

EXHIBIT A

FLORIDA DEPARTMENT OF CORRECTIONS
Chronological Record of Health Care

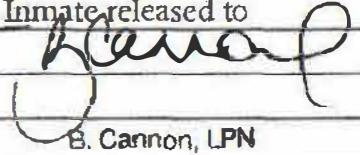
Allergies: NKA

DATE/TIME

11/17/2021
0450

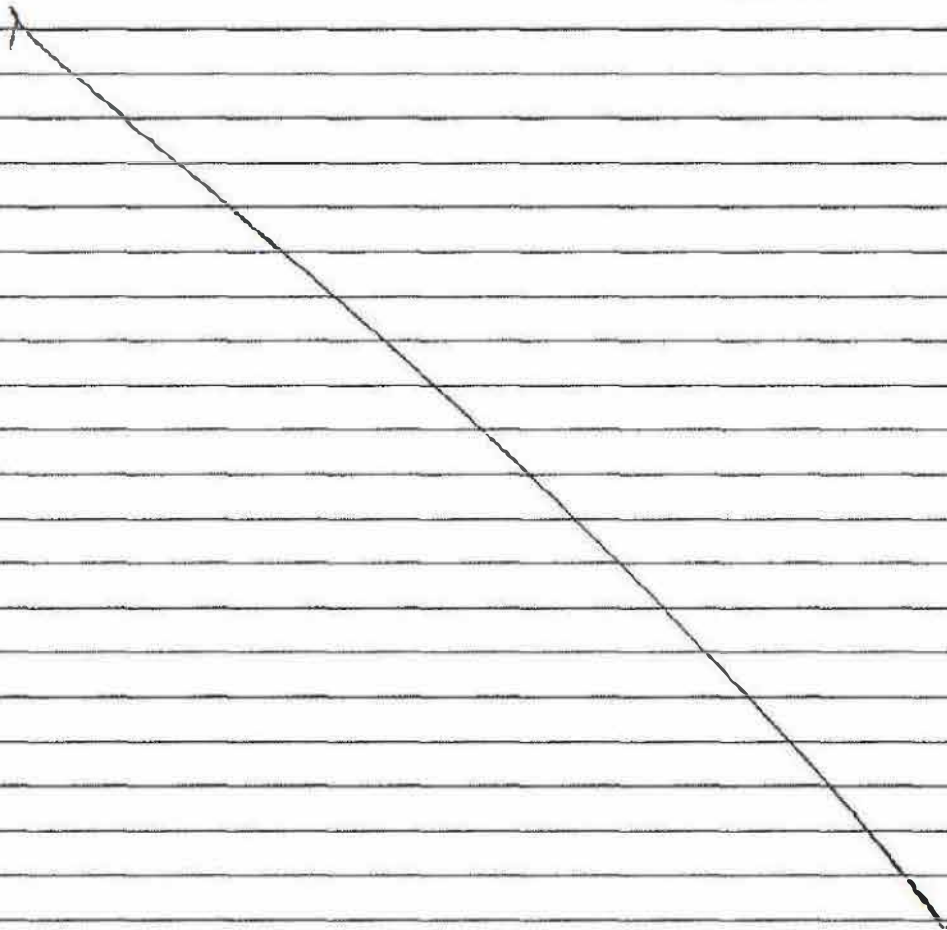
Incidental Note: Inmate received to Suwannee CI Annex general population.

Intake assessment complete and findings are all WNL. Inmate released to security staff at this time.



B. Cannon, LPN

Suwannee CI



Inmate # _____
 DC# _____
 Date of Birth 08/13/98 _____
 Institution D-086916 TM _____
WILLIAMS, ELMER _____
 B/M DOB [REDACTED] (55) _____

S- Subjective Data
 O- Objective Data
 A- Assessment of S and O Data
 P- Plan
 E- Education

FLORIDA DEPARTMENT OF CORRECTIONS Chronological Record of Health Care

Allergies: NICKA

DATE/TIME

Transfer In / Transfer Out / EOS
 Records Reviewed / Records Received / Sent
 Active Medical Record Volume # 4
 Inactive Volume #'s 0
 Dental Record 1
 Psychological Record 1
 Missing Volumes Requested Y N

Taylor Langley
 Medical Records Clerk
 Suwannee Ct - Centurion

EMailed MHCRF ABOUT MISSING INA.

Inmate Name Williams, Elmer
 DC# 080916 Race/Sex B/M
 Date of Birth [REDACTED]
 Institution Moore Haven CRF

S- Subjective Data
 O- Objective Data
 A- Assessment of S and O Data
 P- Plan
 E- Education

RIDA DEPARTMENT OF CORRECTION
OFFICE OF HEALTH SERVICES
BACK PAIN PROTOCOL

NOTE: ALL PROTOCOLS COMPLETED BY LPNS MUST BE REVIEWED AND COSIGNED BY A RN OR CLINICIAN.

SUBJECTIVE: Date: 11/18/21 Time: 1105 Age: Sick Call EMID

Allergies: NKDA

Current Medications: Flomax, Lisinopril, Hctz, Ustavac, Prozac

Medical Hx: Heart Pain Stroke

Hx of back pain/back problems? No Yes → what was the problem/diagnosis?

What treatment did patient receive for previous back pain? ~~Medication~~

Chief complaint: Pinched nerve @ Shoulder blade

When did current pain begin? 11-1-21 Pain level: 0 1 2 3 4 5 6 7 8 9 10

What were you doing (activity) when the pain began? Walking

If back pain is the result of trauma, does patient have any other injuries? No Yes → Other injuries:

Description of pain: Sharp Aching Burning Other:

Location of pain:

- Cervical region Left Right Center (over spinal column)
- Thoracic region Left Right Center (over spinal column)
- Lumbar region Left Right Center (over spinal column)
- Sacral region Left Right Center (over spinal column)

Flank region pain with or without radiation to groin? No Yes → Use "Urinary Symptoms Protocol," DC4-683BB.

Is pain localized? No Yes OR Does pain radiate? No Yes, to:

Does pain increase with activity? No Yes → what activity? Standing / walking

Are you able to find position of comfort? No Yes: sitting

What decreases or relieves the pain? S-Ling

Does pain increase with deep inspiration? No Yes NOTE: If inmate has any URI symptoms use "Cold/URI/Influenza Symptoms Protocol," DC4-683U instead.

Did you wake up with this pain (i.e., there was no pain when patient went to bed)? No Yes

Back muscle spasms? No Yes

Numbness or tingling in any extremity? No Yes → which extremity? Bilateral legs

Is numbness/tingling in extremities: Intermittent Constant

Problem with incontinence? No Yes → Bowel Bladder Recent weight loss? No Yes

Pain with urination? No Yes → Use "Urinary Symptoms Protocol," DC4-683BB.

Blood in urine? No Yes → Use "Urinary Symptoms Protocol," DC4-683BB.

OBJECTIVE: Temp: 97.3 Pulse: 99 Resp: 18 Blood Pressure: 134/107 O2 sat: 99 % Weight: 225

3 prev. weights w/dates 240 10/27 241 10/14 230 9/20

Gait: Normal Limping Walks bent over Shuffling gait

Back exam: Swelling noted: No Yes → where:

Discoloration/bruising noted: No Yes → where:

FINDINGS REQUIRING IMMEDIATE CLINICIAN NOTIFICATION

- Abnormal vital signs: BP less than 90/60 or greater than 160/100
- Heart rate less than 60 or greater than 110
- Temperature greater than 100.4°F
- weight loss ≥ 10% of body weight in 6 months without trying

- Severe back pain
- Back pain with new onset of numbness or tingling in either or both lower extremities
- Back pain which radiates through buttock and down one extremity

NAME: WILLIAMS, ELMER
DC#: 086916 B/M
DOB: [REDACTED] AGE: 54
SUWANNEE CI-AX

X: _____

NOV 18 2021

[Signature]
Tony Abbott, APRN
Suwannee CI - Centurion

[Signature]
Jason Howell, RN
Suwannee CI - Centurion

SIGNATURE AND STAMP/ PRINT of person completing form

RN OR CLINICIAN REVIEWER

FLORIDA DEPARTMENT OF CORRECTIONS

CLINICIAN'S ORDER SHEET

USE BALL POINT PEN ONLY-PRESS FIRMLY—NO MORE THAN ONE ORDER PER LINE

Institution:		Date:	Time:	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	Inmate Name
STAT	Initial Each Order as Transcribed	List Allergies Here			DC#
					Dorm
					Diagnosis:
Date/Time Noted:	Nurse Signature/Stamp	Clinician Signature/Stamp		Date/Time:	

DC4-714B (Revised 11/7/17)

Distribution: White Original—Pharmacy Canary—Medical Record

This form is not to be amended, revised, or altered without approval of the Chief of Health Services Administration.

FLORIDA DEPARTMENT OF CORRECTIONS

CLINICIAN'S ORDER SHEET

USE BALL POINT PEN ONLY-PRESS FIRMLY—NO MORE THAN ONE ORDER PER LINE

Institution:		Date:	Time:	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	Inmate Name
SWCI AX		11/19/21	1230		Williams, Elmer
STAT	Initial Each Order as Transcribed	List Allergies Here			DC#
					Dorm
					Diagnosis:
	M	HCTZ 12.5mg T PO Qd			} X365 days
		Flomax 0.4mg T PO Qhs			
		Lisinopril 10mg T PO Qd			
Date/Time Noted:	Nurse Signature/Stamp	Clinician Signature/Stamp		Date/Time:	
11/19/21 York	M. Pearson, LPN	T. Abbott		11/19/21	

DC4-714B (Revised 11/7/17)

Suwannee C.I. AX

Distribution: White Original—Pharmacy Canary—Medical Record

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FLORIDA DEPARTMENT OF CORRECTIONS

CLINICIAN'S ORDER SHEET

USE BALL POINT PEN ONLY-PRESS FIRMLY—NO MORE THAN ONE ORDER PER LINE

Institution:		Date:	Time:	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	Inmate Name
SWCI AX		11/18/21	1140		Williams, Elmer
STAT	Initial Each Order as Transcribed	List Allergies Here			DC#
					Dorm
					Diagnosis:
		Toradol 60mg IM (NOW)			} NONE IN STOCK
		Flexant 10mg PO (NOW)			
		Flexant 10mg PO Qhs x 7 days start 11/19/21			
		Solumedrol 125mg IM (NOW)			
Date/Time Noted:	Nurse Signature/Stamp	Clinician Signature/Stamp		Date/Time:	
11/18/21	Jason Howell, RN	T. Abbott		11/18/21	

DC4-714B (Revised 11/7/17)

Distribution: White Original—Pharmacy Canary—Medical Record

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231-SUWANNEE C.I. ANNEX
5965 US Hwy 90
Live Oak, FL 32060
Main: 3869636358 Fax: 3869636337

3/22/2022

Non-Traumatic Lower Extremity Swelling
Date of Service: 12/20/2021

ELMER WILLIAMS

Male DOB: [REDACTED] 217136

Nurse Visit

Copay? No
Reason for encounter: EMID

FLORIDA DEPARTMENT OF CORRECTIONS OFFICE OF HEALTH SERVICES
NON-TRAUMATIC LOWER EXTREMITY SWELLING PROTOCOL
NOTE: ALL PROTOCOLS COMPLETED BY LPNS MUST BE REVIEWED AND COSIGNED BY A RN OR CLINICIAN.

SUBJECTIVE: Age: 55 Years Old

Current Medications:

ACETAMINOPHEN 325 MG TABS (ACETAMINOPHEN) Give Tylenol 650mg po x1 now
ACETAMINOPHEN 325 MG TABS (ACETAMINOPHEN) Give Tylenol 650mg po x1 now
MILK OF MAGNESIA 400 MG/5ML ORAL SUSP (MAGNESIUM HYDROXIDE) 30 ml po qd Route: ORAL
COLACE CLEAR 50 MG ORAL CAPS (DOCUSATE SODIUM) 2 po hs. kop,prn; Route: ORAL
HCTZ*DOH*12.5MG 12.5MG TAKE ONE CAPSULE(S) EACH DAY BY MOUTH
LISINAPRIL *DOH* 10MG TAKE ONE TABLET(S) EACH DAY BY MOUTH
TAMSULOSIN *DOH* 0.4MG TAKE ONE CAPSULE(S) AT BEDTIME BY MOUTH
NAPROXEN, DOH, (30CT) 500MG TAKE 1 TABLET(S) TWICE DAILY BY MOUTH WITH FOOD #30/90
DAYS

Current Problems: Polyneuropathy (ICD-356.9) (ICD10-G62.9), Back pain, lumbar, with radiculopathy (ICD-724.4) (ICD10-M54.16), Back pain, lumbosacral, chronic (ICD-724.5) (ICD10-M54.5), Inguinal hernia, right (ICD-550.90) (ICD10-K40.90), Elevated PSA (ICD-790.93) (ICD10-R97.20), Prostate cancer (ICD-185) (ICD10-C61), Joint pain (ICD-719.40) (ICD10-M25.50), Bipolar disorder, current episode mixed, unspecified (ICD-296.60) (ICD10-F31.80).

Medical History: joint pain to right shoulder, suregry right tib/fib,
Chief Complaint: both legs have been swelling and i cant use them.
Pain Level: 5/10

When did the pain start? over a month ago months
Do you have any chest pain or SOB at this time? No

Do you have a productive cough? No
Do you have difficulty breathing at night when lying flat? No
When did the swelling start? x one month ago months
Have you had any recent trauma to the affected extremity, prior to the onset of swelling? No
Do you have? bilateral lower extremity swelling

Do you have a (recent) history of: (Only selected items shown below)
Cancer

Is it difficult and/or painful to walk? Yes
Have you noticed a recent decrease in urine output? (Decreased urinary frequency, small amounts): No
Does anything help to decrease the swelling? no

231-SUWANNEE C.I. ANNEX
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3/22/2022

Non-Traumatic Lower Extremity Swelling
Date of Service: 12/20/2021

ELMER WILLIAMS

Male DOB: [REDACTED] 217136

OBJECTIVE:

Temp: 98.1 F Pulse: 68 Resp: 17 BP: 134 / 71 O2 sat: 99 % Weight (lbs): 226
Last recorded weight in medical record:
223 (11/17/2021 9:50:00 AM)
Current Blood sugar (all patients): 113

Skin color: Normal skin tone
Skin temp of swollen area: Same as non-swollen area of body
L foot: Same temp as non-swollen area of body
R foot: Same temp as non-swollen area of body
Weeping skin: No
Pedal pulses: Have patient remove shoes and socks.
If the pedal pulse is difficult to locate, once you have located it, mark the pulse point with a ball point pen with a X.
L foot: 2-normal
R foot: 2-normal

Point tenderness: No change in pain level with mild palpation
Swelling: compare to non-affected side: 2+ Slight indentation/pitting. 15 seconds to rebound
1. Measure from base of heel to where calf circumference (most swollen area) is going to be measured (for consistency)
cm above base of heel: 20cm 2. Measure circumference of calf where swelling appears to be the greatest:
L calf: 50cm R calf: 45cm

FINDINGS REQUIRING IMMEDIATE CLINICIAN NOTIFICATION:

Patient is unable to bear weight on affected leg/s
Sudden swelling in single leg/ankle/thigh and is recent occurrence

FINDINGS REQUIRING CLINICIAN EXAMINATION WITHIN THE NEXT 24 HOURS:

History of cancer: recent

PLAN:

Patient should be placed immediately on complete bed rest for: leg edema; pain and tenderness in calf or thigh; erythema; local warmth; prominent superficial veins; increased size compared with unaffected extremity; heavy feeling affected extremity; and/or cramping until examined by clinician.
Pain medication: Give Tylenol 650mg po x1 now while waiting for pain med order from clinician unless contraindicated.

Issue a temporary Bed rest/Lay-In pass until inmate can see the clinician in the next 24 hours (see HSB 15.02.16) if patient isn't admitted to the infirmary.

Medications Added per Protocol:

ACETAMINOPHEN 325 MG TABS (ACETAMINOPHEN) Give Tylenol 650mg po x1 now
ACETAMINOPHEN 325 MG TABS (ACETAMINOPHEN) Give Tylenol 650mg po x1 now

Orders Added per Protocol:

Added new Test order of Provider Follow up (FU) - Signed

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3/22/2022

Non-Traumatic Lower Extremity Swelling
Date of Service: 12/20/2021

ELMER WILLIAMS

Male DOB: [REDACTED] 217136

EDUCATION

Return to the Medical Department immediately if you develop chest pain, difficulty breathing, or start coughing up blood: pink tinged, frothy sputum.
Return to the Medical Department if you develop any new symptoms OR if your current symptoms become worse: severe pain and/or swelling.
Return to the Medical Department if no improvement within 72 hours.
Keep leg/s elevated as much as possible during the day; when in bed elevate leg/legs on foiled blanket or on pillow.
When elevating lower extremity, DO NOT place anything under the knees. Place pillow/foiled blanket under the calf.
Take medications as prescribed.
If you've been prescribed pressure stocking/s, put stockings on before getting out of bed in the morning and take them off only when you go to bed at night.
Move your legs often during long bus /car trips, and in other situations in which you are sitting or lying down for long periods of time.
Do not cross legs.
Skin Care: Use mild soap, wash area gently and dry skin gently and thoroughly avoiding rubbing or massaging area.
Don't smoke.

DC4-683AA Additional Comments IMP evaluated by MD this date and time.

DC4-683PP Non-Traumatic Lower Extremity Swelling Protocol (Revised 03/07/17)

This form is not to be amended, revised, or altered without approval of the Office of Health Services Administration.

Signed By: Figueroa, Alexis at 12/20/2021 5:22:09 PM

231-SUWANNEE C.I. ANNEX
5965 US Hwy 90
Live Oak, FL 32060
Main: 3869636358 Fax: 3869636337

3/22/2022

Abdominal Pain
Date of Service: 12/20/2021

ELMER WILLIAMS

Male DOB: [REDACTED] 217136

Nurse Visit

Copay? No
Reason for encounter: EMID

FLORIDA DEPARTMENT OF CORRECTIONS OFFICE OF HEALTH SERVICES
ABDOMINAL PAIN PROTOCOL
NOTE: ALL PROTOCOLS COMPLETED BY LPNS MUST BE REVIEWED AND COSIGNED BY A RN OR CLINICIAN

SUBJECTIVE: Age: 55 Years Old

Current Problems:

- Polyneuropathy (ICD-356.9) (ICD10-G62.9)
- Back pain, lumbar, with radiculopathy (ICD-724.4) (ICD10-M54.16)
- Back pain, lumbosacral, chronic (ICD-724.5) (ICD10-M54.5)
- Inguinal hernia, right (ICD-550.90) (ICD10-K40.90)
- Elevated PSA (ICD-790.93) (ICD10-R97.20)
- Prostate cancer (ICD-185) (ICD10-C61)
- Joint pain (ICD-719.40) (ICD10-M25.50)
- Bipolar disorder, current episode mixed, unspecified (ICD-296.60) (ICD10-F31.60)

Current Medications:

- MILK OF MAGNESIA 400 MG/5ML ORAL SUSP (MAGNESIUM HYDROXIDE) 30 ml po qd Route: ORAL
- COLACE CLEAR 50 MG ORAL CAPS (DOCUSATE SODIUM) 2 po hs. kop,prn Route: ORAL
- HCTZ*DOH*12.5MG 12.5MG TAKE ONE CAPSULE(S) EACH DAY BY MOUTH
- LISINAPRIL *DOH* 10MG TAKE ONE TABLET(S) EACH DAY BY MOUTH
- TAMSULOSIN *DOH* 0.4MG TAKE ONE CAPSULE(S) AT BEDTIME BY MOUTH
- NAPROXEN, DOH, (30CT) 500MG TAKE 1 TABLET(S) TWICE DAILY BY MOUTH WITH FOOD #30/90 DAYS

Chief complaint: I havent had a bowel movement in 3 weeks

PMH: n/a

- History of inguinal hernia? Yes
- Any recent abdominal trauma? No
- Pain location: mid abdomin
- When did the pain start? its really ongoing
- Onset was: Gradual Pain is: Intermittent
- Pain level: 6/10
- Describe pain: Constant
- History of abdominal problems/surgery: Yes
hernia repair
- Change In stools: Constipation
- Date of last BM: 3 weeks ago Color of stool: dark Consistency: wnl Odor: wnl

231-SUWANNEE C.I. ANNEX
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3/22/2022

Abdominal Pain
Date of Service: 12/20/2021

ELMER WILLIAMS

Male DOB: [REDACTED] 217136

Other Symptoms: Denies any other symptoms
Passing flatus: Yes
Decreased appetite: No
Pain after eating: No
Recent change in weight: N/A

OBJECTIVE:

Temp: 98.1 F **Pulse:** 68 **Resp:** 17 **BP:** 134 / 71 **O2 sat:** 99 % **Weight (lbs):** 226
Finger Stick blood sugar: 113
Last 3 Weights:
223 11/17/2021 9:50:00 AM,
240 10/07/2021 7:14:00 PM,
241 10/04/2021 9:30:00 AM
Skin: Pink, Warm
Pulse: Regular
Epigastric region
Mid-abdomen / Periumbilical area
Bowel Sounds:
Right Upper Quadrant: Active
Right Lower Quadrant: Active
Left Upper Quadrant: Active
Left Lower Quadrant: Active
Abdomen and Inguinal Area- patient lying supine: Non-distended
Pain produced by gentle palpation with patient lying supine? No
Rebound Tenderness? No
Stool guaiac: Not Checked

FINDINGS REQUIRING IMMEDIATE CLINICIAN NOTIFICATION:

PLAN:

Clinician notified: Dr. Figueroa Time: 1629
(Aluminum-Magnesium-Simethicone)
Milk of Magnesia as directed on bottle

Medications Added per Protocol:

MILK OF MAGNESIA 400 MG/5ML ORAL SUSP (MAGNESIUM HYDROXIDE) 30 ml po qd; Route: ORAL

EDUCATION:

Inmate advised to avoid food that may upset the stomach or cause gas, diarrhea or constipation
Inmate instructed to return if no pain relief after 1 hour of taking any of the above listed medications
Inmate instructed to return if symptoms return or worsen, or if any new symptoms develop

DC4-683C Abdominal Pain Protocol (Revised 06/06/18)
This form is not to be amended, revised, or altered without
Administration.

approval of the Office of Health Services

231-SUWANNEE C.I. ANNEX
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3/22/2022

Abdominal Pain
Date of Service: 12/20/2021

ELMER WILLIAMS

Male DOB: [REDACTED] 217136

Signed By: Figueroa, Alexis at 12/20/2021 5:16:08 PM

231-SUWANNEE C.I. ANNEX
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Live Oak, FL 32060
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3/22/2022

Chron Record Health Care Physical Exam
Date of Service: 12/20/2021

ELMER WILLIAMS

Male DOB: [REDACTED] 217136

FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES
Chronological Record of Health Care

Staff type: Provider
SCRL-Sick Call Referral
Remarks: Evaluated constipation issues
Evaluated Back issues, unable to walk.

DC4-701 Chronological Record of Health Care (Revised 8/1/17)
This form is not to be amended, revised, or altered without approval of the Office of Health Services Administration.

Orders added during this encounter:
THORACOLUMBAR SPINE APandLAT [72080-55]
LUMBAR SPINE [72120-53]
Refer to Neurologist [SPNR]

FLORIDA DEPARTMENT OF CORRECTIONS OFFICE OF HEALTH SERVICES
PHYSICAL EXAM

Temp: 0969, **Pulse:** 084, **Resp:** 18, **BP:** 148/ 074, **Weight:** 223 lbs., **Chief Complaint:** can not walk and constipation problems
History of Present Illness: Patient was in confinement when he noticed that he was having trouble with constipation. Also has been having trouble walking for almost a month ago.
Past Medical History: HTN
Prostate Ca
Elevated PSA
Back Pain/Chronic

Current Medications:
HCT2*DOH*12.5MG 12.5MG TAKE ONE CAPSULE(S) EACH DAY BY MOUTH
LISINOPRIL *DOH* 10MG TAKE ONE TABLET(S) EACH DAY BY MOUTH
TAMSULOSIN *DOH* 0.4MG TAKE ONE CAPSULE(S) AT BEDTIME BY MOUTH
NAPROXEN, DOH, (30CT) 500MG TAKE 1 TABLET(S) TWICE DAILY BY MOUTH WITH FOOD #30/90 DAYS

Current Problem List :
Polyneuropathy (ICD-356.9) (ICD10-G62.9)
Back pain, lumbar, with radiculopathy (ICD-724.4) (ICD10-M54.16)
Back pain, lumbosacral, chronic (ICD-724.5) (ICD10-M54.5)
Inguinal hernia, right (ICD-550.90) (ICD10-K40.90)
Elevated PSA (ICD-790.93) (ICD10-R97.20)

231-SUWANNEE C.I. ANNEX

3/22/2022

5965 US Hwy 90
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Chron Record Health Care Physical Exam
Date of Service: 12/20/2021

ELMER WILLIAMS

Male DOB: [REDACTED] 217136

Prostate cancer (ICD-185) (ICD10-C61)
Joint pain (ICD-719.40) (ICD10-M25.50)
Bipolar disorder, current episode mixed, unspecified (ICD-296.60) (ICD10-F31.60)

OBJECTIVE:

General

The patient is well nourished, well developed, alert and oriented and in no acute distress.

Integumentary

Inspection: Other
- Dry skin

Musculoskeletal - Extremities

Left Toe

Right Hip

ROM: Decreased

Right Knee

ROM: Decreased

Right Ankle

ROM: Decreased

Right Foot

ROM: Decreased

Left Toe

- Patient stating that he can not walk.

Pupils equally reactive to light and accommodation, extraocular muscles intact bilaterally

Pupils

Ophthalmoscopic:

Ophthalmic exam wnl

ENT

No obvious abnormalities or discharge.

External Nose:

External Nose: Nasal discharge

Neck

Neck: Supple, no bruits, thyromegaly, masses or adenopathy.

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3/22/2022

Chron Record Health Care Physical Exam
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ELMER WILLIAMS

Male DOB: [REDACTED] 217136

Chest

Inspection:

Breasts appear within normal limits

Respiratory

Unlabored by view. Breath sounds clear to auscultation and percussion; no rales, rhonchi or wheezes.

Cardiovascular

Regular rate and rhythm, positive S1/S2; No S3/S4; no murmurs or rubs; No clubbing, cyanosis or edema; no jugular venous distension; peripheral pulses normal.

Gastrointestinal

Soft, non-tender. Bowel sounds present. No pulsatile mass or masses. No hepatosplenomegaly.

Bowel Sounds: Present

Scrotum

Inguinal Hernia

Penis

WNL: Yes

Prostate

Enlarged: Yes

Kidney/Bladder

Objective Findings and Comments: Right inguinal Hernia

Kidneys/Bladder

Neurological

Comments and Objective Findings: Unable to evaluated lower extremity issues. Patient present with edema of lower extremity. According to patient he can not walk or even stand on his feet.

Impression Diagnosis: Dx. Constipation-Good bowel sound

--We will start him a laxative and a hyperosmotic egaent to patient complaint, then prn

--Back problem and unable to walk.

--i will order x ray of lower extremity and NCV and EMG to determine cause of patient complaint.

--I do not recommend wheelchair at this time.

dx Prostate Ca

- last PSA 5.21

--Continue monitoring Prostate issues.

Current M Grade: 2

Active Orders (including next follow up):

Psychiatric F/U @ 90 days

[MHP90]

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3/22/2022

Chron Record Health Care Physical Exam
Date of Service: 12/20/2021

ELMER WILLIAMS

Male DOB: [REDACTED] 217136

Lab Test (Fasting)	[LABF]
CIC F/U Cardio [CICFUCARD]		
CIC F/U Oncology [CICFUONC]		
Lab Test (Fasting)	[LABF]
Lab Test (Fasting)	[LABF]
Dental Periodic Wait List [DSAX]		
Periodic Screening [PE]		
Lab Test (Fasting)	[LABF]
Treatment Plan Wait List [DIWT]		
Psychotherapy @ 30 days [MHT30]		
Case Management @ 30 days [MHC30]		
30(28) day S3s F/U confinement [MHF30]		
Inmate Request- Medical Records [IRMR]		
THORACOLUMBAR SPINE APandLAT [72080-55]		
LUMBAR SPINE [72120-53]		
Refer to Neurologist [SPNR]		

Physical Exam

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Administration.

approval of the Office of Health Services

Signed By: Figueroa, Alexis at 12/20/2021 4:47:10 PM

231-SUWANNEE C.I. ANNEX
5965 US Hwy 90
Live Oak, FL 32060
Main: 3869636358 Fax: 3869636337

3/22/2022

LUMBAR SPINE AP AND LAT
Date of Service: 12/21/2021

ELMER WILLIAMS

Male DOB: [REDACTED] 217136

Patient: ELMER WILLIAMS
ID: MobileX 8553361

Note: All result statuses are Final unless otherwise noted.

Tests: (1) LUMBAR SPINE AP AND LAT (72100-53)

LUMBAR SPINE AP and LAT FINDINGS: There is anatomic alignment of lumbar vertebrae. The vertebral bodies show mild degenerative osteophytic spurring. No fracture or subluxation is seen, however. CONCLUSION: Mild osteoarthritis of the lumbar spine. ELECTRONICALLY SIGNED BY BENJAMIN HUANG, M.D. 12/21/2021 4:08:35 PM EST.

Results: There is anatomic alignment of lumbar vertebrae. The vertebral bodies show mild degenerative osteophytic spurring. No fracture or subluxation is seen, however.

Conclusion: Mild osteoarthritis of the lumbar spine.

Electronically signed by BENJAMIN HUANG, M.D. 12/21/2021 4:08:35 PM EST.

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 12/21/2021 4:17 PM

(1) Order result status: Final

Collection or observation date-time: 12/21/2021 10:45:00

Requested date-time:

Receipt date-time:

Reported date-time: 12/21/2021 16:08:35

Referring Physician:

Ordering Physician: ALEXIS FIGUEROA RODRIGUEZ (AFigueroa)

Specimen Source:

Source: MobileX

Filler Order Number: 36141843

Lab site:

The following tests had no related values for dispersal to the flowsheet:

LUMBAR SPINE AP AND LAT, [No Value Reported], (F)

Signed By: Figueroa, Alexis at 12/22/2021 8:26:46 PM

231-SUWANNEE C.I. ANNEX
5965 US Hwy 90
Live Oak, FL 32060
Main: 3869636358 Fax: 3869636337

3/22/2022

Respiratory/Shortness of Breath
Date of Service: 1/5/2022

ELMER WILLIAMS
Male DOB: Oct 02, 1966 217136

Nurse Visit

Copay? Yes
Reason for encounter: EMID

FLORIDA DEPARTMENT OF CORRECTIONS OFFICE OF HEALTH SERVICES

RESPIRATORY/SHORTNESS OF BREATH PROTOCOL

SUBJECTIVE:

Age: 55 Years Old
Current Medication(s):
COLACE CLEAR 50 MG ORAL CAPS (DOCUSATE SODIUM) 2 po hs. kop,prn; Route: ORAL
HCTZ*DOH*12.5MG 12.5MG TAKE ONE CAPSULE(S) EACH DAY BY MOUTH
LISINOPRIL *DOH* 10MG TAKE ONE TABLET(S) EACH DAY BY MOUTH
TAMSULOSIN *DOH* 0.4MG TAKE ONE CAPSULE(S) AT BEDTIME BY MOUTH
NAPROXEN, DOH, (30CT) 500MG TAKE 1 TABLET(S) TWICE DAILY BY MOUTH WITH FOOD #30/90
DAYS

Current Problems:

Polyneuropathy (ICD-356.9) (ICD10-G62.9)
Back pain, lumbar, with radiculopathy (ICD-724.4) (ICD10-M54.16)
Back pain, lumbosacral, chronic (ICD-724.5) (ICD10-M54.5)
Inguinal hernia, right (ICD-550.90) (ICD10-K40.90)
Elevated PSA (ICD-790.93) (ICD10-R97.20)
Prostate cancer (ICD-185) (ICD10-C61)
Joint pain (ICD-719.40) (ICD10-M25.50)
Bipolar disorder, current episode mixed, unspecified (ICD-296.60) (ICD10-F31.60)

Chief Complaint: Difficulty breathing
History of: COPD / Asthma: No **History of Smoking:** Yes # packs/day: 1
Onset/Duration of symptoms: 1 day
Describe symptoms: SOB Chest tightness/Chest pain

Night sweats: No **Recent unexplained weight loss:** No
Respiratory Clinic: No **Has patient used prescribed rescue inhaler for this complaint?** N/A

OBJECTIVE:

Temp: 98.0 F **Pulse:** 125 **Resp:** 20 **BP:** 95 / 58 **O2 sat:** 97% **Behavior/Mentation:** Normal
Agitated
Last 3 Weights:
220 12/24/2021 10:56:43 AM,
226 12/20/2021 5:11:44 PM,
226 12/20/2021 5:05:03 PM
Flaring nares: No **Pursed lips:** No **Cool Warm**
Nail bed color: Pale
Chest shape: WNL
Accessory muscles in use: Yes

231-SUWANNEE C.I. ANNEX
5965 US Hwy 90
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3/22/2022

Respiratory/Shortness of Breath
Date of Service: 1/5/2022

ELMER WILLIAMS
Male DOB: Oct 02, 1966 217136

Lung Sounds:

Right Upper Lobe: Clear

Left Upper Lobe: Clear

Right Lower Lobe: Clear

Left Lower Lobe: Diminished

Is there a new onset of pedal edema or an increase in inmate's usual pedal edema? Yes

Ascites: Yes

JVD (Jugular vein distention): No

MildPulse: Irregular **Describe if irregular?** 125

FINDINGS REQUIRING IMMEDIATE CLINICIAN NOTIFICATION

Blood Pressure less than 90/60 or greater than 160/100

Heart Rate less than 60 or greater than 110

New onset pedal edema or worsening of usual pedal edema

Irregular heart beat

PLAN

Clinician notified: **Time:** 12:07 PM

Treatment ordered by clinician: Medications ordered

Time

Time

Time

Notify clinician of results prior to discharge

EDUCATION

As instructed by clinician: Take all medications as prescribed

Inmate instructed to return if symptoms return or worsen, or if any new symptoms develop.

DC4-683D Respiratory/Shortness of Breath Protocol (Revised 06/06/18)

This form is not to be amended, revised, or altered without approval of the Office of Health Services Administration.

Signed By: Howell, Jason at 1/5/2022 12:19:55 PM

231-SUWANNEE C.I. ANNEX
5965 US Hwy 90
Live Oak, FL 32060
Main: 3869636358 Fax: 3869636337

3/22/2022

Weekly Rounds
Date of Service: 1/11/2022

ELMER WILLIAMS

Male DOB: [REDACTED] 217136

**FLORIDA DEPARTMENT OF CORRECTIONS OFFICE OF HEALTH SERVICES
INFIRMARY PROGRESS RECORD**

Institution:
231-SUWANNEE C.I. ANNEX

Date: 01/11/2022 **Time:** 8:32 AM **Discipline:** M= MD/CA/ARNP

Comments:

S: "I feel much better."
O: Gen: Alert, Oriented X3, No distress noticed. Cooperative.
HEENT: PEERLA, EOMI, No JVD. No Lymphadenopathy, Well hydrated. No supplement O2 needed.
Lungs: CTA
THORAX: SYMMETRICAL, NO RETRACTIONS
Heart: NO @, NO RUB, NO S3, S1, S2+
Abd: S/D, Bowel Sounds are normal, No Distention noticed, Good peristalsis
Ext.: Pulses positive, No neurovascular deficit noted. Bilateral malleolus pressure ulcer, macerated skin.
Coin shape denuded skin, beefy red.
Patient is seen moving lower extremity when wound care is perform.
Neu.: II TO XII INTACT, GLASGOW 15/15.
No asterexis, no Nystagmus, No focal defect. No tremor.

Assessment:

Patient is a 54 year old black male with history of hypertension, prostate cancer, status post chemo/Radio therapy 2017. Patient was admitted to the infirmary due to anasarca and urinary retention. Lab work reflect elevated PSA (21.0). Requesting follow up with Urology urgently. Last PSA taken in 09/30/2021 was 5.21. Mr. William has been educated about treatment plan. Patient agree with treatment plan and verbalized understanding.

Dx. Prostate Ca

- Referred to Urologist urgently
- Start on Cipro 500 mg po bid for 21 days.

Dx Polyneuropathy LE

- Pending EMG/NCV
- Recommend low doses of trileptal 150 mg po hs

Dx. Bilateral malleolus Pressure ulcer

- See wound care orders for today.
- D/c keflex. Will be using cipro for prostate issues. This cover skin as well.

PLAN: 1) Referred to Urologist urgently. Keep Foley in placed. Start him on cipro 500 mg po bid for 21 days. D/c Keflex. Start him on trileptal for Polyneuropathy.

DC4-714A Infirmary Progress Record (Revised 07/19/17)

This form is not to be amended, revised, or altered without approval of the Office of Health Services Administration.

**FLORIDA DEPARTMENT OF CORRECTIONS OFFICE OF HEALTH SERVICES
CONSULTATION REQUEST**

231-SUWANNEE C.I. ANNEX
5965 US Hwy 90
Live Oak, FL 32060
Main: 3869636358 Fax: 3869636337

3/22/2022

Weekly Rounds
Date of Service: 1/11/2022

ELMER WILLIAMS

Male DOB: [REDACTED] 217136

Current Allergies:

* NO KNOWN DRUG ALLERGIES (Critical)

Current Medications:

OXCARBAZEPINE 150 MG ORAL TABS (OXCARBAZEPINE) 1 PO hs, DOT, SS; Route: ORAL
CIPROFLOXACIN HCL 500 MG ORAL TABS (CIPROFLOXACIN HCL) 1 po bid, dot, ss; Route: ORAL
SPIRONOLACTONE 25 MG ORAL TABS (SPIRONOLACTONE) 1 PO qd at am, DOT; Route: ORAL
FUROSEMIDE 40 MG ORAL TABS (FUROSEMIDE) 1 PO BID, DOT; Route: ORAL
COLACE CLEAR 50 MG ORAL CAPS (DOCUSATE SODIUM) 2 po hs. DOP, PRN; Route: ORAL
LISINOPRIL 10 MG ORAL TABS (LISINOPRIL) 1 PO qd, DOT; Route: ORAL
TAMSULOSIN HCL 0.4 MG ORAL CAPS (TAMSULOSIN HCL) 1 Po HS, DOT; Route: ORAL

Problem List:

Pressure ulcer, ankle (ICD-707.06) (ICD10-L89.509)
Ataxia (ICD-781.3) (ICD10-R27.0)
Benign hyperplasia of prostate (ICD-600.20) (ICD10-N40.0)
Hypertension, borderline (ICD-401.9) (ICD10-I10)
Constipation (ICD-564.00) (ICD10-K59.00)
Skin ulcer of the calf (ICD-707.12) (ICD10-L97.209)
Anasarca (ICD-782.3) (ICD10-R60.1)
Polyneuropathy (ICD-356.9) (ICD10-G62.9)
Back pain, lumbar, with radiculopathy (ICD-724.4) (ICD10-M54.16)
Back pain, lumbosacral, chronic (ICD-724.5) (ICD10-M54.5)
Inguinal hernia, right (ICD-550.90) (ICD10-K40.90)
Elevated PSA (ICD-790.93) (ICD10-R97.20)
Prostate cancer (ICD-185) (ICD10-C61)
Joint pain (ICD-719.40) (ICD10-M25.50)
Bipolar disorder, current episode mixed, unspecified (ICD-296.60) (ICD10-F31.60)

Specialty Service: Refer to Urologist [SPUR]

Wounds [NURwndTr]

Sending Institution: 231-SUWANNEE C.I. ANNEX

Reason for consultation:

Evaluate and recommend diagnostic plan

Evaluate and recommend treatment plan

Acuity of consultation: Urgent

Condition Is: Acute Illness

Visit Type Initial

History of present illness (include onset, presentation, progress, therapy) 54 year old black male with history of hypertension, prostate cancer, status post chemo/Radio therapy 2017, today patient present with urinary retention and elevated PSA (21.0) requesting follow up with Urology urgently. Last PSA taken in 09/30/2021 was 5.21.

Physical Findings Urinary Retention-Foley cath in placed.

Anasarca

Diagnostic Findings Elevated PSA 21.0

Other Pertinent Info/supporting documentation needed: Lab work

Associated Diagnosis: Anasarca (R60.1), Elevated PSA (R97.20), Prostate cancer (C61)

EOS Date:

231-SUWANNEE C.I. ANNEX
5965 US Hwy 90
Live Oak, FL 32060
Main: 3869636358 Fax: 3869636337

3/22/2022

Weekly Rounds
Date of Service: 1/11/2022

ELMER WILLIAMS

Male DOB: [REDACTED] 217136

05/11/2035

IT IS ABSOLUTELY NECESSARY THAT INMATES ARE NOT MADE AWARE OF ANY
SCHEDULING INFORMATION PENDING ANY APPOINTMENT OUTSIDE THE INSTITUTION

DC4-702 Consultation Request (Revised 9/12/19)

This form is not to be amended, revised, or altered without approval of the Office of Health Services
Administration.

Signed By: Figueroa, Alexis at 1/11/2022 9:44:50 AM

Signed By: Holmes, Elizabeth at 1/11/2022 11:54:26 AM

231-SUWANNEE C.I. ANNEX
5965 US Hwy 90
Live Oak, FL 32060
Main: 3869636358 Fax: 3869636337

3/22/2022

Inf Progress Rec
Date of Service: 2/14/2022

ELMER WILLIAMS

Male DOB: [REDACTED] 217136

FLORIDA DEPARTMENT OF CORRECTIONS OFFICE OF HEALTH SERVICES
INFIRMARY PROGRESS RECORD

Institution:

231-SUWANNEE C.I. ANNEX

Date: 02/14/2022 **Time:** 9:52 AM **Discipline:** M= MD/CA/ARNP

Comments:

S: "i have an abscess over my left cheek and i have a discharge around my foley."
O: Gen: Alert, Oriented X3, No distress noticed. Cooperative.
HEENT: PEERLA, EOMI, No JVD. No Lymphadenopathy, Well hydrated. No supplement O2 needed.
Lungs: CTA, No SOB.
THORAX: SYMMETRICAL, NO RETRACTIONS
Heart: NO @, NO RUB, NO S3, S1, S2+
Abd: S/D, Bowel Sounds are normal, No Distention noticed, Good peristalsis. Foley in placed with clear yellow urine, whitish/yellow discharge around foley.
Ext.: Pulses positive, No neurovascular deficit noted. Bilateral malleolus pressure ulcer a; ready heal, no active bleeding. Resolved.
Neu.: II TO XII INTACT, GLASGOW 15/15.
No asterexis, no Nystagmus, No focal defect. No tremor.

Assessment:

Mr. william was evaluated and educated about his actual medical condition. He feels much beter. Complaint today about left cheek abscess and some discharge around his foley.. Patient can be discharge today. Patient clinically stable. No fever and vital sign are sable. Patient will be discharge with a wheelchair so he can get around while is is been workout.
PLAN: 1) Doxyxycline 100 mg po bid for 14 days. Discharge from the Infirmary. Follow up with Urologist.
Pending NCV and EMG

DC4-714A Infirmary Progress Record (Revised 07/19/17)

This form is not to be amended, revised, or altered without approval of the Office of Health Services Administration.

FLORIDA DEPARTMENT OF CORRECTIONS OFFICE OF HEALTH SERVICES
DISCHARGE SUMMARY

Discharge Date: February 14, 2022 **Time:** 10:03 AM

Allergies:

* NO KNOWN DRUG ALLLERGIES (Critical)

Discharge Diagnosis: Urinary retention (ICD-788.20) (ICD10-R33.9), Presence of foley catheter (ICD-V45.89) (ICD10-Z96.0), Decubitus ulcer, Ataxia (ICD-781.3) (ICD10-R27.0), Benign hyperplasia of prostate (ICD-600.20) (ICD10-N40.0), Hypertension, Elevated PSA (ICD-790.93) (ICD10-R97.20)

Discharge Medications:

231-SUWANNEE C.I. ANNEX
5965 US Hwy 90
Live Oak, FL 32060
Main: 3869636358 Fax: 3869636337

3/22/2022

Inf Progress Rec
Date of Service: 2/14/2022

ELMER WILLIAMS

Male DOB: [REDACTED] 217136

DOXYCYCLINE MONOHYDRATE 100 MG ORAL CAPS (DOXYCYCLINE MONOHYDRATE) 1 po bid, kop; Route: ORAL
TAMSULOSIN HCL 0.4 MG ORAL CAPS (TAMSULOSIN HCL) Take one (1) tablet by mouth at bedtime (DOT); Route: ORAL
LISINOPRIL 10 MG ORAL TABS (LISINOPRIL) Take one (1) tablet by mouth daily. (DOT) Route: ORAL
OXCARBAZEPINE 150 MG ORAL TABS (OXCARBAZEPINE) Take one (1) tablet by mouth at bedtime (DOT); Route: ORAL
FUROSEMIDE 20 MG ORAL TABS (FUROSEMIDE) Take one (1) tablet by mouth daily. (DOT) Route: ORAL

Follow up Lab/Appointments:

Psychiatric F/U @ 90 days	[MHP90]
CIC F/U Cardio [CICFUCARD]		
CIC F/U Oncology [CICFUONC]		
Lab Test (Fasting)	[LABF]
Lab Test (Fasting)	[LABF]
Dental Periodic Wait List [DSAX]		
Periodic Screening [PE]		
Lab Test (Fasting)	[LABF]
Treatment Plan Wait List [DIWT]		
Inmate Request- Medical Records [IRMR]		
ANA [164865]		
Psychotherapy @ 60 days [MHT60]		
Case Management @ 60 days [MHC60]		
Prior Approval Other Diagnostics [PAOTH]		
Refer to Urologist [SPUR]		
Foley [NURFOL]		
Urinalysis w/Reflex to Culture [B518-2]		
ENROLL CIC Cardio [ENROLLCICCARD]		
ENROLL CIC Oncology [ENROLLCICONC]		
PSA Total [0190-9]		
D/C [NURDC]		
Provider Follow up [FU]		

Condition at Discharge: Mr. william has been discharge today. Patient will be follow on site. Still pending Urologist evaluation, EMG and NCV. Patient clinically stable and should be able to continue his his treatment plan from his dorm.

DC4-713B Discharge Summary (Revised 12/17/19)
This form is not to be amended, revised, or altered without approval of the Office of Health Services Administration.

****Disclaimer: All EMR timestamps are Eastern Standard Time****

231-SUWANNEE C.I. ANNEX

5965 US Hwy 90
Live Oak, FL 32060
Main: 3869636358 Fax: 3869636337

3/22/2022

Inf Progress Rec
Date of Service: 2/14/2022

ELMER WILLIAMS

Male DOB: [REDACTED] 217136

Signed By: Figueroa, Alexis at 2/14/2022 10:07:36 AM
Signed By: Holmes, Elizabeth at 2/14/2022 4:49:02 PM

231-SUWANNEE C.I. ANNEX
5965 US Hwy 90
Live Oak, FL 32060
Main: 3869636358 Fax: 3869636337

3/22/2022

S/p Infirmiry discharge
Date of Service: 2/23/2022

ELMER WILLIAMS

Male DOB: [REDACTED] 217136

FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES
Chronological Record of Health Care

Staff type: Provider

Provider Follow-Up

Remarks: follow up Infirmiry discharge. Patient doing so much better. Significant improvement.

s/p Urinary retention. Symptoms resolved.

Foley reviewed-issue address, may need to change foley next week. On doxyxycline

Refill of diaper XL

Pending Urologist appointment

Urinalysis reviewed from 02/15/2022-Noted

Constipation since early week, Noted and Rx completed.

Disclaimer: All EMR timestamps are Eastern Time Zone

DC4-701 Chronological Record of Health Care (Revised 8/1/17)

This form is not to be amended, revised, or altered without approval of the Office of Health Services Administration.

Disclaimer: All EMR timestamps are Eastern Time Zone

Orders added during this encounter:

Other Pass 1 - Specify [SP-OPAS1]

FLORIDA DEPARTMENT OF CORRECTIONS OFFICE OF HEALTH SERVICES

PHYSICAL EXAM

Temp: 97.2, **Pulse:** 102, **Resp:** 16, **O2 sat:** 99, **BP:** 96/ 62, **Blood Glucose:** 113

Height: 68 (Inches), **Weight:** 207 lbs., **BMI:** 31.59,

Nursing Comments:

Wound care BI lateral feet lateral ankle (01/17/2022 6:13:13 PM)

Chief Complaint: i am concern about my prostate

History of Present Illness: Recent elevation of PSA

Past Medical History: BPH

Prostate Ca-2017-2018

HTN

Polyneuropathy with Lower Extremity weakness

Allergies:

* NO KNOWN DRUG ALLERGIES (Critical)

Current Medications:

231-SUWANNEE C.I. ANNEX

3/22/2022

5965 US Hwy 90
Live Oak, FL 32060
Main: 3869636358 Fax: 3869636337

S/p Infirmary discharge
Date of Service: 2/23/2022

ELMER WILLIAMS

Male DOB: [REDACTED] 217136

MILK OF MAGNESIA 400 MG/5ML ORAL SUSP (MAGNESIUM HYDROXIDE) 20 ml po qd, kop; Route: ORAL
DOXYCYCLINE MONOHYDRATE 100 MG ORAL CAPS (DOXYCYCLINE MONOHYDRATE) 1 po bid, kop; Route: ORAL
TAMSULOSIN HCL 0.4 MG ORAL CAPS (TAMSULOSIN HCL) 1 PO q PM, KOP, Route: ORAL
LISINOPRIL 10 MG ORAL TABS (LISINOPRIL) 1 PO qd, KOP, Route: ORAL
OXCARBAZEPINE 150 MG ORAL TABS (OXCARBAZEPINE) 2 PO q PM, KOP, Route: ORAL
FUROSEMIDE 20 MG ORAL TABS (FUROSEMIDE) 1 PO Q am, KOP, Route: ORAL

Current Problem List :

Granuloma faciale (ICD-701.8) (ICD10-L92.2)
Urinary retention (ICD-788.20) (ICD10-R33.9)
Presence of foley catheter (ICD-V45.89) (ICD10-Z96.0)
Decubitus ulcer, buttock (ICD-707.05) (ICD10-L89.309)
Antibiotic associated colitis (ICD-558.9) (ICD10-K52.1)
Pressure ulcer, ankle (ICD-707.06) (ICD10-L89.509)
Ataxia (ICD-781.3) (ICD10-R27.0)
Benign hyperplasia of prostate (ICD-600.20) (ICD10-N40.0)
Hypertension, borderline (ICD-401.9) (ICD10-I10)
Constipation (ICD-564.00) (ICD10-K59.00)
Skin ulcer of the calf (ICD-707.12) (ICD10-L97.209)
Anasarca (ICD-782.3) (ICD10-R60.1)
Polyneuropathy (ICD-356.9) (ICD10-G62.9)
Back pain, lumbar, with radiculopathy (ICD-724.4) (ICD10-M54.16)
Back pain, lumbosacral, chronic (ICD-724.5) (ICD10-M54.5)
Inguinal hernia, right (ICD-550.90) (ICD10-K40.90)
Elevated PSA (ICD-790.93) (ICD10-R97.20)
Prostate cancer (ICD-185) (ICD10-C61)
Joint pain (ICD-719.40) (ICD10-M25.50)
Bipolar disorder, current episode mixed, unspecified (ICD-296.60) (ICD10-F31.60)

OBJECTIVE:

PHYSICAL EXAMINATION

General

The patient is well nourished, well developed, alert and oriented and in no acute distress.

Penis

Circumcised: Yes
Condyloma: No
Epispadias: No
Other: Yes

Kidney/Bladder

Objective Findings and Comments: yellow white discharge around the foley cath coming out of the penis

231-SUWANNEE C.I. ANNEX
5965 US Hwy 90
Live Oak, FL 32060
Main: 3869636358 Fax: 3869636337

3/22/2022

S/p Infirmiry discharge
Date of Service: 2/23/2022

ELMER WILLIAMS

Male DOB: [REDACTED] 217136

Impression Diagnosis: Dx. Urinary Retention,Temp Foley,elevated PSA, Lower extremity Polyneuropathy, Chronic Back Pain. Constipation Issues
I have spoken with the patient and explain his actual medical conditon, diagnosis and treatment plan based on the information to me at this time. I have answered the patient question and address any concerns during this encounter. The patient has a good understanding of his diagnosis, condition and treatment plan as can be expected at this time.

Current M Grade: 3

Active Orders (including next follow up):

- Psychiatric F/U @ 90 days [MHP90]
- Lab Test (Fasting) [LABF]
- Lab Test (Fasting) [LABF]
- Dental Periodic Wait List [DSAX]
- Periodic Screening [PE]
- Lab Test (Fasting) [LABF]
- Treatment Plan Wait List [DIWT]
- Inmate Request- Medical Records [IRMR]
- ANA [164865]
- Psychotherapy @ 60 days [MHT60]
- Case Management @ 60 days [MHC60]
- Prior Approval Other Diagnostics [PAOTH]
- Foley [NURFOL]
- ENROLL CIC Cardio [ENROLLCICCARD]
- ENROLL CIC Oncology [ENROLLCICONC]
- PSA Total [0190-9]
- Urinalysis w/Reflex to Culture [B518-2]
- Disapproved for Work Camp Medical [SP-WCX]
- Disapproved for Work Release Medical [SP-WRNO]
- Medical Hold [HLD-HOLDM]
- CIC F/U Cardio [CICFUCARD]
- CIC F/U Oncology [CICFUONC]
- Refer to Urologist [SPUR]
- Other Pass 1 - Specify [SP-OPAS1]

EDUCATION:

Disease Process,Diet including sodium intake,Exercise,Smoking Cessation (if applicable),Medication(s)

Physical Exam

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231-SUWANNEE C.I. ANNEX
5965 US Hwy 90
Live Oak, FL 32060
Main: 3869636358 Fax: 3869636337

3/22/2022

Chron Rec Health Care: Nursing
Date of Service: 2/25/2022

ELMER WILLIAMS

Male DOB: [REDACTED] 217136

Nurse Visit

Copay? No

Reason for encounter: Sick Call

Initial Triage Information:

Location of patient: 231-SUWANNEE C.I. ANNEX

Nurse Sick Call: 02/25/2022 9:01 AM

Copay? No

FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES

Chronological Record of Health Care

Staff type: Nursing

Temp: 98 F **Pulse:** 88 **Resp:** 18 **BP:** 107/66 **O2 sat:** 97% **Current Weight (lbs):** 207

Note: inmate pt seen in house provider xl pampers addressed, antibiotics provided for uti, catheter change this week, swelling ankles, and discharge from the infirmary physical. inmate given bottle of milk of mag.

DC4-701 Chronological Record of Health Care (Revised 8/1/17)

This form is not to be amended, revised, or altered without approval of the Office of Health Services Administration.

****Disclaimer: All EMR timestamps are Eastern Time Zone****

Signed By: Smith, Graydon at 2/25/2022 9:11:40 AM

TB231-SUWANNEE C.I. ANNEX
5965 US Hwy 90 Live Oak, FL 32060
3869636358 Fax: 3869636337

August 5, 2022
Page 1
FL Provider Visit

ELMER WILLIAMS

DC#: 086916
Race/Sex: Black or African American / Male
DOB: [REDACTED]
Facility: 231-SUWANNEE C.I. ANNEX

04/18/2022 - FL Provider Visit: Chron Rec Care Consult Request
Provider: Alexis Figueroa MD
Location of Care: 231-SUWANNEE C.I. ANNEX

FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES
Chronological Record of Health Care

Staff type: Provider
Record Review

Remarks: 55 yo AA male last seen in 12/20 with history of Ca prostate treated with Radiation therapy to the prostate and androgen deprivation with PSA level to 0.2. PSA in 9/21 was 5.2 and now is 43. Request a follow up with Urologist with Bone scan and Abdomino pelvic CT Urgently.

****Disclaimer: All EMR timestamps are Eastern Time Zone****

DC4-701 Chronological Record of Health Care (Revised 8/1/17)

This form is not to be amended, revised, or altered without approval of the Office of Health Services Administration.

****Disclaimer: All EMR timestamps are Eastern Time Zone****

Orders added during this encounter:

Refer to Urologist [SPUR]
FLORIDA DEPARTMENT OF CORRECTIONS OFFICE OF HEALTH SERVICES
CONSULTATION REQUEST

Current Allergies:

* NO KNOWN DRUG ALLERGIES (Critical)

Current Medications:

FUROSEMIDE 40 MG ORAL TABS (FUROSEMIDE) 1 qd (KOP); Route: ORAL
DOXYCYCLINE HYCLATE 100 MG ORAL CAPS (DOXYCYCLINE HYCLATE) 1 bid (KOP); Route: ORAL
* CHANGE FOLEY CATH Q 30 DAYS Change Foley cath q 30 Days; Route: EXTERNAL
TAMSULOSIN HCL 0.4 MG ORAL CAPS (TAMSULOSIN HCL) 1 PO q PM,KOP; Route: ORAL
LISINOPRIL 10 MG ORAL TABS (LISINOPRIL) 1 PO qd, KOP; Route: ORAL
OXCARBAZEPINE 150 MG ORAL TABS (OXCARBAZEPINE) 2 PO q PM,KOP; Route: ORAL

Problem List:

MH Problem: Mood Swings (ICD 132) (ICD10 F99)
MH Problem: Depression (ICD10-F99)
Granuloma faciale (ICD-701.8) (ICD10-L92.2)
Urinary retention (ICD-788.20) (ICD10-R33.9)

TB231-SUWANNEE C.I. ANNEX
 5965 US Hwy 90 Live Oak, FL 32060
 3869636358 Fax: 3869636337

August 5, 2022
 Page 2
 FL Provider Visit

ELMER WILLIAMS

DC#: 086916
 Race/Sex: Black or African American / Male
 DOB: [REDACTED]
 Facility: 231-SUWANNEE C.I. ANNEX

Presence of foley catheter (ICD-V45.89) (ICD10-Z96.0)
 Decubitus ulcer, buttock (ICD-707.05) (ICD10-L89.309)
 Antibiotic associated colitis (ICD-558.9) (ICD10-K52.1)
 Pressure ulcer, ankle (ICD-707.06) (ICD10-L89.509)
 Ataxia (ICD-781.3) (ICD10-R27.0)
 Benign hyperplasia of prostate (ICD-600.20) (ICD10-N40.0)
 Hypertension, borderline (ICD-401.9) (ICD10-I10)
 Constipation (ICD-564.00) (ICD10-K59.00)
 Skin ulcer of the calf (ICD-707.12) (ICD10-L97.209)
 Anasarca (ICD-782.3) (ICD10-R60.1)
 Polyneuropathy (ICD-356.9) (ICD10-G62.9)
 Back pain, lumbar, with radiculopathy (ICD-724.4) (ICD10-M54.16)
 Back pain, lumbosacral, chronic (ICD-724.5) (ICD10-M54.5)
 Inguinal hernia, right (ICD-550.90) (ICD10-K40.90)
 Elevated PSA (ICD-790.93) (ICD10-R97.20)
 Prostate cancer (ICD-185) (ICD10-C61)
 Joint pain (ICD-719.40) (ICD10-M25.50)
 Bipolar disorder, current episode mixed, unspecified (ICD-296.60) (ICD10-F31.60)

Specialty Service: Refer to Urologist

Comments: 55 yo AA male last seen in 12/20 with history of Ca prostate treated with Radiation therapy to the prostate and androgen deprivation with PSA level to 0.2. PSA in 9/21 was 5.2 and now is 43. Seen last on 3/24/2022. Request Bone scan and abdomino-pelvic ct.

Sending Institution: 231-SUWANNEE C.I. ANNEX **Date of Request:** 04/18/2022

Reason for consultation:

Evaluate and recommend diagnostic plan
 Evaluate and recommend treatment plan

Acuity of consultation: Urgent

Condition is: Acute Illness

Visit Type Follow-up

History of present illness (include onset, presentation, progress, therapy) 55 yo AA male last seen in 12/20 with history of Ca prostate treated with Radiation therapy to the prostate and androgen deprivation with PSA level to 0.2. PSA in 9/21 was 5.2 and now is 43.

Physical Findings Urinary Retention

Diagnostic Findings Bone Scan-whole Body- Schedule to be done this month

Abdomino Pelvic CT with IV Contrast- Schedule to be done this month

Other Pertinent Info/supporting documentation needed: Urologist Notes from 3/24/2022

Associated Diagnosis: Pressure ulcer ankle (L89.509), Ataxia (R27.0), Benign hyperplasia of prostate (N40.0), Hypertension borderline (I10), Elevated PSA (R97.20), Prostate cancer (C61)

OR: Provisional Diagnosis- Metastatic disease

EOS Date:

04/11/2035

TB231 SUWANNEE C.I. ANNEX
5965 US Hwy 90 Live Oak, FL 32060
3869636358 Fax: 3869636337

August 5, 2022
Page 3
FL Provider Visit

ELMER WILLIAMS

DC#: 086916
Race/Sex: Black or African American / Male
DOB: [REDACTED]
Facility: 231-SUWANNEE C.I. ANNEX

IT IS ABSOLUTELY NECESSARY THAT INMATES ARE NOT MADE AWARE OF ANY SCHEDULING INFORMATION PENDING ANY APPOINTMENT OUTSIDE THE INSTITUTION

DC4 702 Consultation Request (Revised 9/12/19)

This form is not to be amended, revised, or altered without approval of the Office of Health Services Administration.

****Disclaimer: All EMR timestamps are Eastern Time Zone****

Electronically signed by Alexis Figueroa MD on 04/18/2022 at 11:31 AM

TB231-SUWANNEE C.I. ANNEX
5965 US Hwy 90 Live Oak, FL 32060
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August 5, 2022
Page 1
FL Provider Visit

ELMER WILLIAMS

DC#: 086916
Race/Sex: Black or African American / Male
DOB: [REDACTED]
Facility: 231-SUWANNEE C.I. ANNEX

05/17/2022 - FL Provider Visit: Chron Rec Care Consult Request
Provider: Alexis Figueroa MD
Location of Care: 231-SUWANNEE C.I. ANNEX

Health Service Profile
FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES

Chronological Record of Health Care

Staff type: Provider
Record Review
Remarks: Request for Urologist follow up

****Disclaimer: All EMR timestamps are Eastern Time Zone****

DC4 701 Chronological Record of Health Care (Revised 8/1/17)
This form is not to be amended, revised, or altered without approval of the Office of Health Services Administration.

****Disclaimer: All EMR timestamps are Eastern Time Zone****

Orders added during this encounter:

Refer to Urologist [SPUR]
FLORIDA DEPARTMENT OF CORRECTIONS OFFICE OF HEALTH SERVICES
CONSULTATION REQUEST

Current Allergies:
* NO KNOWN DRUG ALLERGIES (Critical)

Current Medications:
* ELIGARD 30 MG 30 Mg SC q 4 Months; Route: SUBCUTANEOUS
BICALUTAMIDE 50 MG ORAL TABS (BICALUTAMIDE) 1 PO QD; Route: ORAL
* WOUND CARE Clean area with Dakin's solution, pat dry. Apply thin layer of Silvadene over open sore areas. Placed Barrier Island Dressing 4X10 if require. QOD X 30 Days.; Route: EXTERNAL
FUROSEMIDE 40 MG ORAL TABS (FUROSEMIDE) 1 qd (KOP); Route: ORAL
* CHANGE FOLEY CATH Q 30 DAYS Change Foley cath q 30 Days; Route: EXTERNAL
TAMSULOSIN HCL 0.4 MG ORAL CAPS (TAMSULOSIN HCL) 1 PO Q PM; Route: ORAL
LISINAPRIL 10 MG ORAL TABS (LISINAPRIL) 1 PO qd; Route: ORAL
OXCARBAZEPINE 150 MG ORAL TABS (OXCARBAZEPINE) 2 PO q PM,KOP; Route: ORAL

Problem List:
Cancer metastatic to prostate (ICD-198.82) (ICD10 C79.82)
History of urinary tract infection (ICD-V13.02) (ICD10-Z87.440)

TB231-SUWANNEE C.I. ANNEX
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August 5, 2022
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 FL Provider Visit

ELMER WILLIAMS

DC# 086916
 Race/Sex: Black or African American / Male
 DOB: [REDACTED]
 Facility: 231-SUWANNEE C.I. ANNEX

MH Problem: Mood Swings (ICD-132) (ICD10-F99)
 MH Problem: Depression (ICD10-F99)
 Granuloma faciale (ICD-701.8) (ICD10-L92.2)
 Urinary retention (ICD-788.20) (ICD10-R33.9)
 Presence of foley catheter (ICD-V45.89) (ICD10-Z96.0)
 Decubitus ulcer, buttock (ICD-707.05) (ICD10-L89.309)
 Antibiotic associated colitis (ICD-558.9) (ICD10-K52.1)
 Pressure ulcer, ankle (ICD-707.06) (ICD10-L89.509)
 Ataxia (ICD-781.3) (ICD10-R27.0)
 Benign hyperplasia of prostate (ICD-600.20) (ICD10-N40.0)
 Hypertension, borderline (ICD-401.9) (ICD10-I10)
 Constipation (ICD-564.00) (ICD10-K59.00)
 Skin ulcer of the calf (ICD-707.12) (ICD10-L97.209)
 Anasarca (ICD-782.3) (ICD10-R60.1)
 Polyneuropathy (ICD-356.9) (ICD10-G62.9)
 Back pain, lumbar, with radiculopathy (ICD-724.4) (ICD10-M54.16)
 Back pain, lumbosacral, chronic (ICD-724.5) (ICD10-M54.5)
 Inguinal hernia, right (ICD-550.90) (ICD10-K40.90)
 Elevated PSA (ICD-790.93) (ICD10-R97.20)
 Prostate cancer (ICD-185) (ICD10-C61)
 Joint pain (ICD-719.40) (ICD10-M25.50)
 Bipolar disorder, current episode mixed, unspecified (ICD-296.60) (ICD10-F31.60)

Specialty Service: Refer to Urologist

Comments: Request for Urologist Follow up in 1 month

Sending Institution: 231-SUWANNEE C.I. ANNEX **Date of Request:** 05/17/2022

Reason for consultation:

Evaluate and recommend diagnostic plan
 Evaluate and recommend treatment plan

Acuity of consultation: Urgent

Condition is: Acute illness

Visit Type Follow-up

History of present illness (include onset, presentation, progress, therapy) Mr. William it is a 55-year-old black male with history of prostate cancer treated with Androgen deprivation and radiation therapy with good response in the past. Patient was seen on 05/16/2022 with recommendations to start in Eligard 30 mg SC q 4 months and Casodex 50 mg po qd x 1 year. Request follow up in 1 month.

Physical Findings Significant Lower extremity Motor and Sensory deficit

Diagnostic Findings Bone scan, abdomino-pelvic ct scan and elevated PSA lab work.

Other Pertinent Info/supporting documentation needed: Urology notes

Associated Diagnosis: Pressure ulcer ankle (L89.509), Ataxia (R27.0), Benign hyperplasia of prostate (N40.0), Hypertension borderline (I10), Elevated PSA (R97.20), Prostate cancer (C61)

OR: Provisional Diagnosis- Metastatic Cancer-Prostate

EOS Date:

TB231 SUWANNEE C.I. ANNEX
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FL Provider Visit

ELMER WILLIAMS

DC#: 086916
Race/Sex: Black or African American / Male
DOB: [REDACTED]
Facility: 231-SUWANNEE C.I. ANNEX

04/01/2035

IT IS ABSOLUTELY NECESSARY THAT INMATES ARE NOT MADE AWARE OF ANY SCHEDULING INFORMATION PENDING ANY APPOINTMENT OUTSIDE THE INSTITUTION

DC4-702 Consultation Request (Revised 9/12/19)

This form is not to be amended, revised, or altered without approval of the Office of Health Services Administration.

****Disclaimer: All EMR timestamps are Eastern Time Zone****

Electronically signed by Alexis Figueroa MD on 05/17/2022 at 7:10 AM

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August 5, 2022
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FL Infirmary

ELMER WILLIAMS

DC#: 086916
Race/Sex: Black or African American / Male
DOB: [REDACTED]
Facility: 231-SUWANNEE C.I. ANNEX

05/24/2022 - FL Infirmary: Inf Admit Orders
Provider: Alexis Figueroa MD
Location of Care: 231-SUWANNEE C.I. ANNEX

FLORIDA DEPARTMENT OF CORRECTIONS OFFICE OF HEALTH SERVICES
INFIRMARY ADMISSION ORDERS SHEET

(Must be completed on ALL Infirmary admissions)

Type of Admission: Acute Illness

ORDERS

Clinical Date and Time:
05/24/2022 1:06 PM
Date Orders Written: 05/24/2022
Time Orders Written: 1:06 PM

Attending Clinician: Figueroa

Current Problems:

- Cancer metastatic to prostate (ICD-198.82) (ICD10-C79.82)
- History of urinary tract infection (ICD-V13.02) (ICD10-Z87.440)
- MH Problem: Mood Swings (ICD 132) (ICD10 F99)
- MH Problem: Depression (ICD10 F99)
- Granuloma faciale (ICD-701.8) (ICD10-L92.2)
- Urinary retention (ICD-788.20) (ICD10-R33.9)
- Presence of foley catheter (ICD-V45.89) (ICD10-Z96.0)
- Decubitus ulcer, buttock (ICD-707.05) (ICD10-L89.309)
- Antibiotic associated colitis (ICD-558.9) (ICD10-K52.1)
- Pressure ulcer, ankle (ICD-707.06) (ICD10-L89.509)
- Ataxia (ICD-781.3) (ICD10-R27.0)
- Benign hyperplasia of prostate (ICD-600.20) (ICD10-N40.0)
- Hypertension, borderline (ICD 401.9) (ICD10-I10)
- Constipation (ICD-564.00) (ICD10-K59.00)
- Skin ulcer of the calf (ICD-707.12) (ICD10-L97.209)
- Anasarca (ICD-782.3) (ICD10-R60.1)
- Polyneuropathy (ICD-356.9) (ICD10-G62.9)
- Back pain, lumbar, with radiculopathy (ICD-724.4) (ICD10-M54.16)
- Back pain, lumbosacral, chronic (ICD-724.5) (ICD10-M54.5)
- Inguinal hernia, right (ICD-550.90) (ICD10-K40.90)
- Elevated PSA (ICD-790.93) (ICD10-R97.20)
- Prostate cancer (ICD-185) (ICD10-C61)
- Joint pain (ICD-719.40) (ICD10-M25.50)
- Bipolar disorder, current episode mixed, unspecified (ICD-296.60) (ICD10 F31.60)

Admitting Diagnosis: terminal cancer/Prostatic, Lower extremity paralysis, dcubital pressure ulcer

Condition: Fair

Code Status: Full Code

TB231-SUWANNEE C.I. ANNEX
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FL Infirmiry

ELMER WILLIAMS
DC#: 086916
Race/Sex: Black or African American / Male
DOB: [REDACTED]
Facility: 231-SUWANNEE C.I. ANNEX

Allergies:

* NO KNOWN DRUG ALLERGIES (Critical)

Activity: Completed bed rest

Vital Signs: Once every 24 hours

Include Pulse Ox with vital signs

Diet: Low Sodium

cc/hr

liters.

Foley: Foley to drainage bag

Reason for x-ray-R/O: n/a

Labs:

at least every 30 days if on Warfarin

Respiratory Therapy:

liters/minutes per

Immunizations:

Standing Medications:

Tylenol 325mg x2 by mouth every 4 hours as needed for headache or pain

Current Medications:

SPIRONOLACTONE 25 MG ORAL TABS (SPIRONOLACTONE) q1 PO Q am; Route: ORAL

ACETAMINOPHEN 325 MG ORAL TABLET (ACETAMINOPHEN) Take 2 tablets PO Q4-6 hrs for moderate pain or temp over 100.4 (not to exceed 2400mg in 24 hr period) Notify MD if oral temperature greater than 100.4; Route: ORAL

DOXYCYCLINE MONOHYDRATE 100 MG ORAL CAPS (DOXYCYCLINE MONOHYDRATE) 1 PO BID; Route: ORAL

* ELIGARD 30 MG 30 Mg SC q 4 Months; Route: SUBCUTANEOUS

BICALUTAMIDE 50 MG ORAL TABS (BICALUTAMIDE) 1 PO QD; Route: ORAL

* WOUND CARE Clean area with Dakin's solution, pat dry. Apply thin layer of Silvadene over open sore areas. Placed Barrier Island Dressing 4X10 if require. QOD X 30 Days.; Route: EXTERNAL

FUROSEMIDE 20 MG ORAL TABS (FUROSEMIDE) 1 PO BID; Route: ORAL

* CHANGE FOLEY CATH Q 30 DAYS Change Foley cath q 30 Days; Route: EXTERNAL

TAMSULOSIN HCL 0.4 MG ORAL CAPS (TAMSULOSIN HCL) 1 PO Q PM; Route: ORAL

OXCARBAZEPINE 150 MG ORAL TABS (OXCARBAZEPINE) 2 PO q PM; Route: ORAL

Wound Care/Dressings:

1. Clean gluteal area with dakin's solution, pat dry. Apply thin layer of Silvadene cover with abd dressing qd

2. Clean both heel with normal saline solution, pat dry cover with wet to dry dressing qd.

Nursing Care:

Weigh on arrival

cc's

hours.

Turn patient every 2 hours

at 35

degrees.

Low flow air mattress

Notify Clinician if:

DC4-714D Infirmiry Admission Order Sheet (Revised 08/11/17)

TB231-SUWANNEE C.I. ANNEX
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August 5, 2022
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FL Infirmary

ELMER WILLIAMS

DC#: 086916
Race/Sex: Black or African American / Male
DOB: [REDACTED]
Facility: 231-SUWANNEE C.I. ANNEX

This form is not to be amended, revised, or altered without approval of the Office of Health Services Administration.

****Disclaimer: All EMR timestamps are Eastern Time Zone****
FLORIDA DEPARTMENT OF CORRECTIONS

INPATIENT HISTORY/PHYSICAL

Chief Complaint: I can not take care of myself
History of Present Illness: 55 yrs black male with a terminal metastatic prostate cancer recently seen by urologist who recommend oncologist eval to determine POC. DNR, Palliative care and CMR all been discussed with patient.
Past Medical History: Prostate Ca

PHYSICAL EXAMINATION

Head and Neck: Normocephalic, No epistaxis, No JVD
EENT: Tympanic Membranes WNL, Good implantation, PERRLA, EOMI
Chest and Breast: Symmetrical, No breast mass, No discharge.
Heart: No Murmur, No Rub, S1, S2
Lungs: CTA
Rectal: No rectal bleeding
Abdomen: B/S Normal, No Guarding, No Rebounds, No Bruits
Genitalia: Open sores over gluteal areas
Bones and Joints: Lower extremity edema
Extremities: Lower extremity edema, unable to palpate distal pulses b/c of the edema. Open sore over bilat+ lateral malleolar areas, Bulla over both heels
Neuro: II => XII intact, no nystagmus, no asterexis, no tremor,
Impression Diagnosis: Anasarca, Metastatic Prostate Ca
DC4-713C Inpatient History Physical (Revised 06/29/18)

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****Disclaimer: All EMR timestamps are Eastern Time Zone****

Electronically signed by Alexis Figueroa MD on 05/24/2022 at 1:53 PM
Electronically signed by Elizabeth Holmes LPN on 05/28/2022 at 8:40 AM

TB231-SUWANNEE C.I. ANNEX
5965 US Hwy 90 Live Oak, FL 32060
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August 5, 2022
Page 1
FL Provider Visit

ELMER WILLIAMS

DC#: 086916
Race/Sex: Black or African American / Male
DOB: [REDACTED]
Facility: 231-SUWANNEE C.I. ANNEX

06/25/2022 - FL Provider Visit: Chron Rec Care Consult Request

Provider: Alexis Figueroa MD
Location of Care: 231-SUWANNEE C.I. ANNEX

Health Service Profile
FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES

Chronological Record of Health Care

Staff type: Provider
Record Review
Remarks: REQUEST FOR UROLOGY FOLLOW UP.

DC4-701 Chronological Record of Health Care (Revised 8/1/17)
This form is not to be amended, revised, or altered without approval of the Office of Health Services Administration.
****Disclaimer: All EMR timestamps are Eastern Time Zone****

Orders added during this encounter:

Refer to Urologist [SPUR]
PSA Total [0190-9]
FLORIDA DEPARTMENT OF CORRECTIONS OFFICE OF HEALTH SERVICES
CONSULTATION REQUEST

Current Allergies:
* NO KNOWN DRUG ALLERGIES (Critical)

Current Medications:
METHOCARBAMOL 500 MG ORAL TABS (METHOCARBAMOL) 1 PO BID; Route: ORAL
OXCARBAZEPINE 150 MG ORAL TABS (OXCARBAZEPINE) 1 PO BID; Route: ORAL
CEPHALEXIN 500 MG ORAL CAPS (CEPHALEXIN) 1 PO BID; Route: ORAL
* WOUND CARE HEEL Clean area with normal saline solution, pat dry, apply wet to dry dressing,secure with kerlix, both heel.; Route: EXTERNAL
DEXAMETHASONE 4 MG ORAL TABS (DEXAMETHASONE) 4 mg PO QID x 60 days; Route: ORAL
ROBAXIN750 750 MG ORAL TABS (METHOCARBAMOL) 1 PO BID; Route: ORAL
SPIRONOLACTONE 25 MG ORAL TABS (SPIRONOLACTONE) q1 PO Q am; Route: ORAL
* ELIGARD 30 MG 30 Mg SC q 4 Months; Route: SUBCUTANEOUS
BICALUTAMIDE 50 MG ORAL TABS (BICALUTAMIDE) 1 PO QD; Route: ORAL
* WOUND CARE BUTTOCK Clean area with Normal saline solution, pat dry. Apply sylvadene cover with calcium alginate dassing and abd pads,secure with paper tape. qd x 30 days; Route: EXTERNAL
FUROSEMIDE 20 MG ORAL TABS (FUROSEMIDE) 1 PO BID; Route: ORAL

TB231-SUWANNEE C.I. ANNEX
5965 US Hwy 90 Live Oak, FL 32060
3869636358 Fax: 3869636337

August 5, 2022
Page 3
FL Provider Visit

ELMER WILLIAMS

DC#: 086916
Race/Sex: Black or African American / Male
DOB: [REDACTED]
Facility: 231-SUWANNEE C.I. ANNEX

Visit Type Follow-up

History of present illness (include onset, presentation, progress, therapy) Mr. William it is a 55-year-old black male with history of prostate cancer treated with Androgen deprivation and radiation therapy with good response in the past by Dr. Miguel. Patient was seen on 05/16/2022 with recommendations to start in Eligard 30 mg SC q 4 months and Casodex 50 mg po qd x 1 year. Seen once again on 06/16/2022 for a follow up. Patient still in the process of been treated by Rad-Onc and Urologist. Request follow up by urology in 1 month with PSA levels.

Physical Findings PROSTATE CA
SPINAL CORD MALIGNANCY-METASTATIC

Diagnostic Findings ELEVATED PSA

Other Pertinent Info/supporting documentation needed: SEE UROLOGY NOTES

Associated Diagnosis: Spinal cord lesion (G95.9), Cancer metastatic to prostate (C79.82), Pressure ulcer ankle (L89.509), Ataxia (R27.0), Benign hyperplasia of prostate (N40.0), Hypertension borderline (I10), Elevated PSA (R97.20), Prostate cancer (C61)

OR: Provisional Diagnosis- N/A

EOS Date:
03/22/2035

IT IS ABSOLUTELY NECESSARY THAT INMATES ARE NOT MADE AWARE OF ANY SCHEDULING INFORMATION PENDING ANY APPOINTMENT OUTSIDE THE INSTITUTION

DC4-702 Consultation Request (Revised 9/12/19)

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Disclaimer: All EMR timestamps are Eastern Time Zone

Electronically signed by Alexis Figueroa MD on 06/25/2022 at 9:58 AM

06/28/2022 03:04 PM

231-SUWANNEE C.I. ANNEX

5965 US Hwy 90, Live Oak, FL, Suwanee 32060

(386) 963-6358 Fax: (386) 963-6337

ELMER WILLIAMS

55 Years Old Male DOB: [REDACTED] 217136

WOUND CARE BUTTOCK, Clean area with Normal saline solution, pat dry. Apply sylvadene cover with calcium alginate dressing and abd pads,secure with paper tape. qd x 30 days Prescriptions/Refills

Med Status: Active Medication
Last Refill:
Start Date: 06/24/2022
Stop Date: 07/24/2022
Stop Reason:
Entered By: Alexis Figueroa MD
Entry Date: 06/24/2022 2:15 PM
Comment: DOT X 30 Days:Clean area with Normal saline solution, pat dry. Apply sylvadene cover with calcium alginate dressing and abd pads,secure with paper tape. qd x 30 days

BICALUTAMIDE 50 MG ORAL TABS (BICALUTAMIDE), 1 PO QD Prescriptions/Refills

Daily

Med Status: Active Medication
Last Refill:
Start Date: 05/17/2022
Stop Date: 05/17/2023
Stop Reason:
Entered By: Alexis Figueroa MD
Entry Date: 05/17/2022 6:45 AM
Comment: DOT
#365 x 0, 05/17/2022, Alexis Figueroa MD

ELIGARD 30 MG, 30 Mg SC q 4 Months Prescriptions/Refills

Med Status: Active Medication
Last Refill:
Start Date: 05/17/2022
Stop Date: 05/17/2023
Stop Reason:
Entered By: Alexis Figueroa MD
Entry Date: 05/17/2022 7:10 AM
Comment: DOT, Starting NOW,Inject each dose within 30 minutes of mixing
#4 vial x 0, 05/17/2022, Alexis Figueroa MD

SPIRONOLACTONE 25 MG ORAL TABS (SPIRONOLACTONE), q1 PO Q am Prescriptions/Refills

In Morning

Med Status: Active Medication
Last Refill:
Start Date: 05/24/2022
Stop Date: 11/20/2022
Stop Reason:
Entered By: Alexis Figueroa MD
Entry Date: 05/24/2022 1:39 PM
Comment: DOT
#180 x 0, 05/24/2022, Alexis Figueroa MD

231-SUWANNEE C.I. ANNEX

06/28/2022 03:04 PM

5965 US Hwy 90, Live Oak, FL, Suwanee 32060

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(386) 963-6358 Fax: (386) 963-6337

Medications Report

ELMER WILLIAMS

55 Years Old Male DOB: [REDACTED] 217136

Medications

TAMSULOSIN HCL 0.4 MG ORAL CAPS (TAMSULOSIN HCL), Prescriptions/Refills

1 PO Q PM *At night Flomax*

Med Status: Active Medication
Last Refill:
Start Date: 05/17/2022
Stop Date: 05/17/2023
Stop Reason:
Entered By: Alexis Figueroa MD
Entry Date: 05/17/2022 6:48 AM
Comment: 1 PO q PM, KOP

CHANGE FOLEY CATH Q 30 DAYS, Change Foley cath q 30 Prescriptions/Refills

Days

Med Status: Active Medication #1 monthly x 11, 05/17/2022, Alexis
Last Refill: Figueroa MD
Start Date: 05/17/2022
Stop Date: 05/17/2023
Stop Reason:
Entered By: Alexis Figueroa MD
Entry Date: 05/17/2022 6:45 AM
Comment: DOT

FUROSEMIDE 20 MG ORAL TABS (FUROSEMIDE), 1 PO BID Prescriptions/Refills

Lasix

Med Status: Active Medication #60 x 5, 05/24/2022, Alexis
Last Refill: Figueroa MD
Start Date: 05/24/2022
Stop Date: 11/20/2022
Stop Reason:
Entered By: Alexis Figueroa MD
Entry Date: 05/24/2022 1:18 PM
Comment: DOT

Twice Daily

231-SUWANNEE C.I. ANNEX

06/28/2022 03:04 PM

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(386) 963-6358 Fax: (386) 963-6337

Medications Report

ELMER WILLIAMS

55 Years Old Male DOB: [REDACTED]

217136

**METHOCARBAMOL 500 MG ORAL TABS
(METHOCARBAMOL), 1 PO BID**

Prescriptions/Refills

Twice Daily

Med Status: Active Medication
Last Refill:
Start Date: 06/24/2022
Stop Date: 08/23/2022
Stop Reason:
Entered By: Alexis Figueroa MD
Entry Date: 06/24/2022 2:18 PM
Comment: DOT; 1 PO BID

#120 x 0, 06/24/2022, Alexis
Figueroa MD

*once
Approved*

231-SUWANNEE C.I. ANNEX

06/28/2022 03:04 PM

5965 US Hwy 90, Live Oak, FL, Suwanee 32060

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(386) 963-6358 Fax: (386) 963-6337

Medications Report

ELMER WILLIAMS

55 Years Old Male DOB: [REDACTED] 217136

DEXAMETHASONE 4 MG ORAL TABS (DEXAMETHASONE), 4 Prescriptions/Refills
mg PO QID x 60 days

4 Times Daily

Med Status: Active Medication #120 x 1, 06/10/2022, Alexis Figueroa MD
Last Refill: Figueroa MD
Start Date: 06/10/2022
Stop Date: 08/09/2022
Stop Reason:
Entered By: Alexis Figueroa MD
Entry Date: 06/10/2022 10:10 AM
Comment: DOT: 4 mg PO QID x 60 days

WOUND CARE HEEL, Clean area with normal saline solution, Prescriptions/Refills
pat dry, apply wet to dry dressing, secure with kerlix, both heel.

Med Status: Active Medication
Last Refill:
Start Date: 06/10/2022
Stop Date: 07/10/2022
Stop Reason:
Entered By: Alexis Figueroa MD
Entry Date: 06/24/2022 2:15 PM
Comment: DOT; Clean area with normal saline solution, pat dry, apply wet to dry dressing, secure with kerlix, both heel.

CEPHALEXIN 500 MG ORAL CAPS (CEPHALEXIN), 1 PO BID Prescriptions/Refills

Twice Daily

Med Status: Active Medication #42 x 0, 06/10/2022, Alexis Figueroa MD
Last Refill: Figueroa MD
Start Date: 06/10/2022
Stop Date: 07/01/2022
Stop Reason:
Entered By: Alexis Figueroa MD
Entry Date: 06/10/2022 10:41 AM
Comment: DOT: 1 PO BID

OXCARBAZEPINE 150 MG ORAL TABS (OXCARBAZEPINE), 1 Prescriptions/Refills
PO BID

Twice Daily

Med Status: Active Medication #60 x 0, 06/24/2022, Alexis Figueroa MD
Last Refill: Figueroa MD
Start Date: 06/24/2022
Stop Date: 07/24/2022
Stop Reason:
Entered By: Alexis Figueroa MD
Entry Date: 06/24/2022 2:15 PM
Comment: 1 PO BID

I f Approved

TB231-SUWANNEE C.I. ANNEX
5965 US Hwy 90 Live Oak, FL 32060
3869636358 Fax: 3869636337

August 5, 2022
Page 1
FL Infirmary

ELMER WILLIAMS

DC#: 086916
Race/Sex: Black or African American / Male
DOB: [REDACTED]
Facility: 231-SUWANNEE C.I. ANNEX

**07/15/2022 - FL Infirmary: Inf Progress Rec,
Provider: Alexis Figueroa MD
Location of Care: 231-SUWANNEE C.I. ANNEX**

**FLORIDA DEPARTMENT OF CORRECTIONS OFFICE OF HEALTH SERVICES
INFIRMARY PROGRESS RECORD**

**Institution:
231-SUWANNEE C.I. ANNEX**

Date: 07/15/2022 Time: 11:34 AM Discipline: M= MD/CA/ARNP

Comments:

S: " I am not receiving my low res diet. "
O: Gen: O X 3, No Acute distress noted. Mood and affect intact.
HEENT: PEERLA, EOMI X2, NO JVD., NO asterexis, No JVD,
No supplement oxygen needed.
Lungs: CTA X 2
THORAX: SYMMETRICAL NO RETRACTION
Heart: RRR, NO RUB, NO S3, S1+, S2+. NO S3
Abd. : NON-DISTENDED,TENDER, SOFT, BS+, NO MASSES. FOLEY IN PLACED, DARK URINE
NEW GAB, NO SEDIMENT.
Ext. : EDEMA+, BILATERAL, DISTAL PULSES NOT PALPABLE. DEEP TISSUE LOST WITH
DEBRIDEMENT
Neu.: NO COGNITIVE IMPAIRMENT, GLASGOW 15/15, NO NYSTAGMUS

Assessment:

Mr William is been seen today for his weekly rounds. Patient is doing fairly well. Diet is been review. He has turn down the low na diet, he preferred the low res diet. Bed issues apparently has been resolved After examine his sacrum and both of his heels i think this are not going to get better. Patient is so fragile, weaken by everything that is going on, including Ca treatment that i contemplate that this open wounds could be tha cause of patient becoming septic. I will recommend a PICC line and IV abx until this issue could be resolved. I will do labs and request iv abx for 14 days.I have spoken with Mr. William today and explain his medical condition, diagnosis and treatment plan based on the information to me at this time. I have answered the patient question and address any concerns during this interviewed. Nursing staff has a good understanding of patient diagnosis, condition and treatment plan as can be expected at this time as well.

DX Anemia

- Continue on Ensure and Vitamins
- DX . Prostatic Ca-Metastatic**
- Continue on Casodex 50 mg po qd
- Continue on Eligard as recommended by Urology
- ___last PSA 9.87
- MRI of back reschedule for 08/03/2022 @ RMC
- Pending Follow up with Urology,last seen 06/16/2022
- Radiation Tx to be start soon

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August 5, 2022
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FL Infirmiry

ELMER WILLIAMS

DC#: 086916
Race/Sex: Black or African American / Male
DOB: [REDACTED]
Facility: 231-SUWANNEE C.I. ANNEX

07/16/2022 - FL Infirmiry: Inf Progress Rec,
Provider: Joanne M O'Donnell RN
Location of Care: 231-SUWANNEE C.I. ANNEX

**FLORIDA DEPARTMENT OF CORRECTIONS OFFICE OF HEALTH SERVICES
INFIRMARY PROGRESS RECORD**

Institution:
231-SUWANNEE C.I. ANNEX

Comments:

Patient in room and in bed all of evening shift, currently supine with head elevated on pillows. S/P PICC placement to inner left arm. IV ABX TX (Zosyn 3.375 Gm) stater 2300 hours on 07/15/22 per new order. Patient showed no s/s of distress or adverse rections. Patient is currenty sleeping, snoring lightly. Resoriatations are even and unlabored. Will continue to monitor.

DC4-714A Infirmiry Progress Record (Revised 07/19/17)
This form is not to be amended, revised, or altered without
Services Administration.

approval of the Office of Health

****Disclaimer: All EMR timestamps are Eastern Time Zone****

Electronically signed by Joanne M O'Donnell RN on 07/16/2022 at 1:32 AM

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August 5, 2022
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FL Provider Visit

ELMER WILLIAMS
DC#: 086916
Race/Sex: Black or African American / Male
DOB: [REDACTED]
Facility: 231-SUWANNEE C.I. ANNEX

07/23/2022 - FL Provider Visit: Chron Rec Care Consult Request

Provider: Alexis Figueroa MD
Location of Care: 231-SUWANNEE C.I. ANNEX

Health Service Profile
FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES
Chronological Record of Health Care

Staff type: Provider
Record Review

Remarks: Patient seen on 07/18/2022 by Urology. REQUEST FOLLOW UP IN 3 MONTH. Already seen by Onco on 06/10/2022 which should follow visit after MRI. PSA 1 week prior to next uro eval. Continue on eligard and casodex. Patient already seen by Rad-Onco who rec CT SIMULATION OF THE T SPINE TO THE L SPINE.

Disclaimer: All EMR timestamps are Eastern Time Zone

DC4-701 Chronological Record of Health Care (Revised 8/1/17)
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Disclaimer: All EMR timestamps are Eastern Time Zone

Orders added during this encounter:

Refer to Urologist [SPUR]
PSA Total [0190-9]
CBC w/o Diff (Hemogram)/Plat. CT (CIC) [0034-9]
Comprehensive Metabolic Panel (CIC) [3427-2]
FLORIDA DEPARTMENT OF CORRECTIONS OFFICE OF HEALTH SERVICES

CONSULTATION REQUEST

Current Allergies:
* NO KNOWN DRUG ALLERGIES (Critical)

Current Medications:
* ENSURE 1 PO BID; Route: ORAL
PIPERACILLIN SODTAZOBACTAM SO 3.375 (30.375) GM IV SOLR (PIPERACILLIN SOD-TAZOBACTAM SO) 3.375 gr IVPB q 6 hrs.; Route: INTRAVENOUS
* VANCOMYCIN 1 GR 1 Gr IVPB q 12 hrs; Route: INTRAVENOUS
FAMOTIDINE 20 MG ORAL TABS (FAMOTIDINE) 1 PO Q PM; Route: ORAL
TUMS 500 MG ORAL CHEW (CALCIUM CARBONATE ANTACID) 2 PO QD; Route: ORAL
PANTOPRAZOLE SODIUM 40 MG ORAL TBEC (PANTOPRAZOLE SODIUM) 1 po q am; Route: ORAL

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 FL Provider Visit

ELMER WILLIAMS

DC# 086916
 Race/Sex: Black or African American / Male
 DOB: [REDACTED]
 Facility: 231-SUWANNEE C.I. ANNEX

METHOCARBAMOL 500 MG ORAL TABS (METHOCARBAMOL) 1 PO BID; Route: ORAL
 OXCARBAZEPINE 300 MG ORAL TABS (OXCARBAZEPINE) 1 po bid; Route: ORAL
 * WOUND CARE HEEL Clean area with normal saline solution, pat dry, apply W/D dressing, wrap kerlix.
 QD; Route: EXTERNAL
 DEXAMETHASONE 4 MG ORAL TABS (DEXAMETHASONE) 4 mg PO QID x 60 days; Route: ORAL
 SPIRONOLACTONE 25 MG ORAL TABS (SPIRONOLACTONE) q1 PO Q am; Route: ORAL
 * ELIGARD 30 MG 30 Mg SC q 4 Months; Route: SUBCUTANEOUS
 BICALUTAMIDE 50 MG ORAL TABS (BICALUTAMIDE) 1 PO QD; Route: ORAL
 * WOUND CARE BUTTOCK Clean area with Normal saline solution, pat dry. Apply sylvadene cover with
 calcium alginate dressing and abd pads, secure with paper tape. qd x 30 days; Route: EXTERNAL
 FUROSEMIDE 40 MG ORAL TABS (FUROSEMIDE) 1 po q am; Route: ORAL
 * CHANGE FOLEY CATH Q 30 DAYS Change Foley cath q 30 Days; Route: EXTERNAL
 TAMSULOSIN HCL 0.4 MG ORAL CAPS (TAMSULOSIN HCL) 1 PO Q PM; Route: ORAL

Problem List:

Loss of appetite (ICD-783.0) (ICD10-R63.0)
 Infected wound (ICD-879.9) (ICD10-L08.89)
 Heartburn (ICD-787.1) (ICD10-R12)
 GERD (gastroesophageal reflux disease) (ICD-530.81) (ICD10-K21.9)
 Pressure sore (ICD-707.00) (ICD10-L89.90)
 Spinal cord lesion (ICD-336.9) (ICD10-G95.9)
 Heel ulcer (ICD-707.14) (ICD10-L97.409)
 Cancer metastatic to prostate (ICD-198.82) (ICD10-C79.82)
 History of urinary tract infection (ICD-V13.02) (ICD10-Z87.440)
 MH Problem: Mood Swings (ICD-132) (ICD10-F99)
 MH Problem: Depression (ICD10-F99)
 Granuloma faciale (ICD 701.8) (ICD10-L92.2)
 Urinary retention (ICD-788.20) (ICD10-R33.9)
 Presence of foley catheter (ICD-V45.89) (ICD10-Z96.0)
 Decubitus ulcer, buttock (ICD-707.05) (ICD10-L89.309)
 Antibiotic associated colitis (ICD-558.9) (ICD10-K52.1)
 Pressure ulcer, ankle (ICD-707.06) (ICD10-L89.509)
 Ataxia (ICD-781.3) (ICD10-R27.0)
 Benign hyperplasia of prostate (ICD-600.20) (ICD10 N40.0)
 Hypertension, borderline (ICD-401.9) (ICD10-I10)
 Constipation (ICD-564.00) (ICD10-K59.00)
 Skin ulcer of the calf (ICD-707.12) (ICD10-L97.209)
 Anasarca (ICD-782.3) (ICD10-R60.1)
 Polyneuropathy (ICD-356.9) (ICD10-G62.9)
 Back pain, lumbar, with radiculopathy (ICD-724.4) (ICD10-M54.16)
 Back pain, lumbosacral, chronic (ICD-724.5) (ICD10-M54.5)
 Inguinal hernia, right (ICD-550.90) (ICD10-K40.90)
 Elevated PSA (ICD-790.93) (ICD10-R97.20)
 Prostate cancer (ICD-185) (ICD10-C61)
 Joint pain (ICD-719.40) (ICD10-M25.50)
 Bipolar disorder, current episode mixed, unspecified (ICD-296.60) (ICD10-F31.60)

Specialty Service: Refer to Urologist

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August 5, 2022
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FL Provider Visit

ELMER WILLIAMS

DC#: 086916
Race/Sex: Black or African American / Male
DOB: [REDACTED]
Facility: 231-SUWANNEE C.I. ANNEX

Comments: Last seen on 07/18/2022. Request follow up in 3 month

PSA Total

Comments: Requested by Uro, to be done prior to next visit in 3 month

CBC w/o Diff (Hemogram)/Plat. CT (CIC)

Comments: R/o KF

Comprehensive Metabolic Panel (CIC)

Comments: R/o KF

Sending Institution: 231-SUWANNEE C.I. ANNEX **Date of Request:** 07/23/2022

Reason for consultation:

Evaluate and recommend diagnostic plan
Evaluate and recommend treatment plan

Acuity of consultation: Urgent

Condition is: Acute Illness

Visit Type Follow-up

History of present illness (include onset, presentation, progress, therapy) Patient seen on 07/18/2022 by Urology. REQUEST FOLLOW UP IN 3 MONTH. Already seen by Onco on 06/10/2022 which should follow visit after MRI. PSA 1 week prior to next uro eval. Continue on eligard and casodex. Patient already seen by Rad-Onco who rec CT SIMULATION OF THE T SPINE TO THE L SPINE.

Findings 07/16/2022 PSA 7.4

Diagnostic results (laboratory, x-ray, or other tests): PSA 7.4

Failed prior therapy: N/a

Associated Diagnosis: Spinal cord lesion (G95.9)

OR: Provisional Diagnosis- n/a

EOS Date:

03/12/2035

DC4-702 Consultation Request (Revised 9/12/19)

This form is not to be amended, revised, or altered without approval of the Office of Health Services Administration.

****Disclaimer: All EMR timestamps are Eastern Time Zone****

I also understand that should hospitalization and/or surgery be necessary, a separate consent form will be signed prior to such hospitalization and/or surgery. I therefore consent to be referred to a reception and medical center, or such other health care facility as may be appropriate for the reason(s) stated, and consent to undergo health care services as may be necessary to evaluate my health status.

IT IS ABSOLUTELY NECESSARY THAT INMATES ARE NOT MADE AWARE OF ANY

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FL Provider Visit

ELMER WILLIAMS

DC# 086916
Race/Sex: Black or African American / Male
DOB: [REDACTED]
Facility: 231-SUWANNEE C.I. ANNEX

SCHEDULING INFORMATION PENDING ANY APPOINTMENT OUTSIDE THE INSTITUTION

Electronically signed by Alexis Figueroa MD on 07/23/2022 at 9:20 AM

231-SUWANNEE C.I. ANNEX
5965 US Hwy 90
Live Oak, FL 32060
Main: 3869636358 Fax: 3869636337

1/4/2023

ER Record
Date of Service: 12/24/2021

ELMER WILLIAMS

Male DOB: [REDACTED] 217136

Copay? Yes

FLORIDA DEPARTMENT OF CORRECTIONS OFFICE OF HEALTH SERVICES

EMERGENCY ROOM RECORD

Check all that apply: Inmate

All inmates must be examined by medical personnel following a use of force. This includes a visual inspection of the entire body to identify any sign of injury. This exam shall be performed in the medical unit except under unusual circumstance. Injuries shall be documented on the DC4-708, Diagram of Injury. If a physician/CA is not present at the time of the exam, a physician/CA must review this form and sign it on the next working day.

Time of occurrence: 1400

Time of exam: 1400

Description of occurrence: IMP states he cant walk, and he is unable to complete ADLs with out assitance

Post Use of Chemical Agent Instructions:

Shower without soap? N/A

Temp: 97.6 F Pulse: 116 Resp: 18 BP: 126

/ 80 O2 sat: 96 % Weight (lbs): 220

Arrived via: Wheelchair Condition on arrival (check all that apply): Alert, Oriented x 4

(person-place- time-situation), Responding to questions verbally Examination summary: Pt appears at

Medical. Claiming a medical emergency No officer in attendance

A&O X4 c/o cannot complete ADL without assist

Physician notified? Yes Name: Dr Figueroa Time: 14015

Treatment provided? No

Disposition: Population

Discharge Instructions and Education: Return to dorm. Tests have been performed my MD to guage level of disability. IMP will have to do the best he can to complete ADLs IMP has full use of upper extremities.

THIS DOCUMENT WILL BE ELECTRONICALLY SIGNED BY THE HEALTHCARE PROVIDER AND REVIEWING PHYSICIAN.

DC4-701C ER Record (Effective 12/12)

This form is not to be amended, revised, or altered without approval of the Office of Health Services Administration.

Signed By: Knaus, Gerald at 12/25/2021 9:09:57 AM