going to pay income or medical benefits.**

**We denied your claim because:**

You did not suffer an "injury" or "occupational disease" as those terms are defined in the Texas Labor Code, Section 401.011. We do not dispute that an incident occurred, however, we do dispute that you sustained a compensable injury or occupational disease as a result of the incident. The existence of pain without a diagnosis of damage or harm to the physical structure of the body does (continued on page 2)

**Contact me if you: (1) have questions, (2) need to give more facts about this claim, or (3) disagree with this decision.**

Adjuster's name: EVELYN SASSER

Phone (toll-free): 8332687800

Fax / email: 713-781-1879 esasser@ccmsi.com

If you would like to get letters by fax or email, send your fax number or email address to me.

**If we are not able to resolve an issue after you contact me:**

Call the Texas Department of Insurance, Division of Workers' Compensation at 1-800-252-7031, Monday to Friday, 8 a.m. to 5 p.m. Central time.

You have the right to ask for a benefit review conference. If you ask for a conference, you will meet with: (1) someone from Houston ISD c/o CCMSI, and (2) a benefit review officer with the Texas Department of Insurance, Division of Workers' Compensation. To ask for a conference, fill out a "Request to Schedule, Reschedule, or Cancel a Benefit Review Conference" form (DWC045) - [www.tdi.texas.gov/forms/dwc/dwc045brc.pdf](http://www.tdi.texas.gov/forms/dwc/dwc045brc.pdf).



If you don't have an attorney, the Office of Injured Employee Counsel can help you prepare for the conference. To learn more, go to [www.OIEC.texas.gov](http://www.OIEC.texas.gov) or call 1-866-393-6432, ext. 44186, Monday to Friday, 8 a.m. to 5 p.m. Central time.

**Making a false workers' compensation claim is a crime that may result in fines or prison.**

A copy of this notice was sent to:

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(continued from page 1)

not constitute a compensable injury. You have not provided, nor have we received, medical documentation to support that your current condition is related to your employment or to an injury or occupational disease that occurred due to the alleged incident of 01/30/2025. Per your recorded statement on 03/06/2025 you advised that you were already under the doctor's care for spinal compression fracture and osteomyelitis of the spine due to a preexisting MRSA infection prior to the fall at work. These conditions are considered to be pre-existing, personal, ordinary disease of life conditions that are not covered by workers' compensation insurance and is not a direct and natural result of a compensable injury.

