

GLADES COUNTY DETENTION CENTER	NUMBER: 720.00B	PAGES: 8
POST ORDER	ACA STANDARD(S):	
POST: HOUSING OFFICER	Annual Review: 03-17-17	
Effective Date: 06-01-07	Revision Dates: 03-12-14	
		(b)(6); (b)(7)(C)
		Facility Administrator

PURPOSE

To specify the duties of the housing officer in controlling the inmates and their activities in keeping an accurate count of all inmates assigned to the housing unit. Correctional officer posts are located in or immediately adjacent to inmate living areas to permit officers to hear and respond promptly to emergency situations.

AUTHORITY

Glades County Sheriff's Office Policy and Procedure
Florida Model Jail Standards
National Detention Standards

PROCEDURE

When assuming a new post, all officers shall sign the attached post order sign-off sheet indicating they have read and understand the post orders for this post.

A. Shift Change

Officers will log at shift change the following mandatory entries in the housing unit log:

1. Shift change date/time of relief
2. Name of officer being relieved
3. Name of relieving officer
4. Equipment and condition received shall be recorded within the Smartcop Housing Log during each shift change.

- a. Key ring I.D. tag and number of keys, condition of emergency key box and key present in box
 - b. Body alarm, if applicable
 - c. Fire Extinguisher (expiration date of tag, pin and tag in place, number of extinguisher in place)
 - d. Flash light and battery
 - e. Inmate/Detainee Handbook
5. Result of log book inspection
6. Daily entries
- a. Maintenance inspection of area and results
 - b. Name of other employees and guest who enter area
 - c. Results of physical check of locks of emergency doors
 - d. Unusual occurrences
 - e. Daily events
 - f. Emergency situations
 - g. Results and action taken of officers' sanitation and hygiene inspection of housing area
 - h. Number and results of inmates and area shakedown
 - i. Inmate transfers in and out of housing area
 - j. End of shift entry, equipment/information passed on and signature of officer being relieved
 - k. The issuance of inmate sanitary supplies and products
- B. Inmate Traffic
1. The officer shall prepare the inmates for scheduled activities fifteen (15) minutes prior to calling that particular activity.

2. The officer shall ensure that all inmates turning out are properly dressed for that activity.
3. Inmates who fail to turnout for required activities shall be reported to the shift supervisor.
4. Frequent pat searches of inmates exiting and entering the housing area shall be conducted. Inmates should be challenged regarding where they are going, what they are doing and pat searches should be a regular occurrence in the facility.
5. During the administrative hours Monday through Friday, all inmates shall exit the housing areas to attend their assigned programs or work assignments.

C. Key Control:

1. Keys shall be on your person at all times, never leave keys in lock or lay keys on desk.
2. At no time shall the keys be given to an inmate.
3. Count and inspect your keys at issue and report a visible damage to your housing Sergeant. No officer will have a fire exit key, but there will be fire exit keys for each dormitory in the officer's station of each dorm. The key will be in a key cabinet with a glass front. In case of emergency the glass can be broken and key utilized. The exit doors will be checked on each shift by the housing officer shaking them and on the evening shift by the internal officer checking them with a key to ensure the locks work smoothly and properly.
4. Keys may be passed from one shift to the next; however, the log must reflect the key movement.

D. Security of the Housing Unit:

1. Security of the housing unit is the priority objective of the housing unit officer.
2. The officer shall ensure that all doors are shut and locked except during times of authorized movement.
3. The control room door shall remain closed and locked at all times except for authorized movement. Inmates are not allowed inside the control room.
4. The officer shall keep inmate traffic to a minimum by limiting traffic only to and from housing unit or dayrooms or other authorized movement.
5. Inmates shall not be allowed in housing sections not assigned to them.

6. All exit doors shall be check immediately following a power failure or fire alarm.
7. Officers assigned to this post are under the direct supervision of the unit manager/housing sergeant.

E. Counts

1. During count time the officer shall:
 - a. Announce count time and require each inmate to go to his assigned bed.
 - b. Ensure no inmate is allowed to stay on the run.
 - c. Count the inmates in each section.
2. During formal count in the open bay dorms two officers will conduct the count of each pod. Both officers will conduct a head count and compare as they exit the pod. If there is any discrepancy between the two counts, the pod will be recounted. In the confinement pod, all cell doors will be locked and two officers will conduct count. One officer will count the top floor and one count the bottom, then the officers will switch. The counts will be compared and if there are any discrepancies the pod will be recounted. (b)(7)(E) will make individual count entries into the housing log. Officers will ensure that they see living breathing flesh when counting.
3. During master roster counts, the counts will be conducted in the same manner as all others with the following exceptions. The officers counting will conduct a name and number count. Inmates will be required to show their wrist band during the count.

F. Housing Unit Inspections

1. It shall be the duty of the assigned officer to make rounds/inspections of his/her assigned area every fifteen minutes.
2. Inspection of inmate areas shall involve inspecting all areas of housing unit, including dayrooms and shower area. Officers inspecting areas shall ensure that no inmates are on the runs, except assigned orderlies who are on duty and that housing unit appearance is clean and orderly.
3. In the course of each shift, the shift supervisor or assistant shift supervisor shall make an inspection of inmate living areas, runs, dayrooms and shower area for safety/fire hazards.
4. All window frames in the housing units shall be visually inspected for tampering once per shift and logged into the housing log. In addition to the visual inspection, an officer from the second shift is responsible for inspecting the window frames and

middle bars for movement and/or damage. All window inspections should be logged in the housing log.

G. Dayroom Dress for Inmates

1. Inmates using the dayroom will be expected to be fully dressed.
2. Inmates are required to have their shirts and pants on while in the dayroom.
3. Inmates not complying with this directive are subject to disciplinary action.

H. Inmate Turnouts

1. All inmates leaving their sections (except for mass movements) will be checked out to a specific location (i.e. job, lay-in, school, etc.) using Smartcop.
2. If an inmate is found in any area other than the area checked out to, the inmate will be subject to disciplinary action.
3. Inmates not complying with this directive are subject to disciplinary action.

I. Wrist Bands

1. All inmates will be required to wear their wrist band I.D. their wrist at all times when out of their assigned housing units.
2. The only exception to this rule will be those inmates who are newly arrived.
3. Any inmate who does not meet one of these exceptions and is found without his wrist band will be subject to disciplinary action.

J. Other Duties and Responsibilities

1. The officer shall conduct a random pat search of inmates before allowing entrance into the housing units.
2. The officer shall allow only those inmates assigned to the housing section to enter.
3. The officer shall directly supervise the inmate(s) assigned to clean the housing area.
4. The officer shall make periodic inspections of the housing unit to ensure cleanliness, security, and safety of inmates.
5. The officer shall supervise all activities occurring in the dayroom area. The officer shall ensure the approved television schedule is being adhered to.

6. The officer will supervise the inmate showers in the housing unit.
7. The officer shall announce sick call and attempt to have those inmates who have signed up for sick call to turnout.
8. The officer shall report any incidents which occur in the housing unit to the housing supervisor.
9. The officer will issue all necessary hygiene and sanitary items using the schedule posted within each pod. While issuing necessary items, the officer will ensure that all empty containers or rolls are provided to them before issuing or re supplying items.
10. The officer shall be responsible for any other duties as might be assigned by a supervisor.
11. Housing unit officers will perform routine unannounced searches/inspections of the inmate living areas for contraband, and log search results in the housing log.
12. The officer shall also distribute inmate mail.
13. Frequent contact with the inmates in your area of responsibility is essential to ensure proper supervision. Effective listening and addressing inmate concerns as they are presented to you will prevent the escalation of minor problems. Report all serious inmate complaints to your housing sergeant.
14. Emergency procedures: in the event of a medical emergency extension #2145 (a direct line to the medical department) shall be utilized. The housing officer is then responsible to notify central control of the medical emergency. In the event of any emergencies other than medical, telephone extension # 2161 shall be utilized to contact central control with the location and nature of the emergency.
15. In cases of suicide attempts, it should be noted that a suicide cutting tool has been placed in the fire exit key box of each housing unit's officer station. This tool is for the specific purpose of cutting any material used by an inmate in an attempt to hang himself. The officer is to cut the inmate down, and cut the material from around the neck in order to render first aid. Immediate medical care to the inmate is top priority. Securing the scene and evidence are all secondary.
16. Dormitory Staff will supervise the process of filling housing unit water kegs. Sanitary water faucets have been installed beside the ice machines in the housing areas. The water kegs may be loaded, one at a time, on the small push carts for re-filling of ice and fresh water at this specific location. **ALL DORMATORY STAFF WILL ENSURE THAT THIS IS THE ONLY LOCATION IN THE**

HOUSING UNIT THAT WILL BE USED. Staff will ensure the water faucet in the mop closet area will NEVER be utilized for this function or process. Like wise, staff will ensure that mop buckets and other items associated with cleaning and sanitation are ALWAYS filled or serviced in the secured mop closet areas and NEVER serviced at the water keg filling stations by the ice machines. In the event a keg filling station becomes inoperable, the kegs must be taken to the kitchen for re-filling, until necessary repairs are completed .

17. When entering a housing unit, staff of the opposite gender shall announce their presence by stating, “**Male or Female on the floor**”, when entering a living area housing opposite gendered individuals. This allows inmates/detainees to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances when performing normal custodial and security functions or when such viewing is incidental to routine cell checks.

L. Meal Times

1. During each meal time, the housing unit officer(s) will supervise the feeding of inmates of his/her assigned housing units, under the supervision of the housing unit supervisor. Officers will ensure each inmate has an opportunity to eat, and that good order is maintained during the feeding process.

BODY FLUID AND BLOOD SPILL CLEAN UP PROCEDURES

1. Contact on duty medical staff for immediate response

USE OF FORCE

Should force become necessary, only the minimum amount of reasonable force necessary will be utilized.

INMATE MEDICAL CARE

Medical care shall not be impeded, hindered or refused by any member of the staff at Glades County Detention Center. All officers will be aware of confidentiality of medical information, and any medical information seen or overheard concerning any person, staff or inmate will be maintained as completely confidential.

Should you be confronted by an inmate complaining of illness or requesting treatment, you will attempt to evaluate the subject's condition; however, you may refer face value information accordingly. Deference or refusal by the medical department to see the subject shall cause immediate notification to the shift supervisor.

HOSTAGE DISCLOSURE STATEMENT

Employees taken hostage have no authority while they are hostages. In no circumstances will an inmate be allowed to be released nor will weapons, or other equipment be given to an inmate. There will not be any exchange of hostages.

PROCEDURES NOT COVERED BY THIS POST ORDER

Employees are not permitted to have reading materials on this post other than that, which pertains to this duty. There will be no sleeping on this post, consumption of alcoholic intoxicants or other drugs, watching television or listening to commercial radios while assigned to this post.

It is possible that situations may arise that are not covered by this post order. In such instances, it is expected that good judgment and common sense be used and application of Facility Operating Procedures, Department Policy and Procedure Directives, and Florida Statutes will be implemented. If time and situation permit, notify your immediate supervisor.

RELIEF

The Security staff working this post will not be dismissed until properly relieved by the oncoming shift. This relief will at a minimum include a proper briefing of events that transpired during your tour of duty, inspection of all equipment, furnishing, fixtures, etc. assigned to that post. Once the oncoming shift is satisfied that there are no discrepancies, the exchange of post may be completed. If this post is not being manned by the oncoming shift, you must obtain the oncoming OIC's authorization before leaving your assigned post.

COUNTERMAND

The Facility Administrator retains the authority to countermand the procedures outlined within this post order. Under no circumstances will this authority be retained should these individuals become hostages.

REVIEW

THIS POST ORDER WILL BE REVIEWED ANNUALLY AND UPDATED AS REQUIRED.

GLADES COUNTY DETENTION CENTER	NUMBER: 720.01A	PAGES: 8
POST ORDER	ACA STANDARD(S):	
POST: HOUSING SUPERVISOR	Annual Review: 03-17-17	
Effective Date: 06-01-07	Revision Dates:	
		(b)(6); (b)(7)(C)
		Facility Administrator

PURPOSE

To specify the Duties of the Housing Supervisor in the Supervision of all Correctional Officers assigned to the Housing Unit.

AUTHORITY

Glades County Sheriff's Office Policy and Procedure
Florida Model Jail Standards
National Detention Standards

PROCEDURES

Any officer upon assuming a new post shall sign the attached post order sign-off sheet indicating that they have read and understand the orders for that post.

I. Shift Change

- A. The Housing Supervisor will receive a complete and detailed briefing from the off-going Housing Supervisor to include;
 - 1. Conditions of all locks, keys, safety and security equipment, and discrepancies reported during their tour of duty, location of, logged, reported to whom, etc.
 - 2. Incidents occurring in the Housing area.
- B. Ensure all Housing Officers have been properly relieved and briefed and have initiated the housing log in accordance with Post Order: GCDC-24.006;
 - 1. The Housing Supervisor shall conduct periodic reviews of the housing log to ensure all entries are legible, accurate and entered in a timely manner.

2. The housing supervisor may be required to leave the housing area to perform other duties for short durations of time. You will sign out on the housing log and sign in upon your return, to include:
 - a. time out and in;
 - b. purpose of departure;
 - c. designated acting housing supervisor during your absence.

II. Inmate Traffic

- A. Shall ensure all inmates are prepared for scheduled activities.
 1. Inmates are prepared (15) minute's prior to schedule;
 2. Inmates are properly dressed.

III. Security of the Housing Unit

- A. Shall supervise, direct and ensure the housing officers comply with and enforce:
 1. All Housing rules;
 2. Conduct required safety and sanitation checks;
 3. All security checks are conducted to ensure all windows, doors, and locks are secure and in working order. This inspection will be documented on the housing unit log. The housing unit supervisor will conduct a lock inspection daily. All discrepancies will be reported to the OIC immediately. The OIC will initiate immediately corrective action. Inmates will not be housed in any cell that cannot be properly locked or unlocked;
 4. Supervision of in-house activities;
 - a. Day Room Activities
 - b. Dining Activities
 - c. House Keeping Details
 5. Will ensure all areas of housing unit are clean prior to activating the television, telephones and dayroom activities;

6. Shall maintain close contact and interaction with the inmate population addressing minor complaints as they occur and reporting major complaints to the Officer in Charge;
7. Ensure that the officers' station and dormitory doors are secured at all times when not in use. Inmates will not be allowed in the officers' station for any reason;
8. Ensure that officers assigned to the housing area are conducting searches of inmate property as required. These searches will be properly disposed of in accordance with 33-602.201 FAC;
9. Ensure that when an inmate transfers from the housing unit his property is collected, inventoried and stored in accordance with Inmate Property;
10. Ensure cell /bunk inspection are conducted each time an inmate is assigned to or reassigned from a cell. These cell /bunk inspections will be appropriately documented and the inmate will be held accountable for any damage found to the cell /bunk;
11. Be thoroughly familiar with procedures relating to fire alarms, fire drills, and evacuation requirements of your assigned area;
12. Ensure inmates comply with linen and clothing exchange and all laundering procedures to ensure sanitation is kept high;
13. Monitor the use of television in the housing unit. Television will be turned on and off according to schedule;
14. Ensure that cleaning materials are obtained and that general housekeeping responsibilities are completed daily by assigned housemen;
15. Ensure that direct escort is provided for inmates departing the housing area for any reason after secure compound count;
16. When an inmate is moved from one housing unit to another, the housing unit supervisor will ensure that the proper changes are made within Smartcop as it relates to Dorm, Pod, Cell, and Bed Assignments.

IV. Inmate Discipline

- A. Shall ensure the enforcement of the Rules of Discipline:
 1. Will ensure that officers encourage preventive discipline;

2. Will assist officer in the effective counseling of inmates to encourage positive behavior;
 3. Will instruct officers in the proper use of the inmate discipline module and ensure that all infractions are recorded.
- B. Shall ensure Housing Officers follow the steps of progressive discipline:
1. Verbal Warning;
 2. Corrective Consultation;
 3. Formal Disciplinary Reports.
- C. Shall review for correctness all Disciplinary Reports initiated in the housing area:
1. Infraction is of a serious nature to require disciplinary report;
 2. Correct Disciplinary charge;
 3. Body of report substantiates charge.
- D. Shall forward reports to the Shift Commander for review and approval.
- E. When directed, shall conduct investigations of Disciplinary Reports;
1. Ensure that investigation is initiated within (24) hours from the time the report is written;
 2. Obtain statement from reporting officer;
 3. Advise inmate of charge and read "Notice of Hearing" to inmate;
 4. Obtain inmates version of offense;
 5. Offer staff assistance, note acceptance or refusal;
 6. Obtain signed witness statements from all inmate witnesses and a signed written witness statement from the charged inmate;
 7. Obtain statement from all persons (staff or inmates);
 8. Write summary of investigation;
 9. Return report to Shift Commander within the specified time frame.

V. Counts

- A. Shall supervise and direct the housing officers in proper count procedures:
 - 1. Will visually observe the housing officers as they take counts;
 - 2. Will correct officers who utilize improper procedures by demonstrating the correct procedures;
 - 3. Will ensure inmates comply with all count procedures and take appropriate action to correct or document inmate violations;
 - 4. Upon notification of a re-count shall ensure officers are rotated to re-count a different housing pod;
 - 5. Ensure all counts are reported to the control room in timely manner and recorded as required;
 - 6. Ensure officers see “living breathing flesh” when counting inmates.

VI. Meal Times

- A. Shall ensure meals are delivered to each inmate and distribution is supervised:
 - 1. Monitor inmate conducts and observes feeding. At feeding, all inmates should be checked to ensure compliance with all uniform and grooming regulations:
 - a. ensure inmate has adequate time to eat;
 - b. ensure inmates do not abuse time limits.
- B. Shall interview, at time of complaint, any complaint from an inmate concerning:
 - 1. Food temperature;
 - 2. Food quantity;
 - 3. Food palatability.
- C. Will advise the shift commander of any complaints in regards to inmate meals and document same when directed.

VII. Unit Management

- A. Duties will include making decisions regarding security classification, jobs, services, and programs for all inmates within the unit. The Housing Supervisor has the ability to complete regular security checks, maintain visual and auditory contact, maintain personal contact and interaction with inmates, and be aware of the Unit's conditions.

VIII. Staff Supervision

- A. The Housing Supervisor is the line supervisor for the housing unit. The Supervisor should monitor the performance of staff, and teach employees the routine and proper security procedure.
- B. The Supervisor is responsible for the quality of the professional work environment in his/her area. Sexual Harassment, or any form of discrimination or unfair work assignments will not be tolerated.
- C. The Supervisor will correct employee behavior or substandard performance by counseling, and when necessary formal reporting of the infraction. The Supervisor will work closely with the Shift Supervisor to ensure that staff is trained, and have the necessary tools and equipment to do the job. They will correct substandard work habits, and make reports where required.
- D. All uses of force must be in compliance with the Florida Administrative Code Chapter 33-602.210 and Glades County Detention Center Policy. Should force become necessary, only the minimum amount of reasonable force necessary will be utilized.
- E. All housing supervisors will receive certification to carry and dispense chemical agents (OC).

IX. Cleansing of Inmate Housing Areas After Detection of Lice and Scabies

- A. The Housing Supervisor shall ensure that the following directives are completed to ensure that these infestations do not spread to other inmates and staff:
 - 1. All inmates involved in cleaning infested areas will wear gloves and will shower thoroughly after cleaning is completed;
 - 2. Infested inmates will be sent to medical for appropriate treatment;
 - 3. Spray mattress and bed with "Liceall Spray" or other similar solution to kill lice/scabies. Then take mattress to the Intake Sally Port area where the mattress will be allowed to air out for 72 hours. The inmate will receive fresh linens, blanket, and a complete set of clothing.
- B. Procedures to follow for the different housing location of infestation:

1. Open bay dorms; security will ask all inmates that have been in close contact with the infested inmate if they are experiencing any symptoms. If so, they will be sent to medical for evaluation and treatment;
2. Cell Block dorms; the cellmate of any infested inmate will follow the same procedures as the infested inmate outlined above. SECURITY OFFICERS ARE TO SEND THE CELLMATE AND/OR ALL CLOSE CONTACTS IMMEDIATELY TO MEDICAL FOR EVALUATION AND TREATMENT. Any question on the clean up procedures after an infestation occurs should be directed to the medical supervisor.

X. Inmate Medication

- A. Over the counter medications will be distributed by medical staff.

BODY FLUID AND BLOOD SPILL CLEAN UP PROCEDURES

- 1) Contact on duty medical staff for immediate response

INMATE MEDICAL CARE

Medical care shall not be impeded, hindered or refused by any member of the staff at Glades County Detention Center. All officers will be aware of confidentiality of medical information, and any medical information seen or overheard concerning any person, staff or inmate will be maintained completely confidential.

HOSTAGE DISCLOSURE STATEMENT

Employees taken hostage have no authority while they are hostages. Under no circumstances will an inmate be allowed to be released, nor will weapons, or other equipment be given to an inmate. There will not be any exchange of hostages.

PROCEDURES NOT COVERED BY THIS POST ORDER

It is possible that situations may arise that is not covered by this Post Order. In such instances, it is expected that good judgment and common sense be used and application of Facility Operating Procedures, Department Policy and Procedure Directives, and Florida Statutes will be implemented. If time and situation permit, notify your immediate supervisor.

COUNTERMAND

The Facility Administrator retains the authority to countermand the procedures outlined with this Post Order. Under no circumstance will this authority be retained should these individuals become hostages.

REVIEW

THIS POST ORDER SHALL BE REVIEWED ANNUALLY AND UPDATED AS NEEDED.

GLADES COUNTY SHERIFF'S OFFICE

PROCEDURAL GENERAL ORDER	EFFECTIVE DATE 06-01-2007	RESCINDS/AMENDS 10-17-14	NUMBER 720.03
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REFERENCE: ADMISSIONS, CLASSIFICATION AND RELEASE OF ADULTS

INDEX AS: ADMISSIONS, CLASSIFICATION AND RELEASE OF ADULTS

DISTRIBUTION: ALL DETENTION PERSONNEL

POLICY: It is the responsibility of the Detention Booking Deputy conducting bookings to inquire and reasonably determine that a prisoner brought into the Glades County Detention Center can legally be confined. Furthermore, all established rules, regulations and legal procedures for that prisoner's admission are met and any questions are clearly resolved prior to completing the admission process. When a foreign citizen is received/admitted to the Glades County Detention Center for any reason, the Booking Deputy shall inform the Department of State in accordance with the US Department of State rules.

PROCEDURES:

- A. The Glades County Detention Center shall not admit an unconscious person or person who appears to be seriously ill or injured. Any such person shall be afforded necessary medical attention and must be medically cleared prior to admission. Any person being booked into the Glades County Detention Center shall not be admitted if that individual's blood alcohol content is .30% or above. This percentage is considered potentially lethal and anyone with such a reading will be treated as an overdose case and shall receive medical treatment before admission to the facility.
- B. A female employee shall be present to admit and process female inmates/detainees. A male employee shall be present to admit male inmates/detainees. A female Detention Deputy must be on duty at all times when the facility houses female inmates/detainees.
- C. During the admission process, a certified officer will search each inmate/detainee for weapons and contraband.
- D. Inmates/detainees shall not be held longer than eight hours in holding cells, unless the inmate's/detainee's behavior or intoxication prevents him/her from placement into general population.
- E. An inmate/detainee record shall be started and maintained on each individual when admitted. This record shall include:
 - Full name and known aliases
 - Age, date of birth, and sex
 - Date admitted
 - Race
 - Height
 - Weight

- Offense with which the inmate/detainee is charged, or held for other agencies, or for which the inmate has been sentenced
 - Signature of person delivering and receiving inmate
 - A written descriptive inventory of all monies, valuables or other personal property. All items allowed to be kept by the inmate/detainee and those taken and stored will be recorded. The inmate/detainee and the Receiving Deputy will verify and sign the inventory. If the inmate/detainee refuses to sign, a notation will be placed on the proper inventory and a second employee will witness and sign the inventory. After the initial receipt is completed, any change authorized in the personal property inventory must also be documented, verified and signed by the inmate/detainee and the employee making the transaction.
 - Current or last known address
 - Name and address of next of kin
 - Marital status
 - Religion
- F. All persons booked into the Glades County Detention Center on criminal charges shall be photographed and fingerprinted. Each inmate/detainee admitted shall be given orientation and a copy of the rules and regulations pertaining to inmates/detainees.
- G. All detainees/inmate will be screened upon arrival at the facility for potential risk of sexual victimization or sexually abusive behavior, and shall be housed to prevent sexual abuse or assault.
1. The requirements outlined in GCSO Policy 720.13 Sexual Misconduct and PREA will be utilized during the intake process.
- H. During the admission process, inmates/detainees shall be permitted to bathe, and issued two clean inmate uniforms, an admission pack, two new pairs of socks and two new pairs of underwear.

Admission pack consists of the following:

1. One comb
 2. One tube of toothpaste
 3. One toothbrush
 4. One container of bath/body wash
- I. During the admission process, inmates/detainees shall be permitted reasonable access to a telephone in order to contact their attorney, family members, or others. The inmate/detainee will be allowed use of the telephone only after all paperwork has been completed. Any inmate/detainee that poses a threat to the security of the Glades County Detention Center or safety of anyone present will not be permitted to use the telephone until such time as his/her behavior is in line with rules and regulations.
- J. As soon as practical following admission to the Glades County Detention Center, each inmate/detainee shall be classified. The classification process shall include all

information available or obtainable from the social, legal and self-reported medical history of the inmate/detainee.

- K. The primary objective of classification is to place inmates/detainees in the type of quarters that best meet their needs and to provide reasonable protection for all inmates/detainees. The Glades County Detention Center shall have designated classification personnel.
- L. No inmate/detainee shall be subjected to more restrictive conditions of confinement and out-of-cell time than is justified by the inmate's/detainee's classification.
- M. All ICE Detainees shall be classified upon their initial admission based upon the classification level listed on the I-216.
- N. All ICE Detainees shall be re-classified by an ICE Agent following their initial admission. This Classification Form shall be completed by an ICE Agent in accordance with the current National Detention Standards.
- O. The ICE Agent completing the re-classification shall also ensure that the Initial Classification Form (I-213) and the Classification Form are forwarded to Central Records for proper filing.
- P. Classification criteria as to housing, programs, and privileges shall be written and incorporated into the Glades County Detention Center's rules and regulations.
- Q. Personal records shall be maintained on each inmate/detainee. Such information shall be confidential and not accessible to other inmates/detainees. These records will contain at a minimum:
 - Legal authority for commitment
 - All information contained in the booking record
 - Classification information and progress reports
 - Sustained disciplinary reports including investigation and disposition
 - All absences from the facility
 - Fingerprint card and photograph when taken
 - Record of any detainers or other civil or criminal process
 - Personal property records
 - The date and terms or conditions of release, the authority for release, and signature of the releasing employee
 - Medical information, pursuant to law, is maintained in a separate file
- R. In determining custody grade, special handling, housing and programs for each inmate/detainee, a uniform classification process shall be applied to all inmates/detainees. The aforementioned classification process in (h) and (l) above shall follow the inmate/detainee throughout incarceration as a method of assisting in his/her

handling or treatment. The inmate's/detainee's adjustment should result in the gaining or loss of privilege, reduced custody housing, involvement in better job assignments, etc.

- S. Inmates/detainees will be released only in accordance with the written instructions as contained in the rules and regulations of the Glades County Detention Center, which will include the proper authority and procedure for the release. Release procedures include, at a minimum, the positive identification (photo wrist band and printed picture) of an inmate to be released, the authorization and verification of release, the receiving of facility property issued to the inmate/detainee, the release of inmate or detainee property and the documentation of the release. Inmates shall be released only after it has been positively determined that there is no other pending cases and/or detainers (holds). At no time will an inmate/detainee be informed of his expected release/transfer by Glades County Detention Center Staff.
- T. At the time of release, inmate/detainee will sign for the return of their property, which was held in safe keeping by the Glades County Detention Center. An employee will countersign this form confirming the return of personal property to the inmate.
- U. Effective July 1, 2007, pursuant to Senate Bill 1604 and reflected in Florida Statutes: 775.21, 944.606, and 985.4815, Florida Sexual Predator and Sexual Offender registration statutes were amended to explicitly require the custodian of the local jail to ***“register the sexual predator and sexual offender (including juvenile sexual offenders as defined in Senate Bill 1604 and 943.0435) within 3 business days after intake of the sexual predator or sexual offender for any reason and upon release, and shall notify the Department of Law Enforcement of the sexual predator or sexual offenders release and provide to the Department the specific information”***

All County Jails shall in addition to electronically registering sexual offenders and sexual predators upon release from the local County Jail shall also enter directly into the FDLE Sexual Offender database an “Incarceration Field Intelligence” report indicating that the subject is currently in a Florida County Jail and when the sexual predator or sexual offender is released from the local County Jail.

By completing an electronic registration form on a sexual predator or sexual offender prior to the release from jail ensures that FDLE and more specifically, law enforcement and the general public via the FDLE Sexual Offender Site:

1. Will receive the most currently reported permanent, temporary, or transient/homeless status/residence of the sexual offender or sexual predator upon their release from jail instead of the residence maintained prior to incarceration.
2. Completing an electronic registration prior to release from county incarceration ensures that FDLE and local law enforcement have a signed electronic sexual offender/sexual predator registration form documenting the sexual offenders/sexual predators understanding of their sexual offender/sexual predator registration requirements by law. This is especially important in the case where the sexual offender or sexual predator is released on a law enforcement detainer to another Florida County Jail, to another state, to Federal/ICE custody, or Florida Department of Corrections custody. This form could serve as evidence in a potential failure to register case in the future.
3. This will also simplify the process for local County Jail staff from having to complete two electronic registrations.

The Glades County Detention Center in cooperation with the Glades County Sheriff's Office has established a method of operation to ensure compliance with Senate Bill 1604 as well as Florida Statutes: 775.21, 944.606, and 985.4815.

UPON ADMISSION:

1. Upon admission each inmate should be screened to determine whether they are a Sexual Predator or Offender.
 - a. If the person is determined to be a Sexual Predator or Offender booking staff must forward a copy of the inmate's JMS Face Sheet to the Chief of Security. The booking Deputy shall label the top of the Booking Report in legible ink "Sexual Offender" or "Sexual Predator".
2. The Chief of Security will then contact the Criminal Investigations Division Captain of the Glades County Sheriff's Office and inform them that a sexual offender/predator is currently in custody.
3. The Criminal Investigations Division Captain of the Glades County Sheriff's Office or his designee will ensure that the inmate/detainee is properly registered with FDLE using the electronic registration form.

UPON RELEASE, BAIL OR TRANSFER:

1. Prior to release, bail or transfer from the Glades County Detention Center the Booking Deputy shall contact the Chief of Security and inform him/her regarding the release of the Sexual Offender/Sexual Predator.
2. The Chief of security will then contact the Criminal Investigations Division of the Glades County Sheriff's Office and inform them that a sexual offender/predator is currently preparing for release.
3. The Criminal Investigations Division of the Glades County Sheriff's Office will ensure that the inmate/detainee is properly registered with FDLE using the electronic registration form.

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) Sheriff

GLADES COUNTY SHERIFF'S OFFICE

PROCEDURAL GENERAL ORDER	EFFECTIVE DATE 06-01-2007	RESCINDS/AMENDS 07-15-09	NUMBER 720.04
-------------------------------------	--------------------------------------	-------------------------------------	--------------------------

REFERENCE: HOUSING OF ADULTS

INDEX AS: HOUSING OF ADULTS

DISTRIBUTION: ALL DETENTION PERSONNEL

POLICY: It is the policy of the Glades County Detention Center to house inmates or in accordance with chapter five of the Florida Model Jail Standards.

PROCEDURES:

- A. Housing standards will conform to the applicable standards of Chapter 5, Florida Model Jail Standards
- B. Male and female inmates shall not share the same cell and shall be separated by sight and normal sound in housing areas. For purpose of housing, sound separation is defined as restricting normal verbal communications.
- C. Separation of inmates
 - 1. County Inmates should be separated in the following manner whenever possible:
 - Adult female felons
 - Adult female misdemeanants
 - Adult female non-sentenced
 - Adult female sentenced
 - Adult male felons
 - Adult male misdemeanants
 - Adult male non-sentenced
 - Adult male sentenced
 - 2. Dangerous felons shall not be housed with misdemeanants. However, non-dangerous felons may be housed with misdemeanants.
 - 3. Immigration and Customs Enforcement Detainees shall be separated in the following manner:
 - Adult Male Criminals (Level 3)
 - Adult Male Criminals (Level 2)

- Adult Male Non-Criminal (Level 1)
 - Adult Female Criminals (Level 3)
 - Adult Female Criminals (Level 2)
 - Adult Female Non-Criminals (Level 1)
4. Criminal Detainees (Level 3) shall not be housed with Non-Criminal Detainees (Level 1). However, Low Criminal Detainees (Level 2) may be housed with Non-Criminal Detainees (Level 1).
 5. High Criminal Detainees (Level 2) shall not be housed with Non-Criminal Detainees (Level 1). However, High Criminal Detainees (Level 2) may be housed with Criminal Detainees (Level 3).
- D. Inmates/detainees, who present a threat to the staff, other inmates or themselves, should be separated and closely supervised. Such inmates/detainees shall be known as special inmates/detainees and may include the mentally ill, alcoholic, drug addict, sex deviate or suicide risk, or persons with contagious or communicable diseases. Until such time as the health authority determines otherwise, in writing, any inmate/detainee who is identified as a suicide risk shall not be housed in a "single cell" unless the inmate/detainee is observed by direct visual observation 24 hours each day, which shall be supported by documentation with notations at increments not to exceed 15 minutes. Close supervision for special inmates as defined herein shall include regular, documented physical sight checks by Detention Deputies or medical staff persons at intervals not to exceed 15 minutes. Special housing shall be provided to inmates and detainees for medical reasons upon orders of the health authority.
- E. Persons brought to the jail for detoxification will be kept in an area designated for that use and will be held only so long as necessary to meet the requirements of Florida State Statute 397.675.
- F. Inmates and detainees shall be assigned housing based on a classification process approved by the Detention Administrator with particular care to the assignment of those persons who have a recorded or demonstrated history of, or exhibit aggressiveness toward other inmates or detainees.
- G. Inmates shall not be discriminated against, based on:
- Race
 - National Origin
 - Creed
 - Disability – as defined and prescribed in the Americans with Disabilities Act
 - Economic status
 - Political belief

- Sex – except that males and females shall be housed separately.

H. The following housing standards apply to the Glades County Detention Center:

1. Specified unit of floor space

- Single cells shall contain a minimum of 63 square feet of floor space
- Multiple occupancy cells shall contain a minimum of 40 square feet of floor space per inmate in the sleeping area
- Dormitory housing units shall contain a minimum of 75 square feet of floor space per inmate, including both sleeping and day room areas. However, inmates who are allowed out of their unit for a minimum of 8 hours per day (e.g., work programs, treatment programs, educational programs, etc.) May be housed in areas designated with a minimum of 70 square feet of floor space per inmate (sleeping and day room areas included).
- Day rooms shall contain a minimum of 35 square feet per inmate for all cell areas, except disciplinary and administrative confinement.

2. Each single cell will contain at least:

- A sink with cold and either hot or tempered running water
- Flushable toilets
- Bunk
- Artificial lighting which is of at least 20 foot-candles at 30 inches above the floor for reading purposes
- Ventilation, which circulates, at least 10 cubic feet of fresh air or purified air per minute per person
- Acoustics that ensure noise levels that do not interfere with normal human activities
- Temperatures shall be maintained within a normal comfort range

3. All other housing areas shall provide a minimum of:

- Artificial lighting which is of at 20 foot-candles at 30 inches above the floor
- Ventilation, which circulates, at least 10 cubic feet of fresh or purified air per minute per person
- Toilets and sinks in the ratio of a minimum of 1 to 8 inmates
- Shower facilities in the ratio of a minimum of 1 to 16 inmates
- Cold and either hot or tempered running water in the shower and sinks
- Ready access during non-sleeping hours to tables and chairs or areas designed for reading or writing

- Temperatures shall be maintained within a normal comfort range
4. Upon admission and thereafter if indigent, inmates and detainees shall be provided reasonable access to toothpaste, toothbrush, shaving equipment, a comb, soap, and a clean towel. Dangerous shaving implements shall be restricted or issued for use only under observation when it is determined that issuance of such equipment would pose a threat to the safety of the inmate/detainee, staff or other inmates/detainees.
 5. Female inmates/female detainees shall be provided necessary hygiene items.
 6. Hair grooming will be made available.
 7. Inmates/detainees shall be required to bathe at least twice weekly.
 8. Drinking cups shall be provided unless the living area is provided with drinking bubblers or fountains.
 9. Each inmate/detainee in general population will be allowed to shower daily.
 10. Sinks, toilets and floor drains will be kept in good repair.
 11. Utility closets, pipe chases, and corridors will be kept clean and free of clutter at all times.
 12. The sergeant on duty or his designee shall determine what personal items may be kept in the cell or stored with the inmate/detainee; however, an inmate/detainee shall be allowed to retain a reasonable amount of personal property including but not limited to his or her legal material, personal hygiene items, writing paper and writing instrument, and authorized reading material, in reasonable quantities, as approved by the sergeant on duty or designee. Personal items will be kept in an orderly manner. Limiting the amount of personal property in the cells reduces fire potential.
 13. The sergeant on duty or designee shall inspect all areas daily or cause them to be inspected. Appropriate disciplinary action should be taken against inmates/detainees who fail to have their area, the common areas, and their persons clean and orderly.
 14. A physician or designee shall examine an inmate/detainee confined in an isolation cell used for medical purposes within 48 hours following his/her confinement in such area or cell. A physician or designee shall determine when the inmate/detainee will be returned to the general population. The inmate/detainee shall remain in isolation if the physician or designee:
 - Finds that the inmate/detainee presents a serious risk to himself or others, and
 - Continue to provide the inmate/detainee with follow-up medical care and treatment during the entire time that the inmate/detainee remains confined in such area or cell as deemed necessary.

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) Sheriff

(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Monday, September 25, 2017 2:25 PM
To: (b)(6); (b)(7)(C)
Subject: Phone Calls

The following detainee Almazan-Ruiz, Felipe A# 028866428 did not make any phone calls from September 9th, 2017 to September 11th, 2017 while he was detained here at IAH-MTC Management & Training Corporation Livingston, TX 77351.

(b)(6); (b)(7)(C)

Accounting Clerk
MTC/IAH Secure Adult Detention Facility
3400 FM 350 South
Livingston, Texas 77351
Ofc: (936)96 (b)(6); (b)(7)(C)
Em (b)(6); (b)(7)(C) **mtctrains.com**



**U.S. Immigration
and Customs
Enforcement**

September 25, 2017

MEMORANDUM FOR: (b)(6); (b)(7)(C)
Assistant Field Office Director

THROUGH: (b)(6); (b)(7)(C)
Supervisory Detention and Deportation Officer

FROM: (b)(6); (b)(7)(C)
Deportation Officer

SUBJECT: ALMAZAN Ruiz, Felipe
A028 866 428

On September 13, 2017, Deportation Officer (b)(6); (b)(7)(C) and myself spoke with detainee ALMAZAN Ruiz, Felipe at the Conroe Regional Medical Center (CRMC) in the Intensive Care Unit (ICU). Upon arrival, ALMAZAN was asleep but awakened during our conversation with the Management & Training Corporation (MTC) security officers. Officer (b)(6); (b)(7)(C) and I briefly discussed with ALMAZAN the status of his immigration case. ALMAZAN stated he had intentions of appealing his case as he has a petition pending. ALMAZAN did not state what petition he had filed. We then discussed whether he has any family in the United States and ALAMZAN stated he has family in Florida and possibly New York. At that point our interview concluded.



HOUSTON SSC FAX

TO: (b)(6); (b)(7)(C)

FROM: (b)(6); (b)(7)(C) - Houston

FAX: 919369678646

FAX:

PHONE:

PHONE:

PAGE NUM: 49

DATE: 9/19/2017 10:42:16 AM

COMMENTS:

CONFIDENTIAL

NOTICE OF DEATH - Must be completed in full for ALL deaths.

DATE OF DEATH: 9/17/17 TIME OF DEATH: 0515 DEATH PRONOUNCED BY: M.D. RN JUSTICE OF THE PEACE

NEXT OF KIN NOTIFICATION: Name of notified next of kin:

PHYSICIAN NOTIFICATION: (b)(6); (b)(7)(C) Attending physician notified Preliminary cause of death: GI Bleed JUSTICE OF THE PEACE (JP) NOTIFICATION: NA JP notified: Judge Mack Reason: Prisoner JP released remains JP requested autopsy

(b)(6); (b)(7)(C) RN DATE: 9/17/17 TIME: 0551

DISPOSITION REQUESTS

Conroe Regional Medical Center, its physicians, and representatives are authorized to do the following: 1. AUTOPSY No Yes 2. STILLBORN INFANTS/NEONATAL DEATHS 3. BELONGINGS

AUTHORIZATION FOR RELEASE OF REMAINS:

Conroe Regional Medical Center is authorized to release remains to the following funeral home: Name of funeral home: EICKENHORST FUNERAL SERVICES / MONT. COUNTY FORENSICS CTR. Address: 350 HILKX RD. CONROE TX 77301 Telephone number: 936 536-3791

Authorization for Release of Body Signature: Judge Wayne L. Mack Relationship: JP Mont. Co Date: 9-17-2017 Time: 0930

RECEIPT OF REMAINS

Indicate presence of known or suspected communicable disease on tag per policy. Funeral Home License: 113959 For transportation service only. Remains to be transported to above named funeral home. Date: 9-17-2017 Time: 9:30 AM

EDEMFO322 CRMCHCCP02 09/17/2017 05:37 OWZB489



Conroe Regional Medical Center Page 1 of 2 EDEMFO322 / Rev. Date 3/20/2017

RUIZ FELIPE Acct: (b)(7)(E) MR# BH00861890 Loc: B, CCU36-D DOB: 06/26/66 51 M 08/12/17 Ansari, Nazia MD

DEATH DEATH REPORT

Patient: RUIZ, FELIPE

MRN: BH00861890 Encounter: (b)(7)(E) 2020-ICLI-00006 4157

Page 1 of 5

(b)(6); (b)(7)(C)

936-539 (b)(6); (b)(7)(C)

TOP OSIS

Conroe Regional MEDICAL CENTER

D.O.O 9-17-17

MRI URN Number: BH547883

ADMISSION FORM Printed: 09/17/17 09:31

Patient	Unit #	Service/Location	Status	F/C	Date	Account#
c RUIZ FELIPE	BH00861890	CORONARY CARE	ADM IN	CONIM	09/12/17	(b)(7)(E)
PATIENT			PATIENT: EMPLOYER			
Sex: M	Age: 51	Race: Other	Religion: NON	UNEMPLOYED	UNEMPLOYED	
Address: 3400 FM 350 SOUTH LIVINGSTON, TX 77351			Work Phone: 999-999-9999			Occupation: UNEM
Home Ph: 936-967-8000			County:			
G.U.A.R.A.N.T.O.R			G.U.A.R.A.N.T.O.R. EMPLOYER			
RUIZ FELIPE			UNEMPLOYED			
Address: 3400 FM 350 SOUTH LIVINGSTON, TX 77351			Work Phone: 999-999-9999			Occupation: UNEM
Home Ph: 936-967-8000			County:			
Relationship to Patient: SELF			DOB: 01/01/01			
OTHER GUARANTOR			OTHER GUARANTOR EMPLOYER			
IAH DETENTION, SERVICE			UNEMPLOYED			
Address:			Work Phone:			Occupation:
Home Ph:			County:			
Relationship to Patient: OTHER			DOB: 01/01/01			
PERSON TO NOTIFY			NEXT OF KIN			
RUIZ FELIPE			RUIZ FELIPE			
3400 FM 350 SOUTH LIVINGSTON, TX 77351			3400 FM 350 SOUTH LIVINGSTON, TX 77351			Exp:
Home: 936-967-8000 Work:			Home: 936-967-8000 Work:			
Rel to Patient SELF			Rel to Patient SELF			Comment:
INSURANCE # 1			AUTHORIZATION			
IMMIGRATION HEALTH SERVICE			Treat/Pre Cert: NR/1			
PO BOX 149345 AUSTIN, TX 78714			Ins Verif: 09/12/17			Verif Phone: SEE CARD
Phone: 800-479-0523			Rel to Pt: SELF			Pre Cert Phone:
Ins # 1: MISC01.CR			To: 09/12/17 Rel: Y Assign: Y			
Policy #: 028866428			Group: 9999 - UNEMPLOYED			
Subscriber: RUIZ FELIPE						
Rel to Pt: SELF						
Eff: 09/12/17						
Group: 9999 - UNEMPLOYED						
INSURANCE # 2			AUTHORIZATION			
HURRICANE			Treat/Pre Cert: NR/1			
1201 FRANK LUFKIN, TX 75904			Ins Verif: 09/12/17			Verif Phone: SEE CARD
Phone: 999-999-9999			Rel to Pt: SELF			Pre Cert Phone:
Ins # 2: MISC02.CR			To: 09/12/17 Rel: Y Assign: Y			
Policy #: 028866428			Group: 9999 - UNEMPLOYED			
Subscriber: RUIZ FELIPE						
Rel to Pt: SELF						
Eff: 09/12/17						
Group: 9999 - UNEMPLOYED						
INSURANCE # 3			AUTHORIZATION			
			Treat/Pre Cert:			
			Ins Verif:			Verif Phone:
			Rel to Pt:			Pre Cert Phone:
			To: Rel: Assign:			Contact:
PHONE:						
DOCCURRRENCES			ACCIDENT INFO			
Code Type			Date			Time
11 ONSET OF SYMPTOMS/ILLNESS			09/12/17			
Adm Priority			Fin. Class			Special Prgm.
EL			COMM			Preferred Lang
Admission Comment			Other persons involved			
			Date:			Time:
			Other persons involved			
PHYSICIANS			ACCIDENT INFO			
Attending Physician:			Admitting Physician:			Emergency Room Physician:
Ansari, Nazia MD			Ansari, Nazia MD			
Prime Care Physician:			Family Physician:			Other Physician:
Abbas, Ali MD						Abbas, Ali MD
ADMISSION/REGISTRATION			ADMISSION/REGISTRATION			
Date:			Arrival:			Principal Admitting Diagnosis/Reason for Visit:
09/12/17			08:20			UPPER GI BLEED
Time:			Rm/Bed:			Admitted by:
08:20			GCU36/D			R.BAD.SR1
Source:			FACILITY COPY			
Trns From a Hospital						

UH 9023078383

FELIPE

Printed By: Device/ Printer: B.NURADA / CRMICH8NUW35.2 / CRMCHCCP02



Conroe Regional Medical Center



Page 1 of 1

EADM0001 / Rev. Date

c RUIZ FELIPE

Acct # (b)(7)(E)

R# BH00861890

DOB: 06/26/66 51

M 09/12/17

Ansari, Nazia MD

NOTICE OF DEATH - Must be completed in full for ALL deaths.

DATE OF DEATH: 9/17/17 TIME OF DEATH: 0515 DEATH PRONOUNCED BY: [X] M.D. [] RN [] JUSTICE OF THE PEACE

NEXT OF KIN NOTIFICATION: [] Name of notified next of kin:

PHYSICIAN NOTIFICATION: (b)(6); (b)(7)(C) [X] Attending physician notified Preliminary cause of death: GI Bleed Death certificate to be completed by: [X] Attending physician [] Other: [] JP: JUSTICE OF THE PEACE (JP) NOTIFICATION: [] NA [X] JP notified: Judge Mack Reason: Prisoner [] JP released remains [X] JP requested autopsy

(b)(6); (b)(7)(C) DATE: 9/17/17 TIME: 0551

DISPOSITION REQUESTS

Conroe Regional Medical Center, its physicians, and representatives are authorized to do the following: 1. AUTOPSY [] No [X] Yes If autopsy is requested by next of kin or physician, complete the Texas Department of State Health Services "Postmortem Examination or Autopsy Consent Form" (EDEM9773). 2. STILLBORN INFANTS/NEONATAL DEATHS [] For stillborn infants/neonatal deaths who are of greater than 20 weeks gestational age or greater than 350 gm body weight, understand release to funeral home is required. [] For stillborn infants/neonatal deaths who are of less than 20 weeks gestational age or less than 350 gm body weight, (initial one of the following) Release to the funeral home named in Section 3. Dispose of the body according to regular hospital practices. 3. BELONGINGS Belongings released to: [] Received by the undersigned next-of kin [] Security Name: Relationship: Date: Time:

AUTHORIZATION FOR RELEASE OF REMAINS:

Conroe Regional Medical Center is authorized to release remains to the following funeral home: [] Unknown-next of kin to contact Security with funeral home Name of funeral home: EICKENHOLST FUNERAL SERVICES / MONT. COUNTY FORENSICS CENT. Address: 350 HILAK RD. CONROE TX 77301 Telephone number: 936 536-3791

Authorization for Release of Body

Signature: Judge Wayne L. Mack Relationship: JP MONT. CO. Date: 9-17-2017 Time: 0930 Address: Contact Number: Witness: Date: Time:

RECEIPT OF REMAINS

Indicate presence of known or suspected communicable disease on tag per policy. Funerals Home License: 113959 [] For transportation service only. Remains to be transported to above named funeral home. Signature: (b)(6); (b)(7)(C) Date: 9-17-2017 Time: 9:30 AM Witness: Date: 9-17-17 Time: 0930

EDEM97732 CRMCHCCP02 09/17/2017 05:37 0WZ9489



DEATH DEATH REPORT

Conroe Regional Medical Center EDEM97732 of 2 Date 3/20/2017

RUIZ, (b)(7)(E) BH00861890 Loc: B, CCU36-D DOB: /86 51 M 08/12/17 Ansari, Nazia MD

Patient: RUIZ, FELIPE

MRN: BH00861890 Encounter: (b)(7)(E) 2020-ICLI-00006 4159

LIFE GIFT DONATION REFERRAL

ORGAN DONATION REFERRAL FOR IMMINENT DEATH (Ventilator-dependent patients only)

Referral criteria:

- 1) At first indication that the patient begins to lose neuro reflexes; GCS of < 5
- OR
- 2) Plan to discuss withdrawal of life sustaining therapies with the family (this patient has the potential to donate liver and/or kidneys immediately after cardiac death).

1. Contact LifeGift Organ Donor Coordinator (743) 727-9444 or (800) 633-6562 to determine eligibility for organ donation.

2. LifeGift Coordinator: (b)(6); (b)(7)(C) Case: 2017-09-1502

3. LifeGift Response:

The patient is NOT a candidate for organ donation due to: incarceration

Do not approach the family.

The patient is a candidate for organ donation.

Provide next of kin contact information to LifeGift Coordinator. LifeGift Coordinator will contact next of kin.

Signature: (b)(6); (b)(7)(C) Date: 9/17/17 Time: 0543

TISSUE DONATION REFERRAL FOLLOWING CARDIAC DEATH

Referral criteria:

Call LifeGift within one hour of cardiac asystole to determine suitability for tissue donation.

1. Date of death: 9/17/17 Time of death: 0515

2. Contact LifeGift Organ Donor Coordinator (743) 727-9444 or (800) 633-6562 to determine eligibility for eye/tissue donation.

3. Name of LifeGift Coordinator: (b)(6); (b)(7)(C) Case: 2017-09-1502

4. LifeGift Response:

The patient is NOT a candidate for tissue and eye donation due to: incarceration

Do not approach the family.

The patient is a candidate for donation of the following:

Eye

Tissue

Provide next of kin contact information to Life Gift Coordinator. LifeGift Coordinator will contact next of kin.

Signature: (b)(6); (b)(7)(C) Date: 9/17/17 Time: 0543

OUTCOME FOR POTENTIAL DONORS

- Patient is a registered donor.
- Next of kin consented to donation.
- Next of kin does NOT consent to donation

Signature: _____ Date: _____ Time: _____

EDEMFO322 CRMCHCCP32_09/17/2017 05:37 QWZ9489

DEATH DEATH REPORT

Conroe Regional Medical Center
EDEMFO322 Date 3/20/2017

RUIZ FELIPE
Acc: (b)(7)(E) BH00861890
Loc: B.CCU36-D DOB: 766 51 M 09/12/17
Ansan, Nazia MD

Patient: RUIZ, FELIPE

MRN: BH00861890 2020-09-19 006 4160

LIFE GIFT DONATION REFERRAL

ORGAN DONATION REFERRAL FOR IMMINENT DEATH (Ventilator-dependent patients on y)

Referral criteria:

- 1) At first indication that the patient begins to lose neuro reflexes; GCS of < 5
- OR
- 2) Plan to discuss withdrawal of life sustaining therapies with the family (this patient has the potential to donate liver and/or kidneys immediately after cardiac death).

1. Contact LifeGift Organ Donation Center at (713) 737-8111 or (800) 633-6562 to determine eligibility for organ donation.

2. LifeGift Coordinator: (b)(6); (b)(7)(C) 2017-09-1502

3. LifeGift Response:

The patient is NOT a candidate for organ donation due to: incarceration

Do not approach the family.

The patient is a candidate for organ donation.

Provide next of kin contact information to LifeGift Coordinator. LifeGift Coordinator will contact next of kin.

Signature: (b)(6); (b)(7)(C) Date: 9/17/17 Time: 0543

TISSUE DONATION REFERRAL FOLLOWING CARDIAC DEATH

Referral criteria:

Call LifeGift within one hour of cardiac asystole to determine suitability for tissue donation.

1. Date of death: 9/17/17 Time of death: 0515

2. Contact LifeGift Organ Donation Center at (713) 737-8111 or (800) 633-6562 to determine eligibility for eye/tissue donation.

3. Name of LifeGift Coordinator: (b)(6); (b)(7)(C) Case: 2017-09-1502

4. LifeGift Response:

The patient is NOT a candidate for tissue and eye donation due to: incarceration

Do not approach the family.

The patient is a candidate for donation of the following:

- Eye
- Tissue

Provide next of kin contact information to Life Gift Coordinator. LifeGift Coordinator will contact next of kin.

Signature: (b)(6); (b)(7)(C) Date: 9/17/17 Time: 0543

OUTCOME FOR POTENTIAL DONORS

- Patient is a registered donor.
- Next of kin consented to donation.
- Next of kin does NOT consent to donation.

Signature: _____ Date: _____ Time: _____

EDEMFO322 CRMCHCCP02.09/17/2017 05:37 QWZ9489



DEATH
DEATH REPORT

Conroe Regional Medical Center
Page 2 of 2
EDEMFO322 / Rev. Date 3/20/2017

RUIZ, FELIPE
Acct: (b)(7)(E) MR# BH00861890
Loc: BCCU38-D DOB: 06/26/66 51 M 09/12/17
Ansari, Nazia MD



MRI URN Number: BH547863 ADMISSION FORM Printed: 09/17/17 21:40

Patient c RUIZ FELIPE	Unit # BH00861890	Service/Location CORONARY CARE	Status DIS IN	F/C COMM	Date 09/12/17	Account # (b)(7)(E)
P.A.T.I.E.N.T. Soc Sec No: DOB: Age: Sex: MS: Race: Religion: xxx-xx-5555 06/26/68 51 M S Othc NON Address: 3400 FM 350 SOUTH LIVINGSTON, TX 77351 Home Ph: 936-967-8000 County:			P.A.T.I.E.N.T. EMPLOYER UNEMPLOYED UNEMPLOYED N/A, TX 99999 Work Phone: 999-999-9999 Occupation: UNEM			
G.U.A.R.A.N.T.O.R. RUIZ, FELIPE SS# kxx-xx-5555 Address: 3400 FM 350 SOUTH LIVINGSTON, TX 77351 Home Ph: 936-967-8000 County: Relationship to Patient: SELF DOB: 01/01/01			G.U.A.R.A.N.T.O.R. EMPLOYER UNEMPLOYED UNEMPLOYED N/A, TX 99999 Work Phone: 999-999-9999 Occupation: UNEM			
OTHER GUARANTOR IAH DENTENTION, SERVICE SS#: 777 77 7777 Address: Home Ph: Relationship to Patient: OTHER DOB: 01/01/01			OTHER GUARANTOR EMPLOYER Occupation:			
PERSON TO NOTIFY RUIZ, FELIPE 3400 FM 350 SOUTH LIVINGSTON, TX 77351 Home: 936-967-8000 Work: Rel to Patient SELF		NEXT OF KIN RUIZ, FELIPE 3400 FM 350 SOUTH LIVINGSTON, TX 77351 Home: 936-967-8000 Work: Rel to Patient SELF		TEMPORARY ADDRESS Comment: Exp:		
INSURANCE # 1 IMMIGRATION HEALTH SERVICE PO BOX 149345 AUSTIN, TX 78714 Phone: 800-479-0523		Ins # 1: MISC01.CR Policy #: 028866428 Subscriber: RUIZ, FELIPE Rel to Pt: SELF Eff: 09/12/17 To: 09/12/17 Rel: Y Assign: Y Group: 9999 - UNEMPLOYED		AUTHORIZATION Treat/Precert: NR/ Ins Verif: 09/12/17 Verif Phone: SEE CARD Pre Cert Phone: Contact:		
INSURANCE # 2 HURRICANE 1201 FRANK LUFKIN, TX 75904 Phone: 999-999-9999		Ins # 2: MISC02.CR Policy #: 028866428 Subscriber: RUIZ, FELIPE Rel to Pt: SELF Eff: 09/12/17 To: 09/12/17 Rel: Y Assign: Y Group: 9999 - UNEMPLOYED		AUTHORIZATION Treat/Precert: NR/ Ins Verif: 09/12/17 Verif Phone: SEE CARD Pre Cert Phone: Contact:		
INSURANCE # 3		Ins # 3: Policy #: Subscriber: Rel to Pt: Eff: To: Rel: Assign: Group:		AUTHORIZATION Treat/Precert: Ins Verif: Verif Phone: Pre Cert Phone: Contact:		
OCCURRENCES Code Type 11 ONSET OF SYMPTOMS/ILLNESS		CONDITIONS Date Time Code Type 09/12/17		ACCIDENT INFO. Accident: Type: Location of Accident: Date: Time: Other persons involved:		
Adm Priority EL	Admission Comment	Fin. Class COMM	Special Prgrm.	Preferred Lang ENG		
ATTENDING PHYSICIANS Attending Physician: Ansari, Nazia MD Prime Care Physician: Abbas, Ali MD		ADMITTING PHYSICIANS Admitting Physician: Ansari, Nazia MD Family Physician:		EMERGENCY ROOM PHYSICIAN Emergency Room Physician: Other Physician: Abbas, Ali MD		
A.D.M.I.S.S.I.O.N./R.E.G.I.S.T.R.A.T.I.O.N Date: 09/12/17 Time: 08:20 Source: Tms From a Hospital Rm/Bed: CCU36/D Arrval: Principal Admitting Diagnosis/Reason for Visit: UPPER GI BLEED Admitted by: R.BAD.SR1						

UH 9023078383

FELIPE

Printed By/ Device: Printer: R.HIM.JLD / CRMCH1CHIC29.2 / CRHIMP07

FACILITY COPY



Conroe Regional Medical Center



FACE FACESHEET

Page 1 of 1 EADMP030: / Rev. Date

c RUIZ FELIPE Acct # (b)(7)(E) MR# BH00861890 DOB: 06/26/66 51 V 09/12/17 Ansari, Nazia MD

0913-0071

CONROF REGIONAL MEDICAL CENTER
504 Medical Center Blvd.
Conroe, Texas 77304

PATIENT NAME: RUIZ, FELIPE
ACCOUNT NO: (b)(7)(E)
MEDICAL RECORD NO: BH00861890
REPORT TYPE: HISTORY AND PHYSICAL

ADMIT DATE: 09/12/17
ROOM NO: B.141
AGE: 51
SEX: M

ADMITTING PHYSICIAN (b)(6); (b)(7)(C)
ATTENDING PHYSICIAN

ADMISSION DATE: 09/12/2017

ADDENDUM TO THE HISTORY AND PHYSICAL REPORT:

Confirmation #2035335

Please to assessment and plan after DVT prophylaxis.

Sepsis. The patient has significant leukocytosis with a WBC count of 15.1, renal failure, and the patient was tachycardic upon arrival with a heart rate of 108. We will initiate antibiotics. We will not give fluid liberally as the BNP level was more than 4000 at the outside ER. We will obtain x-ray and BNP level to reassess the fluid status. The patient does have symptoms of volume overload at present.

It has been a pleasure participating in the medical care of the patient. If you have any questions, please do not hesitate to call.

Dictated By: (b)(6); (b)(7)(C) MD

WT: HP:B.HIM/FAKAL/NTS
DD: 09/12/2017 15:25:01
DT: 09/12/2017 19:14:36
Conf#: 2035363/DID#: 3991068

Authenticated by (b)(6); (b)(7)(C) on 09/14/2017 09:05:15 PM

Electronically signed by (b)(6); (b)(7)(C) MD on 09/14/17 at 2105

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: (b)(7)(E)

0912-0324

CONROE REGIONAL MEDICAL CENTER
504 Medical Center Blvd.
Conroe, Texas 77304

PATIENT NAME: RUIZ, FELIPE
ACCOUNT NO: (b)(7)(E)
MEDICAL RECORD NO: BH00861890
REPORT TYPE: HISTORY AND PHYSICAL

ADMIT DATE: 09/12/17
ROOM NO: B.141
AGE: 51
SEX: M

ADMITTING
ATTENDING (b)(6); (b)(7)(C)

ADMISSION DATE: 09/12/2017

PRIMARY CARE PHYSICIAN: None. The patient is from immigration jail center.

CHIEF COMPLAINT: Hematemesis.

HISTORY OF PRESENT ILLNESS: The patient is a 51-year-old Hispanic incarcerated male, who was taken to Livingston Memorial Emergency Room with complaints of abdominal pain, right flank pain, _____, and hematemesis. He has a past medical history significant for nonalcoholic liver cirrhosis, generalized anxiety disorder, and depression. He was in his usual state of health until early morning, he complained of abdominal pain, right flank pain and started throwing up blood. His hemoglobin level at the Livingston ER was fairly stable at 12.5 and hematocrit was 33.2. He was started on Sandostatin drip and then transferred to Conroe Regional Medical Center ICU for further care. Of note, his platelet level significantly decreased to 18,000.

PAST MEDICAL HISTORY: As mentioned above, which includes,
1. Nonalcoholic liver cirrhosis.
2. Depression.
3. Generalized anxiety disorder.

PAST SURGICAL HISTORY: None.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS FROM JAIL: Reviewed. These include folic acid 1 mg daily, Zoloft 100 mg daily, trazodone 50 mg at bedtime, Aldactone 25 mg b.i.d., and omeprazole 40 mg daily.

SOCIAL HISTORY: The patient is incarcerated. He is originally from Florida; however, because of the flooding, he was transferred to Texas Jail.

FAMILY HISTORY: The patient is unaware of any medical problems running in the family.

REVIEW OF SYSTEMS:

GENERAL: Positive for malaise and fatigue.

HEENT: No headaches.

CARDIOVASCULAR: No active chest pain.

RESPIRATORY: No shortness of breath.

GASTROINTESTINAL: He presents with right upper quadrant abdominal pain and

PATIENT NAME: RUIZ, FELIPE

ACCOUNT # (b)(7)(E)

hematemesis.

GENITOURINARY: Denies dysuria or hematuria.

MUSCULOSKELETAL: No active joint pain.

NEUROLOGICAL: He is moving all 4 extremities. Speech appears to be clear.

PSYCHIATRIC: He has history of depression.

LABORATORY AND DIAGNOSTIC DATA: From Livingston ER, sodium 127, potassium 4.3, BUN 85, and creatinine 1.5. Albumin decreased to 3.3. AST 102, ALT 68, ALKP 123, and total bilirubin 10.8. CPK elevated at 322. Lipase mildly elevated at 367. BNP elevated at 4850. PTT 22.1. Troponin I 0.076. WBC 14.28, hemoglobin 12.5, hematocrit 33.2, and platelets decreased to 18.

ASSESSMENT AND PLAN: A 51-year-old incarcerated Hispanic male with history of nonalcoholic liver cirrhosis, now presents with:

1. Gastrointestinal bleed. Differential diagnosis could be variceal, esophageal, or gastric bleeding versus peptic ulcer disease versus gastritis. The patient has been started on octreotide drip. We will also initiate IV PPI and monitor hemoglobin/hematocrit levels, so far are stable. GI consultation has been requested for evaluation of possible EGD.
2. Right upper quadrant abdominal pain. We will check hepatitis panel and right upper quadrant ultrasound.
3. Renal failure, unknown acute or chronic. We will hold Aldactone and other nephrotoxic medications. Could be in the setting of gastrointestinal bleed.
4. Mild troponinemia at the Livingston ER with a troponin level of 0.076. Could be in the setting of stress, gastrointestinal bleed. We will monitor troponin levels over here and also monitor EKG. We will hold antiplatelets secondary to active gastrointestinal bleed.
5. Jaundice with elevated total bilirubin of 6.56 in the setting of liver cirrhosis. Once again, check hepatitis panel. GI has been consulted.
6. Severe thrombocytopenia secondary to liver cirrhosis. The patient will need platelet transfusion prior to EGD.
7. Depression. Continue home regimen of sertraline and trazodone.
8. Uncontrolled hypertension. The patient is on Cardene drip. Lisinopril was initiated. We will titrate medications as needed. We will discontinue lisinopril in view of renal failure and initiate beta blocker in view of history of liver cirrhosis.
9. GI and deep vein thrombosis prophylaxis to be achieved with Protonix/SCDs. Unable to give any blood thinners due to active gastrointestinal bleed.

Case discussed with the patient, the guards, and the RN in detail.

It has been a pleasure participating in the medical care of the patient. If you have any questions, please do not hesitate to call.

Dictated By: (b)(6); (b)(7)(C)

WT: HP: B.HIM/FAKAL/NTS
DD: 09/12/2017 15:22:12
DT: 09/12/2017 19:48:10

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: (b)(7)(E)

Conf#: 2035335/acc#: 3991040
Authenticated by (b)(6); (b)(7)(C) MD on 09/14/2017 09:05:15 PM

Electronically signed by (b)(6); (b)(7)(C) MD on 09/14/17 at 2105

PATIENT NAME: RUIZ, FELIPE

ACCOUNT (b)(7)(E)

0917-0047

CONROE REGIONAL MEDICAL CENTER
504 Medical Center Blvd.
Conroe, Texas 77304

PATIENT NAME: RUIZ, FELIPE
ACCOUNT NO: (b)(7)(F)
MEDICAL RECORD NO: BH00861890
REPORT TYPE: DISCHARGE SUMMARY

ADMIT DATE: 09/12/17
ROOM NO: B.CCU36
AGE: 51
SEX: M

ADMITTING PHYSICIAN: (b)(6); (b)(7)(C)
ATTENDING PHYSICIAN: [Redacted]

ADMISSION DATE: 09/12/2017
DISCHARGE DATE: 09/17/2017

PRIMARY CARE PHYSICIAN: None. The patient is from immigration facility in Florida jail.

ADMITTING DIAGNOSIS: Hematemesis.

HOSPITAL COURSE: The patient was a 51-year-old Hispanic incarcerated male who was taken to Livingston Memorial Emergency Room with complaints of abdominal pain, right flank pain and hematemesis. He has a past medical history significant for nonalcoholic liver cirrhosis, generalized anxiety disorder and depression. Hemoglobin level at Livingston ER was stable at 12.5 and hematocrit was stable at 33.3. He was transferred to Conroe ICU. In the hospital, he was started on octreotide drip and was followed by (b)(6); (b)(7)(C) from GI and underwent EGD that was consistent with hypertensive portal gastropathy in the fundus, body of the stomach and antrum; patchy erythema in the bulb and second portion of the duodenum was seen. He was recommended to avoid any use of NSAIDs, recommended low-salt diet and continue medications, PPI 20 mg daily. He had mild troponema with a troponin level of 0.076 and 0.027. He was followed by (b)(6); (b)(7)(C) Siddiqui. He underwent stress test on 09/16/2017 that was read as normal. No reversible ischemia was seen. He had normal left ventricular systolic function, calculated at 72% on stress imaging. He was fairly stable for discharge; however, a call was received early in the morning saying that the patient was hypotensive and code save had to be run. Stat labs revealed a drop of hemoglobin to 5.9 from 9.4 yesterday on 09/16/2017. The patient immediately went into respiratory failure. He was intubated. Code blue was called and he was unable to be resuscitated, and then he was pronounced dead early in the morning.

DIAGNOSES LEADING TO EXPIRATION OF THE PATIENT:

1. Possible gastrointestinal bleed with a massive drop in hemoglobin/hematocrit from 9.4/26.3 on 09/16/2017 to 5.9/18.4 on 09/17/2017 in setting of severe thrombocytopenia due to nonalcoholic liver cirrhosis.
2. Nonalcoholic liver cirrhosis, status post esophagogastroduodenoscopy consistent with hypertensive portal gastropathy.
3. Severe thrombocytopenia secondary to nonalcoholic liver cirrhosis.
4. Abnormal liver function tests secondary to nonalcoholic liver cirrhosis. Of note, at the time of admission, his total bilirubin was elevated at 6.56, this morning it had normalized to 0.99.
5. Sudden respiratory failure requiring ventilator support.
6. Cardiac arrest, the patient was then pronounced dead.

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: (b)(7)(E)

CONSULTANTS:

- 1. (b)(6); (b)(7)(C) from GI.
- 2. (b)(6); (b)(7)(C) Desai from critical care (b)(6); (b)(7)(C) from critical care.
- 3. (b)(6); (b)(7)(C) Siddiqui from cardiology.

PRINCIPAL PROCEDURES: EGD, stress test, intubation, and central line placement.

Dictated by (b)(6); (b)(7)(C) MD

WT: DS:B.HIM/FAKAL/NTS
 DD: 09/17/2017 10:14:56
 DT: 09/17/2017 10:40:26
 Conf#: 2043774/DID#: 3999515

Authenticated by (b)(6); (b)(7)(C) MD on 09/17/2017 01:04:50 PM

Electronically Signed by (b)(6); (b)(7)(C) MD on 09/17/17 at 1305

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: (b)(7)(E)

0916-0091

CONROE REGIONAL MEDICAL CENTER
504 Medical Center Blvd.
Conroe, Texas 77304

PATIENT NAME: RUIZ, FELIPE
ACCOUNT NO: (b)(7)(E)
MEDICAL RECORD NO: BH00861890
REPORT TYPE: DISCHARGE SUMMARY

ADMIT DATE: 09/12/17
ROOM NO: B.141
AGE: 51
SEX: M

ADMITTING PHYSICIAN: (b)(6); (b)(7)(C)
ATTENDING PHYSICIAN: [Redacted]

ADMISSION DATE: 09/12/2017
DISCHARGE DATE:

PRIMARY CARE PHYSICIAN: None. The patient is from immigration facility jail from Florida.

ADMITTING DIAGNOSIS: Hematemesis.

HOSPITAL COURSE: The patient is a 51-year-old Hispanic incarcerated male who was taken to Livingston Memorial Emergency Room with complaints of abdominal pain, right flank pain, and hematemesis. He has a past medical history significant for nonalcoholic liver cirrhosis, generalized anxiety disorder, and depression. Hemoglobin level at the Livingston ER was stable at 12.5 and hematocrit was 33.2. He was transferred to Conroe Regional Medical Center. In the hospital, he was started on octreotide drip and was followed by (b)(6); (b)(7)(C) from GI and underwent EGD that was consistent and antrum, patchy erythema in the bulb and second portion of the duodenum was seen. He was recommended to avoid any use of NSAIDs. Recommended low-salt diet and continue medications, PPI 20 mg daily. He also had mild troponinemia with a troponin level of 0.076 and 0.27. He was followed by Dr. (b)(6); (b)(7)(C). Currently, he is undergoing stress test. If the stress test is negative, cardiology _____ for discharge. He will be a poor candidate for any antiplatelet secondary to history of liver cirrhosis causing severe thrombocytopenia.

LFTs were elevated including total bilirubin and this was attributed to history of known alcoholic liver cirrhosis. Acute hepatitis panel was negative.

CONDITION ON DISCHARGE: Stable.

DISPOSITION: Jail if stress test is negative.

DISCHARGE INSTRUCTIONS: Follow up with PCP in 2 to 7 days.

DISCHARGE DIAGNOSES:

1. Hematemesis in a patient with history of liver cirrhosis, status post EGD consistent with changes of hypertensive portal gastropathy. Mild gastritis and duodenitis was seen and recommended PPI 20 mg daily. Avoid use of NSAIDs.
2. Mild troponinemia. If stress test negative, the patient will be discharged back to jail.
3. Troponinemia was in the setting of gastrointestinal bleed.
4. Chronic kidney disease, stable.

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: (b)(7)(E) [Redacted]

- 5. Jaundice secondary to liver cirrhosis.
- 6. Thrombocytopenia secondary to liver cirrhosis.
- 7. Hypertension.

CONSULTANTS: (b)(6); (b)(7)(C) from GI and (b)(6); (b)(7)(C) from critical care.

PRINCIPAL PROCEDURES: EGD.

It has been a pleasure participating in the medical care of the patient. If you have any questions, please do not hesitate to call.

Dictated By: (b)(6); (b)(7)(C)

WT: DS:B.HIM/FAKAL/NTS
 DD: 09/16/2017 12:39:31
 DT: 09/16/2017 13:41:13
 Conf#: 2042757/DID#: 3998491

Authenticated by (b)(6); (b)(7)(C) on 09/16/2017 03:38:38 PM

Electronically Signed by (b)(6); (b)(7)(C), MD on 09/16/17 at 1538

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: (b)(7)(E)

CONROE MEDICAL CENTER (COCCR)
Critical Care Consult Note
REPORT#:0917-0019 REPORT STATUS: Signed
DATE:09/17/17 TIME: 0441

PATIENT: RUIZ, FELIPE UNIT #: BH00861890
ACCOUNT#: (b)(7)(E) ROOM/BED: B CCI36-D
DOB: 06/26/66 AGE: 51 SEX: M ATTEND: (b)(6); (b)(7)(C)
ADM DT: 09/12/17 AUTHOR: [Redacted]
Medellin MD

* ALL edits or amendments must be made on the electronic/computer document *

History of Present Illness

HPI

Requesting clinician: HOSPITALIST

Reason for consult:

CRITICAL CARE

Chief complaint:

CODE BLUE

HPI:

(b)(6); (b)(7)(C) IS A 51 YO HM WHO PRESENTED TO MEDICAL ATTENTION VIA A LOCAL JAIL POST TX FROM FLORIDA DETENTION. THE PT APRESENTED TO WITH A HX OF ABDOMINAL PAIN ABND HEMATEMESIS. TH EPT WAS ADMITTED TO THE MEDICAL WARD SERVICE AND SUBSEQUENTLY A CODE SAVE WAS CALLED FOR NEAR SYNCOPE AND HYPOTENSION AND NOTED RESP DISTRESS POST TRENDELENBERG. THE PT DEVELOPING MARKED HYPOTENSION POST INTUBATION FOR AGONAL BREATHING. THUS THE CURRENT CONSULTATION. THE FAMILY IS CURRENTLY UNAVAIL.

History

Past History

Past medical history: GI bleed, CIRRHOSIS

Allergies:

Coded Allergies:

No Known Allergies (09/12/17)

Objective

Physical Exam:

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	100	09/17 0115
FiO2	100	09/17 0115
O2 Flow Rate	12.00	09/17 0115

Patient: RUIZ, FELIPE

Unit#: BHC0861890

Date: 09/17/17

(b)(6); (b)(7)(C)

Acct#:

Pulse	101	09/17 0115
Resp	20	09/17 0115
B/P	87/59	09/16 2348
O2 Delivery	Room air	09/16 2348
Temp	37.2	09/16 2348

General appearance: altered mental state, respiratory support

Head/Eyes: abnl conjunctiva/sclera (ICTERUS), atraumatic, normocephalic

ENT: normal ear left, normal ear right, normal nose

Neck: full range of motion, non-tender, normal thyroid

Cardiovascular: normal heart sounds, normal S1 S2, regular rate and rhythm

Respiratory/Chest: decreased breath sounds, aerating well, clear to auscultation, symmetric expansion

Abdomen: abnormal bowel sounds, distended, soft

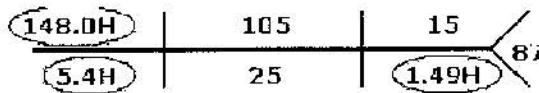
Extremities: no clubbing, no cyanosis, no edema

Results:

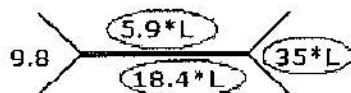
Findings/Data:

Laboratory Tests

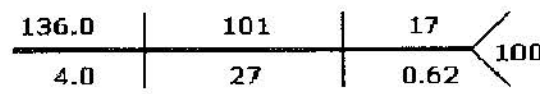
09/17/17 0330:



09/17/17 0127:



09/16/17 0535:



Laboratory Tests

09/17 09/17

Patient: RUIZ, FELIPE

Unit#: BH00861890

Date: 09/17/17

Acct#:

(b)(6); (b)(7)(C)

	0440	0129
Blood Gas		
Puncture Site (DESCRIPTION ARTKIT)	ART LINE	RT RADIAL
ABG pH (7.35 - 7.45 pH units)	7.28 L	7.11 *L
ABG pCO2 (35 - 45 mmHg)	39	44
ABG pO2 (80 - 100 mmHg)	97	200 H
ABG HCO3 (22.0 - 26.0 mmol/L)	18.5 L	14.0 L
ABG Base Excess (-3.0 - 3.0 mmol/L)	-8.2 I	-15.6 L
ABG Hematocrit (36 - 54 %)		24 L
Allen Test (POSITIVE Circ.CHK)	POSITIVE	POSITIVE
Cord O2 Saturation (95 - 100 % (calc))	99	100
Sodium (135 - 148 mmol/L)	145	132 I
Potassium (3.5 - 5.3 mmol/L)	4.4	4.5
Chloride (98 - 106 mmol/L)	104	104
Glucose (70 - 119 mg/dL)	98	87
Ionized Calcium (1.13 - 1.32 mmol/L)	1.10 I	0.80 I
Respiration Rate (PT RespRate /MIN)	18	12
O2 Delivery Method (DESCRIPTION COMMENT)	CMV	AC
Filter Flow (0 L/MIN)	0	
FiO2 (21 - 100 % (calc))	> 100 H	100
Tidal Volume (ML)	500	500
PEEP (0.0 - 99.9 cm H2O)	5	5
Pressure Support (0 cm H2O)	0.0	

Laboratory Tests

	09/17 0330	09/17 0200
Chemistry		
Sodium (133 - 144 mmol/L)	148.0 H	
Potassium (3.5 - 5.1 mmol/L)	5.4 H	
Chloride (95 - 105 mmol/L)	105	
Carbon Dioxide (21 - 32 mmol/L)	25	
Anion Gap (4.0 - 15.0 GAP calc)	18.0 H	
BUN (7 - 18 MG/DL)	15	
Creatinine (0.55 - 1.30 MG/DL)	1.49 H	
Glomerular Filtr Rate (> 60 estGFR)	50 L	
Glucose (70 - 110 MG/DL)	87	
Lactic Acid (0.4 - 2.0 mmol/L)		12.8 *H
Calcium (8.5 - 10.1 MG/DL)	8.0 L	
Total Bilirubin (0.00 - 1.00 MG/DL)	0.99	
Direct Bilirubin (0.00 - 0.30 MG/DL)	0.47 H	
Indirect Bilirubin (0.2 - 1.3 MG/DL)	0.52	
AST (15 - 37 Unit/L)	114 H	

Patient: RUIZ, FELIPE

Unit#: BH00861890

Date: 09/17/17

(b)(6); (b)(7)(C)

Acct#:

ALT (12 - 78 Unit/L)	54
Total Alk Phosphatase (45 - 117 Unit/L)	84
Total Protein (6.4 - 8.2 G/DL)	2.6 L
Albumin (3.4 - 5.0 G/DL)	1.2 L
Albumin/Globulin Ratio (1.2 - 2.2 RATIO)	0.9 L
Specimen Appearance (1 NORMAL Index/DL)	1 NORMAL < 2 MG
Specimen Hemolysis (1 NORMAL Index/DL)	1 NORMAL < 10 MG

	09/17 0127	09/17 0027
Chemistry		
Sodium (133 - 144 mmol/L)	143.0	
Potassium (3.5 - 5.1 mmol/L)	3.4 L	
Chloride (95 - 105 mmol/L)	114 H	
Carbon Dioxide (21 - 32 mmol/L)	13 *L	
Anion Gap (4.0 - 15.0 GAP calc)	16.0 H	
BUN (7 - 18 MG/DL)	13	
Creatinine (0.55 - 1.30 MG/DL)	1.01	
Glucose (70 - 110 MG/DL)	92	
POC Glucose (70 - 119 MG/DL)		110
Calcium (8.5 - 10.1 MG/DL)	6.1 *L	
Phosphorus (2.5 - 4.9 MG/DL)	3.8	
Magnesium (1.6 - 2.6 MG/DL)	2.1	
Specimen Appearance (1 NORMAL Index/DL)	1 NORMAL < 2 MG	
Specimen Hemolysis (1 NORMAL Index/DL)	1 NORMAL < 10 MG	

	09/16 0535
Chemistry	
Sodium (133 - 144 mmol/L)	136.0
Potassium (3.5 - 5.1 mmol/L)	4.0
Chloride (95 - 105 mmol/L)	101
Carbon Dioxide (21 - 32 mmol/L)	27
Anion Gap (4.0 - 15.0 GAP calc)	8.0
BUN (7 - 18 MG/DL)	17
Creatinine (0.55 - 1.30 MG/DL)	0.62
Glucose (70 - 110 MG/DL)	100
Calcium (8.5 - 10.1 MG/DL)	8.3 L
Specimen Appearance (1 NORMAL Index/DL)	1 NORMAL < 2 MG
Specimen Hemolysis (1 NORMAL Index/DL)	1 NORMAL < 10 MG

Laboratory Tests

09/17

Patient: RUIZ, FELIPE
 Unit#: BH00861890
 Date: 09/17/17
 BH9023078383

Acct#:

0127

Coagulation

PT (9.4 - 12.5 SECONDS)	22.6 H
INR (0.85 - 1.11 INR Unit)	1.96 H
PTT (Dade) (24 - 37.7 SECONDS)	60.4 H

Laboratory Tests

09/17
0330

Hematology

WBC (4.1 - 12.1 k/mm3)	12.4 H
RBC (3.8 - 5.5 M/mm3)	1.70 *L
Hgb (10.6 - 15.8 G/DL)	5.4 *L
Hct (36.0 - 47.4 %)	16.5 *L
MCV (80.1 - 101.1 fL)	97.1
MCH (25.3 - 35.3 pg)	31.8
MCHC (32.7 - 35.1 G/DL)	32.7
RDW (12.2 - 16.4 %)	16.2
Plt Count (155 - 337 K/mm3)	24 *L
MPV (7.6 - 10.4 fL)	11.2 H
Gran % (37.8 - 82.6 %)	59.3
Lymph % (Auto) (14.1 - 45.4 %)	20.5
Mono % (Auto) (2.5 - 11.7 %)	6.2
Eos % (Auto) (0.0 - 6.2 %)	1.4
Baso % (Auto) (0.0 - 2.6 %)	0.1
Gran # (2.0 - 13.7 K/mm3)	7.34 H
Lymph # (Auto) (0.6 - 3.8 K/mm3)	2.54
Mono # (Auto) (0.11 - 0.59 K/mm3)	0.77 H
Eos # (Auto) (0.0 - 0.4 K/mm3)	0.17
Baso # (Auto) (0.0 - 0.1 K/mm3)	0.01
Add Manual Diff (CRITERIA DIFF/SCN)	MAN DIFF INDICATED
Total Counted (100 #CELLS)	100
Immature Gran % (0.0 - 2.0 %)	12.5 H
Seg Neutrophils % (40 - 75 %)	82 H
Lymphocytes % (Manual) (12.6 - 43.5 %)	12 L
Monocytes % (Manual) (4.2 - 12.7 %)	4 L
Eosinophils % (Manual) (0.0 - 5.2 %)	2
Nucleated RBC % (0.0 - 1.0 /100WBC%)	1.1 H
Nucleated RBCs # (0.00 - 0.05 K/mm3)	0.13 H
Toxic Granulation (NONE ON SCAN)	SLIGHT
Platelet Estimate (ADEQUATE ON SCAN)	MRK DECR L

09/17 | 09/16

Page 5 of 9

Patient: RUIZ, FELIPE
 Unit#: BH00861890
 Date: 09/17/17
 BH9023078383

Acct#:

	0127	0535
Hematology		
WBC (4.1 - 12.1 k/mm3)	9.8	2.9 L
RBC (3.8 - 5.5 M/mm3)	1.81 *L	2.89 L
Hgb (10.6 - 15.8 G/DL)	5.9 *L	9.4 L
Hct (36.0 - 47.4 %)	18.4 *L	26.3 L
MCV (80.1 - 101.1 fL)	101.7 H	91.0
MCH (25.3 - 35.3 pg)	32.6	32.5
MCHC (32.7 - 35.1 G/DL)	32.1 L	35.7 H
RDW (12.2 - 16.4 %)	18.0 H	17.6 H
Plt Count (155 - 337 K/mm3)	35 *L	26 *L
MPV (7.6 - 10.4 fL)	11.5 H	10.0
Gran % (37.8 - 82.6 %)	49.8	63.2
Lymph % (Auto) (14.1 - 45.4 %)	33.7	23.3
Mono % (Auto) (2.5 - 11.7 %)	6.0	9.0
Fos % (Auto) (0.0 - 6.2 %)	2.4	3.5
Baso % (Auto) (0.0 - 2.6 %)	0.1	0.0
Gran # (2.0 - 13.7 K/mm3)	4.87	1.82 L
Lymph # (Auto) (0.6 - 3.8 K/mm3)	3.29	0.67
Mono # (Auto) (0.11 - 0.59 K/mm3)	0.59	0.26
Eos # (Auto) (0.0 - 0.4 K/mm3)	0.23	0.10
Baso # (Auto) (0.0 - 0.1 K/mm3)	0.01	0.00
Add Manual Diff (CRITERIA DIFF/SCN)	MAN DIFF INDICATED	
Total Counted (100 #CFIIS)	100	
Immature Gran % (0.0 - 2.0 %)	8.0 H	1.0
Seg Neutrophils % (40 - 75 %)	72	
Lymphocytes % (Manual) (12.6 - 43.5 %)	23	
Monocytes % (Manual) (4.2 - 12.7 %)	4 L	
Eosinophils % (Manual) (0.0 - 5.2 %)	1	
Nucleated RBC % (0.0 - 1.0 /100WBC%)	0.4	0.0
Nucleated RBCs # (0.00 - 0.05 K/mm3)	0.04	0.00
Platelet Estimate (ADEQUATE ON SCAN)	MRK DECR L	
Macrocytosis (NONE ON SCAN)	SLIGHT	

Radiology data:

Recent Impressions:

NUCLEAR MEDICINE - NM MYOCRD SPECT R/S MULT 09/16 0730

*** Report Impression - Status: SIGNED Entered: 09/16/2017 1256

IMPRESSION:

1. Normal myocardial perfusion imaging stress test
2. No reversible ischemia

Patient: RUIZ, FELIPE

Unit#: BH00861890

Date: 09/17/17

(b)(7)(E)

Acct#:

3. Normal left ventricular systolic function, calculated EF 72% on stress imaging

Impression By: t.SDR.RM20 -

(b)(6); (b)(7)(C)

RADIOLOGY - XR CHEST 1 V 09/17 0127

*** Report Impression - Status: SIGNED Entered: 09/17/2017 0147

IMPRESSION:

ETT in the right mainstem bronchus. It should be pulled back 7 cm.

*****FOR INTERNAL CODING PURPOSES ONLY*****

RESULT CODE: CVR

Impression By: t.SDR.MA50 -

(b)(6); (b)(7)(C)

M.D.

RADIOLOGY - XR CHEST 1 V 09/17 0222

*** Report Impression - Status: SIGNED Entered: 09/17/2017 0248

IMPRESSION:

Readjusted endotracheal tube now with tip terminating approximately 3 cm above the carina in appropriate appearing position

Impression By: t.SDR.SR31 -

(b)(6); (b)(7)(C)

M.D.

RADIOLOGY - XR CHEST 1 V 09/17 0222

*** Report Impression - Status: SIGNED Entered: 09/17/2017 0248

IMPRESSION:

Readjusted endotracheal tube now with tip terminating approximately 3 cm above the carina in appropriate appearing position

Impression By: t.SDR.SR31 -

(b)(6); (b)(7)(C)

M.D.

Results: labs reviewed, vital signs stable, x-ray personally reviewed, current med profile rev'd

Treatment & Prophylaxis

Treatment & Prophylaxis

VTE Prophylaxis

VTE prophylaxis initiated: Yes

Oxygen: ventilator

Patient: RUIZ, FELIPE
Unit#: BH00861890
Date: 09/17/17
BH9023078383

Acct#:

Ventilator: assist control
Lines: CVC, PA
Tube feeding: No
Anti-infectives: aztreonam, ceftriaxone
IV fluids: NS
Pressors and inotropes: norepinephrine
Ulcer prophylaxis: pantoprazole

Diagnosis, Assessment & Plan

Diagnosis, Assessment & Plan

Problem List/A&P:

1. Respiratory failure
2. Lactic acidosis
3. Cirrhosis
4. GIB (gastrointestinal bleeding)
5. Hemorrhagic shock

Free Text A&P:

9/17

AT THIS POINT HE DOES NOT SEEM TO BE DOING POORLY DESPITE AGGRESSIVE MEDICAL MANAGEMENT. I AM CONCERNED ABOUT HIS SEPTIC SHOCK AND HEMORRHAGIC SHOCK ASSOCIATED WITH CIRRHOSIS AND GIB. CERTAINLY THE PROGNOSIS IS QUITE POOR. WILL PLAN

DW RN/FP

VIEWED CXR

C LINE

A LINE

NGT TO SUCTION

PRBC

FFP

PLATELETS

PRESSOR SUPPORT/IV FLUIDS

ALBUMIN

COAGULANT HEME/GI

ATX

NEBS

THIAMINE

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Patient: RUIZ, FELIPE

Unit#: BH00861890

Date: 09/17/17

Acct#:

(b)(7)(E)

NUTRITION CONSULT
PHARM CONSULT
PAN CULTURES

Electronically Signed by (b)(6); (b)(7)(C)

MD on 09/17/17 at 0502

RPT #: 0917-0019
END OF REPORT

(b)(7)(E)
2026-CL-00006 4179

CONROE MEDICAL CENTER (COCCR)
 GE Consultation Note
 REPORT#: 0912-0667 REPORT STATUS: Signed
 DATE: 09/12/17 TIME: 2044

PATIENT: RUIZ, FELIPE UNIT #: BH00861890
 ACCOUNT#: (b)(7)(E) ROOM/BED: B.ICU18-W
 DOB: 06/26/66 AGE: 51 SEX: M ATTEND: (b)(6); (b)(7)(C)
 ADM DT: 09/12/17 AUHOR: (b)(6); (b)(7)(C)

* ALL edits or amendments must be made on the electronic/computer document *

History

Medications:

Home Medications:

Medication	Dose/Rte/Freq Max Daily Dose	Days	Qty	Entered	Last Reviewed
SERTRALINE (ZOLOFT) Strength: 100 MG TAB	100 MG PO DAILY			09/12/17 1103	09/12/17 1104
traZODone (DESYREL) Strength: 50 MG TAB	50 MG PO BFDTIME			09/12/17 1103	09/12/17 1104
FOLIC ACID Strength: 1 MG TAB	1 MG PO DAILY			09/12/17 1103	09/12/17 1104
OMEPRAZOLE ER (PRILOSEC) Strength: 40 MG CAP.DR	40 MG PO DAILY			09/12/17 1104	09/12/17 1104
SPIRONOLACTONF (ALDACTONE) Strength: 25 MG TAB	25 MG PO BID			09/12/17 1104	09/12/17 1104

Current Hospital Medications:

Anti-Infective Agents

Medication	Dose	Sig/Sch Route	Start time Stop time	Status	Last Admin
Levofloxacin (LEVAQUIN 500MG/ 100ML)	100 ML	Q24H IV	09/12 1530 09/19 1531	AC	09/12 1624

Cardiovascular Drugs

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Metoprolol Succinate (TOPROL XL)	12.5 MG	DAILY PO	09/12 1700 10/12 1701	AC	09/12 1626
Labetalol HCl (TRANDATE)	10 MG	Q4H PRN PRN IV	09/12 1530 10/12 1531	AC	
Lisinopril (PRINIVIL)	20 MG	DAILY PO	09/12 1100 10/12 1101	DC	09/12 1133
Nicardipine/Sodium Chloride	250 ML	AS DIR IV	09/12 1000 10/12 1001	AC	

Patient: RUIZ, FELIPE

Unit#: BH00861890

Date: 09/12/17

Acct#:

(b)(7)(E)

(CARDENE-NACL 50 MG/ 250 ML IV)					
Nicardipine/Sodium Chloride (CARDENE-NACL 50 MG/ 250 ML IV)	250 ML	.STK-MED ONE IV	09/12 0953	DC	09/12 0959

Central Nervous System Agents

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Trazodone HCl (DFSYRFI)	50 MG	BFDTIME PO	09/12 2100 10/12 2101	AC	09/12 2015
Sertraline HCl (ZOLOFT)	100 MG	DAILY PO	09/12 1700 10/12 1701	AC	09/12 1626
Morphine Sulfate (MORPHINE SULFATE)	1 MG	Q4H PRN PRN IV	09/12 1515 10/12 1516	AC	

Electrolytic, Caloric, And Wat

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Lactulose (CHRONULAC 20 GM/30 ML)	30 ML	BID PO	09/12 2100 10/12 2101	CKD	09/12 2015
Sodium Chloride (NORMAL SALINE 250 ML)	250 ML	ASDIR IV	09/12 1600 09/13 1555	AC	
Sodium Chloride (NORMAL SALINE 250 ML)	250 ML	ASDIR PRN IV	09/12 1515 10/12 1516	AC	
Sodium Chloride (SODIUM CHLORIDE 0.9% 20ML)	10 ML	ASDIR IV	09/12 1515 10/12 1516	AC	
Sodium Chloride (SODIUM CHLORIDE 0.9% 1000 ML)	1,000 ML	.Q13H20M IV	09/12 1515 10/12 1516	AC	09/12 1624

Gastrointestinal Drugs

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Pantoprazole (PROTONIX)	40 MG	Q12HR IV	09/12 2100 10/12 2101	AC	09/12 2015
Ondansetron HCl (ZOFTRAN)	4 MG	Q4H PRN PRN IV	09/12 1515 10/12 1516	AC	09/12 1625

(b)(7)(E)

Patient: RUIZ, FELIPE

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Date: 09/12/17

Acct#:

(b)(7)(E)

Vitamins

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Folic Acid (FOLVITE)	1 MG	DAILY PO	09/13 0900 10/13 0901	AC	

Allergies:**Coded Allergies:**

No Known Allergies (09/12/17)

Objective**Physical Exam****VS/I&O:**

Last Documented:

	Result	Date Time
Pulse Ox	96	09/12 2000
B/P	106/56	09/12 2000
Pulse	68	09/12 2000
Resp	17	09/12 2000
Temp	36.8	09/12 1838
O2 Flow Rate	2	09/12 1447

Medications:Active Meds + DC'd Last 24 Hrs

Folic Acid 1 MG DAILY PO
 Lactulose 30 ML BID PO (CKD)
 Pantoprazole 40 MG Q12HR IV
 Trazodone HCl 50 MG BEDTIME PO
 Metoprolol Succinate 12.5 MG DAILY PO
 Sertraline HCl 100 MG DAILY PO
 Sodium Chloride 250 ML ASDIR IV
 Labetalol HCl 10 MG Q4H PRN PRN IV
 Levofloxacin 100 ML Q24H IV
 Morphine Sulfate 1 MG Q4H PRN PRN IV
 Ondansetron HCl 4 MG Q4H PRN PRN IV
 Sodium Chloride 250 ML ASDIR PRN IV
 Sodium Chloride 10 ML ASDIR IV

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Patient: RUIZ, FELIPE
Unit#: BH00861890
Date: 09/12/17

Acct#:

(b)(7)(E)

Sodium Chloride 1,000 ML .Q13H20M IV
Lisinopril 20 MG DAILY PO (DC)
Nicardipine/Sodium Chloride 250 ML ASDIR IV
Nicardipine/Sodium Chloride 250 ML .STK-MED ONE IV (DC)

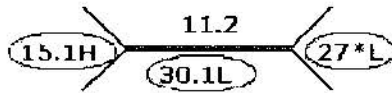
General appearance: alert, awake

Results

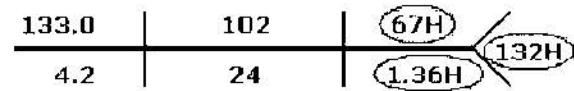
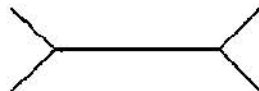
Findings/Data:

Laboratory Tests

09/12/17 1200:



09/12/17 1155:



Laboratory Tests

	09/12 1530	09/12 1530	09/12 1530
Chemistry			
Ammonia (11.0 - 32.0 mcMOL/L)			90.0 *H
CK-MB (CK-2) (1.0 - 3.6 NG/ML)	4.9 H		
Troponin I (0.000 - 0.045 NG/ML)	0.270 *H		
B-Natriuretic Peptide (0.00 - 100.00 PG/ML)		226.59 H	

	09/12 1155
Chemistry	
Sodium (133 - 144 mmol/L)	133.0
Potassium (3.5 - 5.1 mmol/L)	4.2
Chloride (95 - 105 mmol/L)	102
Carbon Dioxide (21 - 32 mmol/L)	24
Anion Gap (4.0 - 15.0 GAP calc)	7.0
BUN (7 - 18 MG/DL)	67 H

Patient: RUIZ, FELIPE
 Unit#: BH00861890
 Date: 09/12/17

Acct#:

(b)(7)(E)

Creatinine (0.55 - 1.30 MG/DL)	1.36 H
Glomerular Filtr Rate (>60 estGFR)	55 L
Glucose (70 - 110 MG/DL)	132 H
Calcium (8.5 - 10.1 MG/DL)	7.8 L
Total Bilirubin (0.00 - 1.00 MG/DL)	6.56 H
Direct Bilirubin (0.00 - 0.30 MG/DL)	3.35 H
Indirect Bilirubin (0.2 - 1.3 MG/DL)	3.21 H
AST (15 - 37 Unit/L)	81 H
ALT (12 - 78 Unit/L)	49
Total Alk Phosphatase (45 - 117 Unit/l)	107
Total Protein (6.4 - 8.2 G/DL)	5.4 L
Albumin (3.4 - 5.0 G/DL)	2.9 L
Albumin/Globulin Ratio (1.2 - 2.2 RATIO)	1.2
Specimen Appearance (1 NORMAL Index/DL)	3 SMALL 5-10 MG
Specimen Hemolysis (1 NORMAL Index/DL)	2 TRACE 10-25 MG

Laboratory Tests

09/12
 1200

Coagulation	
PT (9.4 - 12.5 SECONDS)	17.3 H
INR (0.85 - 1.1 INR Unit)	1.52 H
PTT (Dade) (24 - 37.7 SECONDS)	29.4

Laboratory Tests

	09/12 1200
Hematology	
WBC (4.1 - 12.1 k/mm3)	15.1 H
RBC (3.8 - 5.5 M/mm3)	3.50 L
Hgb (10.6 - 15.8 G/DL)	11.2
Hct (36.0 - 47.4 %)	30.1 L
MCV (80.1 - 101.1 fL)	86.0
MCH (25.3 - 35.3 pg)	32.0
MCHC (32.7 - 35.1 G/DL)	37.2 H
RDW (12.2 - 16.4 %)	17.2 H
Pit Count (155 - 337 K/mm3)	27 *L
MPV (7.6 - 10.4 fL)	10.3
Gran % (37.8 - 82.6 %)	65.8
Lymph % (Auto) (14.1 - 45.4 %)	12.1 L
Mono % (Auto) (2.5 - 11.7 %)	12.7 H
Eos % (Auto) (0.0 - 6.2 %)	1.7
Baso % (Auto) (0.0 - 2.6 %)	0.5

(b)(7)(E)

Patient: RUIZ, FELIPE
 Unit#: BH00861890
 Date: 09/12/17

Acct#:

(b)(7)(E)

Gran # (2.0 - 13.7 K/mm3)	9.95 H
Lymph # (Auto) (0.6 - 3.8 K/mm3)	1.82
Mono # (Auto) (0.11 - 0.59 K/mm3)	1.91 H
Eos # (Auto) (0.0 - 0.4 K/mm3)	0.25
Baso # (Auto) (0.0 - 0.1 K/mm3)	0.08
Add Manual Diff (CRITERIA DIFF/SCN)	MAN DIFF INDICATED
Total Counted (100 #CELLS)	100
Immature Gran % (0.0 - 2.0 %)	7.2 H
Seg Neutrophils % (40 - 75 %)	73
Lymphocytes % (Manual) (12.6 - 43.5 %)	12 L
Monocytes % (Manual) (4.2 - 12.7 %)	14 H
Eosinophils % (Manual) (0.0 - 5.2 %)	1
Nucleated RBC % (0.0 - 1.0 /100WBC%)	1.7 H
Nucleated RBCs # (0.00 - 0.05 K/mm3)	0.25 H
Toxic Granulation (NONE ON SCAN)	SLIGHT
Platelet Estimate (ADFQUATE ON SCAN)	MRK DFCR I
Plt Morphology Comment (NORMAL PLTS ON SCAN)	LARGE RARE
Polychromasia (NONE ON SCAN)	SLIGHT
Hypochromasia (NONE ON SCAN)	SLIGHT
Poikilocytosis (NONE ON SCAN)	SLIGHT
Anisocytosis (NONE ON SCAN)	SLIGHT
Ovalocytes (NONE ON SCAN)	FEW
Acanthocytes (Spur) (NONE ON SCAN)	RARE
Schistocytes (NONE ON SCAN)	RARE

Laboratory Tests

	09/12 1530
Serology	
Hepatitis A IgM Ab (Nonreactive SCREEN)	NonReactive
Hep Bs Antigen (Nonreactive SCREEN)	NEG-NONREAC
Hep B Core IgM Ab (Nonreactive SCREEN)	NonReactive
Hepatitis C Antibody (Nonreactive SCREEN)	NR

Radiology data:

Recent Impressions:

ULTRASOUND - US ABDOMEN LTD 09/12 1637

*** Report Impression - Status: SIGNED Entered: 09/12/2017 1913

Impression:

1. Markedly limited examination due to poor beam penetration. The liver, gallbladder, common bile duct and pancreas are inadequately

Patient: RUIZ, FELIPE

Unit#: BH00861890

Date: 09/12/17

(b)(7)(E)

Acct#:

visualized on this examination.

2. Unremarkable right kidney and visualized portions of the abdominal aorta and IVC.

Impression By: t.SDR.RH16 (b)(6); (b)(7)(C)

Diagnosis, Assessment & Plan

Free Text A&P:

Consult: Hematemesis

HISTORY OF PRESENT ILLNESS: The patient is a 51-year-old Hispanic incarcerated male, who was taken to Livingston Memorial Emergency Room with complaints of abdominal pain, and hematemesis. He has a past medical history significant for nonalcoholic liver cirrhosis, generalized anxiety disorder, and depression. He has been diagnosed with cirrhosis 7 years ago. He is currently in the Department of Corrections.

PAST MEDICAL HISTORY: As mentioned above, which includes,

- 1. Nonalcoholic liver cirrhosis.
- 2. Depression.
- 3. Generalized anxiety disorder.

SURGICAL HISTORY: None.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS FROM JAIL: Reviewed.

SOCIAL HISTORY: The patient is incarcerated. He is originally from Florida; however, because of the flooding, he was transferred to Texas Jail.

FAMILY HISTORY: The patient is unaware of any medical problems running in the family.

REVIEW OF SYSTEMS:

Otherwise negative.

GASTROINTESTINAL: He presents with right upper quadrant abdominal pain and

Patient: RUIZ, FELIPE
Unit#: BH00861890
Date: 09/12/17

Acct#:

(b)(7)(E)

hematemesis.
PSYCH: depression.

Vitals as above:
General appearance: alert, awake, oriented
Head/Eyes: atraumatic, EOMI, icteric
ENT: moist mucosal membranes
Cardiovascular: regular rate & rhythm, normal heart sounds
Respiratory: clear to auscultation, no distress, no tenderness, aerating well
Abdomen/GI: active bowel sounds, soft, non tenderness
Extremities: moves all, no edema-all extremities
Musculoskeletal: full range of motion
Neuro/CNS: alert, oriented X 3
Psychiatry: unable to evaluate

LABORATORY AND DIAGNOSTIC DATA: Reviewed

ASSESSMENT AND PLAN: A 51-year-old incarcerated Hispanic male with history of nonalcoholic liver cirrhosis, now presents with hematemesis
Possible varices though PLTs are low will transfuse then have EGD possible banding
Agree with octreotide and PPI drip with abx
EGD planned tomorrow
NPO for now
Follow up CBC in the AM

Electronically Signed by (b)(6); (b)(7)(C) on 09/12/17 at 2054

RPT #: 0912-0667
END OF REPORT

0918-0005

CONROE REGIONAL MEDICAL CENTER
504 Medical Center Blvd.
Conroe, Texas 77304

PATIENT NAME: RUIZ, FELIPE
ACCOUNT NO: (b)(7)(E)
MEDICAL RECORD NO: BH00861890
REPORT TYPE: ELECTROCARDIOGRAM

ADMIT DATE: 09/12/17
ROOM NO: B.CCU36
AGE: 51
SEX: M

ADMITTING PHYSICIAN: (b)(6); (b)(7)(C)
ATTENDING PHYSICIAN: (b)(6); (b)(7)(C)

Order:

20170917-0006

Test Reason : CHEST PAIN

Test Date/Time Stamp:

Sun Sep 17 2017 04:56:16

Blood Pressure : ***/*** mmHG

Vent. Rate : 055 BPM Atrial Rate : 081 BPM

P-R Int : 000 ms QRS Dur : 140 ms

QT Int : 408 ms P-R-T Axes : -18 151 147 degrees

QTc Int : 390 ms

Sinus rhythm with 2nd degree AV block (Mobitz I)
Right bundle branch block
ST elevation, consider inferior injury or acute infarct
** ** ACUTE MI ** **

Abnormal ECG

When compared with ECG of 17 SEP 2017 00:33, (Unconfirmed)

Sinus rhythm is now with 2nd degree AV block (Mobitz I)

Vent. rate has decreased BY 67 BPM

Right bundle branch block is now present

Confirmed by (b)(6); (b)(7)(C) on 9/18/2017 7:42:16 AM

Referred by: Ali Abbas

Confirmed by: (b)(6); (b)(7)(C)

Electronically signed by (b)(6); (b)(7)(C) on 09/18/17 at 0742

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: (b)(7)(E)

0918-0002

CONROE REGIONAL MEDICAL CENTER
504 Medical center Blvd.
Conroe, Texas 77304

PATIENT NAME: RUIZ, FELIPE
ACCOUNT NO: (b)(7)(F)
MEDICAL RECORD NO: (b)(6); (b)(7)(C)
REPORT TYPE: ELECTROCARDIOGRAM

ADMIT DATE: 09/12/17
ROOM NO: B.CCU36
AGE: 51
SEX: M

ADMITTING PHYSICIAN: (b)(6); (b)(7)(C)
ATTENDING PHYSICIAN: (b)(6); (b)(7)(C)

Order:
20170917-0050
Test Reason : UNKNOWN
Test Date/Time Stamp:
Sun Sep 17 2017 00:33:17
Blood Pressure : ***/*** mmHG
Vent. Rate : 122 BPM Atrial Rate : 122 BPM
P-R Int : 158 ms QRS Dur : 072 ms
QT Int : 298 ms P-R-T Axes : 022 114 026 degrees
QTc Int : 424 ms

Sinus tachycardia
Left posterior fascicular block
Abnormal ECG
When compared with ECG of 12-SEP-2017 17:17,
vent. rate has increased BY 52 BPM
Left posterior fascicular block is now present
T wave inversion no longer evident in anterior leads
Confirmed by (b)(6); (b)(7)(C) on 9/18/2017 7:41:06 AM
Referred by: (b)(6); (b)(7)(C) Confirmed by: (b)(6); (b)(7)(C)

Electronically Signed by (b)(6); (b)(7)(C) on 09/18/17 at 0741

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: (b)(7)(E)

0913-0004

CONROE REGIONAL MEDICAL CENTER
504 Medical Center Blvd.
Conroe, Texas 77304

PATIENT NAME: RUIZ, FELIPE
ACCOUNT NO: (b)(7)(F)
MEDICAL RECORD NO: BH00861890
REPORT TYPE: ELECTROCARDIOGRAM

ADMIT DATE: 09/12/17
ROOM NO: B.ICU18
AGE: 51
SEX: M

ADMITTING PHYSICIAN: (b)(6); (b)(7)(C)
ATTENDING PHYSICIAN: [Redacted]

Order:

20170912-0085

Test Reason : tropinemia at outside eR

Test Date/Time Stamp:

Tue Sep 12 2017 17:17:29

Blood Pressure : ***/*** mmHG

Vent. Rate : 070 BPM Atrial Rate : 070 BPM

P-R Int : 182 ms QRS Dur : 078 ms

QT Int : 416 ms P-R-T Axes : -14 009 032 degrees

QTc Int : 449 ms

Normal sinus rhythm n
Nonspecific ST and T wave abnormality
Abnormal ECG

No previous ECGs available

Confirmed by (b)(6); (b)(7)(C) on 9/13/2017 7:14:36 AM

Referred By: (b)(6); (b)(7)(C) Confirmed by (b)(6); (b)(7)(C)

Electronically signed by (b)(6); (b)(7)(C) on 09/13/17 at 0714

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: (b)(7)(E)

0917-0008

CONROE REGIONAL MEDICAL CENTER
504 Medical Center Blvd.
Conroe, Texas 77304

PATIENT NAME: RUIZ, FELIPE
ACCOUNT NO: (b)(7)(E)
MEDICAL RECORD NO: BH00861890
REPORT TYPE: eECHOCARDIOGRAM REPORT

ADMIT DATE: 09/12/17
ROOM NO: B.CCU36
AGE: 51
SEX: M

ADMITTING PHYSICIAN (b)(6); (b)(7)(C)
ATTENDING PHYSICIAN (b)(6); (b)(7)(C)

(b)(7)(E)
BH00861890
ECHO2DDOP

Echocardiogram Report

Name: RUIZ, FELIPE
Patient Location: B.ICU4 B.ICU18 W
MRN: BH00861890
URN: BH547000
Account # (b)(7)(E)
Gender: Male
DOB: 06/26/1966
Age: 51 yrs
Ethnicity: Other
Reason For Study: CHEST PAIN

Study Date: 09/13/2017 01:38 PM

BP: 89/50 mmHg
Height: 66 in
Weight: 171 lb
Gender: Male

BSA: 1.9 m2

Cardiac Measurements with Normal Values:

Ao root diam: 3.1 cm 20-37 mmACS: 2.4 cm 15-26 mm
LA dimension: 4.1 cm 19-40 mm
LVIDD: 4.6 cm 37-56 mm
LVIDS: 2.8 cm - IVSd: 0.94 cm 6-11 mm
RVDD: 3.0 cm 7-23 mm

MMode/2D Measurements Calculations

LVPwd: 0.87 cm FS: 39.2 %
EDV(Teich): 98.9 ml
ESV(Teich): 29.9 ml
EF(Teich): 69.7 %
Ao root area: 7.7 cm2 LVOT diam: 2.1 cm
LVOT area: 3.5 cm2

Doppler Measurements Calculations

MV E max vel: 86.3 cm/sec MV dec slope: 461.6 cm/sec2
MV A max vel: 81.6 cm/sec MV dec time: 0.19 sec
MV E/A: 1.1 LV V1 max PG: 7.6 mmHg
Ao V2 max: 161.9 cm/sec LV V1 max: 137.9 cm/sec
Ao max PG: 10.5 mmHg
AVA(V,D): 3.0 cm2 TR max vel: 240.2 cm/sec
PA V2 max: 111.5 cm/sec TR max PG: 23.1 mmHg
PA max PG: 5.0 mmHg

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: (b)(7)(E)

RVSP(TR): 33.1 mmHg

RAP systole: 10.0 mmHg

Conclusions

A complete two-dimensional transthoracic echocardiogram was performed (2D, M-mode, Doppler and color flow Doppler). The study was technically adequate. The left ventricle is normal in size. There is normal left ventricular wall thickness. Ejection Fraction = >65%. Left ventricular systolic function is normal. The transmitral spectral Doppler flow pattern is normal for age. The left ventricular wall motion is normal.

Left Ventricle

The left ventricle is normal in size. There is normal left ventricular wall thickness. Left ventricular systolic function is normal. Ejection Fraction = >65%. The transmitral spectral Doppler flow pattern is normal for age. The left ventricular wall motion is normal.

Right Ventricle

The right ventricle is normal in size and function.

Atria

The left atrium is mildly dilated. Right atrial size is normal. IAS not well visualized.

Mitral Valve

The mitral valve is normal in structure and function.

Tricuspid Valve

The tricuspid valve is normal in structure and function. Doppler findings do not suggest pulmonary hypertension.

Aortic Valve

The aortic valve opens well. The aortic valve is mildly sclerotic. The aortic valve is not well visualized.

Pulmonic Valve

The pulmonic valve is not well visualized. Trace pulmonic valvular regurgitation.

Great Vessels

The aortic root is normal size.

Pericardium/Pleural

There is no pericardial effusion.

Electronically signed by: (b)(6); (b)(7)(C), MD 09/17/2017 12:35 PM

Ordering Physician: (b)(6); (b)(7)(C)

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: (b)(7)(E)

Referring Physician: (b)(6); (b)(7)(C)
Performed By (b)(6); (b)(7)(C)

Electronically signed by (b)(6); (b)(7)(C) on 09/17/17 at 1236

PATIENT NAME: RUIZ, FELIPE

ACCOUNT # (b)(7)(E)

Patient Name: RUIZ, FELIPE

Unit No: BH00861890

EXAMS:
020699234 NM MYOCRD SPECT R/S MULT

CPT CODE:
78452

Pharmacologic Myocardial Perfusion Imaging Rest/Stress test; 1-day Protocol

INDICATION:

Diagnosis of coronary artery disease in patient with atypical chest pain

Clinical history:

Patient is a 51-year-old male with cardiac risk factors and atypical chest pain

PROCEDURE:

Pharmacological stress testing was performed with Lexiscan 0.4 mg/5 mL from a prefilled syringe that was discarded after single use. The heart rate increased appropriately during Lexiscan infusion. Following Lexiscan injection and saline flush, the patient was injected with 32.0 mCi of sestamibi and stress gated tomographic imaging was performed. Prior, resting imaging was also performed following the injection of 14.7 mCi of Sestamibi.

FINDINGS:

The EKG portion of the stress test shows no acute ST changes. Overall quality of the study is fair. The left ventricle is normal in size. On the raw images, there is no motion artifact. There is significant amount of gut uptake noted on both stress and rest images.

Stress:

The stress SPECT images demonstrate homogenous tracer distribution throughout the myocardium. The gated stress SPECT imaging reveals normal myocardial thickening and wall motion. The calculated left ventricle ejection fraction of 72%.

Rest:

The rest SPECT images again demonstrate homogenous tracer distribution throughout the myocardium.

In comparing the stress and rest images, there is no reversible ischemia. There is no transient ischemic dilatation, calculated TID is 1.00.

IMPRESSION:

1. Normal myocardial perfusion imaging stress test
2. No reversible ischemia
3. Normal left ventricular systolic function, calculated EF 72% on stress imaging

Patient Name: RUIZ, FELIPE

Unit No: BE00861890

EXAMS:
020699234 NM MYOCRD SPECT R/S MULT
<Continued>

CPT CODE:
78452

** Electronically Signed by [redacted] on 09/16/2017 at 1253 **
Reported and signed by: [redacted]

Nuclear Medicine Cardiology exams performed on dual head cameras with appropriate software for processing and reporting.

CC: [redacted]

FAX: (b)(6); (b)(7)(C) 936-58 (b)(6); (b)(7)(C) Campus: C St: ADM
 FAX: 936-58
 FAX: M 936-75

Patient Name: RUIZ, FELIPE

Unit No: BHC0861890

EXAMS:
020699688 XR CHEST 1 V

CPT CODE:
71010

AFTER HOURS SERVICE ON: 9/17/2017 5:06 AM

AP Portable Chest

Location Code M12

HISTORY: POST LINE PLACEMENT

FINDINGS:

Inspiration is shallow. NGT remains in the distal stomach. The ETT is midway between the clavicles and the carina, approximately 3 cm above the carina. There are no infiltrates. There are no pleural effusions. There is no pneumothorax. Cardiac silhouette and mediastinum appear within normal limits.

IMPRESSION:

- 1. No active intrathoracic findings.
- 2. ETT and NGT in place.

** Electronically Signed by (b)(6); (b)(7)(C)
 ** on 09/17/2017 at 0507 **
 Reported and signed by: (b)(6); (b)(7)(C)

CC: (b)(6); (b)(7)(C)

Dictated Date/Time: 09/17/2017 (0507)
 Technologist: (b)(6); (b)(7)(C) - Agency
 Transcribed Date/Time: 09/17/2017 (0507) By: t.SDR.MA50
 Orig Print D/T: S: 09/17/2017 (0510)

FAX: (b)(6); (b)(7)(C)
FAX: [Redacted]

936-58 (b)(6); (b)(7)(C)
936-58 (b)(6); (b)(7)(C)

Campus: C St: ADM

Patient Name: RUIZ, FELIPE

Unit No: BH00861890

** Report Has Been Amended **

EXAMS:
020699673 XR CHEST 1 V

CPT CODE:
71010

Addendum - 09/17/2017 SIGNED 09/17/2017

ADDENDUM: 020699673 RAD/CXR1

Addendum:

Results were verbally communicated by telephone to nurse (b)(6); (b)(7)(C) at 1:53 AM by WHRA on-call.

** Electronically Signed by (b)(6); (b)(7)(C) **
** on 09/17/2017 at 01:54 **
Reported and signed by (b)(6); (b)(7)(C)
Dictated Date/Time: 09/17/2017 (0154)

Report

AFTER HOURS SERVICE ON: 9/17/2017 1:41 AM

AP Portable Chest

Location Code M12

HISTORY: ETT PLACEMENT

FINDINGS:

Inspiration is shallow. NG tube is noted in the stomach. The ETT is located in the right mainstem bronchus. There are no pleural effusions. There is no pneumothorax. Cardiac silhouette and mediastinum appear within normal limits.

IMPRESSION:

ETT in the right mainstem bronchus. It should be pulled back 7 cm.
*****FOR INTERNAL CODING PURPOSES ONLY*****
RESULT CODE: CVR

** Electronically Signed by (b)(6); (b)(7)(C) **
** on 09/17/2017 at 0143 **
Reported and signed by: (b)(6); (b)(7)(C)

FAX: (b)(6); (b)(7)(C)
FAX: (b)(6); (b)(7)(C)

936-585
936-585 (b)(6); (b)(7)(C)

Campus: C St: ADM

Patient Name: RUIZ, FELIPE

Unit No: BH00861890

** Report Has Been Amended **

EXAMS:
020699673 XR CHEST 1 V
<Continued>

CPT CODE:
71010

CC (b)(6); (b)(7)(C)

Dictated Date/Time: 09/17/2017 (0143)

Technologist (b)(6); (b)(7)(C)

Transcribed Date/Time: 09/17/2017 (0143) By:

(b)(6); (b)(7)(C)

Orig Print D/T: S: 09/17/2017 (0147)

FAX: (b)(6); (b)(7)(C)
FAX: [Redacted]

936-585 (b)(6); (b)(7)(C)
936-585 (b)(6); (b)(7)(C)

Campus: C St: ADM

Patient Name: RUIZ, FELIPE

Unit No: BH00861890

EXAMS:
020699673 XR CHEST 1 V

CPT CODE:
71010

AFTER HOURS SERVICE ON: 9/17/2017 1:41 AM

AP Portable Chest

Location Code M12

HISTORY: ETT PLACEMENT

FINDINGS:

Inspiration is shallow. NG tube is noted in the stomach. The ETT is located in the right mainstem bronchus. There are no pleural effusions. There is no pneumothorax. Cardiac silhouette and mediastinum appear within normal limits.

IMPRESSION:

ETT in the right mainstem bronchus. It should be pulled back 7 cm.
*****FOR INTERNAL CODING PURPOSES ONLY*****
RESULT CODE: CVR

** Electronically Signed by (b)(6); (b)(7)(C) **
** on 09/17/2017 at 0143 **
Reported and signed by: (b)(6); (b)(7)(C)

CC: (b)(6); (b)(7)(C)

Dictated Date/Time: 09/17/2017 (0143)
Technologist: (b)(6); (b)(7)(C)
Transcribed Date/Time: 09/17/2017 (0143) By: (b)(6); (b)(7)(C)
Orig Print D/T: S: 09/17/2017 (0147)

FAX: (b)(6); (b)(7)(C) 936-585- (b)(6); (b)(7)(C) Campus: C St: ADM
 FAX: 936-585-
 FAX: M 936-756-

Patient Name: RUIZ, FELIPE

Unit No: BH00861890

EXAMS:
020699678 XR CHEST 1 V

CPT CODE:
71010

- XR CHEST 1 V, - XR CHEST 1 V, 9/17/2017 2:17 AM

Reason For Examination: POST CODE/INTUBATION

Comparison: Exam of one hour prior

Location: R16

Findings

On examination of 2:13 AM endotracheal tube appears to be at the level of the carina. The enteric tube crosses the midline, possibly within the antrum/1st portion duodenum

Examination of 2:20 AM the endotracheal tube has been retracted to more satisfactory position approximately 3 cm above the carina. Enteric tube position is unchanged. Remainder of the exam findings are also similar to prior

IMPRESSION:

Readjusted endotracheal tube now with tip terminating approximately 3 cm above the carina in appropriate appearing position

** Electronically Signed by (b)(6); (b)(7)(C) **
 ** on 09/17/2017 at 0245 **
 Reported and signed by: (b)(6); (b)(7)(C)

CC: (b)(6); (b)(7)(C)

Dictated Date/Time: 09/17/2017 (0245)
 Technologist: (b)(6); (b)(7)(C) - Agency By: (b)(6); (b)(7)(C)
 Transcribed Date/Time: 09/17/2017 (0245)
 Origin Print D/T: S: 09/17/2017 (0248)

FAX: (b)(6); (b)(7)(C)
FAX:

936-58 (b)(6); (b)(7)(C)
936-58

Campus: C St: ADM

Patient Name: RUIZ, FELIPE

Unit No: BH00861890

EXAMS:
020697794 XR CHEST 1 V

CPT CODE:
71010

Location: T 18

Chest x-ray exam, AP frontal projection, 9/12/2017

CLINICAL HISTORY: Leukocytosis, ICU patient.

Comparison exams: None of the chest

Elevation the right hemidiaphragm difficult to assess in terms of age given lack of prior exams. Probable scarring versus atelectatic changes mainly at the right lung base. No active CHF. Overlying lines obscure detail. No findings of high concern for pneumonia

** Electronically Signed by (b)(6); (b)(7)(C) **
** on 09/12/2017 at 1726 **
Reported and signed by: (b)(6); (b)(7)(C)

cc (b)(6); (b)(7)(C)

Dictated Date/Time: 09/12/2017 (1726)
Technologist: (b)(6); (b)(7)(C)
Transcribed Date/Time: 09/12/2017 (1726) By: (b)(6); (b)(7)(C)
Orig Print D/T: S: 09/12/2017 (1729)

Patient Name: RUIZ, FELIPE

Unit No: BH00861890

EXAMS:
020697791 US ABDOMEN LTD

CPT CODE:
76705

Site:R16

Limited Abdominal Ultrasound

History: Right upper quadrant abdominal pain, history of nonalcoholic liver cirrhosis.

Comparison: No prior similar studies are available for comparison.

Technique: Gray scale and color Doppler imaging were utilized.

Findings:

This examination is markedly limited due to poor beam penetration.

The liver is measures 15.2 cm in length. Evaluation of the liver is markedly limited. The main portal vein is not well visualized.

The gallbladder is not well-visualized. Sonographic Murphy sign is negative.

The common bile duct is not identified on this examination.

The right kidney measures 10.9 x 5.8 x 4.2 cm, with a cortical thickness measuring 1.9 cm. It demonstrates no hydronephrosis, nephrolithiasis or cortical thinning.

The pancreas is not visualized.

The visualized portions of the abdominal aorta and IVC are unremarkable.

There is no evidence of ascites.

Impression:

1. Markedly limited examination due to poor beam penetration. The liver, gallbladder, common bile duct and pancreas are inadequately visualized on this examination.
2. Unremarkable right kidney and visualized portions of the abdominal aorta and IVC.

** Electronically Signed by (b)(6); (b)(7)(C) on 09/12/2017 at 1909 **
Reported and signed by: (b)(6); (b)(7)(C)

CC: (b)(6); (b)(7)(C)

Technologist: (b)(6); (b)(7)(C) - Agency
Transcribed D/T: 09/12/2017 (1909) (b)(6); (b)(7)(C)
Orig Print D/T: S: 09/12/2017 (1913) Probe:

0913-0070

CONROE REGIONAL MEDICAL CENTER
504 Medical Center Blvd.
Conroe, Texas 77304

PATIENT NAME: RUIZ, FELIPE
ACCOUNT NO: (b)(7)(E)
MEDICAL RECORD NO: BH00861890
REPORT TYPE: ENDOWORKS REPORT

ADMIT DATE: 09/12/17
ROOM NO: B.ICU18
AGE: 51
SEX: M

ADMITTING PHYSICIAN: (b)(6); (b)(7)(C)
ATTENDING PHYSICIAN:

Indications: Hematemesis (578.0).

Consent: The benefits, risks, and alternatives to the procedure were discussed and informed consent was obtained from the patient.

Pre-Sedation Assessment: H and P completed, I have examined the patient on this date and have reviewed the medical history, drug history, and previous anesthesia experience. Results of the relevant diagnostic studies have been reviewed. Planned choice of anesthesia, risk, complications, benefits and alternatives have been discussed.

Preparation: EKG, pulse, pulse oximetry, and blood pressure were monitored throughout the procedure. An intravenous line was inserted. The patient was kept NPO.

Medications: See anesthesia report.

Procedure: The gastroscope was passed through the mouth under direct visualization and was advanced with ease to the 2nd portion of the duodenum. The scope was withdrawn and the mucosa was carefully examined. The views were good.

Findings: Esophagus: The proximal third of the esophagus, middle third of the esophagus, and distal third of the esophagus appeared to be normal. Stomach: Hypertensive portal gastropathy was found in the fundus, body of the stomach, and antrum. Duodenum: Patchy erythema in bulb and 2nd portion.

Specimens Sent: None, unless otherwise noted.

Estimated Blood Loss: Insignificant.

Unplanned Events: There were no unplanned events.

Summary: Normal proximal third of the esophagus, middle third of the esophagus, and distal third of the esophagus. Hypertensive portal gastropathy was found in the fundus, body of the stomach, and antrum (572.8). Patchy erythema in bulb and 2nd portion.

Recommendations: Avoid all non-steroidal anti-inflammatory drugs (NSAID's) including but not limited to Aspirin, Ibuprofen, Advil, Motrin, and Nuprin. Return to floor. Resume low salt diet as tolerated. Continue current medications. PPI 20 mg daily.

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #:

(b)(7)(E)

Assisted By: The procedure was assisted by N/A.

Procedure Codes: [43235]EGD
Version 1, electronically signed by (b)(6); (b)(7)(C) on 09/13/2017 at 07:42 AM.

Electronically signed by (b)(6); (b)(7)(C) on 09/13/17 at 0742

PATIENT NAME: RUIZ, FELIPE

ACCOUNT # (b)(7)(E)

(b)(6); (b)(7)(C)

9-7-17
2nd Shift

(b)(6); (b)(7)(C)

C-Ext

(b)(6); (b)(7)(C)

95x1 to medical
Pull Reds to Activity Room (95x9)
Pull Outside Rec (95x58)
Prepare to count
security check - all secured
count time @ IAH
count finished w/ Plo Gardner
count clear @ IAH

(b)(6); (b)(7)(C)

security check - all secured
95x2 return from medical
security check - all secured
95x1 housed from medical to C18

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

security check - all secured
security check - all secured
All Reds return to dorm from Activity B
All Blues return to dorm from Outside Rec
security check - all secured
Mail and I 60's picked up

(b)(6); (b)(7)(C)

9-7-17
3RD SHIFT

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

sec check secure
sec check secure
count time sec check secure
sec check secure
CONTINUED NEXT PAGE OVER

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

9-7-17
3RD SHIFT

(b)(6); (b)(7)(C)

check secure

WT CLEAR S

(b)(6); (b)(7)(C)

Rands

CKED UP RAZORS

SEC CHECK

SEC CHECK SECURE

9-8-17

GHAS

(b)(6); (b)(7)(C)

Rands

SEC CHECK SECURE

COUNT TIME SEC CHECK SECURE

Security Check ALL CLEAR

COUNT CLEAR

SEC CHECK SECURE

COUNT TIME SEC CHECK SECURE

COUNT CLEAR

(b)(6); (b)(7)(C)

Rands

SEC CHECK SECURE

Security Check ALL CLEAR

COUNT TIME SEC CHECK SECURE

COUNT CLEAR

(b)(6); (b)(7)(C)

0330
0400
0418

(b)(6); (b)(7)(C)

9-8-17
1st shift
C-EXT

0600 shift change / Post Orders Signed

0605 Security check - All secure

0630 Security check - All secure

(b)(6); (b)(7)(C)

0646 Rands

0651 95x16 pulled out of C-EXT to JCDF

Continue... →

0700 Lights On / Security Check - All Secure

0708 95x3 pulled to Medical

0715 Prepare to Count

0730 Count Time / Security Check - All Secure

0730 - Rounds - Sgt [Redacted] (b)(6); (b)(7)(C)

0803 Security Check - All Secure

0808 Count Clear

0830 Security Check - All Secure

0900 Department Head Walk Thru

0901 Security Check - All Secure

090 [Redacted] (b)(6); (b)(7)(C) cleaning hallway

0915 DEWANI TO C-20 [Redacted] (b)(6); (b)(7)(C)

0944 Unannounced Rounds Starts [Redacted] (b)(6); (b)(7)(C)

0945 Security Check - All Secure

0946 95x2 to LAW Library

1010 Security Check - All Secure

1032 95x1 pulled from C-23 to visitation

1035 Security Check - All Secure

1050 95x2 Returned fm LAW Library

1055 Show on hall checking Bureau box

1100 Chow Time / Security Check - All Secure

1130 Security Check - All Secure

1132 Show on hall delivering games to dorm.

1135 95x5 to LAW Library

1145 Prepare to Count

1200 Count Time / Security Check - All Secure

continue... →

(b)(6); (b)(7)(C)

9-8-17
1st Shift
C-EXT

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

ished Counting
unt Clear
curity check - All Secure
5x1 pulled from C-21 to visitation
5x3 pulled from C-18 to Barber Shop
ecurity check - All Secure
15x1 C-23 exits for ICE COURT by D/O
5x1 returns to C-18 from Barber Shop
Security Check - All Secure
95x2 return to C-18 from Barber Shop
95x5 return to Dorms from Law Library
Security check - All Secure / 95x1 returns to C-21 from Visitation
95x2 from C-21 pulled to Activity Room C
95x6 from C-23 pulled to Activity Room C
Shift Change / Security change - All Secure

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

2nd Shift
C-Hall - Ext.

(b)(6); (b)(7)(C)

- 1400 Report to Duty lost, send to 53, meet Post Orders
- 95x8 Blues on Activity Patio C, and 95x1 in Court
- 1405 Metrical Reds for Outside Rec Activity
- 1410 95x1 C-23 back to dorm from ICE COURT by D/O
- 1417 Pulling Reds from yard
- 1423 Pulling MAIL CALL
- 1430 95x1 From C-8 TO

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

2nd shift
C-Hall - Ext.

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Clean Laundry being delivered to C-Ext
Pulling Blues for Activity Patio C
Asst. Blues + Reds for Activity Yard and Patio
Checking Menstrual Bottles and Security Check. All become
Shakedown in C-23

(b)(6); (b)(7)(C)

95x4 to Barber from C-23

Pulling Blues for Activity C

Return Blues to Cells

95x1 added to C-16, 95x3 added to C-17,

95x2 added to C-19 by

(b)(6); (b)(7)(C)

95x2 added to C-15, 95x4 added to C-21

by

(b)(6); (b)(7)(C)

95x1 return from Barber shop

(b)(6); (b)(7)(C)

DETAIN - WALK-THROUGH +

(30)

Pulling Blues off of Activity C Patio

Reds all return to cells from outside Rec.

Pulling Reds for Till Window

95x3 return to C-27 and 95x1 to C-21 from Barber shop

1741 Rounds - Play

Pulling Last Treatments

Diet Trays on the Hall 6-C-24, 2-C-22,

1-C-17, and 2-C-16

Security Check. All Secure

(b)(6); (b)(7)(C)

Chow on Hallway

(b)(6); (b)(7)(C)

2nd shift
C-Hall - Ext.

(b)(6); (b)(7)(C)

Sept. 8, 2017

(b)(6); (b)(7)(C)

how complete - Trays picked up - All Secure
 Pulling for Church
 Pulled 95X1 from C-24 for Church
 Pulling Outside Rec 95X17 - C-2B, and
 C-24 for Yards
 Counting C-Hall - Ext
 Count Cleared - Security Check - All Secure
 Pulling Blues for outside Rec and Reds for Activity B
 2036 Rounds (b)(6); (b)(7)(C)
 Security Check - All Secure
 Blues returning off the outside Rec Yard.
 95X1 return from Church
 Reds returning from Activity Patrol B to C-Hall - Ext
 Security Check - All Secure
 Security Check - All Secure / Shift Change

9-8-17

(b)(6); (b)(7)(C)

Shift change - Nickson on duty
 security check on C ext - all secure
 Count time per (b)(6); (b)(7)(C)
 Security check on C ext - all secure
 Count cleared
 security check on C ext - all secure
 RAZOR blade found in dorm ~~to~~ C19
 Security check on C ext - all secure
 Rounds - (b)(6); (b)(7)(C)
 took all trash out

CExt

(b)(6); (b)(7)(C)

security check on Cext - all secure
Rack time - Lights & tvs off

9-9-17

security check on Cext - all secure
security check on Cext - all secure

Prepare to count
count time

security check on Cext - all secure
count cleared

security check on Cext - all secure
Prepare to count

security check on Cext - all secure
count time - count delayed until 0320

95x1 housed in C20 by (b)(6); (b)(7)(C)

security check on Cext - all secure
Prepare to count

security check on Cext - all secure
Prepare to count

count time
security check on Cext - all secure

count cleared
security check on Cext - all secure

95x2 to medical for treatments
95x1 to medical for treatment

security check on Cext - all secure
95x2 back to dorm from medical

95x1 back to dorm from medical

(b)(6); (b)(7)(C)

Lt. PARNETT

3rd Shift
Sept. 9, 2017
3rd Shift

C Ext

(b)(6); (b)(7)(C)

Security check on C Ext - all secure

(b)(6); (b)(7)(C)

Rounds - [redacted], the detainee reported to [redacted] stated that they pass razor blades all the time when they are on the patio.

Security check
All of pill window back
count time

Security check on C Ext - all secure
count cleared

Security check on C Ext - all secure
shift change

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

9-9-17

1st Shift

C-EXT

(b)(6); (b)(7)(C)

600 Relieved 3rd shift officer & signed past orders

610 Sgt. marks delivering Diet trays

611 Food carts delivered to C-EXT

633 Security check All Secure

644 Chow Completed on C-EXT

700 Turn lights on

703 Security check All Secure

715 prepare to count

732 Security check All Secure

800 Security check All Secure, count time

800 Turn TV'S on

831 Security check All Secure

C-EXT

(b)(6); (b)(7)(C)

at cleared

Security Check All Secure

Security Check All Secure

Security Check All Secure

SECURITY CHECK, SECURE.

Security Check All Secure

(b)(7)(C)

passing out diet trays C16x2 C17x1 C22x1 C24x6

(b)(6); (b)(7)(C)

delivered Food

(b)(6); (b)(7)(C)

rounds

Security Check All Secure

All trays pickup & Return to the kitchen

prepare to count

Security Check

(b)(6); (b)(7)(C)

pull

from C22 for visit

Security Check All Secure

Count Cleared

Security Check All Secure

pulling Activity Room from C21x7 & C22x1 to Activity C

pull 95x3 Red from C18 FOR Activity Room ON Activity B

Security Check all secure.

Activity Room Return to C21x7 & C22x1

Activity Room Rec Return to C18, Shift Change

(b)(6); (b)(7)(C)

Shift Change

(b)(6); (b)(7)(C)

Sent to [redacted]
C-Ext
9/9/17
Znd

[redacted]

9-9-17

(b)(6); (b)(7)(C)

change
Lounds - Payne
check-falls
nds [redacted]

(b)(6); (b)(7)(C)

1), C21-2 to Activity C

(VR) Activity Room

check-falls

(b)(6); (b)(7)(C)

-C24 to visit-

-C22 back from visit

2), C23-4, C24-5 to Activity C

check-falls

-7, C22-1 to Activity C

3-1, C24-1 to Activity C

laundry on hall from dorms (dirty)

(VR) Activity Rec

X1-C24 back from visit

check-falls

58 Lounds - Payne / Lt. Walker

C22-1, C23-1, C15-1 back from Activity C

check-falls

16-2, C17-1, C19-1 to medical (beds)

C24-2 to Activity C

C21-1 back from Activity C

C23-1 to Activity C

C16-2, C17-1, C19-1 back from medical

check-falls C23-1, C24-2 to medical

(b)(6); (b)(7)(C)

C-Ext
(Cont.)
9/9/17
Zack

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

C23-①, C24-② back from medical

All blues/oranges back from Activity C

Security check - fall 5

C15-③, C21-③, C22-④, C23-②, C24-③ to

pill window (blues/oranges)

C24-①, C22-② back from pill window

C-16-2, C-17-1, C-22-1, C-24-6 Diet Trays

C24-① to pill window

Security check - fall 5

Trays on hall

All (blues/oranges) back from pill window

C16-④, C17-①, C18-②, C19-③, C20-②

to pill window

Security check - fall 5

All (blues/oranges) back from pill window

Chow Complete

Picking up trays

All trays picked up

Security check - fall 5

prepare to list

Rounds

(b)(6); (b)(7)(C)

Count time

Security check - fall 5

Counting with

(b)(6); (b)(7)(C)

finished counting with

(b)(6); (b)(7)(C)

Security check - fall 5

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

C-Ext
(Conti)
9/9/17
Zncf

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

prepare to count
count time + counting with
started counting with
finished counting with
security check - fall 5
security check - fall 5
count cleared
security check - fall 5
Shift Change

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Lt Mossie

9-9-17
3rd shift

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Shift change Post Orders signed
Posing Razors and Face to Photos ID
prepare to count
Pounds - Lt. Mossie
Count time
Count completed
security check - all secure
Sgt. ~~MMU~~ Pounds
Count clear
security check - all secure
Finish pick up Razors
Torn off TV and Lights
security check - all secure
prepare to count
~~Delay~~

9-10-17
3rd shift

C EXT

count time
security check - all secure
Count Clear

Security check - all secure

Run

Prepare to count

Count time

Count Completed

security check - all secure

security check - all secure

Count Clear

Count Delay

95X3 From C15 & C16 & C17

Going to Medical

95X3 Back From Medical

Count time

Count Completed

security check - all secure

Count Clear

95X1 From C23 Going To Medical

Pret Tray on C-EXT

95X1 From C23 Back From Medical

Security check - all secure

95X2 From C13² C16² C18² C19 & C20

Going to Pill window

95X2 Back From Pill Window

Shift Change

(b)(6); (b)(7)(C)

1st shift
9/10/17

EXT

(b)(6); (b)(7)(C)

shift change sign post orders
+ trays on Hall
pulled pill window for blues
security check All secure
chow complete
security check All secure
prepare count
count time
security check All secure
count cleared

(b)(6); (b)(7)(C)

q5x1 to medical
q5x1 to visitation

(b)(6); (b)(7)(C)

from cat

q5x1 Back From medical
Security check all secure

(b)(6); (b)(7)(C)

security check All secure
q5x1 c21 to visit

security check All secure

q5x1 c21 Return From visit
L+Garun

q5x1 c21 Return From visit
Security check, all

(b)(6); (b)(7)(C)

~~cat~~ q5x1 From Cat
visitation

to

Security check, all clear secure

q5x1 c21 to visit

(b)(6); (b)(7)(C)

passing diet trays

(b)(6); (b)(7)(C)

1st Shift
10-9-17

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

C-EXT

chow on H911
chow complete

95X1 C24 RETURN FROM VISIT

15X1 C22 to visit

prepare count

95X1 C21 RETURN FROM VISIT
count time

security check All secure

security check All secure

count cleared

95X1 C22 RETURN FROM VISIT

pulled medical Reds

security check All secure

shift change

(b)(6); (b)(7)(C)

09-10-2017
2nd Shift

(b)(6); (b)(7)(C)

C-EXT

(b)(6); (b)(7)(C)

Shift Change / Sign Post Orders

Security Check / All Secure

1412 Rounds

(b)(6); (b)(7)(C)

Pulled Blues to Activity Rooms

Pulled Reds to outdoors Rec

Security Check / All Secure

95X1 to visit from C-15

Security Check / All Secure

Rounds

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

talks to C-24

-NEXT PAGE OVER-

C-ExT

cont.

1518 rounds

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

6x1 to C-15 back from visit
Security Check / All Secure
Send out Korders need to C-24
Security Check / All Secure
Security Check / All Secure
6x1 to visit from C-22
Red come back from Rec

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Treatment first

6x1 to C-22 back from visit
Security Check / All Secure
Publish Pill window
Security Check / All Secure

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Posting out Diet trays on

Blues come back from Security Room
Security Check / All Secure
Ulowe On Hall Check Trays
Security Check / All Secure / 1900: Picked up all trays
Security Check - all Secure.
Prepare the count
Count trays / Count trays Has been Delayed to 2000
Security Check / All Secure
Prepare to count
Count Delayed / All Secure
Prepare to count
Count trays

- NEXT PAGE OVER -

(b)(6); (b)(7)(C)

09-10-2017
2nd Shift

(b)(6); (b)(7)(C)

Cont...

C-Ex A

(b)(6); (b)(7)(C)

Count down
Security Check / All items
Security Check / All items
Shift Change / All items

(b)(6); (b)(7)(C)

3rd
9-10-17

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

on duty / Security Check clear
Count time
Security check clear
count # clear
Security check clear
Security check clear
P/u Razors

9-11-17

2027 Security Check

(b)(6); (b)(7)(C)

Rounds

(b)(6); (b)(7)(C)

Break out

(b)(6); (b)(7)(C)

Rounds-

Count time
Security check clear
Count clear
Security check clear
Security check clear
Count time
cant cleared at IAH / Security check clear

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Rounds

Security Check Clear
 Security check clear
 count time
 Security check clear
 count clear
 Security check clear
 Security check clear
 Chow time
 Chow Complete
 all Duty

(b)(6); (b)(7)(C)

C-1501
9/14/77

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

on sheet / signal post orders

picking up trays

stacked up and laundry pulled out

(b)(6); (b)(7)(C)

security check - all secure

Security check - all secure

prepare to count

count time / security check all secure

(b)(6); (b)(7)(C)

count time / security check all secure

count clear

Show on radio checking Grievance box
 DEWART WALL THROUGH

(b)(6); (b)(7)(C)

all bus transfer check 21

security check-all secure

security check-all secure

UNANNOUNCED RALLY STAKES AS

95X5 C-23, 95X1C-15 all exit for ICE COURT

by D/O:

(b)(6); (b)(7)(C)

Security check-all secure

95x2 in C12 to ICE Court

95x4 to LAW LIBRARY

Security check-all secure

ICE

(b)(6); (b)(7)(C)

Security check-all secure

95x4 to C15, C24 in library

(b)(6); (b)(7)(C)

ICE

security check-all secure

dictating on hall

chowan hall

security check-all secure

chowan hall / security check-all secure

95x5 to C25 in ICE Court

Court time

Cent stated

Court finished / trays picked up

Security check-all secure

Security check-all secure

Court clear

(b)(6); (b)(7)(C)

C-Ext
2/11/17

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

95x9 to Law Library

95x6 to activity room for C15

95x12 to activity room for C15

95x1 to C15 for activity room

95x9 to activity room for C24

security check - all secure

press detail to C16

security check - all secure

class change

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

C. Ext.

9. 11. 17

2nd Shift.

(b)(6); (b)(7)(C)

relieved.

(b)(6); (b)(7)(C)

Shift change

Miss Shaw exit C. Ext.

95x1 - C21

(b)(6); (b)(7)(C)

to ICE court.

Rounds

95x20 (Reds) pulled for outside rec.

95x4 Returned from Law Library

95x4 pulled for outside rec (Reds)

Security check / all secure.

(b)(6); (b)(7)(C)

ICE C17

95x8 pulled for mail room.

95x8 return from mail room

95x1 return from outside rec.

95x3 pulled for medical.

1531 Rounds - Pg

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

C. Ext.
9.11.17
2nd Shift.

(b)(6); (b)(7)(C)

95 x 2 (Blues) Pulled for medical.
Security check (all secure).

95 x 6 (Reds) pulled for mail

95 x 6 (reds) return from Mail room

Rounds

(b)(6); (b)(7)(C)

95 x 2 Moved out from C19 to C24

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

95 x 2 Moved out to C2 95x1 from C3

95x1 from C22

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

95 x 2 (Reds) Moved out

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

from C17 to

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

from C16 to C17).

(b)(6); (b)(7)(C)

95 x 3 return from outside rec C16, C17, C18.

Laundry in hall. (all secure)

95 x 17 return from outside rec.

Security check (all secure).

Security check (all secure).

95 x 12 pulled for pill window.

ICE / SERVE DOCUMENTS

(b)(6); (b)(7)(C)

95 x 12 return from pill window / all secure.

95 x 11 (Reds) pulled for pill window.

Diet trays in hall. 3 in C16 - 8 in C24.

Chow time.

Security check / 95 x 1 to medical

(b)(6); (b)(7)(C)

C. Ext.
9. 11. 17
2nd. Shift.

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Chow complete.
Security check / all secure
95 x 1 to medical (C23) pillwindow
95x 1 return from medical (Pillwindow).
Count time.
Count clear.
Security Check - all secure
Shift change. 9.11.17
C-EXT

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Security check - All secure
Count time
Security check - All secure
95x 15 from C-EXT belt on chain
Security check - All secure

(b)(6); (b)(7)(C)

Security check - All secure
(b)(6); (b)(7)(C)

9-12-17

Security check - All secure
Count time
Security check - All secure
Security check - All secure
Count time
Security check - All secure
Count clear
Security check - All secure
Count time

(b)(6); (b)(7)(C)

9-12-17
3rd

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

C-EXT

Security Check - All Secure

Security check - All Secure

Shift Change

(b)(6); (b)(7)(C)

9-12-17

(b)(6); (b)(7)(C)

1st Shift

(b)(6); (b)(7)(C)

Shift change - sign Post orders

chow complete - All Secure

Security check All Secure

Prepare count

count time

Show on hall checking Grievance box

count cleared

(b)(6); (b)(7)(C)

95X1 C-16 exits for ICE COURT by D/O

Security check All Secure

95X1 back to C-16 from ICE COURT by D/O

(b)(6); (b)(7)(C)

95X1 C-23, 95X1 C-22, 95X3 C-21 all exit

for ICE COURT by D/O

(b)(6); (b)(7)(C)

pulled for NT A's C Ext

95X3 to Law Library

Security Check All Secure

Security check All Secure

95X1 C-16 to visit

(b)(6); (b)(7)(C)

95X1 C-16 to visit

95X1 C-21 back to dorm from ICE COURT

by D/O

(b)(6); (b)(7)(C)

95X3 Returned from Law Library

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

19th Shift
9-12-17

C EXT

(b)(6); (b)(7)(C)

show on Hall - All Secure
95x1 ice returning to C-16 from Visitation. (Pete)
prepare count
95x1 C-21, 95x1 C-22 back to dorm from

(b)(6); (b)(7)(C)

ICE by D/O:
95x6 to Law Library

count time
security check All Secure
security check All Secure
security check All Secure
count cleared

(b)(6); (b)(7)(C)

ICE -
95x6 Returned for Law Library
Shift change

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

2nd Shift
C-Ext

Sept. 12, 2017

(b)(6); (b)(7)(C)

Report to Duty Post, read and signed Post Orders
Pulled 95x4 from C-21 for YICR group
Pulled 95x2 from C-22, and 95x3 from C-24
& Morgan on Hall cleaning showers

Pulling Mat Call
Security Check All Secure
Pulling Blues for Activity Yard

Pulled 95x6-C-24, 95x7-C-23, 95x4-C-21, 95x2-C-17, 95x6-C-18
95x1-C-17, 95x2-C-16, and 95x5-C-15

(b)(6); (b)(7)(C)

Pulling Treatment List

Security Check - All Secure

Activity Yard C End

Pulling Pill Window

Reds return from Pill Window

Pulling Blues for

Security Check - All Clear.

(b)(6); (b)(7)(C)

Retired Paste,

95X3 Return to Charlie 24

95X2 Charlie 15

95X1 to Charlie 22

95X1 to Charlie 23

Security Check - All Clear

8 Trays IN C 24

C 16

C 16 - 3 | C 24 - 8

Security Check - All Clear

Security Check - All Clear

95X1 to Churn C18

95X1 C16 to Medical

All AR out. Security Check - All Clear

95X2 C15, 95X4 C24, 95X5 C23,

C 21 95X2, 95X2 C22

Security Check - All Clear / Count time

Done counting

Security Check - All Secure

TUESDAY

(b)(6); (b)(7)(C)

C Ext

9-12-17

Relieved By

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

9-12-17

gro

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

signed post orders / Relieved of
security check - All Secure.
started passing out Razors.
Count Time
finished passing Razors - out.
security check - All Secure
finished Counting.
Count cleared.

(b)(6); (b)(7)(C)

back Time / New Day 9-13-17
Security check - All Secure.
Security check - All Secure.
Security check - All Secure.
Count Time.
Security check - All Secure.
Count Cleared.
Security check - All Secure.
prepare to Count
Security check - All Secure
Count Time.

CONT...

(b)(6); (b)(7)(C)

C-EXT
(9-13-17)

(b)(6); (b)(7)(C)

SON 1

3rd

(b)(6); (b)(7)(C)

Count Cleared

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

MSX1 (red) back from medical.
security check - All Secure
Count time
Count clear - ALL Secure
security check - All Secure
security check - All Secure.
Shift Change

(b)(6); (b)(7)(C)

9-13-17

(b)(6); (b)(7)(C)

1st Shift

(b)(6); (b)(7)(C)

Shift Change - sign post orders
security check All secure
security check All secure

(b)(6); (b)(7)(C)

Sgt. [redacted] Rounds

prepare count
count time

(b)(6); (b)(7)(C)

Rounds

count cleared

security check All secure

unannounced rounds starts by

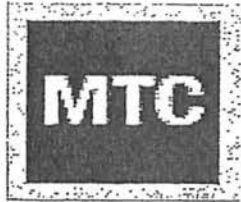
shaw on hall checking Brownie box.

security check All secure

(b)(6); (b)(7)(C)

0859 Rounds

security check All secure



Management & Training Corporation

IAH Secure Adult Detention Center Hospital Activity Log

Date: 9-11-17

Shift: 2ND

Inmate Name: FELIPE ALMAZAO - RUIZ

ID #: A02806478

Location (Hospital / RM. #): CHI - LIVINGSTON

TIME	ACTIVITY	OFFICERS' INITIALS
2100	ARRIVED AT CHI-LIVINGSTON HOSP - TRIAGE	(b)(6); (b)(7)(C)
2116	WAITING FOR EXAM RM.	(b)(6); (b)(7)(C)
2139	IN EXAM ROOM 4 IN EMERG.	(b)(6); (b)(7)(C)
2218	GREG ABLE (NURSE) IN TO GET IV STARTED	(b)(6); (b)(7)(C)
2220	CALLED FOR APPROVAL ON CUFFS - LT. TO CALL WARD	(b)(6); (b)(7)(C)
2235	(b)(6); (b)(7)(C) GAVE APPROVAL TO UNDO (b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)
	CHAIN - CUFF TO BED	(b)(6); (b)(7)(C)
2315	LEFT HOSPITAL	(b)(6); (b)(7)(C)

Handcuff Serial #: _____

Leg Restraint Serial #: _____

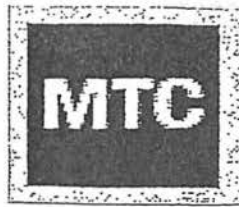
Weapons Serial #: DAU 7996

Officer Name: (b)(6); (b)(7)(C)

Date: 9-11-17

Officer (TWO) Sign: (b)(6); (b)(7)(C)

Supervisor Signature: _____



Management & Training Corporation

IAH Secure Adult Detention Center Hospital Activity Log

Date: 9/12/17

Shift: 1st

Inmate Name: Alman - Ruiz, Felipe

ID #: A028866428

Location (Hospital / RML #): Livingston

Exam 4

TIME	ACTIVITY	OFFICERS' INITIALS
0605	at hospital / detainee sleeping	(b)(6); (b)(7)(C)
0609	notified on hospital change to corridor	
0627	transport unit at hospital	
0636	moving detainee to corridor <i>Moved to</i>	
0913	arrived at corridor medical	
0835	Detainee admitted to ICU #18	
0904	checked in with unit - all secure	
0958	nurse checks vitals	
1005	checked in with unit - all secure	
1045	nurse changing IV	
1103	checked in with unit - all secure	
1115	nurse checking on detainee	
1124	nurse giving blood pressure meds and drawing blood	
1200	checked in with unit - all secure	
1304	checked in with unit - all secure	
1400	checked in with unit	
1420	nurse drawing blood	
1455	nurse trying to start another IV	
1826	return to unit	

Handcuff Serial #: A-10

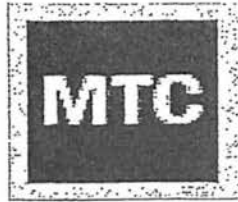
Leg Restraint Serial #: B-10

Weapons Serial #: DAU 7996

Officer Name: (b)(6); (b)(7)(C) Date: 9/12/17

Officer (TWO) Signatures: (b)(6); (b)(7)(C)

Supervisor Signature: _____



Management & Training Corporation

IAH Secure Adult Detention Center

Hospital Activity Log

Date: 9-11-17

Shift: 2nd

Inmate Name: Almazan - Ruiz Felipe

ID #: A028866428

Location (Hospital / Rm. #): Livingston ER B102

TIME	ACTIVITY	OFFICERS' INITIALS
2250	Relieved officer (b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)
2300	Detainee Almazan receives I.V.	
0050	Dr checks on detainee	
0110	Dr informs us detainee needs to be transferred	
0215	Detainee taken to restroom by (b)(6); (b)(7)(C)	
0345	Detainee is sleeping	
0505	nurse informs us detainee will transfer to (b)(6); (b)(7)(C)	

Handcuff Serial #: 652148

Leg Restraint Serial #: 181986

Weapons Serial #: CSS 9730

Officer Name: (b)(6); (b)(7)(C)

Date: 9-11-17

Officer (TWO) Signatures: (b)(6); (b)(7)(C)

Supervisor Signature: _____

(b)(6); (b)(7)(C)

NURSE @ 8:30
CHARGE NURSE;

(b)(6); (b)(7)(C)



Management & Training Corporation

IAH Secure Adult Detention Center Hospital Activity Log

Date: 9-12-17

Shift: 2ND

Inmate Name: PELIPPE ALMAZAN-RUIZ

ID #: A028066428

Location (Hospital / RM. #): COURT REGIONAL ON I-45. ARRIVED @ 1617

TIME	ACTIVITY	OFFICERS?
1632	ARRIVED @ 3RD FLOOR ICU BED #18	(b)(6); (b)(7)(C) S
1658	(b)(6); (b)(7)(C) IN ROOM TO ACCESS MR. RUIZ.	
1710	TECH IN DOING EKG, & ANOTHER DID XRAY	
1810	NURSE CHANGING SHEETS (BEDPANS) FIXING IV.	
1815	CALLED UNIT - ALL SECURE. THEY'RE HAVING TROUBLE WITH HIS IV (IN HIS NECK)	
1910	SHIFT CHANGE - NURSE (b)(6); (b)(7)(C) / CALLING UNIT	
2005	CALLING TO GET PERMISSION TO TAKE CUFFS OFF AGAIN SO THEY CAN FIND A VEIN FOR IV - IT IS IN HIS NECK AT THIS TIME. - (b)(6); (b)(7)(C) - CALLING WARDEN STACKS.	
2020	WARDEN STACKS GAVE PERMISSION TO REMOVE CUFFS FOR THEM TO TRY TO GET ANOTHER (ARM) IV.	(b)(6); (b)(7)(C)
2124	CALLED UNIT - HAVE NOT TAKEN OFF CUFFS YET.	
2247	LEAVING ICU / HOSPITAL	
0020	BACK AT UNIT	(b)(6); (b)(7)(C)

Handcuff Serial #: _____

Leg Restraint Serial #: B-10

Weapons Serial #: (b)(6); (b)(7)(C)

Officer Name: (b)(6); (b)(7)(C)

Date: 9-12-17

Officer (TWO) Signa (b)(6); (b)(7)(C)

Supervisor Signature (b)(6); (b)(7)(C)

RELIEVING OFFICERS



Management & Training Corporation

IAH Secure Adult Detention Center Hospital Activity Log

Date: 9-12-17

Shift: 3rd

Inmate Name: Almazan-Ruiz Felipe

ID #: A028866428

Location (Hospital / RM. #): Conroe Regional ICU 18

TIME	ACTIVITY	OFFICERS' INITIALS
	(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)
2245	Relieved officer	(b)(6); (b)(7)(C)
2308	Nurse entered room to change IV	
2320	Nurse entered room to check IV	
2338	Detainee asked for new blanket & go	
2346	Nurse changing bedding	
0001	Nurse putting socks on detainee	
0227	Nurse trying to get another IV, handcuffs are off	
0303	2 Nurses entered to try to get another IV	
0313	Nurses got detainee up to go to restroom	
0339	Detainee complain cuffs were too tight, Nurse asked for ankle cuffs to be loosen	
0406	Nurse entered to draw blood	

Handcuff Serial #: A10

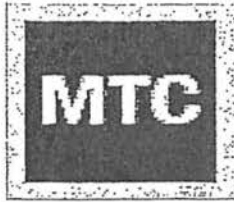
Leg Restraint Serial #: B10

Weapons Serial #: (b)(6); (b)(7)(C)

Officer Name: (b)(6); (b)(7)(C)

Date: 9-12-17

Officer (TWO) Signatures: (b)(6); (b)(7)(C)
Supervisor Signature: _____



Management & Training Corporation

IAH Secure Adult Detention Center Hospital Activity Log

Date: 9/13/17

Shift: 1st

Inmate Name: Alamzon-Ruiz, Felipe

ID #: A025966469

Location (Hospital / RM. #): Conroe ICU #18

TIME	ACTIVITY	OFFICERS' INITIALS
0626	arrived at hospital	(b)(6); (b)(7)(C)
0708	detention being transferred for procedure	
0734	Detention being prepared for procedure	
0757	Detention in procedure	
0743	Detention returned to ICU #18 / checked in with unit - all secure	
0908	nurse gives detention medicine / checked in with unit - all secure	
0906	nurse brings detention food	
1008	check in with unit - all secure	
1023	nurse changes detentiones lines	
1104	check in with unit - all secure	
1134	nurse brings in detentiones lunch	
1337	check in with unit - all secure	
1356	nurse checks on detention	
1448	check in with unit - all secure	
1506	nurse changes Elinks	
1554	check in with unit - all secure / nurse serves detention dinner	
1726	nurse delivers pain medication	
1830	check in with unit - all secure / working on replacements	
2023	released by oncology personal	

Handcuff Serial #: A-10

Leg Restraint Serial #: B-10

Weapons Serial #: (b)(6); (b)(7)(C)

Officer Name: (b)(6); (b)(7)(C)

Date: 9/13/17

Officer (TWO) Signature: (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Supervisor Signature: _____



Management & Training Corporation

IAH Secure Adult Detention Center Hospital Activity Log

Date: 9-13-17

Shift: 2nd

Inmate Name: Almazan - Ruiz Felipe

ID #: A028816428

Location (Hospital / RM. #): Conroe Regional Rm 18 ICU

TIME	ACTIVITY	OFFICERS' INITIALS
2030	Relieved (b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)
2045	Nurse (b)(6); (b)(7)(C) RN giving med	
2100	Nurse (b)(6); (b)(7)(C) Exit Rm.	
2210	Nurse (b)(6); (b)(7)(C) walked detainee to restro and changed pads on the bed	
2223	Nurse (b)(6); (b)(7)(C) Exit Room	
0023	Nurse (b)(6); (b)(7)(C) takes detainee temp.	
2740	Nurse (b)(6); (b)(7)(C) enter room to check on detainee	
4:49	nurse (b)(6); (b)(7)(C) enters Room to give detainee meds. & check vitals	
6:22	Relieved by (b)(6); (b)(7)(C) (b)(6); (b)(7)(C)	

Handcuff Serial #: 10

Leg Restraint Serial #: 184986

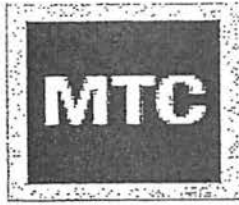
Weapons Serial #: (b)(6); (b)(7)(C)

Officer Name: (b)(6); (b)(7)(C)

Date: 9/13/17

Officer (TWO) Signature: (b)(6); (b)(7)(C)

Supervisor Signature: _____



Management & Training Corporation

IAH Secure Adult Detention Center

Hospital Activity Log

Date: 9-14-17

Shift: 1st

Inmate Name: Almazan, Ruiz, Felipe

ID #: A028866428

Location (Hospital / RM. #): _____

TIME	ACTIVITY	OFFICERS' INITIALS
0620	(b)(6); (b)(7)(C) Arrived to Felipe (b)(6); (b)(7)(C) no problem	(b)(6); (b)(7)(C)
0625	Detainee is awake	
0635	Nurse in room changing urine bottle emptying trash. Unit was called.	
0655	Detainee is asleep.	
0705	(b)(6); (b)(7)(C) Respiratory checking detainee oxygen haul.	
0706	Detainee asleep	
0735	Rn (b)(6); (b)(7)(C) arrived checking detainee vitals will be for nurse for shift.	
0755	Called unit checked in	
0756	Detainee asleep	
0800	Detainee received breakfast	
0803	Nurse in room checking vitals	
0810	(b)(6); (b)(7)(C) come in to inform nurse to move detainee to regular room	
0830	Detainee awake	
0905	Detainee sleep.	

Handcuff Serial #: A-10

Leg Restraint Serial #: 13-10

Weapons Serial #: (b)(6); (b)(7)(C)

Belly C-1

Officer Name: (b)(6); (b)(7)(C)

Date: 9-14-17

Officer (TWO) Signature: (b)(6); (b)(7)(C)

Supervisor Signature: _____



Management & Training Corporation

IAH Secure Adult Detention Center Hospital Activity Log

Date: 9-14-17

Shift: 1st

Inmate Name: Almizan-Ruiz Kelepe

ID #: A028166428

Location (Hospital / RM. #): Conroe Medical

TIME	ACTIVITY	OFFICERS:
0931	Detainee asleep	(b)(6); (b)(7)(C)
0932	made call to unit	
0950	Nurse Liza in room to place supplies	
1000	Detainee asleep	
1016	Wardkeeper in room cleaning	
1033	Detainee asleep	
1105	Detainee received lunch	
1135	Detainee awake	
1155	Nurse (b)(6); (b)(7)(C) in room taking vitals	
1200	Nurse (b)(6); (b)(7)(C) in room checking blood pressure	
1205	Nurse (b)(6); (b)(7)(C) in room fixing monitor	
1206	Detainee awake	
1230	Detainee asleep	
1305	Detainee awake	
1315	Nurse in room detainee complain of chest pain	
1330	Nurse (b)(6); (b)(7)(C) in room taking vital	

Handcuff Serial #: A-10

Leg Restraint Serial #: B-10

Weapons Serial #: (b)(6); (b)(7)(C)

Belly C-1

Officer Name: (b)(6); (b)(7)(C)

Date: 9-14-17

Officer (TWO) Signature: (b)(6); (b)(7)(C)

Supervisor Signature: _____



Management & Training Corporation

IAH Secure Adult Detention Center

Hospital Activity Log

Date: 9-14-17

Shift: 1st

Inmate Name: Almazan Ruiz Felipe

ID #: A028566425

Location (Hospital / Rm. #): Conroe Medical

TIME	ACTIVITY	OFFICERS?
	(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)
1345	Nurse [redacted] - Gave detainee medication	
1346	Called unit checked in	
1420	Detainee awake stated he had gas	
1421	Detainee getting ready to move to another room out of ICU.	
1440	Moved to Rm 141	
	Nurse Decker taking vitals	
1445	Nurse Ashlee took blood pressure	
1515	Detainee [redacted] stated he had pain	
1520	Nurse [redacted] in room vitals	
1534	Nurse [redacted] in room giving meds	
1555	Nurse [redacted] gave mylanx to detainee	
1600	Detainee awake	
1617	Nurse Ashlee in room taking vitals	
1633	Detainee awake.	
1640	Detainee received dinner	
1705	Detainee awake	
1735	Detainee appears to be asleep	
1755	Detainee awake talking to nurse	

Handcuff Serial #: A-10

Leg Restraint Serial #: B-10

Weapons Serial #: [redacted]

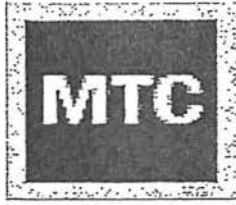
Belly: C-1

Officer Name: [redacted]

Officer (TW): [redacted]

Supervisor S: [redacted]

Date: 9-14-17



**Management
& Training
Corporation**

IAH Secure Adult Detention Center

Hospital Activity Log

Date: 9-14-17

Shift: 1st

Inmate Name: Almazan Ruiz Felipe

ID #: A02YY6642Y

Location (Hospital / Rm. #): Conroe Medical

TIME	ACTIVITY	OFFICERS:
1805	A new nurse on duty	<div style="border: 1px solid black; padding: 5px;"> (b)(6); (b)(7)(C) </div>
1830	Detainee awake	
1905	Nurse on duty tally	
1915	Shift End	

Handcuff Serial #: A-10

Leg Restraint Serial #: 13-10

Weapons Serial #:

(b)(6); (b)(7)(C)

Belly C-1

Officer Name:

(b)(6); (b)(7)(C)

Date: 9-14-17

Officer (TWO) Signature:

(b)(6); (b)(7)(C)

Supervisor Signature:

(b)(6); (b)(7)(C)



Management & Training Corporation

IAH Secure Adult Detention Center

Hospital Activity Log

Date: 9/14/17

Shift: 2nd

Inmate Name: Almazan-Ruiz, Felipe

ID #: A028866428

Location (Hospital / RM. #): Conroe Regional Hospital Room #141

TIME	ACTIVITY	OFFICERS' INITIALS
1914	Arrived at Room #141 on the 1st floor	(b)(6); (b)(7)(C)
1947	Called unit to check in	
1952	Nurse (b)(6); checking blood sugar and vitals	
2009	(b)(6); (b)(7)(C) giving some pain meds	
2047	Called unit	
2147	Called unit	
2216	Nurse (b)(6); emptied the urinal bottle	
2248	Called unit	
2347	Called unit	
2349	Nurse (b)(6); checking vitals	
2047	Called unit	
0150	Called unit	
0247	Called unit	
0347	Called unit	
0408	Nurse (b)(6); (b)(7)(C) taking blood samples	
0415	Nurse (b)(6); (b)(7)(C) checking vitals	
0446	Called unit	
0543	Called unit	
0612	(b)(6); (b)(7)(C) (b)(6); (b)(7)(C) arrived to the room	

Handcuff Serial #: A10

Leg Restraint Serial #: B10

Weapons Serial #: (b)(6); (b)(7)(C)

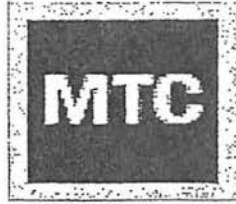
Belly chain # C1

Officer Name: (b)(6); (b)(7)(C)

Date: 9/14/17

Officer (TWO) Signatures: (b)(6); (b)(7)(C)

Supervisor Signature: _____



Management & Training Corporation

IAH Secure Adult Detention Center Hospital Activity Log

Date: 9-15-17

Shift: 1st

Inmate Name: Almazan, Ruiz - Felipe

ID #: A028866428

Location (Hospital / RM. #): Conroe medical

TIME	ACTIVITY	OFFICERS' INITIALS
0620	Arrived at Conroe medical	(b)(6); (b)(7)(C)
	Detainee Almazan Ruiz A028866428	
0727	Nurse checking blood pressure	
0825	Breakfast served	
0827	Nurse giving meds	
0832	nurse leaves room	
1154	Dietician ^{(b)(6); (b)(7)(C)} enter room to check on detainee	
1301	Lunch served	
1400	Detainee taking a shower	
1420	Detainee finished with shower	
1505	Nurse gave meds.	
1541	Nurse checking detainees blood pressure	

Handcuff Serial #: A-10

Leg Restraint Serial #: B-10

Weapons Serial #: _____

Belly C-1

Officer Name: (b)(6); (b)(7)(C)

Date: 9/15/2017

Officer (TWO) Signature: (b)(6); (b)(7)(C)

Supervisor Signature: _____



Management & Training Corporation

IAH Secure Adult Detention Center Hospital Activity Log

Date: 09-15-2017

Shift: 2nd Shift

Inmate Name: Almazan-Ruiz Felipe

ID #: A-0028866428

Location (Hospital / RM. #): Conroe Medical / # Room 141

TIME	ACTIVITY	OFFICERS' INITIALS
0854	Kelined (b)(6), (b)(7)(C)	(b)(6); (b)(7)(C)
0855	Called Unit to Report Van #97 small hole back was stitches	
1904	RM into room to get Detainee sign papers for stress test	
200	(b)(6), (b)(7)(C) enter room to pass mats to Detainee	
2004	Call unit to check on	
2029	(b)(6), (b)(7)(C) approach to unroll one side of Handcuff & was approved	
2031	Right Hand of detainee was unrolled to use Restroom	
2031	Nurse Unit helps Detainee to use restroom	
2038	Detainee Back in Bed and put Right Handcuff back on	
2047	Nurse Ty enter Room to check vitals on Detainee	
2105	Called unit to check on	
2201	Called unit to check on	
2206	Nurse Ty enter Room to check Heart Monitor	
2208	Hospital Officer (b)(6), (b)(7)(C) enter Room to check on	
2304	Called unit to check on	
2359	Nurse Ty enter Room to check vitals	

Handcuff Serial #: A-10

Leg Restraint Serial #: 13-10

Weapons Serial #: (b)(6), (b)(7)(C)

Belly C-1

Officer Name: (b)(6), (b)(7)(C)

Date: 09-15-2017

Officer (TWO) Signatures: (b)(6), (b)(7)(C)

Supervisor Signature: _____



Management & Training Corporation

IAH Secure Adult Detention Center Hospital Activity Log

Date: 09-16-2017

Shift: 2nd Shift

Inmate Name: Almazan-Ruiz, Felipe

ID #: A-02886428

Location (Hospital / RM. #): Conroe Medical # Room 141

TIME	ACTIVITY	OFFICERS' INITIALS
0003	Called unit to check on	(b)(6); (b)(7)(C)
0111	Called unit to check on	
0208	Called unit to check on	
0306	Called unit to check on	
0414	Called unit to check on	
0510	Called unit to check on	
0531	Nurse entry checking vitals	
0534	Nurse enters room to do lab blood drawn	
0538	Nurse enters room to get detainee to sign (b)(6); (b)(7)(C)	
0610	Called unit to check on	

Handcuff Serial #: A-10

Leg Restraint Serial #: 13-10

Weapons Serial #: (b)(6); (b)(7)(C)

Belly = C-1

Officer Name: (b)(6); (b)(7)(C)

Date: 09-15-2017

Officer (TWO) Signatures: (b)(6); (b)(7)(C)

Supervisor Signature: (b)(6); (b)(7)(C)



Management & Training Corporation

IAH Secure Adult Detention Center Hospital Activity Log

Date: 9/16/17

Shift: 1st

Inmate Name: Almonzon-Ruiz, Felipe

ID #: A029866468

Location (Hospital / RM. #): Concepcion Regional Room 141

TIME	ACTIVITY	OFFICERS' INITIALS
0641	arrived at hospital / returned on duty staff	(b)(6); (b)(7)(C)
0732	nurse checks on detainee	
0804	check in with unit - all secure	
0855	check in with unit - all secure	
0918	detainee goes for heart stress test	
0953	check in with unit - all secure	
1048	detainee returns to room	
1100	check in with unit - all secure	
1138	nurse checks on detainee / passes out medication	
1200	check in with unit - all secure	
1229	lunch delivered to detainee	
1315	check in with unit - all secure	
1424	check in with unit - all secure	
1451	nurse checks on detainee	
1459	nurse gives detainee medicine	
1520	check in with unit - all secure	
1639	check in with unit - all secure	
1643	nurse checks on detainee	
1755	check in with unit - all secure	

Handcuff Serial #: A-10

Leg Restraint Serial #: B-10

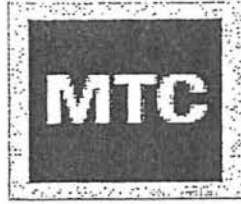
Weapons Serial #: (b)(6); (b)(7)(C)

Officer Name: (b)(6); (b)(7)(C)

Date: 9/16/17

Officer (TWO) Signature: (b)(6); (b)(7)(C)

Supervisor Signature: _____



Management & Training Corporation

IAH Secure Adult Detention Center Hospital Activity Log

Date: 9/16/17

Shift: 1st

Inmate Name: Almoron-Ritz, Felipe

ID #: A028966428

Location (Hospital / RM. #): conc room 141

Table with 3 columns: TIME, ACTIVITY, OFFICERS' INITIALS. Includes handwritten entries for 1822 and 2009.

Handcuff Serial #: A-10

Leg Restraint Serial #: B-10

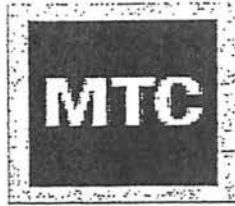
Weapons Serial #: (b)(6); (b)(7)(C)

Officer Name (b)(6); (b)(7)(C)

Date: 9/16/17

Officer (TWO) Signatures: (b)(6); (b)(7)(C)

Supervisor Signature:



Management & Training Corporation

IAH Secure Adult Detention Center

Hospital Activity Log

Date: 9/16/17

Shift: 2nd

Inmate Name: Almaraz-Ruiz, Felipe

ID #: 028866428

Location (Hospital / RM. #): Conroe Regional Hospital Room #141

TIME	ACTIVITY	OFFICERS' NAMES
1834	(b)(6); (b)(7)(C) checking on detainees	(b)(6); (b)(7)(C) LS
1841	Called Unit to check in	
1917	(b)(6); (b)(7)(C) with Ass. Nurse going over detainees chart	
1950	Security for Hospital Sign form of which Firm Represent	
1951	Called Unit to check in	
2011	Tech Courtney enter for getting BP	
2100	Called Unit to check in	
2141	(b)(6); (b)(7)(C) enter for giving meds	
2201	Called Unit to check in	
2300	Called Unit to check in	
2325	(b)(6); (b)(7)(C) entered for giving pain meds	
2342	Nurse Tech Courtney enter to get vital	
001	Called Unit to check in	
001	(b)(6); (b)(7)(C) enter to fix heart monitor	
011	Tech Courtney enter to answer call from detainee	
017	Call Unit to verify to get permission to take cuffs off to let detainee use restroom.	
0123	Received call to have permission to take off cuffs	
0125	(b)(6); (b)(7)(C) and (b)(6); (b)(7)(C) enter to assist detainee	

Handcuff Serial #: A10

Leg Restraint Serial #: B10

Weapons Serial #: (b)(6); (b)(7)(C)

Belly chain - C1

Officer Name: (b)(6); (b)(7)(C)

Date: 9/16/17

Officer (TWO) Signatures: (b)(6); (b)(7)(C)

Supervisor Signature: _____



Management & Training Corporation

IAH Secure Adult Detention Center

Hospital Activity Log

Date: 9-16-2017 / 9-17-17

Shift: 2nd Shift

Inmate Name: Almazan-Ruiz, Felipe

ID #: 0A8866428

Location (Hospital / RM. #): Conroe Regional Hospital

Room 141

TIME	ACTIVITY	OFFICERS' INITIALS
0:32	(b)(6); (b)(7)(C) brings in a press cart	(b)(6); (b)(7)(C)
0:34	RN x3 and 3 (b)(6); (b)(7)(C) enter Room	
0:39	Calling Unit to notify about removing Restraints	
0:44	Spoke to (b)(6); (b)(7)(C) about the restraints	
0:47	Called unit to get permission to remove cuffs	
0:54	Called Unit said it's Emergencies to take off Cuffs	
0:55	Calling Warden Stacks to confirm on cuffs for Blood Gas Testing	
104	ICU 36 4th floor started moving	
106	Called Unit to verify detainee has been moved to CU #36 Doctors & Nurses working on Detainee	
126	Doing chest x-rays by Nurse Tech (b)(6);	
128	Respiratory Therapist Mendose says somewhat stabilized	
0130	Nurse Tech (b)(6); (b)(7)(C) left with chest X-Ray machine	
0149	Nurse (b)(6); (b)(7)(C) taking blood samples	
0201	Called unit to check anal to let (b)(6); (b)(7)(C)	
0211	or Ltc that the detainee is on life support (b)(6); (b)(7)(C) entered to take chest X-Rays	

Handcuff Serial #: A-10

Leg Restraint Serial #: B10

Weapons Serial #: (b)(6); (b)(7)(C)

Belly Chain Serial # C1

Officer Name: (b)(6); (b)(7)(C)

Date: 9-17-2017

Officer (TWO) Signatures: (b)(6); (b)(7)(C)

Supervisor Signature: _____



Management & Training Corporation

IAH Secure Adult Detention Center

Hospital Activity Log

Date: 9/17/17

Shift: 2nd

Inmate Name: Almazan-Ruiz, Felipe

ID #: 028866428

Location (Hospital / RM. #): Conroe Regional Hospital Room # CCU 36

TIME	ACTIVITY	OFFICERS' INITIALS
0222	Tech X-Ray (b)(6); (b)(7)(C) left with X-Ray machine	(b)(6); (b)(7)(C)
0228	Called wardon stocks to request for removal of the cuffs no answer	(b)(6); (b)(7)(C)
0229	Called unit to speak with a supervisor for removal of the other cuff (b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)
	answered after being transferred from Central Asked to remove the other cuff	(b)(6); (b)(7)(C)
0231	The cuff and belly chain are removed at this time	(b)(6); (b)(7)(C)
0258	Nurse (b)(6); (b)(7)(C) entered with blood packs for the detainee	(b)(6); (b)(7)(C)
0306	Called unit to check in and informed Lt. Dawson about the detainee	(b)(6); (b)(7)(C)
0323	(b)(6); (b)(7)(C) entered the room to check in the detainee	(b)(6); (b)(7)(C)
0331	Cuff and belly chain are off at this time	(b)(6); (b)(7)(C)
0333	(b)(6); (b)(7)(C) are searching for veins for I.V. packs	(b)(6); (b)(7)(C)
0401	Called unit to check in and notify supervisors	(b)(6); (b)(7)(C)

Handcuff Serial #: A10

Leg Restraint Serial #: B10

Weapons Serial #: (b)(6); (b)(7)(C)

Belly chain - C1

Officer Name: (b)(6); (b)(7)(C)

Date: 9/17/17

Officer (TWO) Signatures: (b)(6); (b)(7)(C)

Supervisor Signature: _____



Management & Training Corporation

IAH Secure Adult Detention Center

Hospital Activity Log

Date: 9/17/17

Shift: 2nd

Inmate Name: Almazan-Ruiz, Felipe

ID #: 028866428

Location (Hospital / RM. #): Conroe Regional Hospital Room #CCU 36

TIME	ACTIVITY	OFFICERS' INITIALS
0435	Calling Unit to notify supervisors	(b)(6); (b)(7)(C)
LE 0431	Handcuffs and belly chain are off at this time	
441	Called Unit spoke to (b)(6); (b)(7)(C) about detainee; Nurse wanted to see if could notify next of kin of family members to prepare for the worst.	
0448	Nurse (b)(6); (b)(7)(C) entered with a bag with more blood order for the detainee	
0450	X-Ray Tech (b)(6); (b)(7)(C) entered with the X-Ray machine	
0501	Called Unit talked to Supervisor (b)(6); (b)(7)(C) about detainee doing 2nd CPR.	
LE 0457	Detainee went into cardiac arrest Nurses started CPR	
0511	Detainee Deceased (Nurse Notified it was 0515)	
0518	Call Unit Notified WARDEN STACK about Detainee	
0602	Called Unit to check in	
0610	(b)(6); (b)(7)(C) showed up for Relieving Duty Post	

Handcuff Serial #: A10

Leg Restraint Serial #: B10

Weapons Serial #: (b)(6); (b)(7)(C)

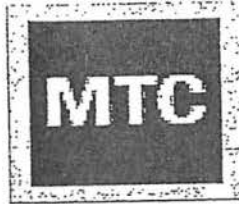
Belly Chain - C1

Officer Name: (b)(6); (b)(7)(C)

Date: 9/17/17

Officer (TWO) Signature: (b)(6); (b)(7)(C)

Supervisor Signature: _____



Management & Training Corporation

IAH Secure Adult Detention Center Hospital Activity Log

Date: 9/17/11

Shift: 1st

Inmate Name: Almonen - Ruiz, Felipe

ID #: A028766428

Location (Hospital / RM. #): Conroe CCU #36

TIME	ACTIVITY	OFFICERS' INITIALS
0600	returned on duty officers	(b)(6); (b)(7)(C)
0611	informed by on duty officers of detainee death	
0702	instructed to return to unit	
0827	returned to unit	
0831	found in weapon and phone	

Handcuff Serial #: A-10

Leg Restraint Serial #: B-10

Weapons Serial #: (b)(6); (b)(7)(C)

Officer Name: (b)(6); (b)(7)(C)

Date: 9/17/11

Officer (TWO) Signatures: (b)(6); (b)(7)(C)

Supervisor Signature: _____



IAH Secure Adult Detention Facility

STATIONARY GUARD ROSTER

(Complete separate line for each detainee on trip)

OFFENDER NAME: ALMAZAN-RUIZ, FELIPE ID # A 028866428

TRAVELING TO LOCATION: (Hospital/Doctor Office): CH1 ROOM# EXAM# 4

DATE: 9-11-17 SHIFT: 2ND

OFFICER(S) FIRST & LAST NAME: (b)(6); (b)(7)(C)

DATE / TIME LEFT UNIT: 8:45pm 9-11-17, 2045

DATE/TIME ARRIVED @ MEDICAL APPT./HOSPITAL: 9-11-17, 2010

DATE/TIME DEPARTED FROM MEDICAL APPT./HOSPITAL: 9-11-17, 2300

DATE / TIME RETURNED TO UNIT: 11:15pm 9-11-17, 2315

Total Hrs./Minutes For this shift Count all time -- leaving unit to returning 2:30

VEHICLE # 96 BEGINNING MILEAGE LEAVING UNIT 256149.4 ENDING MILEAGE UPON RETURN TO UNIT 256163

COMMENT(S): (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) (PRINT) RELIEVING OFFICER

By your signature below the officers on Stationary Guard Duty are verifying that the information completed on this for (b)(6); (b)(7)(C)

OFFICER SIGNATURE (b)(6); (b)(7)(C) CHIEF OF SECURITY SIGNATURE

**NOTE: This form is due immediately, upon your return to the unit, and must be completed by the officers stationed on hospital guard duty. Turn the form into the Chief of Security or Assistant Warden, in their absence. Print legibly, except where signatures are required.

Table with 2 columns: Billing Category and Amount. Rows include ICE ON-CALL BILLING, Mileage, and calculations for hours and miles.

IAH Secure Adult Detention Facility
STATIONARY GUARD ROSTER

(Complete separate line for each detainee on trip)

OFFENDER NAME: Almanza - Ruiz, Felipe ID # A028566428
 OFFENDER NAME: _____ ID # _____
 OFFENDER NAME: _____ ID # _____
 OFFENDER NAME: _____ ID # _____

TRAVELING TO LOCATION: (Hospital/Doctor Office): CHI St Lukes Conroe Regional Hospital
Lynch, TX to ROOM # 14 to ICU 18

DATE: 9/12/17 SHIFT: 1st

OFFICER(S) FIRST & LAST NAME: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C)

DATE / TIME LEFT UNIT: 6:00 AM 9/12/17 / 0600

DATE/TIME ARRIVED @ MEDICAL APPT./HOSPITAL: 9/12/17 / 0605

DATE/TIME DEPARTED FROM MEDICAL APPT./HOSPITAL: 9/12/17 / 1640

DATE / TIME RETURNED TO UNIT: 6:26 pm 9/12/17 , 1826

Total Hrs./Minutes
 For this shift
 Count all time --
 leaving unit to
 returning
12 / 26

VEHICLE # 96
 BEGINNING MILEAGE LEAVING UNIT 256179
 ENDING MILEAGE UPON RETURN TO UNIT 256307

COMMENT(S):

RELIEVING OFFICER: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C)

By your signature below, the officers on Stationary Guard Duty are verifying that the information completed on this form is true.

OFFICER SIGNATURES: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C)

CHIEF OF SECURITY SIGNATURE: _____ AS _____

****NOTE:** This form is due immediately, upon your return to the officers stationed on hospital guard duty. Turn the form to the Chief of Security or Assistant Warden, in their absence. Print legibly, except where signatures are required.

ICE ON-CALL BILLING	\$17.34 x <u>4.26</u> hrs. x 2 officers = \$ <u>147.74</u>
	\$26.01 O/T x _____ hrs. x 2 officers = \$ _____
	Mileage: <u>130</u> miles r/t x \$0.535 = \$ <u>69.55</u>



Management & Training Corporation

A Leader in Social Impact

IAH Secure Adult Detention Facility

STATIONARY GUARD ROSTER

(Complete separate line for each detainee on trip)

OFFENDER NAME: Almazan-Ruiz Felipe ID # A0258866428
 OFFENDER NAME: _____ ID # _____
 OFFENDER NAME: _____ ID # _____
 OFFENDER NAME: _____ ID # _____

TRAVELING TO LOCATION: (Hospital/Doctor Office): Livingston Hospital ROOM# B102

DATE: 9-11-17 - 9/12/17 SHIFT: 3rd
 (Print) _____ (b)(6); (b)(7)(C)

OFFICER(S) FIRST & LAST NAME _____

DATE / TIME LEFT UNIT: 10:35pm 9/11 22 135

DATE/TIME ARRIVED @ MEDICAL APPT./HOSPITAL: 9/11 22 145

DATE/TIME DEPARTED FROM MEDICAL APPT./HOSPITAL: 9/12 10605

DATE / TIME RETURNED TO UNIT: 6:15am 9/12 0615

Total Hrs./Minutes
For this shift
Count all time -
leaving unit to
returning
7 140

VEHICLE # 65600d
 BEGINNING MILEAGE LEAVING UNIT 88982
 ENDING MILEAGE UPON RETURN TO UNIT 88996

COMMENT(S):

(PRINT) _____ (DO NOT ABBREVIATE) _____ (b)(6); (b)(7)(C)
 RELIEVING OFFICERS: _____ (b)(6); (b)(7)(C)

By your signature below, the officers on Stationary Guard Duty _____ (b)(6); (b)(7)(C)
 completed on this form is true and accurate.

OFFICER SIGNATURES: _____ (b)(6); (b)(7)(C)

CHIEF OF SECURITY SIGNATURE _____ ASST. CHIEF OF SECURITY SIGNATURE _____

****NOTE: This form is due immediately, upon your return to the unit, and must be completed by the officers stationed on hospital guard duty. Turn the form into the Chief of Security or Assistant Warden, in their absence. Print legibly, except where signatures are required.**

ICE	\$17.34 x _____ hrs. x 2 officers = \$ _____
ON-CALL	\$26.01 O/T x _____ hrs. x 2 officers = \$ _____
BILLING	Mileage: <u>14</u> miles r/t x \$0.535 = \$ <u>7.49</u>

IAH Secure Adult Detention Facility
STATIONARY GUARD ROSTER

(Complete separate line for each detainee on trip)

OFFENDER NAME: Felipe ALMAZAN Ruiz ID # 28866428
 OFFENDER NAME: _____ ID # _____
 OFFENDER NAME: _____ ID # _____
 OFFENDER NAME: _____ ID # _____

TRAVELING TO LOCATION: (Hospital/Doctor Office): CONROE REGIONAL ROOM# ICU-18

DATE: 9/12/17 - 9/13/17 SHIFT: 2ND

OFFICER(S) FIRST & LAST NAME: _____ (b)(6); (b)(7)(C)

DATE / TIME LEFT UNIT: 3:00pm 9/12 11500
 DATE/TIME ARRIVED @ MEDICAL APPT./HOSPITAL: 9/12 1632
 DATE/TIME DEPARTED FROM MEDICAL APPT./HOSPITAL: 9/12 2247
 DATE / TIME RETURNED TO UNIT: 12:20AM 9/13 0020

Total Hrs./Minutes
For this shift
Count all time -
leaving unit to
returning
9120

VEHICLE # _____
 BEGINNING MILEAGE LEAVING UNIT 88906
 ENDING MILEAGE UPON RETURN TO UNIT 89134

COMMENT(S): Hwy 105 closed, Go to I-59 to Rd 242 to I-45

RELIEVING OFFICERS: _____ (b)(6); (b)(7)(C) _____ (b)(6); (b)(7)(C)

By your signature below, the officers on Stationary Guard Duty are verifying that the information completed on this form is true and accurate.

OFFICER SIGNATURES: _____ (b)(6); (b)(7)(C)

CHIEF OF SECURITY SIGNATURE _____ ASSISTANT WARDEN SIGNATURE _____

****NOTE: This form is due immediately, upon your return to the station. It must be completed by the officers stationed on hospital guard duty. Turn the form into the Chief of Security or Assistant Warden, in their absence. Print legibly, except where signatures are required.**

ICE	\$17.34 x <u>1.20</u> hrs. x 2 officers = \$ <u>41.62</u>
ON-CALL	\$26.01 O/T x _____ hrs. x 2 officers = \$ _____
BILLING	Mileage: <u>138</u> miles r/t x \$0.535 = \$ <u>73.83</u>



IAH Secure Adult Detention Facility

STATIONARY GUARD ROSTER

(Complete separate line for each detainee on trip)

OFFENDER NAME: Almazan - Ruiz Felipe ID # A028866428
OFFENDER NAME: ID #
OFFENDER NAME: ID #
OFFENDER NAME: ID #

TRAVELING TO LOCATION: (Hospital/Doctor Office): Corone Regional ROOM# ICU #18

DATE: 9/12 - 9/13/17 SHIFT: 3rd
(Print) OFFICER(S) FIRST & LAST NAME: (b)(6); (b)(7)(C)

DATE / TIME LEFT UNIT: 9:00pm 2100 9-12-17
DATE/TIME ARRIVED @ MEDICAL APPT./HOSPITAL: 2230 9-12-17
DATE/TIME DEPARTED FROM MEDICAL APPT./HOSPITAL: 715 9-13-17
DATE / TIME RETURNED TO UNIT: 8:40AM 840 9-13-17

Total Hrs./Minutes For this shift Count all time - leaving unit to returning 11:40

VEHICLE # 96/97
BEGINNING MILEAGE LEAVING UNIT 256,309/286A13
ENDING MILEAGE UPON RETURN TO UNIT 256,986 138 miles

COMMENT(S):
(PRINT) RELIEVING OFFICER (b)(6); (b)(7)(C)

By your signature below, the officers on Stationary Guard Duty are verifying that the information completed on this form is true.
OFFICER SIGNATURES (b)(6); (b)(7)(C)
CHIEF OF SECURITY SIGNATURE ASSISTANT WARDEN (b)(6); (b)(7)(C)

**NOTE: This form is due immediately, upon your return to the unit, and must be completed by the officers stationed on hospital guard duty. Turn the form into the Chief of Security or Assistant Warden, in their absence. Print legibly, except where signatures are required.

Table with 2 columns: Billing Category and Amount. Rows include ICE ON-CALL BILLING, \$17.34 x 3.40 hrs. x 2 officers = \$ 117.92, \$26.01 O/T x hrs. x 2 officers = \$, Mileage: 138 miles r/t x \$0.535 = \$ 73.83

IAH Secure Adult Detention Facility
STATIONARY GUARD ROSTER

(Complete separate line for each detainee on trip)

OFFENDER NAME: Alvarez - Ruiz, Felipe ID # A028866428
 OFFENDER NAME: _____ ID # _____
 OFFENDER NAME: _____ ID # _____
 OFFENDER NAME: _____ ID # _____

TRAVELING TO LOCATION: (Hospital/Doctor Office): Conroe ROOM# ICU #18

DATE: 9/13/17 SHIFT: 1st

(Print) OFFICER(S) FIRST & LAST NAME: (b)(6); (b)(7)(C) / (b)(6); (b)(7)(C)

DATE / TIME LEFT UNIT: 5:02am 9/13/17 / 0502

DATE/TIME ARRIVED @ MEDICAL APPT./HOSPITAL: 9/13/17 / 0626

DATE/TIME DEPARTED FROM MEDICAL APPT./HOSPITAL: 9/13/17 / 2034

DATE / TIME RETURNED TO UNIT: 10:15pm 9/13/17 , 2115

Total Hrs./Minutes
 For this shift
 Count all time –
 leaving unit to
 returning
17 / 13

VEHICLE # 97 / 96
 BEGINNING MILEAGE LEAVING UNIT 286845 / _____
 ENDING MILEAGE UPON RETURN TO UNIT _____ / 256446

COMMENT(S):

(PRINT) RELIEVING OFFICER: (b)(6); (b)(7)(C) DATE: (b)(6); (b)(7)(C)

By your signature below, the officers on Stationary Guard Duty are verifying that the information completed on this form is true and accurate.

OFFICER SIGNATURE: (b)(6); (b)(7)(C) / (b)(6); (b)(7)(C)

CHIEF OF SECURITY SIGNATURE: _____ AS _____

****NOTE:** This form is due immediately, upon your return to the unit, and must be completed by the officers stationed on hospital guard duty. Turn the form into the Chief of Security or Assistant Warden, in their absence. Print legibly, except where signatures are required.

ICE ON-CALL BILLING	\$17.34 x <u>9.13</u> hrs. x 2 officers = \$ <u>316.63</u>
	\$26.01 O/T x _____ hrs. x 2 officers = \$ _____
	Mileage: <u>138</u> miles r/t x \$0.535 = \$ <u>73.83</u>

IAH Secure Adult Detention Facility
STATIONARY GUARD ROSTER

(Complete separate line for each detainee on trip)

OFFENDER NAME: Almazan-Ruiz Felipe ID # A028866428
 OFFENDER NAME: _____ ID # _____
 OFFENDER NAME: _____ ID # _____
 OFFENDER NAME: _____ ID # _____

TRAVELING TO LOCATION: (Hospital/Doctor Office): CONROE REGIONAL HOSPITAL CONROE, TX ROOM# 18 ICU

DATE: 9-13-17 - 9/14/17 SHIFT: 2nd

(Print) OFFICER(S) FIRST & LAST NAME: (b)(6); (b)(7)(C)

DATE / TIME LEFT UNIT: 6:41pm 9-13-17 1841
 DATE/TIME ARRIVED @ MEDICAL APPT./HOSPITAL: 9-13-17 2014
 DATE/TIME DEPARTED FROM MEDICAL APPT./HOSPITAL: 9-14-17 0635
 DATE / TIME RETURNED TO UNIT: 7:53AM 9-14-17 153

Total Hrs./Minutes For this shift Count all time - leaving unit to returning <u>13 12</u>
--

VEHICLE # <u>G9001</u> BEGINNING MILEAGE LEAVING UNIT <u>95651</u> ENDING MILEAGE UPON RETURN TO UNIT <u>95789</u>
--

COMMENT(S):

(PRINT) RELIEVING OFFICERS: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C)

By your signature below, the officers on Stationary Guard Duty are verifying that the information completed on this form is

OFFICER SIGNATURE (b)(6); (b)(7)(C) (b)(6); (b)(7)(C)

CHIEF OF SECURITY SIGNATURE _____ ASSIS _____

****NOTE:** This form is due immediately, upon your return to the unit, and must be completed by the officers stationed on hospital guard duty. Turn the form into the Chief of Security or Assistant Warden, in their absence. Print legibly, except where signatures are required.

ICE	\$17.34 x <u>5.12</u> hrs. x 2 officers = \$ <u>177.57</u>
ON-CALL	\$26.01 O/T x _____ hrs. x 2 officers = \$ _____
BILLING	Mileage: <u>138</u> miles r/t x \$0.535 = \$ <u>73.83</u>

HWY 105 shut down. Go 242 to I-45 to Hospital



IAH Secure Adult Detention Facility

STATIONARY GUARD ROSTER

(Complete separate line for each detainee on trip)

OFFENDER NAME: Almazan-Ruiz Felepe ID # A028766428
OFFENDER NAME: ID #
OFFENDER NAME: ID #
OFFENDER NAME: ID #

TRAVELING TO LOCATION: (Hospital/Doctor Office): Conroe Medical ROOM# 18

DATE: 9-14-17 SHIFT: 1st
(Print) OFFICER(S) FIRST & LAST NAME (b)(6); (b)(7)(C) O/T (b)(6); (b)(7)(C) HT

DATE / TIME LEFT UNIT: 4:45am 09-14-17 0445

DATE/TIME ARRIVED @ MEDICAL APPT./HOSPITAL: 09-14-17 0620 10620

DATE/TIME DEPARTED FROM MEDICAL APPT./HOSPITAL: 09-14-17 1925

DATE / TIME RETURNED TO UNIT: 9:53pm 9-14-17 2153

Total Hrs./Minutes For this shift Count all time - leaving unit to returning 1718

VEHICLE # 96
BEGINNING MILEAGE LEAVING UNIT 256459.7
ENDING MILEAGE UPON RETURN TO UNIT 256596.5

COMMENT(S):

(PRINT) RELIEVING OFFICERS: (b)(6); (b)(7)(C) NOT ABBREVIATED (b)(6); (b)(7)(C)

By your signature below, the officers on Stationary Guard Duty are verifying that the information completed on this form is true and accurate.

OFFICER SIGNATURES (b)(6); (b)(7)(C) (b)(6); (b)(7)(C)

CHIEF OF SECURITY SIGNATURE

**NOTE: This form is due immediately, upon your return to the unit, and must be completed by the officers stationed on hospital guard duty. Turn the form into the Chief of Security or Assistant Warden, in their absence. Print legibly, except where signatures are required.

Table with 2 columns: Billing Category and Amount. Rows include ICE ON-CALL BILLING, Mileage, and O/T calculations.

\$26.01 O/T x 9.80 hrs. x 1 officer = 254.90

3.83
5.97
9.80
19.60 hrs.

IAH Secure Adult Detention Facility
STATIONARY GUARD ROSTER

(Complete separate line for each detainee on trip)

OFFENDER NAME: Almazan-Ruiz, Felipe ID # 028866428
 OFFENDER NAME: _____ ID # _____
 OFFENDER NAME: _____ ID # _____
 OFFENDER NAME: _____ ID # _____

TRAVELING TO LOCATION: (Hospital/Doctor Office): Conroe Regional ROOM# ICU # 18 141

DATE: 9/14/17 - 9/15/17 SHIFT: 2nd
 (Print) (b)(6); (b)(7)(C)

OFFICER(S) FIRST & LAST NAME _____

DATE / TIME LEFT UNIT: 5:21pm 9/14/17 1771
 DATE/TIME ARRIVED @ MEDICAL APPT./HOSPITAL: 9/14/17 1856
 DATE/TIME DEPARTED FROM MEDICAL APPT./HOSPITAL: 9/15/17 0628
 DATE / TIME RETURNED TO UNIT: 8:08AM 9/15/17 0808

Total Hrs./Minutes For this shift Count all time – leaving unit to returning <u>14 141</u>

VEHICLE # <u>97</u> BEGINNING MILEAGE LEAVING UNIT <u>286991.6</u> ENDING MILEAGE UPON RETURN TO UNIT <u>287135.7</u>

COMMENT(S):

(PRINT) RELIEVING OFFICER: _____ (b)(6); (b)(7)(C) BREVIA _____ (b)(6); (b)(7)(C)

By your signature below, _____ and Duty are verifying that the information completed on this form is true and accurate.

OFFICER SIGNATURES: _____ (b)(6); (b)(7)(C) _____ (b)(6); (b)(7)(C)

CHIEF OF SECURITY SIGNATURE _____ ASSI _____ NATURE _____

****NOTE:** This form is due immediately, upon your return to _____ e completed by the officers stationed on hospital guard duty. Turn the form into the Chief of Security or Assistant Warden, in their absence. Print legibly, except where signatures are required.

ICE ON-CALL BILLING	$\$17.34 \times 6.47 \text{ hrs.} \times 2 \text{ officers} = \$ 224.38$ $\$26.01 \text{ O/T} \times \text{ hrs.} \times 2 \text{ officers} = \$$ Mileage: <u>138</u> miles r/t x \$0.535 = \$ <u>73.83</u>
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IAH Secure Adult Detention Facility

STATIONARY GUARD ROSTER

(Complete separate line for each detainee on trip)

OFFENDER NAME: Almazan Ruiz Felipe ID # 028866478
OFFENDER NAME: ID #
OFFENDER NAME: ID #
OFFENDER NAME: ID #

TRAVELING TO LOCATION: (Hospital/Doctor Office): Conroe Medical ROOM# 141

DATE: 9-15-17 SHEET: 105
(Print) OFFICER(S) FIRST & LAST NAME: [Redacted]

DATE / TIME LEFT UNIT: 4:50am 9-15-17 0430 AM
DATE/TIME ARRIVED @ MEDICAL APPT./HOSPITAL: 9-15-17 0720 AM
DATE/TIME DEPARTED FROM MEDICAL APPT./HOSPITAL: 9-15-17 0655 PM
DATE / TIME RETURNED TO UNIT: 8:16pm 9-15-17 2016

Total Hrs./Minutes For this shift Count all time - leaving unit to returning 15:26

VEHICLE # 96
BEGINNING MILEAGE LEAVING UNIT 256608.3
ENDING MILEAGE UPON RETURN TO UNIT 256749.8

COMMENT(S):

(PRINT) RELIEVING OFFICERS: [Redacted] NOT ABBREVIATE NAME [Redacted]

By your signature below, the officers on Stationary Guard Duty are verifying that the information completed on this form is true and accurate.

OFFICER SIGNATURE [Redacted] CHIEF OF SECURITY SIGNATURE [Redacted] ASS [Redacted] NATURE

**NOTE: This form is due immediately, upon your return. Turn the form into the Chief of Security or Assistant Warden, in their absence. Print legibly, except where signatures are required.

Table with 2 columns: Billing Category and Amount. Rows include ICE ON-CALL BILLING, hours calculation, O/T calculation, and Mileage calculation.

Handwritten calculations: 7.26, 7.26, 14:52 hrs.

IAH Secure Adult Detention Facility
STATIONARY GUARD ROSTER

OFFENDER NAME: Almazan-Ruiz, Felipe ID # A028866428
(Complete next line for more than one detainee on trip)

OFFENDER NAME: _____ ID # _____

TRAVELING TO LOCATION: (Hospital/Doctor Office): Conroe Regional ROOM# 141

DATE: 9/15/17 - 9/16/17 SHIFT: 2nd
(Print)

OFFICER(S) FIRST & LAST NAME (b)(6); (b)(7)(C) (b)(6); (b)(7)(C)

DATE / TIME LEFT UNIT: 4:45pm 09-15-2017/1645

DATE/TIME ARRIVED @ MEDICAL APPT./HOSPITAL: 09/15/17/1837

DATE/TIME DEPARTED FROM MEDICAL APPT./HOSPITAL: 09/16/2017/0723

DATE / TIME RETURNED TO UNIT: 8:55am 9/16/17/0855

Total Hrs./Minutes For this shift Count all time – leaving unit to returning <u>16:10</u>
--

VEHICLE # <u>97</u> BEGINNING MILEAGE LEAVING UNIT <u>287135.7</u> ENDING MILEAGE UPON RETURN TO UNIT <u>287274.9</u>

COMMENTS:

(PRINT) RELIEVING OFFICERS (b)(6); (b)(7)(C) (b)(6); (b)(7)(C)

By your signature below, the officers on Stationary Guard Duty are verifying that the information completed on this form is true and accurate

OFFICER SIGNATURES: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C)

CHIEF OF SECURITY SIGNATURE _____ ASSISTANT _____

This form is due immediately, upon your return to the unit, and must be completed by the officer mentioned on hospital guard duty. Turn the form into the Chief of Security or the unit leader, in their absence. Print legibly, except where signatures are required.

\$17.34 x <u>8.10</u> hrs. x 2 officers = \$ <u>280.91</u>
\$26.01 o/t x _____ hrs. x 2 officers = \$ _____
Mileage: <u>1.39</u> miles r/t x \$0.575 = \$ <u>74.37</u>



IAH Secure Adult Detention Facility

STATIONARY GUARD ROSTER

(Complete separate line for each detainee on trip)

OFFENDER NAME: Aleman-Liz, Felipe ID # A028966428
OFFENDER NAME: ID #
OFFENDER NAME: ID #
OFFENDER NAME: ID #

TRAVELING TO LOCATION: (Hospital/Doctor Office): Conroe ROOM# 141

DATE: 9/16/17 SHIFT: 1st

OFFICER(S) FIRST & LAST NAME (b)(6); (b)(7)(C)

DATE / TIME LEFT UNIT: 4:50 AM 9/16/17 / 0450

DATE/TIME ARRIVED @ MEDICAL APPT./HOSPITAL: 9/16/17 / 0640

DATE/TIME DEPARTED FROM MEDICAL APPT./HOSPITAL: 9/16/17 / 1822

DATE / TIME RETURNED TO UNIT: 8:09 AM 9/16/17, 2009

Total Hrs./Minutes For this shift Count all time - leaving unit to returning 15 / 19

VEHICLE # 96
BEGINNING MILEAGE LEAVING UNIT 256745.0
ENDING MILEAGE UPON RETURN TO UNIT 256875.8

COMMENT(S):

RELIEVING OFFICERS: (b)(6); (b)(7)(C) NOT ABBREVIAT (b)(6); (b)(7)(C)

By your signature below, the officers on Stationary Guard Duty are verifying that the information completed on this for (b)(6); (b)(7)(C)

OFFICER SIGNAT (b)(6); (b)(7)(C)

CHIEF OF SECURITY SIGNATURE ASS (b)(6); (b)(7)(C) RE

**NOTE: This form is due immediately, upon your return (b)(6); (b)(7)(C) RE
the officers stationed on hospital guard duty. Turn the form into the Chief of Security or Assistant Warden, in their absence. Print legibly, except where signatures are required.

Table with 2 columns: Billing Category and Amount. Rows include ICE ON-CALL BILLING, Overtime (7.19 hrs x 2 officers = \$124.68), and Mileage (130 miles r/t x \$0.535 = \$69.55). Total: 14.38

IAH Secure Adult Detention Facility
STATIONARY GUARD ROSTER

OFFENDER NAME: Almazan-Ruiz, Felipe ID# 028866428
 (Complete next line for more than one detainee on trip)

OFFENDER NAME: _____ ID# _____

TRAVELING TO LOCATION: (Hospital/Doctor Office): Conroe Regional ROOM# 141

DATE: 9/16/17
 (Print) _____
 OFFICER(S) FIRST & LAST NAME _____
 (b)(6); (b)(7)(C)

DATE / TIME LEFT UNIT: 9/16/17/1645

DATE/TIME ARRIVED @ MEDICAL APPT./HOSPITAL: 9/16/17/1810

DATE/TIME DEPARTED FROM MEDICAL APPT./HOSPITAL: 9/17/17 0720

DATE / TIME RETURNED TO UNIT: 9/17/17 0829

Total Hrs./Minutes For this shift Count all time - leaving unit to returning / /

VEHICLE # <u>97</u> BEGINNING MILEAGE LEAVING UNIT <u>287275.2</u> ENDING MILEAGE UPON RETURN TO UNIT <u>287399.4</u>

COMMENTS:

(PRINT) RELIEVING OFFICERS: _____
 (b)(6); (b)(7)(C) BREVIA (b)(6); (b)(7)(C)

By your signature below, the officers on Stationary Guard Duty are verifying that the information completed on this form is true and accurate.

OFFICER SIGNATURES: _____
 (b)(6); (b)(7)(C) (b)(6); (b)(7)(C)

CHIEF OF SECURITY SIGNATURE _____ ASSISTANT WARDEN SIGNATURE _____

****NOTE:** This form is due immediately, upon your return to the unit, and must be completed by the officers stationed on hospital guard duty. Turn the form into the Chief of Security or Assistant Warden, in their absence. Print legibly, except where signatures are required.

ICE ON-CALL BILLING	\$17.34 x _____ hrs. x 2 officers = \$ _____ \$26.01 o/t x _____ hrs. x 2 officers = \$ _____ Mileage: _____ miles r/t x \$0.575 = \$ _____
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IAH Secure Adult Detention Facility STATIONARY GUARD ROSTER

(Complete separate line for each detainee on trip)

OFFENDER NAME: Almonzon-Ruiz, Felix ID # A028866428
OFFENDER NAME: ID #
OFFENDER NAME: ID #
OFFENDER NAME: ID #

TRAVELING TO LOCATION: (Hospital/Doctor Office): Convex regional ROOM# 36

DATE: 9/17/17 SHIFT: 1st

OFFICER(S) FIRST & LAST NAME: (b)(6); (b)(7)(C)

DATE / TIME LEFT UNIT: 4:40 AM 9/17/17 0440

DATE/TIME ARRIVED @ MEDICAL APPT./HOSPITAL: 9/17/17 0601

DATE/TIME DEPARTED FROM MEDICAL APPT./HOSPITAL: 9/17/17 0702

DATE / TIME RETURNED TO UNIT: 8:27 AM 9/17/17 0827

Total Hrs./Minutes For this shift Count all time - leaving unit to returning 3 / 13

VEHICLE # 96
BEGINNING MILEAGE LEAVING UNIT 256913.2
ENDING MILEAGE UPON RETURN TO UNIT 257050.1

COMMENT(S):

(PRINT) (DO NOT ABBREVIATE NAMES)
RELIEVING OFFICERS:

By your signature below, the officers on Stationary Guard Duty are verifying that the information completed on this form is true

OFFICER SIGNATURES (b)(6); (b)(7)(C)
CHIEF OF SECURITY SIGNATURE ASSIS (b)(6); (b)(7)(C) RE

**NOTE: This form is due immediately, upon your return to the unit, and must be completed by the officers stationed on hospital guard duty. Turn the form into the Chief of Security or Assistant Warden, in their absence. Print legibly, except where signatures are required.

Table with 2 columns: Billing Category and Amount. Rows include ICE ON-CALL BILLING, \$17.34 x hrs. x 2 officers = \$, \$26.01 O/T x hrs. x 2 officers = \$, Mileage: 137 miles r/t x \$0.535 = \$ 73.30



Dormitory Roster

Roster for: 09-09-2017

9/25/2017 9:31:33AM

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

20-04A028866428 HI	Almazan-Ruiz, Felipe	MX
20-05		
20-06		
20-07		
20-08		

(b)(6); (b)(7)(C)



Dormitory Roster

Roster for: 09-10-2017

9/25/2017 9:32:36AM

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

20-04A028866428 HI	Almazan-Ruiz, Felipe	MX
20-05		
20-06		
20-07		

(b)(6); (b)(7)(C)



Dormitory Roster

Roster for: 09-11-2017

9/25/2017 9:33:15AM

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

20-04A028866428 HI	Almazan-Ruiz, Felipe	MX
20-05		
20-06		
20-07		
20-08		

(b)(6); (b)(7)(C)



Dormitory Roster

Roster for: 09-12-2017

9/25/2017 9:33:49AM

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

20-04A028866428 HI	Almazan-Ruiz, Felipe	MX
20-05		
20-06		
20-07		
20-08		

(b)(6); (b)(7)(C)

3rd Shift Roster

Date: 9/8/2017

Unit Total: 278

Category	Position	Quantity	Description	Category	Position	Quantity	Description
Lieutenant	(b)(6); (b)(7)(C)	[1]	Sergeant	(b)(6); (b)(7)(C)		[2]	
Lobby		[1]	Central Control			[1]	Recreation
Medical		[1]	AD/SEG			[1]	Recreation
A Hall - Front		[1]	B Hall - Front			[1]	Recreation
A Hall - Back		[1]	B Hall - Back			[1]	Perimeter
D Hall - Front		[1]	C Hall - Front			[1]	
D Hall - Back		[1]	C Hall - Back			[1]	
Utility		[2]	Utility			[2]	Utility
A/D Rover		[2]	B/C Rover			[2]	

Shift Topics: Detainee management rack time means rack time.

Total Officers assigned to shift: 11

Absent: RDO

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Emergency Response Assignment

Response Team	A & B Teams	Duty/Equipment
(b)(6); (b)(7)(C)		Supervisor/Team Leader
		iEvac
		Fire extinguisher
		Fire extinguisher
		Emergency Keys
		Outside Keys
Medical Transport Officers		Transport Equipment
(b)(6); (b)(7)(C)		Restraints
		Van/Weapon

1st Shift Roster

Date: 9/9/2017

Unit Total : 412

		Category Position			Category Position		Category Position	
Lieutenant	(b)(6); (b)(7)(C)	[1]	Sergeant	(b)(6); (b)(7)(C)	[2]			
Lobby		[1]	Central Control		[1]	Central Control	(b)(6); (b)(7)(C)	[1]
Medical		[1]	Medical		[1]	AD/SEG		[1]
A Hall - Front		[1]	B Hall - Front		[1]	Recreation		[1]
A Hall - Back		[1]	B Hall - Back		[1]	Recreation		[1]
D Hall - Front		[1]	C Hall - Front		[1]	Recreation		[1]
D Hall - Back		[1]	C Hall - Back		[1]	Visitation		[1]
Utility		[2]	Utility		[2]	Utility		[2]
A Rover		[2]	B Rover		[2]	C Rover		[2]
D Rover		[2]						

Shift Topics: new inmates from florida

Total Officers Assigned to Shift: 10 Absent: (b)(6); (b)(7)(C)

Emergency Response Assignment

Response Team	A and B Teams	Duty/Equipment
(b)(6); (b)(7)(C)	A	Supervisor/Team Leader
	A	I Evac
	A	Fire extinguisher
	A	Fire extinguisher
	A	Emergency Keys
	A	Outside Keys
	A	Camera
Medical Transport Officers		Transport Equipment
(b)(6); (b)(7)(C)		Restraints
		Van/Weapon

2nd Shift Roster

Date: 9/9/2017

Unit Total : 412

		Category Position			Category Position			Category Position
Lieutenant	(b)(6); (b)(7)(C)	[1]	Sergeant	(b)(6); (b)(7)(C)	[2]			
Lobby		[1]	Central Control		[1]	Central Control	(b)(6); (b)(7)(C)	[1]
Medical		[1]	Medical		[1]	AD/SEG		[1]
A Hall - Front	EMPTY	[1]	B Hall - Front		[1]	Recreation		[1]
A Hall - Back	EMPTY	[1]	B Hall - Back	EMPTY	[1]	Recreation		[1]
D Hall - Front	EMPTY	[1]	C Hall - Front	(b)(6); (b)(7)(C)	[1]	Recreation		[1]
D Hall - Back	EMPTY	[1]	C Hall - Back		[1]	Visitation		[1]
Utility	(b)(6); (b)(7)(C)	[2]	Utility		[2]	Perimeter		[2]
A Rover		[2]	B Rover		[2]	C Rover		[2]
D Rover		[2]						

Shift Topics: Activity yard paper work being complete, activity yards need to be clean after pulling detainees

Total Officers Assigned to Shift: 11 Absent:

Emergency Response Assignment

Response Team	A and B Teams	Duty/Equipment
(b)(6); (b)(7)(C)	A	Supervisor/Team Leader
	A	I Evac
	A	Fire extinguisher
	A	Fire extinguisher
	A	Emergency Keys
	A	Outside Keys
	A	Camera
	Medical Transport Officers	
(b)(6); (b)(7)(C)		Restraints
		Van/Weapon

3rd Shift Roster

Date: 9/9/2017

Unit Total: 536

	Category Position		Category Position		Category Position
Lieutenant	(b)(6); (b)(7)(C)	[1]	Sergeant	(b)(6); (b)(7)(C)	[2]
Lobby		[1]	Central Control		[1]
Medical		[1]	AD/SEG		[1]
A Hall - Front		[1]	B Hall - Front		[1]
A Hall - Back		[1]	B Hall - Back		[1]
D Hall - Front		[1]	C Hall - Front		[1]
D Hall - Back		[1]	C Hall - Back		[1]
Utility		[2]	Utility	(b)(6); (b)(7)(C)	[2]
A/D Rover		[2]	B/C Rover		[2]

Shift Topics: Enforcing Dayroom Rules, and Rack Time

Total Officers assigned to shift: 12

Absent (b)(6); (b)(7)(C) (MLA)

(b)(6); (b)(7)(C)

Emergency Response Assignment

Response Team	A & B Teams	Duty/Equipment
(b)(6); (b)(7)(C)	A	Supervisor/Team Leader
	A	iEvac
	A	Fire extinguisher
	B	Fire extinguisher
	B	Emergency Keys
	B	Outside Keys
	B	Camera

Medical Transport Officers

Transport Equipment

(b)(6); (b)(7)(C)

Restraints
Van/Weapon

1st Shift Roster

Date: 9/10/2017

Unit Total :

		Category Position			Category Position		Category Position
Lieutenant	(b)(6); (b)(7)(C)	[1]	Sergeant	(b)(6); (b)(7)(C)	[2]		
Lobby		[1]	Central Control		[1]	Central Control	(b)(6); (b)(7)(C) [1]
Medical		[1]	Medical		[1]	AD/SEG	[1]
A Hall - Front		[1]	B Hall - Front		[1]	Recreation	[1]
A Hall - Back		[1]	B Hall - Back		[1]	Recreation	[1]
D Hall - Front		[1]	C Hall - Front		[1]	Recreation	[1]
D Hall - Back		[1]	C Hall - Back		[1]	Visitation	[1]
Utility		[2]	Utility		[2]	Utility	[2]
A Rover		[2]	B Rover		[2]	C Rover	[2]
D Rover		[2]					

Shift Topics: Recreation for new Detainees

Total Officers Assigned to Shift: 10 Absent: (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Emergency Response Assignment

Response Team	A and B Teams	Duty/Equipment
(b)(6); (b)(7)(C)	A	Supervisor/Team Leader
	A	I Evac
	A	Fire extinguisher
	A	Fire extinguisher
	A	Emergency Keys
	A	Outside Keys
	A	Camera
Medical Transport Officers		Transport Equipment
(b)(6); (b)(7)(C)		Restraints
		Van/Weapon

Revised 7/1/17

2nd Shift Roster

Date: 9/10/2017

Unit Total : 299

		Category Position			Category Position		Category Position		
Lieutenant	(b)(6); (b)(7)(C)	[1]	Sergeant	(b)(6); (b)(7)(C)	[2]				
Lobby		[1]	Central Control		[1]	Central Control	(b)(6); (b)(7)(C)	[1]	
Medical		[1]	Medical		[1]	AD/SEG		[1]	
A Hall - Front		EMPTY	[1]		B Hall - Front	[1]		Recreation	[1]
A Hall - Back		EMPTY	[1]		B Hall - Back	[1]		Recreation	[1]
D Hall - Front		EMPTY	[1]		C Hall - Front	[1]		Recreation	[1]
D Hall - Back		EMPTY	[1]		C Hall - Back	[1]		Visitation	[1]
Utility		(b)(6); (b)(7)(C)	[2]		Utility	[2]		Utility	[2]
A Rover			[2]		B Rover	[2]		C Rover	[2]
D Rover			[2]						

Shift Topics: Time management

Total Officers Assigned to Shift: 6

Absent:

RDO: (b)(6); (b)(7)(C)

Emergency Response Assignment

Response Team	A and B Teams	Duty/Equipment
(b)(6); (b)(7)(C)	A	Supervisor/Team Leader
	A	I Evac
	A	Fire extinguisher
	A	Fire extinguisher
	A	Emergency Keys
	A	Outside Keys
	A	Camera
Medical Transport Officers		Transport Equipment
(b)(6); (b)(7)(C)		Restraints
		Van/Weapon

3rd Shift Roster

Date: 9/10/2017

Unit Total: 536

		Category Position			Category Position		Category Position
Lieutenant	(b)(6); (b)(7)(C)	[1]	Sergeant	(b)(6); (b)(7)(C)	[2]		
Lobby		[1]	Central Control		[1]	Recreation	(b)(6); (b)(7)(C)
Medical		[1]	AD/SEG		[1]	Recreation	
A Hall - Front		[1]	B Hall - Front		[1]	Recreation	
A Hall - Back		[1]	B Hall - Back		[1]	Perimeter	
D Hall - Front		[1]	C Hall - Front		[1]		
D Hall - Back		[1]	C Hall - Back		[1]		
Utility		[2]	Utility		[2]	Utility	(b)(6); (b)(7)(C)
A/D Rover		[2]	B/C Rover		[2]		

Shift Topics: Phone Calls For New Detainees, Situational Awareness

Total Officers assigned to shift: 12

Absent (b)(6); (b)(7)(C) **FMLA)**

(b)(6); (b)(7)(C)

Emergency Response Assignment

Response Team	A & B Teams	Duty/Equipment
(b)(6); (b)(7)(C)	A	Supervisor/Team Leader
	A	iEvac
	A	Fire extinguisher
	B	Fire extinguisher
	B	Emergency Keys
	B	Outside Keys
	B	Camera
Medical Transport Officers		Transport Equipment
(b)(6); (b)(7)(C)		Restraints
		Van/Weapon

1st Shift Roster

Date: 9/11/2017

Unit Total : 536

	Category Position		Category Position		Category Position
Lieutenant	(b)(6); (b)(7)(C)	[1]	Sergeant	(b)(6); (b)(7)(C)	[2]
Lobby		[1]	Central Control	(b)(6); (b)(7)(C)	[1]
Medical		[1]	Medical		[1]
A Hall - Front		[1]	B Hall - Front		[1]
A Hall - Back		[1]	B Hall - Back		[1]
D Hall - Front		[1]	C Hall - Front		[1]
D Hall - Back		[1]	C Hall - Back		[1]
Utility		[2]	Utility		[2]
A Rover		[2]	B Rover		[2]
D Rover		[2]			

Shift Topics: Counts

Total Officers Assigned to Shift: 10

Absent: (b)(6); (b)(7)(C)

Emergency Response Assignment

Response Team	A and B Teams	Duty/Equipment
(b)(6); (b)(7)(C)	A	Supervisor/Team Leader
	A	I Evac
	A	Fire extinguisher
	A	Fire extinguisher
	A	Emergency Keys
	A	Outside Keys
	A	Camera

(b)(6); (b)(7)(C)	Medical Transport Officers	Transport Equipment
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2nd Shift Roster

Date: 9/11/2017

Unit Total :

		Category Position			Category Position		Category Position
Lieutenant	(b)(6); (b)(7)(C)	[1]	Sergeant	(b)(6); (b)(7)(C)	[2]		
Lobby		[1]	Central Control		[1]	Central Control	(b)(6); (b)(7)(C) [1]
Medical		[1]	Medical		[1]	AD/SEG	[1]
A Hall - Front	EMPTY	[1]	B Hall - Front		[1]	Recreation	[1]
A Hall - Back	EMPTY	[1]	B Hall - Back		[1]	Recreation	[1]
D Hall - Front	EMPTY	[1]	C Hall - Front		[1]	Recreation	[1]
D Hall - Back	EMPTY	[1]	C Hall - Back		[1]	Visitation	[1]
Utility	(b)(6); (b)(7)(C)	[2]	Utility		[2]	Utility	[2]
A Rover		[2]	B Rover		[2]	C Rover	[2]
D Rover		[2]					

Shift Topics: Enforce the rules

Total Officers Assigned to Shift: 7

Absent:

RDO (b)(6); (b)(7)(C)

Emergency Response Assignment

Response Team	A and B Teams	Duty/Equipment
(b)(6); (b)(7)(C)	A	Supervisor/Team Leader
	A	1 Evac
	A	Fire extinguisher
	A	Fire extinguisher
	A	Emergency Keys
	A	Outside Keys
	A	Camera
	Medical Transport Officers	
(b)(6); (b)(7)(C)		Restraints
		Van/Weapon

3rd Shift Roster

Date: 9/11/2017

Unit Total: 534

		Category Position			Category Position		Category Position
Lieutenant	(b)(6); (b)(7)(C)	[1]	Sergeant	(b)(6); (b)(7)(C)	[2]		
Lobby		[1]	Central Control		[1]	Recreation	(b)(6); (b)(7)(C) [1]
Medical		[1]	AD/SEG		[1]	Recreation	[1]
A Hall - Front		[1]	B Hall - Front		[1]	Recreation	[1]
A Hall - Back		[1]	B Hall - Back		[1]	Perimeter	[1]
D Hall - Front		[1]	C Hall - Front		[1]		
D Hall - Back		[1]	C Hall - Back		[1]		
Utility		[2]	Utility		[2]	Utility	(b)(6); (b)(7)(C) [2]
A/D Rover		[2]	B/C Rover		[2]		

Shift Topics: Outgoing Chain

Total Officers assigned to shift: 12

Absent: Wyatt (FMLA)

(b)(6); (b)(7)(C)

On Hospital Run

(b)(6); (b)(7)(C)

Emergency Response Assignment

Response Team	A & B Teams	Duty/Equipment
(b)(6); (b)(7)(C)	A	Supervisor/Team Leader
	A	iEvac
	A	Fire extinguisher
	B	Fire extinguisher
	B	Emergency Keys
	B	Outside Keys
	B	Camera

Medical Transport Officers

Transport Equipment

(b)(6); (b)(7)(C)

Restraints

Van/Weapon

1st Shift Roster

Date: 9/12/2017

Unit Total :

		Category Position			Category Position		Category Position
Lieutenant	(b)(6); (b)(7)(C)	[1]	Sergeant	(b)(6); (b)(7)(C)	[2]		
Lobby		[1]	Central Control		[1]	Central Control	[1]
Medical		[1]	Medical		[1]	AD/SEG	[1]
A Hall - Front		[1]	B Hall - Front		[1]	Recreation	[1]
A Hall - Back		[1]	B Hall - Back		[1]	Recreation	[1]
D Hall - Front		[1]	C Hall - Front		[1]	Recreation	[1]
D Hall - Back		[1]	C Hall - Back		[1]	Visitation	[1]
Utility		[2]	Utility		[2]	Utility	[2]
A Rover		[2]	B Rover		[2]	C Rover	[2]
D Rover		[2]					
Hospital		(b)(6); (b)(7)(C)					
Shift Topics: You are on call 24/7 answer the phone when the unit calls, Hospital Transport							
Total Officers Assigned to Shift:		10		Absent:		(b)(6); (b)(7)(C)	
Emergency Response Assignment							
Response Team	A and B Teams			Duty/Equipment			
(b)(6); (b)(7)(C)	A			Supervisor/Team Leader			
	A			1 Evac			
	A			Fire extinguisher			
	A			Fire extinguisher			
	A			Emergency Keys			
	A			Outside Keys			
	A			Camera			
Medical Transport Officers				Transport Equipment			
(b)(6); (b)(7)(C)				Restraints			
				Van/Weapon			

Revised 7/1/17



Medical

Facility: IAH SECURE ADULT DETENTION FACILITY ROSTER

Printed Name	ID#
(b)(6); (b)(7)(C)	



Medical

IAH SECURE ADULT DETENTION FACILITY STAFFING PLAN

MTC MEDICAL EMPLOYEES				
POSITION	DAYS PER WEEK	DAYS	NIGHTS	TOTAL
RN- Health Services Administrator	5	1		1
RN- Director of Nurses	5	1		1
RNs	3	2	1	3
LVNs	3	4	2	6
Mental Health LPC	5	1		1
Pharmacy Tech	1	5		1
Medical Assistants	5	1	1	2
CONTRACTED PROVIDERS				
POSITION	DAYS PER WEEK	HOURS PER DAYS	HOURS PER EVENING	TOTAL
Psychiatrist	1	4-6hrs		1
Physician	1	6hrs		1
Physician's Assistant	3		6hrs	1

MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT
U.S. Department of Justice

TB Clearance

1) PPD Completed: _____ Date _____
 Results: _____

2) CXR Completed: 07-12-2017 Date _____
 Results: Negative

(b)(6); (b)(7)(C)

9-10-17
 Date

Note: Dates listed above must be within one year of this transfer

I. PRISONER / ALIEN

Name:	Prisoner / Alien Reg #	D.O.B.
FELIPE ALMAZAN RUIZ	A028866428	06-26-1966
Departed From:	Date Departed:	
GCDC	09-07-2017	
Destination:	Reason for Transfer:	
FOLKSTON	ATW	
District Name:	District #	Date in Custody:

II. CURRENT MEDICAL PROBLEMS

300.02 GENERALIZED ANXIETY DISORDER, 311 DEPRESSION, 571.5 CIRRHOSIS OF LIVER WITHOUT ALCOHOL

Date	Medication	Dosage	Directions	Number
2017-08-22	SERTRALINE HCL	100 MG TAB	100	Take 1 Tablet by mouth 1 time per day for 60 days 60
2017-08-22	TRAZODONE	50 MG TABLET	50	1 po q HRS 60
2017-08-22	TRAZODONE HCL	50 MG	1/2 tab PO at bedtime x 60 days	60
2017-09-06	FOLIC ACID	1 MG TABLET	1	Take 1 Tablet by mouth 1 time per day for 90 days 90
2017-09-06	OMEPRAZOLE	40 MG	Take 1 Capsule by mouth 1 time per day for 90 days	90
2017-09-06	PREDNISONE	50 MG	Take 2 Tablets by mouth 1 time per day for 3 days	6
2017-09-06	SPIRONOLACTONE	25 MG TABLET	25	Take 1 Tablet by mouth 2 times per day for 90 days 180

Additional Comments:
 NKDA

III. SPECIAL NEEDS AFFECTING TRANSPORTATION

Is prisoner medically able to travel by BUS, VAN or CAR? Y If no, Why not? _____

Is prisoner able to travel by airplane? Y If no, Why not? _____

Is prisoner medically able to stay overnight at another facility en route to destination? Y If not, Why not? _____

Is there any medical reason for restricting the length of time prisoner can be in travel status? N If yes, state reason: _____

Does prisoner require any medical equipment while in transport status? N If yes, What equipment? _____

(b)(6); (b)(7)(C)

Phone Number: _____ Date Signed: _____
 863-946- (b)(6); (b)(7)(C)

Master Problem List

Date of Occurrence	Problem (Medical, Dental, Mental Health)	Initials (b)(6); (b)(7)(C)	Date Resolved	Initials (b)(6); (b)(7)(C)
9/8/2017	Intake		9/8/2017	
9/8/2017	GAD		9/8/2017	
9/8/2017	DEPRESSION		9/8/2017	
9/8/2017	Cirrhosis of liver w/o Alcohol			

028 866 428
ALMAZAN-RUIZ, FELIPE
ADM 09/08/17 DOB 06/26/66

Allergies: NKDA
Medications: See MAR

TREATMENT PLAN

SPECIAL NEEDS & RESTRICTITONS

BUNK ASSIGNMENT:

No Restriction

Lower Only

Other housing needs _____

Duration: _____

Expiration: _____

WORK/PROGRAM ASSIGNMENT:

Unassigned per medical/psychiatry

No reaching over shoulder

Sedentary Work Only

Four hour work restriction

Excuse from school thru _____

Limited standing > _____ hrs

No walking > _____ yds

No lifting > _____ lbs

No bending at the waist

No squatting

No climbing

Limited sitting

NO RESTRICTIONS

OR

No food service

No repetitive use of hands

No walking on wet or uneven surfaces

No work in direct sunlight

No temperature extremes

No humidity extremes

No exposure to environmental pollutants

No work with chemicals or irritants

No work requiring safety boots

No work around machines or moving parts

No work exposure to loud noises

No work requiring complex instructions

DISCIPLINARY PROCESS:

NO RESTRICTIONS

OR

Consult representative of medical department before taking disciplinary action

SPECIAL NEEDS:

Chronically ill

On Dialysis

Adolescent in Adult facility

Infected with serious communicable disease -

Physically Disabled

Frail or elderly

Pregnant

Terminally ill

Mentally ill or suicidal

Developmentally disabled

Suspected victim of physical or sexual abuse

Precautions required: _____

(b)(6); (b)(7)(C)

been entered into ODS - Initials _____

Date: _____

(b)(6); (b)(7)(C)

NO DOZ

DOZ 9/8/2007

2330

Date

Time

028 866 428

ALMAZAN-RUIZ, FELIPE

ADM 09/08/17 DOB 06/26/66

INTAKE SCREEN

(Page 1 of 3)

Translator available Yes NA Name Speaks english

Date/Time of Arrival at the facility: 9/8/2017

In the last 21 days what countries have you visited outside of the U.S.? None

Have you been in contact with anyone who traveled from these countries in the last 21-days and who is sick? Yes No

In the last 21-days have you been in close contact with anyone who has been diagnosed with an infectious disease? Yes No

If yes please explain:

Do you have any current medical, mental health or dental problems that need attention now?

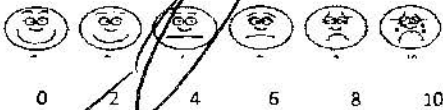
NONE YES - explain: include any special health or dietary needs:

*** Note Detainee should be instructed on sick call process for any non-urgent healthcare needs.

Do you have a family history of any Medical conditions? Yes No If yes list conditions:

Recheck 164/100 → Recheck 152/80

Are you experiencing any pain? NO YES - Rate 3 / 10



Vitals: T 97.0 P 98 R 14 B/P 180/109 SaO2 98% HT 61 WT 170 lbs

Location joint pain (all) Duration

Do you have any physical injuries, open wounds, cuts or bruises or signs of trauma/violence?

NONE NOTED/DENIES YES (describe)

Do you have a past history of serious infectious or communicable illness (to include TB)? NO YES

(include any treatment or previous symptoms)

Do you have any recent communicable illness symptoms: NO YES If yes, indicate:

- Chronic Fatigue Weight Loss / Loss of Appetite Frequent Productive Cough
 Night Sweats Bloody Sputum - *** Fever Weakness

*** If yes, contact the medical provider to determine if the patient requires placement in Respiratory Isolation (Negative Air Flow Room) until testing is completed and the patient is cleared to be placed in the general population.

Do you have any Chronic Diagnosis? NO YES If yes, Note Diagnosis below and refer to Chronic Clinic

Cirrhosis

If Diabetic - Blood Sugar HTN DM SZR RESP HIV other

MENTAL HEALTH DX: Depression Anxiety

Do you have a history of Physical Illness, Surgeries or Dental Problems? NO YES

(include past hospitalizations, surgeries and treatments)

Do you identify yourself as a Transgender? NO YES

(If so, document history of transition-related care and notify security supervisor)

Are you currently taking any medications, including over the counter and/or herbal? Yes No

Comments: 40R quad abd pain

If yes Current Medication listed on transfer paperwork - See Orders

Patient states he/she is on the current medications, however they are not:

(b)(6); (b)(7)(C) [redacted] received. (b)(6); (b)(7)(C) [redacted]

Date 9/8/2017

Time 2330

028 866 428
ALMAZAN-RUIZ, FELIPE
ADM 09/08/17 DOB 06/26/66

Allergies: NKDA

Do you have a current or past history of Mental Illness or disabilities? NO YES If yes, continue below:

Treatment: INPT OUTPT During Previous Incarcerations

Hallucinations: Auditory Visual

Diagnosis: Depression Anxiety

Do you have current, recent or past history of Physical, Emotional or Sexual Assault? NO YES

If yes - Perpetrator or Victim

When _____

Have you been sexually assaulted prior to arrival at this facility? NO YES If yes:

**Security Supervisor notified immediately _____ Name _____ Date/Time _____

Do you have a history of domestic abuse or violence? NO Yes

** If yes refer to Mental Health within 72 hours or sooner if appropriate

Do you use Tobacco? NO YES If yes:

Type: Cigarettes Pipe Oral

How Much? _____ How Often? _____

Do you have a history of Alcohol or Substance Abuse? NO YES If yes: Legal or Illegal Beer Tequila

Type: Alcohol Marijuana Cocaine Meth Heroin Inhalants LSD Opiate Other

How Much? "mucho" How Often? _____

Method: IV Smoke Ingest Snorting Other _____

Last drug(s) used? _____ When? _____

(if a female patient reports current Opiate use, make sure she was offered the pregnancy test. If positive she must be referred to the provider to avoid opiate withdrawal risk to the fetus)

Current or past illnesses & health problems r/t substance abuse:

Hepatitis Seizures Trauma Liver Disease Infections

Do you get sick when you quit using those drugs? NO YES (i.e.: convulsions)

If yes, what happens? _____

Any history of substance abuse hospitalization NO YES

If yes, when and for? _____

Any history of detoxification and outpatient treatment? NO YES

If yes, when and for? _____

Do you have any withdrawal symptoms? NO YES Symptoms: shaking

Have you ever thought about killing yourself? NO YES

If yes, when and why? _____

Have you ever tried to harm yourself? NO YES If yes, when, how and why? passive SI

Do you want to harm yourself now? NO YES If yes, do you have a plan? _____

Do you want to harm someone else? NO YES If yes to what degree - explain? _____

(b)(6); (b)(7)(C)

Do you believe you are a threat to you? NO YES (If yes, notify Security Supervisory *immediately* !)

RW 000

9/8/2017
Date

2030
Time

028 866 428

ALMAZAN-RUIZ, FELIPE

ADM 09/08/17 DOB 06/26/66

INTAKE SCREEN

(Page 3 of 3)

OBSERVATIONS

Is this person unconscious, semiconscious, bleeding, mentally unstable, severely intoxicated, in alcohol or drug withdrawal or disoriented to person/place/time or otherwise urgently in need of medical attention? NO YES

If yes, immediately refer to medical personnel for further evaluation & care.

IS THE PATIENT DISPLAYING ANY SYMPTOMS or UNUSUAL BEHAVIOR?

- | | | | |
|--|---|---|---|
| <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES | | |
| <input checked="" type="checkbox"/> Appearance - appropriate | <input type="checkbox"/> Weakness | <input type="checkbox"/> Seeing visions | <input type="checkbox"/> Yellowing of skin or eyes/jaundice |
| <input checked="" type="checkbox"/> Appropriate behavior | <input type="checkbox"/> Slurred Speech | <input type="checkbox"/> Unusual suspiciousness | <input type="checkbox"/> Rashes |
| <input checked="" type="checkbox"/> Normal gait | <input type="checkbox"/> Hyperventilation | <input type="checkbox"/> Disheveled | <input type="checkbox"/> Infestations (lice/crabs) |
| <input checked="" type="checkbox"/> Alert responsive | <input type="checkbox"/> Persistent cough | <input type="checkbox"/> Hearing voices | <input type="checkbox"/> Evidence of self mutilation |
| | <input type="checkbox"/> Body deformities | <input type="checkbox"/> Bizarre / insensible | <input type="checkbox"/> Alcohol or drug withdrawal |
| | <input type="checkbox"/> Abnormal gait | <input type="checkbox"/> Loud / obnoxious | <input type="checkbox"/> Communication difficulties |
| | <input type="checkbox"/> Tremors | <input type="checkbox"/> Disorderly | <input type="checkbox"/> Other physical abnormalities |
| | <input type="checkbox"/> Lethargy | <input type="checkbox"/> Sweating | <input type="checkbox"/> Assaultive or violent behavior |
| | <input type="checkbox"/> Needle Marks | <input type="checkbox"/> Other: _____ | |

Is his/her mood?

- | | | | |
|---|---|--------------------------------------|--|
| <input checked="" type="checkbox"/> WNL / Cooperative | <input type="checkbox"/> Crying/Tearful | <input type="checkbox"/> Confused | <input type="checkbox"/> Embarrassed |
| | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Passive | <input type="checkbox"/> Uncooperative |
| | <input type="checkbox"/> Depressed | <input type="checkbox"/> Intoxicated | <input type="checkbox"/> Scared <input type="checkbox"/> Anxious |

Recent Tattoo(s) NO YES Any body piercings NO YES

DISPOSITION

- General Population with NO Immediate Health Services Referral
- General Population with Immediate Health Services Referral to Depression Anxiety Cirrhosis
- Transfer to Hospital for Emergency Treatment
- Constant Suicide Watch - provider contacted for order
- Medical Observation / Isolation Single Cell Housing
- If a female patient and pregnancy test is positive, refer to provider to avoid opiate withdrawal risks to fetus
- If answered yes to Domestic abuse or violence, Mental Health referral made within 72 hours.

ROUTINE REFERRALS

- | | | |
|---|--|-------------------|
| <input type="checkbox"/> None | <input checked="" type="checkbox"/> Mental Health Services <u>9/11/2017</u> | (b)(6); (b)(7)(C) |
| <input checked="" type="checkbox"/> MD/NP/PA | <input checked="" type="checkbox"/> Special Dietary Need <u>Renal</u> | |
| <input checked="" type="checkbox"/> Pharmacy / Order Meds | <input type="checkbox"/> Instructed detainee to submit sick call request for non-urgent health care need | |
| <input type="checkbox"/> Request Records / Call MD | <input type="checkbox"/> Dental Clinic | |

Provider Speaks: English / Spanish / Other: _____ Patient Speaks: English / Spanish / Other: _____

(b)(6); (b)(7)(C)

Name: Do Language: _____ Date: 9/8/2017 Time: 2330

Patient Name: **028 866 428**
ALMAZAN-RUIZ, FELIPE
ADM 09/08/17 DOB 06/26/66

FORMA DE CONSENTIMIENTO MEDICO

PROGRAMA DE CUIDADO DE SALUD

FORMA DE CONSENTIMIENTO MEDICO

El propósito de la clínica es proveer a usted atención médica. Los informes médicos que te obtengan serán mantenidos en su expediente médico, confidencial. Se espera usted que se someta a un examen médico para determinar su estado de salud al presente.

Yo, por la presente consiento o autorizo a una evaluación o examen médico para determinar mi estado salud presente. También consiento a cualquier otra evaluación o procedimiento médico, cuidado rutinario, y tratamiento médico o dental o salud mental que el personal médico de la clínica considere necesario, aconsejable o apropiado.

Yo autorizo la divulgación de mi historial médico a cualquier hospital en case de que hospitalización sea necesaria or recomendada. Yo autorizo la divulgación de mi información médica para el reporte a entidades federales y/o estatales para la vigilancia y control de enfermedades.

Esta forma se me ha explicado completamente y yo entiendo su contenido. También entiendo que no se me han hecho garantía con respecto al resultado de tratamientos o exámenes administrados en la clínica.

He recibido instrucciones sobre cómo acceder a:

- cuidado medico en esta unidad , dental y mental
- el programa de tarifa-por-servicio NA
- el proceso de queja para las quejas relacionadas con la salud

Pacientes se sexo femenino:

- Servicios de embarazo incluyendo pruebas, rutina o atención prenatal especializada, atención en el posparto, Posparto seguimiento, servicios de lactancia y los servicios de aborto como se indica
- Asesoramiento y asistencia para las mujeres embarazadas de acuerdo con su expreso deseos en la planificación de su embarazo, si desean aborto, servicios adoptivos o para mantener al niño
- Rutina, apropiados para la edad, ginecológica servicios de atención médica, incluyendo ofreciendo cuidados preventivos específicos de las mujeres

Solamente medicamentos basicos seran proveídos de acuerdo a los protocolos medicos. El Paciente podra obtener medicamento y sera responsable para tomarse las pastillas de acuerdo a las instrucciones para tomarse como en la vida libre.

Este privilegio sera dado solamente a los Paciente que sean capaces y responsables.

El Detenido tiene que:

1. Tomar el medicamento como es señalado y no deben abandonar dosis ni tampoco tomar dosis dobles.
2. Cuidar el medicamento, no se debe vender, no se debe cambiar, no descuidar el medicamento para que sea extraviado o robado.
3. No acumular medicamento en el dormitorio.
4. Ser cumplido todo el tiempo.

(b)(6); (b)(7)(C)

9/8/2017	2336
Date	Time
9/8/2017	2330
Date	Time

028 866 428
ALMAZAN-RUIZ, FELIPE
ADM 09/08/17 DOB 06/26/66

Intake Screening and Testing

Provider Speaks: English / Spanish / Other: _____ Patient Speaks: English / Spanish / Other: _____

Interpreter? Y / N - Name: _____ Language: _____

TB - CLEARED AT PREVIOUS FACILITY - via

CXR - date completed 07/12/2017 Negative
(Documentation of negative Chest X-ray on file)

Negative PPD - date completed _____ (must have documentation of Negative PPD on file)

OR

TB - CLEARANCE REQUIRED AT THIS FACILITY

CXR required and scheduled

(b)(6); (b)(7)(C)

DON

Date 9/8/2017

Time 2230

Date/Time PPD Planted _____		Dose 0.1cc Tuberculin Aplisol
Site: _____		
Vaccine Manufacturer	Lot Number	Expiration Date of Vaccine
Administered by (signature)	_____	
Date PPD Read _____	Results _____ mm	Induration _____
Results Read by (signature) _____		

Female Patients:

Have you recently been Pregnant _____ Yes _____ NO (if yes, when): _____

Is there a possibility that you are currently pregnant? _____ Yes _____ No

*** If pregnant PPD planted and read ***

Urine Pregnancy Test _____ Negative _____ Positive _____ Initials _____

Date _____ Time _____

Medical Staff Signature _____ Date _____ Time _____

028 866 428 ALMAZAN-RUIZ, FELIPE ADM 09/08/17 DOB 06/26/66	Allergies: <u>NKDA</u>
--	------------------------



INSTITUTION: INSTITUTION: IAH Secure Adult Detention Center - Polk County
Person(s) present: Reginald Jefferson NCC, LPC-S, LMFT, PhD Candidate

DATE: September 11, 2017

TIME: 1000

ALLERGIES: NKA

Housing: ICE / General Population

S: 48yo male from Mexico referred for depression

O: Appearance: clean, well-groomed disheveled unkempt Eye Contact: good fair poor
Attitude: cooperative uncooperative guarded suspicious hostile
Speech: normal abnormal low vol. high vol. rapid pressured English 2nd language
Orientation: person place time situation alert drowsy
Mood: euthymic dysthymic neutral depressed irritable euphoric angry anxious apathetic
Affect: congruent normal non-congruent blunt flat exaggerated
Thought Process: logical goal directed tangential circumstantial perseveration disorganized
Thought Content: no AH no VH no paranoia no suicidal ideations no homicidal ideations
 auditory hallucinations visual hallucinations delusions
Insight: poor fair good Judgment: poor fair good

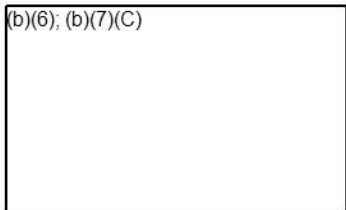
A: Reports depression due to being incarcerated. Reports sleep problems. States likes to watch television. Requesting medication to deal with triggers for depressive symptoms. Reports med txt hx/Cerosis of the liver. No psyche txt hx, No SI/SA/AVH/delusions, No Hx SUDs.

Compliant with treatment yes no Side Effects:

DIAGNOSIS: F43.21 Adjustment Disorder with Depressive Mood

P: Patient not a danger to self or other at this time.
Follow up with Psychiatrist: Next Available Follow up with Psychologist: Prn per Protocol

Processed thoughts and feelings regarding being incarcerated. Discussed the importance of positive coping skills. Established skills he could use while incarcerated. Informed how to access mental health services. Will refer to psychiatrist for med management.



S. LMFT
LPC-S, LMFT, PhD Candidate

ARF 028 866 428

Detainee Name ALMAZAN-RUIZ, FELIPE

(revised: 12/1/2016)

ID# ADM 09/08/17 DOB 06/26/66

DOB 2020-ICLI-00006 4294

SUBJECTIVE DATA: (what is the patient being seen for): Dt- brought to medical c/c/o Vomitory blood. Has Hx of same 7yrs ago. Med Hx (+) for Cirrhosis & Varices

Pain Scale 0-10 _____ Aggravating Factors: _____
Quality: _____ Alleviating Factors: _____
Location: _____ Does the pain radiate? Y/N If Yes _____ Duration: _____

Pt poor historian, got Hx from chart

Past Medical/Surgical History, Significant Family History, Social History: _____

OBJECTIVE DATA: Vital Signs: Temp 97.5 Pulse 100 Resp 18 BP 151/95 Wt 170lbs SaO₂ 100%

Heart _____ Ears Pt in NAD ACO
Lungs _____ Nose blood noted to mouth and
Neck _____ Throat oral cavity only
Abdomen _____ Skin _____

Extremities _____
Additional Findings Blood noted to Lips (chapped, bright red, No blood to shirt or pants)

REVIEW OF CURRENT MEDICATIONS _____ Initials _____

ASSESSMENT (DIAGNOSIS): Varices - GI bleed x 5 days

PLAN: _____

FOLLOW-UP: PRN 30 day 60 Days 90 days Referral _____ Other _____

Medication (s) Order: Send to ER for eval STAT (Not 911)

Lab/Radiology Order: _____

Other orders: _____

Time Frame for any requested consults within 2 weeks within 30 days other: _____

EDUCATION: Diet Medication Risk Factors and Reducers
 Signs and Sym _____
 Patient verbal _____

Provider Signature/ Title: _____ Date/Time: 9/11/17 1757

Interpreter? / N Name: _____ Language: Spanish

Provider Speaks: English / Spanish / Other _____ Speaks: English / Spanish / Other: _____

028 866 428
ALMAZAN-RUIZ, FELIPE
ADM 09/08/17 DOB 06/26/66
Allergies: NKDA



Date/Time injury: 9/11/17 injury Activity at onset: lying in bed on arrival.
 Date/Time reported: 9/11/17 1945 Interpreter Y N Name (b)(6); (b)(7)(C)

Subjective: (State what occurred, who / what / where / how)

nurse called to tank C-20 because detainee was reportedly vomiting blood.

Objective: Pain Scale: (0-10) 9

Date	Time	Temp	Pulse	Resp	BP	SaO2	BG	Narrative
9/11/17	1950	97.5	106	18	151/95	100%		Detainee A#0X3 - clo pain to mid chest. PA ordered to send out P/H (+) Hx of cirrhosis & varices.

Assessment Decision:

- No Further Care Needed
- Further Care Required
- Other _____

Plan:

- Cleared to Return to Current Housing in Facility per Provider: _____ Date/Time _____
- Transfer to ER per Provider Order - see Emergency Treatment Order
- Place in Medical Housing for _____ until _____
- Other: _____

Education:

Instruction given to patient on further medical interventions required

(b)(6); (b)(7)(C) _____ lizes understanding of the plan, risks, benefits, and alternatives and agrees to plan.
 _____ 9/11/17 2200
 Date/Time

028 866 428
ALMAZAN-RUIZ, FELIPE
ADM 09/08/17 DOB 06/26/66

Allergies: NKDA
 Medications: see mar

Departing Facility Via:

Transport via VAN:

Date	Time	(b)(6); (b)(7)(C)	Comments
9/11/17	1042	(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C) notified of need to transport via VAN to CHI ST. LUKAS <input checked="" type="checkbox"/> MAR <input type="checkbox"/> Progress notes <input checked="" type="checkbox"/> Patient left via van with security escort

Transport via EMS:

Date	Time	Initials	Comments
			911 / EMS Activated Security Supervisor _____ notified of need to transport via EMS to _____ <input type="checkbox"/> MAR <input type="checkbox"/> Progress notes Date/Time EMS arrived at facility _____

Returning to Facility:

Returned from ER

Admitted to Hospital and returned

Vital Signs: Temp _____ Pulse _____ Resp _____ B/P _____ SaO2 (room air) _____

Pain Scale: (0-10) _____

Date	Time	Initials	Comments
			Patient returned to the facility
			Hospital Records and Orders Received forwarded to medical provider for review
<input type="checkbox"/> Continue previous orders <input type="checkbox"/> New orders from provider noted <input type="checkbox"/> New medication(s) entered into pharmacy system			

Assessment / Notes: _____

Telephone Order: _____

(b)(6); (b)(7)(C)	Order per Provider
Medical Staff Signature	

Date/Time _____

Date / Time _____

028 866 428 ALMAZAN-RUIZ, FELIPE ADM 09/08/17 DOB 06/26/66	Allergies: NKDA Medications: see mar
--	---

Date 9/11/17	Time 1957	Initials (b)(6); (b)(7)(C)	Transport Patient to <u>CHI St. Luke's</u> ER for further evaluation and treatment related to: <u>vomiting blood & Hx of cirrhosis & varices</u>
Per Provider Transport - <u>Verbal order</u> Provider	(b)(6); (b)(7)(C)	Date/Time <u>9/11/17 1957</u> Date/Time <u>9/11/17 2000</u> Title: <u>LVN</u>	
Receiving staff member Name Printed:	(b)(6); (b)(7)(C)		

When the Patient is Released form the ER/Hospital, please do the following:

ADD FACILITY SPECIFIC INFORMATION HERE

If you should have any questions regarding this Patient, please contact:

HSA Name

Phone # & Extension

931-9167 - (b)(6); (b)(7)(C)

028 866 428
ALMAZAN-RUIZ, FELIPE
ADM 09/08/17 DOB 06/26/66

11
2017
-1966
31

Patient Name: _____

Patient ID#: 028 Kete 428

Age: 51 Race: 51

Estimated Date of Release: Unknown

Date / Time Out: 9/11/17

Date / Time Return: N/A

Type of ER Trip - Van Ambulance Air

Admit: Yes / No Allergies: NKDA

Presented with Complaint (s) of: hematemesis ER H/H

12.5 / 33.2

Facility Diagnosis: ALT 68 AST 102 WBC 14.28 platelets 18

Chronic Care: Yes / No Last Visit _____ Compliant: Yes / No CC Diagnosis (s) _____

Risk factors: Hep ABC; Non-Reactive

Current Medications: _____

Tests prior to leaving (i.e. EKG - labs) Yes / No If yes results _____

Facility: Vitals→ Time↓	Temp	Pulse	Resp	BP	SaO2	Recent CC results - i.e. A1c - PT/INR

Tests in the ER and results: _____

Medications received in the ER/Hosp _____

Vitals at Hosp	Temp	Pulse	Resp	BP	SaO2	Medication changes at Hosp:
<u>Today</u>	<u>98.3</u>	<u>69</u>	<u>14</u>	<u>101/51</u>	<u>100%RA</u>	

Diagnosis from the hospital: Cirrhosis liver NPO → advanced liquid

EGD Hypertensive portal gastropathy fundus, body of the stomach

Recommendations from the hospital: and antrum

CXR No active CHF No findings of high concern for pneumonia

Return Vitals	Temp	Pulse	Resp	BP	SaO2	Seen upon return - Date Time By:

Notes: PO lisinopril

Denies Abd. discomfort

(b)(6); (b)(7)(C)

Subject: HOSPITAL DAILY REPORT

DETAINEE NAME: XXXXXXXXXXXXXXXX

ALIEN NUMBER: XXXXXXXXXXXXXXXX

DATE OF BIRTH: 06/26/1966

COUNTRY OF CITIZENSHIP: MEXICO

DATE OF ARRIVAL: 09/08/17

RELEVANT MEDICAL HISTORY: Detainee with history of heavy alcohol use, last drank 3 months ago. Presented to medical reporting he was vomiting blood x5 days, assessed by RN who noted blood in mouth. Reports history of this happening 7 years ago as well. Has history of cirrhosis of the liver with varices.

DATE OF ADMISSION: 9/11/17

CURRENT DIAGNOSIS: GI BLEED

ATTENDING PHYSICIAN (b)(6); (b)(7)(C)

CURRENT STATUS: PT STABLE AT THIS TIME. MOST RECENT VITALS B/P-99/58, P-75, R-17, O2-97% REMAINS AFEBILE. 2UNITS OF PLATELETS GIVEN DUE TO CRITICAL PLATELET LEVEL OF 27. POST TRANSFUSION LEVEL IS 55. ALL OTHER LABS REMAIN WITHIN NORMAL LIMITS. DETAINEE SCHEDULED TO HAVE EGD IN THE MORNING. DETAINEE WAS PREVIOUSLY RECEIVING CARDENE DRIP VIA EXTERNAL JUGULAR LINE, HAS BEEN STOPPED NOW RECEIVING LISINOPRIL PO.

DISCHARGE PLAN: NONE AT THIS TIME

REPORT GIVEN BY (b)(6); (b)(7)(C)

CONROE REGIONAL HOSPITAL (936) 539-1111-

(b)(6); (b)(7)(C)

AH-SADF-POLK

Livingston, Tx 77351

936-967-(b)(6);

936-967-8846-Fax



5. Location of Social Impact

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Wednesday, September 13, 2017 5:35 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: HOSPITAL DAILY REPORT

Hospital Daily Report

Hospital day # 2

Detainee Name: Felipe Almazan Ruiz
Alien #: A028866428
Date of Birth: 06-26-1966
Country of Citizenship: Mexico
Date of Arrival: 09-08-2017
Relevant Medical History: Cirrhosis of the Liver
Date of Admission: 09-12-2017 (correct date of admission)
Current Diagnosis: Upper GI Bleed
Attending physician: (b)(6); (b)(7)(C)
Current Status: (NOTE: include Vitals, Meds, Labs, etc.) report received from (b)(6); (b)(7)(C) at 1200 A+O x 4 BP 117/58, P88, R19, T98.3, 100% on RA Afebrile, received 2 units of platelets hemoglobin is 11.2, platelets 27*L
Discharge Plan: NO DISCHARGE PLAN AT THIS TIME.
PLEASE CONTACT MEDICAL FOR ANY FURTHER INQUIRIES.

(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Wednesday, September 13, 2017 7:44 AM
(b)(6); (b)(7)(C)
Subject: RE: HOSPITAL DAILY REPORT

I should also mention that you do need to have the detainee full name and A#. I always have to remove it when I am communicating out of the ICE network (to your emails) or encrypt the emails to protect PII per policy. You all however when you send me this information are sending it to an ICE email (in network).

Very Respectfully,

(b)(6); (b)(7)(C)
RN, BSN, CCNM
Houston Field Medical Coordinator
ICE Health Service Corps / USPHS
16038 Vickery Dr, Suite (b)(6); (b)(7)(C)
Houston, TX 77032

(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Thursday, September 14, 2017 6:31 PM
To: (b)(6); (b)(7)(C)@dhs.gov
Cc: (b)(6); (b)(7)(C)
Subject: Detainee Felipe Almazan Ruiz

Hospital Daily Report

Hospital day # 3

Detainee Name: Felipe Almazan Ruiz

Alien #: A028866428

Date of Birth: 06-26-1966

Country of Citizenship: Mexico

Date of Arrival: 09-08-2017

Relevant Medical History: Cirrhosis of the Liver

Date of Admission: 09-12-2017 (correct date of admission)

Current Diagnosis: Upper GI Bleed

Attending physician: (b)(6); (b)(7)(C)

Current Status: (NOTE: include Vitals, Meds, Labs, etc.) report received from (b)(6); (b)(7)(C) A+O x 4 BP 125/73, P 79, R 18, T 98.7, 99% on RA Afebrile, Continues to be on Lisinopril PO. Pain 8/10, reporting severe GERD.

Discharge Plan: NO DISCHARGE PLAN AT THIS TIME.

Thank You,

(b)(6); (b)(7)(C)

MTC Medical

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Thursday, September 14, 2017 6:31 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: Detainee Felipe Almazan Ruiz

Hospital Daily Report

Hospital day # 3

Detainee Name: Felipe Almazan Ruiz

Alien #: A028866428

Date of Birth: 06-26-1966

Country of Citizenship: Mexico

Date of Arrival: 09-08-2017

Relevant Medical History: Cirrhosis of the Liver

Date of Admission: 09-12-2017 (correct date of admission)

Current Diagnosis: Upper GI Bleed

Attending physician: (b)(6); (b)(7)(C)

Current Status: (NOTE: include Vitals, Meds, Labs, etc.) report received from (b)(6); (b)(7)(C) RN A+O x 4 BP 125/73, P 79, R 18, T 98.7, 99% (b)(6); (b)(7)(C). Continues to be on Lisinopril PO. Pain 8/10, reporting severe GERD.

Discharge Plan: NO DISCHARGE PLAN AT THIS TIME.

Thank You,

(b)(6); (b)(7)(C)

MTC Medical

*Moved to Med-Surg floor
Room 141
1 North
Direct number to floor 936-538-* (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

From:
Sent:
To:

Thursday, September 14, 2017 6:41 AM

(b)(6); (b)(7)(C)

Subject: Hospital Daily Report

Hospital Daily Report

Hospital day # 24

Detainee Name: Felipe Almazan Ruiz

Alien #: A028866428

Date of Birth: 06-26-1966

Country of Citizenship: Mexico

Date of Arrival: 09-08-2017

Relevant Medical History: Cirrhosis of the Liver

Date of Admission: 09-12-2017 (correct date of admission)

Current Diagnosis: Upper GI Bleed

Attending physician: (b)(6); (b)(7)(C)

Current Status: (NOTE: include Vitals, Meds, Labs, etc.) report received from (b)(6); (b)(7)(C) at 0500 A+O x 4 BP 101/51, P 69, R 14, T 98.3, 99% on RA Afebrile, Continues to be on Lisinopril PO. Denied pain throughout the night.

Discharge Plan: NO DISCHARGE PLAN AT THIS TIME.

(b)(6); (b)(7)(C)

MTC Medical
IAH Secure Adult Detention Center
Livingston, TX 77351
FULL TIME: DAYS/ NIGHTS
936-967-(b)(6); (b)(7)(C)
936-967-8846 Fax

(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Friday, September 15, 2017 5:40 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: HOSPITAL DAILY REPORT

Hospital Day # **4**
DETAINEE NAME: Almazan-Ruiz, Felipe
ALIEN NUMBER: A 028 866 428
DATE OF BIRTH: 06/26/1966
COUNTRY OF CITIZENSHIP: MEXICO
DATE OF ARRIVAL: 09/08/17

RELEVANT MEDICAL HISTORY: Detainee with history of heavy alcohol use, last drank 3 months ago. Presented to medical reporting hematemesis x5 days, assessed by RN who noted blood in mouth. Reports history of this happening 7 years ago as well. Has history of cirrhosis of the liver with varices.

DATE OF ADMISSION: 9/12/17
CURRENT DIAGNOSIS: GI BLEED
ATTENDING PHYSICIAN: (b)(6); (b)(7)(C)

CURRENT STATUS: Pt remains stable at this time. Removed from ICU Rm 18 to Med Surg floor RM 141. Most recent vital signs T-98.1, B/P- 93/54, P-72, R-18, O2 @ 97% on RA. Labs scheduled to be drawn this morning (CBC,BMP). No changes to medication at this time. Pt c/o abd pain x1 during shift, morphine given. EGD performed. Summary: hypertensive portal gastropathy was found in fundus, body of the stomach and antrum. Patchy erythema in bulb and 2nd portion. Recommendations: avoid all NSAIDs, resume low salt diet as tolerated, PPI 20mg daily.

DISCHARGE PLAN: NONE AT THIS TIME
REPORT GIVEN BY: (b)(6); (b)(7)(C)
CONROE REGIONAL HOSPITAL
(936) 539-1111

Any further questions please contact medical dept.

(b)(6); (b)(7)(C) LVN
IAH-SADF-POLK
Livingston, Tx 77351
936-967-(b)(6); (b)(7)(C)
936-967-8846-Fax



(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Saturday, September 16, 2017 7:24 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: Almazan-Ruiz, Felipe

Hospital Day #5

DETAINEE NAME: Almazan-Ruiz, Felipe

ALIEN NUMBER: A 028 866 428

DATE OF BIRTH: 06/26/1966

COUNTRY OF CITIZENSHIP: MEXICO

DATE OF ARRIVAL: 09/08/17

RELEVANT MEDICAL HISTORY: Detainee with history of heavy alcohol use, last drank 3 months ago. Presented to medical reporting hematemesis x5 days, assessed by RN who noted blood in mouth. Reports history of this happening 7 years ago as well. Has history of cirrhosis of the liver with varices.

DATE OF ADMISSION: 9/12/17

CURRENT DIAGNOSIS: GI BLEED

ATTENDING PHYSICIAN: (b)(6); (b)(7)(C)

CURRENT STATUS: Pt remains stable at this time. Med Surg floor RM 141. Most recent vital signs T-98.2, B/P- 106/65, P- 72, R-16, O2 @ 98% on RA. Pt had a cardiac stress test this morning and the test was normal. No changes to medication at this time. Meds remain Zoloft, Folic acid, metoprolol, protonix, lactulose, and aldactone.

DISCHARGE PLAN: possible discharge Sunday after seen by MD

REPORT GIVEN BY: (b)(6); (b)(7)(C)

CONROE REGIONAL HOSPITAL
(936) 539-1111

Any further questions please contact medical dept.

Thank you,

(b)(6); (b)(7)(C)

Weekends/nightshift

MTC Medical/IAH Detention Center

Livingston, Texas

Tel: 936-967-(b)(6); (b)(7)(C)

Fax: 936-967-8846

(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Sunday, September 17, 2017 2:32 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Almazan- Ruiz, Felipe

Hospital Day #6

DETAINEE NAME: Almazan-Ruiz, Felipe

ALIEN NUMBER: A 028 866 428

DATE OF BIRTH: 06/26/1966

COUNTRY OF CITIZENSHIP: MEXICO

DATE OF ARRIVAL: 09/08/17

RELEVANT MEDICAL HISTORY: Detainee with history of heavy alcohol use, last drank 3 months ago. Presented to medical reporting hematemesis x5 days, assessed by RN who noted blood in mouth. Reports history of this happening 7 years ago as well. Has history of cirrhosis of the liver with varices.

DATE OF ADMISSION: 9/12/17

CURRENT DIAGNOSIS: GI BLEED

ATTENDING PHYSICIAN: (b)(6); (b)(7)(C)

CURRENT STATUS: At about 0100 Pt coded & is now critical & pt has been moved to ICU RM #36. Pt is on life support/intubated with agonal breathing. When they are able to get B/P it is in the 50's by palpation. Hemoglobin is 5. They are giving him blood at this time. Warden (b)(6); (b)(7)(C) has notified ICE personal Simpson.

DISCHARGE PLAN: none

REPORT GIVEN BY: (b)(6); (b)(7)(C)

CONROE REGIONAL HOSPITAL
(936) 539-1111

Any further questions please contact medical dept.

Thank you,

(b)(6); (b)(7)(C)

Weekends/nightshift

MTC Medical/IAH Detention Center

Livingston, Texas

Tel: 936-967-(b)(6); (b)(7)(C)

Fax: 936-967-8846

CONROE REGIONAL MEDICAL CENTER

504 Medical Center Blvd.
Conroe, TX 77304

FAX

DATE:

9/15/17

FROM:

One North

TO:

(b)(6); (b)(7)(C)

DEPARTMENT:

1 NORTH - MEDICAL/SURGICAL

PHONE NUMBER:

936 967 8846

TOTAL NO. OF PAGES, INCLUDING COVER

FAX NUMBER:

PHONE NUMBER:

(936) 539-7595

RE:

FAX NUMBER:

Ruiz, Felipe labs

(936) 788-8037

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

PATIENT INFORMATION *PLEASE KEEP CONFIDENTIAL*

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0914:CR:000128R RUIZ,FELIPE

(b)(7)(E)

Specimen Inquiry Report

Conroe Regional Medical Center, Conroe TX

*** CONFIDENTIAL ***

Med. Director:

(b)(6); (b)(7)(C)

CAP#21190-01

PATIENT: RUIZ, FELIPE

ACCT#: (b)(7)(E)

LOC: B.MEDU

UH: 0H00061890

FD: DD: ABBAL

AGE/SX: 51/M

ROOM: B.141

REG: 09/12/17

RESOR (b)(6); (b)(7)(C)

MD

ANSNA

STATUS: ADM IN

BED: W

DIS:

0914:CR:000128R COMP, Coll: 09/14/17-0450 Recd: 09/14/17-0503 (R#07674936) ****

Test	Result	Flag	Reference	Site Verified
COMP METABOLIC				
> NA	137.0		133-144 mmol/L	09/14/17-0541
> K	4.2		3.5-5.1 mmol/L	09/14/17-0541
> CL	105		95-105 mmol/L	09/14/17-0541
> CO2	25		21-32 mmol/L	09/14/17-0541
> ANION GAP	7.0		4.0-15.0 GAP calc	09/14/17-0541

0914:CR:00071R RUIZ,FELIPE (b)(7)(E)

Specimen Inquiry Report

Conroe Regional Medical Center, Conroe TX

*** CONFIDENTIAL ***

Med. Director: (b)(6); (b)(7)(C)

CAP#21190-01

PATIENT: RUIZ,FELIPE

ACCT# (b)(7)(E)

LOC: 0.MEDU

UH: 0H00861890

FD: DO: ABBAL

AGE/SX: 51/M

ROOM: 0.141

REG: 09/12/17

RESDR: (b)(6); (b)(7)(C)

ANSNA

STATUS: ADM IN

BEO: W

DIS:

0914:CR:00071R COMP, Coll: 09/14/17-0450 Recd: 09/14/17-0503 (R#07674936) *****

Test	Result	Flag	Reference	Site Verified
CBC				
> WBC	3.5	L	4.1-12.1 k/mm3	09/14/17-0542
> RBC	2.71	L	3.8-5.5 M/mm3	09/14/17-0542
> HGB	8.7	L	10.6-15.8 G/DL	09/14/17-0542
> HCT	25.5	L	36.0-47.4 %	09/14/17-0542
> MCV	93.1		88.1-101.1 fL	09/14/17-0542

0914:CR:CG00013R RUIZ,FELIPE

(b)(7)(E)

Specimen Inquiry Report

Conroe Regional Medical Center, Conroe TX

*** CONFIDENTIAL ***

Med. Director

(b)(6); (b)(7)(C)

CAP#21198-01

PATIENT: RUIZ, FELIPE

ACCT#: (b)(7)(E)

DC: B.MEDU

U#: 0H00861890

FD:

OD: ABBAL

AGE/SX: 51/M

ROOM: 8.141

REG: 09/12/17

RESDR: (b)(6); (b)(7)(C)

ANSNA

STATUS: ADM IN

BED: W

DIS:

0914:CR:CG00013R COMP, Coll: 09/14/17-0450 Recd: 09/14/17-0503 (R#07674936) *****

Test	Result	Flag	Reference	Site	Verified
PT					
> PT PATIENT	17.3	H	9.4-12.5 SECONDS		09/14/17-0538
> INR	1.52	H	0.85-1.11 INR Unit		09/14/17-0538

Therapeutic range for INR is dependent upon the situation.
 2.0-3.0 Prophylaxis / venous thromboembolism, Treatment of
 DVT, Acute myocardial infarction stroke prevention,
 Systemic embolism prevention in fibrillation
 3.0-4.5 AMI recurrence prevention, Systemic embolism

Patient Information Form

Hospital Name: Conroe Regional Medical Center Phone: (936) 539-1111

Hospital Address: 504 MEDICAL CENTER BLVD CONROE, TX 77304

Patient Demographics		Admit and Length of Stay Information	
Patient Name: <u>RUIZ, FELIPE</u>	Medical Rec #: <u>U-29245316</u>	SSN: <u>555-55-5555</u>	Admit Type: <u>ELECTIVE</u>
Marital Status: <u>Single</u>	Gender: <u>M</u>	Date of Birth: <u>06-26-1966</u>	Age: <u>51</u>
Religion: <u>NONE</u>	Episode ID: <u>(b)(7)(E)</u>	Height: _____	Weight: _____
Unit: <u>CR</u>		Room: <u>B ICU4</u>	Bed: <u>B ICU18</u>
Admission Date: <u>09-12-2017</u>		Est. Discharge Date: <u>09-14-2017</u>	ALC Date: _____
Pt. Functional Status: <u>Bed Only</u>		Prior to Admission: _____	PCP: <u>(b)(6); (b)(7)(C)</u>
Attending Physician: <u>(b)(6); (b)(7)(C)</u>		Phone Number: _____	

Diagnosis Information:
 Rugs: _____ Primary: UPPER GI BLEED Secondary: _____

Discharge Notes:
 Notes: _____

Mode of Transportation: _____ Payer Source: _____
 Will patient receive radiation or dialysis off-site? _____
 Yes No Schedule of Treatments: _____

Patient Address	Next of Kin	Emergency Contact:
Living Arrangement: _____ Select One	First Name/MI: <u>FELIPE</u>	First Name/MI: _____
Facility Name: _____	Last Name: <u>RUIZ</u>	Last Name: _____
Street: <u>3400 FM 350 SOUTH</u>	Street: _____	Street: _____
City: <u>LIVINGSTON</u>	City: _____	City: _____
State/Zip: <u>TX 77351</u>	State/Zip: _____	State/Zip: _____
Home Phone: <u>936-967-8000</u>	Home Phone: _____	Home Phone: _____
Work Phone: <u>999-999-9999</u>	Work Phone: _____	Work Phone: _____
Relation: <u>01</u>	Relation: _____	Relation: _____
<input type="checkbox"/> Emerg. Contact	<input type="checkbox"/> POA	<input type="checkbox"/> Emerg. Contact <input type="checkbox"/> POA

Payer Information: Ins. Group ID#: _____
 Primary Payer: VERRIDE WITH PAYOR NAME Member ID#: (b)(6); (b)(7)(C)
 Contact person at Ins. Co. (First/MI/Last): _____ Phone: _____
 Patient has met 3 consecutive, acute level of care days during this admission & may be eligible for the Medicare Extended Care Benefit. Yes No N/A Unknown

Secondary Payer: VERRIDE WITH PAYOR NAME Member ID#: (b)(6); (b)(7)(C) Phone #: _____
 Other Payer: _____ Member ID#: _____ Phone #: _____

Income If known: Private Funds SSA SSI
 Pension VA Other

Patient Medicaid Eligible? Yes No If Yes, submitted by our financial office?
 Yes No

Contact person in financial office (First/MI/Last): _____

No Fault: Must have claim number, name of insurance company, name of insured, telephone number, and policy number. This information is needed even if no fault is exhausted. No faults must have secondary insurance information.

Case Contact
 First/MI/Last: (b)(6); (b)(7)(C) Phone: (936) 539-1111 Date: 09-12-2017

9/12/2017
03:33 PM

HCA Corporate
Insurance Certification Report - IQ
CONFIDENTIAL PATIENT INFORMATION

For Facility: Conroe Regional Medical Center

===== ENCOUNTER / HCM DATA =====

Acct No.: (b)(7)(E) Patient Name: RUIZ, FELIPE Age: 51Y DOB: 6/26/1966

Start Date: 9/12/2017 8:20AM Adm Phys: A (b)(6); (b)(7)(C) MRN: BH0086189C
Location: CR-3 INTENSIVE C Att Phys: A (b)(6); (b)(7)(C) Fac: Conroe Regio
Room: B. ICU18-W Disch Date: Enc Type: INPATIENT (Inpatient)
Accommodation: Home Addr: 3400 FM 350 SCUTH Sex: M
Marital Stat: Single

LIVINGSTON, TX
County:
Country: United States of Ame
Zip Code: 77351

Home Phone: 936-967-(b)(6); (b)(7)(C)
Work Phone: 999-999-(b)(7)(C) SSN: <Blocked>

Emer Contacts:
Name: RUIZ, FELIPE Home Tel: 936-967-(b)(6); (b)(7)(C) Work Tel:
Relationship: Self

HCM DRG: Ver: Current Stay: 1 ALOS: GLOS: Outlier:

Admit Complaint: UPPER GI BLEED
HCM Diagnosis:
HCM Procedure:
Dx Category:
Admit Review:

===== PAYER(S) =====

OVERRIDE WITH PAYOR NAME Status: P Cert?
Auth No: NR/ Insur No: 028866428
OVERRIDE WITH PAYOR NAME Status: S Cert?
Auth No: NR/ Insur No: 028866428

===== LAST COMPLETED REVIEW ONLY =====

Review Date Care Date Review Category Reviewer ID
9/12/2017 9/12/2017 Smith, Kathleen
Severity Intensity

Reviewer Comments:
---9/12/2017 1531 by (b)(6); (b)(7)(C)
Point of entry: per cpoe admit Inpt payer override with payor Name
transfer from Livingston
Presenting symptoms: Gi bleed,
Failed OP treatment:
Vital signs: p 93, p84, 77, bp 181/107, 184/95, 203/95, 211/104
Medications/route:
Labs/Cultures: h/h 11.2/30.1
Imaging:
Diet/Activity:
Oxygen:
PI/OT/ST:

Referral From: Conroe Regional Medical Center

From: (b)(6); (b)(7)(C) To: IAH Immigration
Phone: (936) 539-(b)(6); Attention: Heather
Fax: (936) 788-8076

Comment: 028866428 ins # our fax 936 788 8076 tax id 621 801 361 npi 1962455816

Regarding Patient: (b)(6);
SSN: (b)(6); (b)(7)(C)
Member ID: (b)(6); (b)(7)(C)

The following documents are included in this fax:

Name	Pages
Patient Information Form (rev.7/2012) 09-12-17 03:37 pm	1
Insurance Certification Report - IQ	2

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(b)(6); (b)(7)(C)

Cardenesth Dic

EGD

admitting

h/h
5/1/17

(b)(6); (b)(7)(C)

9/12/2017
03:33 PM

HCA Corporate
Insurance Certification Report - IQ
CONFIDENTIAL PATIENT INFORMATION

PAGE 2

For Facility: Conroe Regional Medical Center

Acct No.: (b)(7)(E) Patient Name: RUIZ, FELIPE Age: 51Y DOB: 6/26/1966
Facility: Conroe Regional Medical Center

===== LAST COMPLETED REVIEW ONLY (continued) =====

Treatments:

Level of care eval/referrals: 9/12 to ICU dx GI bleed, left ^{ES} with ns at 100 ml hr, bp 218/ cardene gtt, , h/h stable platellets 27, plan is for EGD today or tomorrow, bp controlled , cardene gtt turned off lisinopril po stated at 1300

MD Treatment Plans:

Comments/Other:

===== LAST INTERQUAL REVIEW ONLY =====

Review Date Reviewer ID

9/12/2017 (b)(6) (b)(7)(C)

InterQual® Version: InterQual® 2017.1

Review date: 09-12-2017

Review Status: In Primary

Product: LOC:Acute Adult

Criteria subset: General Medical

Criteria status: Critical Met

(Symptom or finding within 24h)

(Excludes PC medications unless noted)

Select Day, One:

Episode Day 1, One:

CRITICAL, >= One:

General, >= One:

IV medication administration, Both:

Medication, >= One:

Antihypertensive

Administration, >= One:

Titration q1-2h and monitoring

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Referral From: Conroe Regional Medical Center

From: (b)(6); (b)(7)(C)
Phone: (936) 539-(b)(6);
Fax: (936) 788-8076

To: IAH DENTENTION CENTER
Attention: (b)(6); (b)(7)(C)

Comment: NOTES AS REQUESTED

Regarding Patient: (b)(6); (b)(7)(C)
SSN: XXX-XX-5555
Member ID: (b)(6); (b)(7)(C)

The following documents are included in this fax:

Name	Pages
Insurance Certification Report - IQ	4
0913_12:23:13	1
0913_12:23:04	4

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9/13/2017
11:41 AM

HCA Corporate
Insurance Certification Report - Selected Review - IQ
CONFIDENTIAL PATIENT INFORMATION

PAGE 1

For Facility: Conroe Regional Medical Center

===== ENCOUNTER / HCM DATA =====

Acct No.: (b)(7)(E) Patient Name: RUIZ, FELIPE Age: 51Y DOB: 6/26/1966
Start Date: 9/12/2017 8:20AM Adm Phys: (b)(6); (b)(7)(C) MRN: BHC0861890
Location: CR-3 INTENSIVE C Att Phys: (b)(6); (b)(7)(C) Fac: Conroe Regio
Room: B.1CUI6-W Disch Date:
Accommodation: Enc Type: INPATIENT(Inpatient)
Home Addr: 3400 FM 350 SOUTH Sex: M
LIVINGSTON, TX Marital Stat: Single
County:
Country: United States of Ame
Zip Code: 77351

Home Phone: 936-967-(b)(6); (b)(7)(C)
Work Phone: 999-999-(b)(6); (b)(7)(C) SSN: <Blocked>

Emer Contacts:
Name: RUIZ, FELIPE Home Tel: 936-967-8000 Work Tel:
Relationship: Self

HCM DRG: 872 Ver: 34 Current Stay: 1 ALOS: 4.5 GLOS: 3.8 Outlier:

Admit Complaint: UPPER GI BLEED
HCM Diagnosis:
HCM Procedure:
Dx Category:
Admit Review:

===== PAYER(S) =====

OVERWRITE WITH PAYOR NAME Status: P Cert?
Auth No: NR/I Insur No: 028866428
From Thru #Days Type Status Auth No Ref No Service
Cert - P

Company:
Submit by: Date: Time:
Submit to:
Phone: Fax:

OVERWRITE WITH PAYOR NAME Status: S Cert?
Auth No: NR/I Insur No: 028866428

===== CURRENT REVIEW =====

Review Date Care Date Review Category Reviewer ID
9/13/2017 9/13/2017 (b)(6); (b)(7)(C)

Severity Intensity

Reviewer Comments: (b)(6); (b)(7)(C)
---9/13/2017 1133 b
Vital signs:
36.6, 57, 109/66 TC 89/54, 94 %

9/13/2017
11:41 AM

HCA Corporate
Insurance Certification Report - Selected Review - IQ
CONFIDENTIAL PATIENT INFORMATION

PAGE 2

For Facility: Conroe Regional Medical Center

Acct No.: BH9C23078383 Patient Name: RUIZ, FELIPE
Facility: Conroe Regional Medical Center

Age: 51Y DOB: 6/26/1966

===== CURRENT REVIEW =====

Medications/Route:

PO MEDS, PROTONIX IV, LEVAQUIN IV, IV TRANDATE PRN, IV ZOFRAN PRN, IV MORPHINE PRN,

IV's:

IVE @ 75 CC/HR, IV CARDENE GTT TITRATED

Labs/Cultures:

H&H 8.4/23.8, PLT 35, RBC 2.60, PT/ INR 16.6/1.46

Imaging/Other tests:

Diet/Activity:

CL DIET

Oxygen: AS NEEDED

PT/OT/ST:

Other treatments:

BLOOD PRODUCT TRANSFUSION- PLATELETS

Level of care eval/referrals:

CARDIO, GI, CRIT CARE

Barriers to Discharge:

IV MEDS, PLAN STRESS WHEN HGB 10

Comments/Other:

===== INTERQUAL REVIEW HISTORY =====

Review Date Reviewer ID

9/13/2017 (b)(6);(b)(7)(C)

InterQual Version: InterQual® 2017.1

Review date: 09-13-2017

Review Status: In Primary

Product: LOC:Acute Adult

Criteria subset: General Medical

Criteria status: Critical Met

(Symptom or finding within 24h)

(Excludes PC medications unless noted)

Select Day, One:

Episode Day 1, One:

CRITICAL, >= One:

General, >= One:

IV medication administration, Both:

Medication, >= One:

Calcium channel blocker

Administration, >= One:

Titration q1-2h and monitoring

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9/13/2017
11:41 AM

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Insurance Certification Report - Selected Review - IQ
CONFIDENTIAL PATIENT INFORMATION

PAGE 3

For Facility: Conroe Regional Medical Center

Acct No. (b)(7)(E) Patient Name: RUIZ, FELIPE Age: 51Y DOB: 6/26/1966
Facility: Conroe Regional Medical Center

===== PAYER(S) (continued) =====

===== CONFIDENTIALITY STATEMENT =====
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CONROE MEDICAL CENTER (COCCR)

Clinical Note

REPORT#:0912-0490 REPORT STATUS: Signed

DATE:09/12/17 TIME: 1522

PATIENT: RUIZ, FELIPE

ACCOUNT#: (b)(7)(E)

DOB: 06/26/56 AGE: 51

SEX: M

ADM DT: 09/12/17

UNIT #: BH00861890

ROOM/BED: B.ICU18-W

ATTEND: (b)(6); (b)(7)(C)

AUTHOR:

* ALL edits or amendments must be made on the electronic/computer document *

****See Addendum****

Clinical Note

Note:

2035335

Electronically Signed by (b)(6); (b)(7)(C) 09/12/17 at 1522

Addendum 1: 09/12/17 1524 by (b)(6); (b)(7)(C)

2035363

Electronically Signed by (b)(6); (b)(7)(C) 09/12/17 at 1525

RPT #:0912-0490

END OF REPORT

CONROE MEDICAL CENTER (COCCR)
Pulmonology Progress Note
REPORT#: 0912-0575 REPORT STATUS: Draft
DATE: 09/12/17 TIME: 1714

PATIENT: RUIZ, FELIPE
ACCOUNT#: (b)(7)(E)
DOB: 06/26/66 AGE: 51 SEX: M
ADM DT: 09/12/17
UNIT #: BH00861890
ROOM/BED: B. ICU18-W
ATTEND: (b)(6); (b)(7)(C)
AUTHOR:

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Chief Complaint:
RFC: GI bleed/ICU management.

Objective

Physical Exam

VS/I&O:
Last Documented:

	Result	Date Time
Temp	98.3	09/12 1600
Pulse Ox	100	09/12 1447
O2 Flow Rate	2	09/12 1447
B/P	117/58	09/12 1400
Pulse	88	09/12 1400
Resp	19	09/12 1400

Medications:

Active Meds + DC'd Last 24 Hrs
Folic Acid 1 MG DAILY PO
Lactulose 30 ML BID PO (CKD)
Pantoprazole 40 MG Q12HR IV
Trazodone HCl 50 MG BEDTIME PO
Metoprolol Succinate 12.5 MG DAILY PO
Sertraline HCl 100 MG DAILY PO
Sodium Chloride 250 ML ASDIR IV
Labetalol HCl 10 MG Q4H PRN PRN IV
Levofloxacin 100 ML Q24H IV
Morphine Sulfate 1 MG Q4H PRN PRN IV
Ondansetron HCl 4 MG Q4H PRN PRN IV
Sodium Chloride 250 ML ASDIR PRN IV
Sodium Chloride 10 ML ASDIR IV
Sodium Chloride 1,000 ML Q13H20M IV
Lisinopril 20 MG DAILY PO (DC)
Nicardipine/Sodium Chloride 250 ML ASDIR IV

Patient: RUIZ, FELIPE
 Unit#: BH00861890
 Date: 09/12/17

Acct#:

(b)(7)(E)

Nicardipine/Sodium Chloride 250 ML .STK-MED ONE IV (DC)

General appearance: alert, awake

Head/eyes: normocephalic, PERRL, EOMI, clear cornea

Neck: full range of motion, non-tender, normal thyroid, supple/no meningismus, no bruit/NL carotids, no JVD, no lymphadenopathy

Cardiovascular: regular rate & rhythm

Respiratory/chest: decreased breath sounds

Abdomen: soft, non-tender, no distention, no guarding, no mass/organomegaly, no rebound

Extremities: moves all, normal capillary refill, no edema

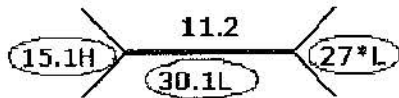
Musculoskeletal: full range of motion, normal inspection

Results

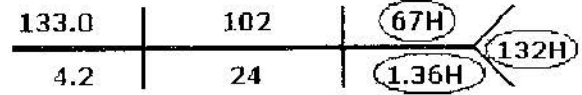
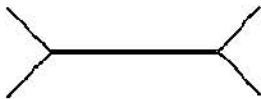
Findings/Data:

Laboratory Tests

09/12/17 1200:



09/12/17 1155:



Laboratory Tests

	09/12 1530	09/12 1530	09/12 1530
Chemistry			
Ammonia (11.0 - 32.0 mcMOL/L)			90.0 *II
CK-MB (CK-2) (1.0 - 3.6 NG/ML)	4.9 H		
Troponin I (0.000 - 0.045 NG/ML)	0.270 *H		
B-Natriuretic Peptide (0.00 - 100.00 PG/ML)		226.59 II	

	09/12 1155
Chemistry	
Sodium (133 - 144 mmol/L)	133.0

Patient: RUIZ, FELIPE

Unit#: BH00861890

Date: 09/12/17

Acct#:

(b)(7)(E)

Potassium (3.5 - 5.1 mmol/L)	4.2
Chloride (95 - 105 mmol/L)	102
Carbon Dioxide (21 - 32 mmol/L)	24
Anion Gap (4.0 - 15.0 GAP calc)	7.0
BUN (7 - 18 MG/DL)	67 H
Creatinine (0.55 - 1.30 MG/DL)	1.36 H
Glomerular Filtr Rate (> 60 estGFR)	55 L
Glucose (70 - 110 MG/DL)	132 H
Calcium (8.5 - 10.1 MG/DL)	7.8 L
Total Bilirubin (0.00 - 1.00 MG/DL)	6.56 H
Direct Bilirubin (0.00 - 0.30 MG/DL)	3.35 H
Indirect Bilirubin (0.2 - 1.3 MG/DL)	3.21 H
AST (15 - 37 Unit/L)	81 H
ALT (12 - 78 Unit/L)	49
Total Alk Phosphatase (45 - 117 Unit/L)	107
Total Protein (6.4 - 8.2 G/DL)	5.4 L
Albumin (3.4 - 5.0 G/DL)	2.9 L
Albumin/Globulin Ratio (1.2 - 2.2 RATIO)	1.2
Specimen Appearance (1 NORMAL Index/DL)	3 SMALL 5-10 MG
Specimen Hemolysis (1 NORMAL Index/DL)	2 TRACE 10-25 MG

Laboratory Tests

	09/12 1200
Coagulation	
PT (9.4 - 12.5 SECONDS)	17.3 H
INR (0.85 - 1.11 INR Unit)	1.52 H
PTT (Dade) (24 - 37.7 SECONDS)	29.4

Laboratory Tests

	09/12 1200
Hematology	
WBC (4.1 - 12.1 k/mm ³)	15.1 H
RBC (3.8 - 5.5 M/mm ³)	3.50 L
Hgb (10.6 - 15.8 G/DL)	11.2
Hct (36.0 - 47.4 %)	30.1 L
MCV (80.1 - 101.1 fL)	86.0
MCH (25.3 - 35.3 pg)	32.0
MCHC (32.7 - 35.1 G/DL)	37.2 H
RDW (12.2 - 16.4 %)	17.2 H
Plt Count (155 - 337 K/mm ³)	27 *L
MPV (7.6 - 10.4 fL)	10.3

Patient: RUIZ, FELIPE

Unit#: BH00861890

Date: 09/12/17

(b)(7)(E)

Acct#:

Gran % (37.8 - 82.6 %)	65.8
Lymph % (Auto) (14.1 - 45.4 %)	12.1 L
Mono % (Auto) (2.5 - 11.7 %)	12.7 H
Eos % (Auto) (0.0 - 6.2 %)	1.7
Baso % (Auto) (0.0 - 2.6 %)	0.5
Gran # (2.0 - 13.7 K/mm3)	9.95 H
Lymph # (Auto) (0.6 - 3.8 K/mm3)	1.82
Mono # (Auto) (0.11 - 0.59 K/mm3)	1.91 H
Eos # (Auto) (0.0 - 0.4 K/mm3)	0.25
Baso # (Auto) (0.0 - 0.1 K/mm3)	0.08
Add Manual Diff (CRITERIA DIFF/SCN)	MAN DIFF INDICATED
Total Counted (100 #CELLS)	100
Immature Gran % (0.0 - 2.0 %)	7.2 H
Seg Neutrophils % (40 - 75 %)	73
Lymphocytes % (Manual) (12.6 - 43.5 %)	12 L
Monocytes % (Manual) (4.2 - 12.7 %)	14 H
Eosinophils % (Manual) (0.0 - 5.2 %)	1
Nucleated RBC % (0.0 - 1.0 /100WBC%)	1.7 H
Nucleated RBCs # (0.00 - 0.05 K/mm3)	0.25 H
Toxic Granulation (NONE ON SCAN)	SLIGHT
Platelet Estimate (ADEQUATE ON SCAN)	MRK DECR L
Plt Morphology Comment (NORMAL PLTS ON SCAN)	LARGE RARE
Polychromasia (NONE ON SCAN)	SLIGHT
Hypochromasia (NONE ON SCAN)	SLIGHT
Poikilocytosis (NONE ON SCAN)	SLIGHT
Anisocytosis (NONE ON SCAN)	SLIGHT
Ovalocytes (NONE ON SCAN)	FEW
Acanthocytes (Spur) (NONE ON SCAN)	RARE
Schistocytes (NONE ON SCAN)	RARE

Diagnosis, Assessment & Plan

Free Text A&P:

GI Bleed: management per GI
hypotension : better.

RPT #: 0912-0575

END OF REPORT

Referral From: Conroe Regional Medical Center

From: (b)(6); (b)(7)(C) To: IAH IMMIGRATION DETENTION
Phone: (936) 539 (b)(6), Attention: (b)(6); (b)(7)(C)
Fax: (936) 788-8076

Comment: TAX ID: 621-801-361, NPI: 1962455816, FAX : 936-788-8076

Regarding Patient: RUI, F
SSN: XXX-XX-5555
Member ID: (b)(6); (b)(7)(C)

The following documents are included in this fax:

Name	Pages
Insurance Certification Report - IQ	4
0913_12:23:13	1
0913_12:23:04	4
RAD/XR CHEST 1 V	1
Specimen Inquiry	1
US/US ABDOMEN LTD	2
HISTORY AND PHYSICAL	3
0913_12:22:40	8
Specimen Inquiry	2
Specimen Inquiry	1
Specimen Inquiry	1
Specimen Inquiry	2
Specimen Inquiry	2
Specimen Inquiry	1
ELECTROCARDIOGRAM	1
ENDOWORKS REPORT	2
HISTORY AND PHYSICAL	1
Specimen Inquiry	1
0913_12:21:25	1
HISTORY AND PHYSICAL_FAKAL_09122017_B.HIM201709130071.rtf	1
Clinical Rounds Report_20170913.rtf	7
HISTORY AND PHYSICAL_FAKAL_09122017_B.HIM201709120324.rtf	3
US ABDOMEN LTD_US_09122017_020697791.rtf	1
XR CHEST 1 V_RAD_09122017_020697794.rtf	1

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9/13/2017
11:41 AM

HCA Corporate
Insurance Certification Report - Selected Review - IQ
CONFIDENTIAL PATIENT INFORMATION

PAGE 1

For Facility: Conroe Regional Medical Center

===== ENCOUNTER / HCM DATA =====

Acct No: (b)(7)(E) Patient Name: RUIZ, FELIPE Age: 51Y DOB: 6/26/1966
 Start Date: 9/12/2017 8:20AM Adm Phys (b)(6); (b)(7)(C) MRN: BHC0861890
 Location: CR-3 INTENSIVE C Att Phys (b)(6); (b)(7)(C) Fac: Conroe Regio
 Room: B. ICU16-W Disch Date: Accommodation: Enc Type: INPATIENT (Inpatient)
 Home Addr: 3400 FM 350 SOUTH Sex: M
 LIVINGSTON, TX Marital Stat: Single
 County: Country: United States of Ame
 Zip Code: 77351
 Home Phone: 936-967-8000 Work Phone: 999-999-9999 SSN: <Blocked>

Emer Contacts:
 Name: RUIZ, FELIPE Home Tel: 936-967-8000 Work Tel:
 Relationship: Self

ECM DRG: 872 Ver: 34 Current Stay: 1 ALOS: 4.5 GLOS: 3.8 Outlier:

Admit Complaint: UPPER GI BLEED
 HCM Diagnosis:
 HCM Procedure:
 Dx Category:
 Admit Review:

===== PAYER(S) =====

OVERWRITE WITH PAYOR NAME Status: P Cert?
 Auth No: NR/I Insur No: 028866428
 From Thru #Days Type Status Auth No Ref No Service
 Cert - P

Company:
 Submit by: Date: Time:
 Submit to:
 Phone: Fax:

OVERWRITE WITH PAYOR NAME Status: S Cert?
 Auth No: NR/I Insur No: 028866428

===== CURRENT REVIEW =====

Review Date Care Date Review Category Reviewer ID
 9/13/2017 9/13/2017 (b)(6); (b)(7)(C)

Severity Intensity

Reviewer Comments:
 ---9/13/2017 1133 by (b)(6); (b)(7)(C)
 Vital signs:
 36.6, 57, 109/68 TO 89/54, 94 %

9/13/2017
11:41 AM

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Insurance Certification Report - Selected Review - IQ
CONFIDENTIAL PATIENT INFORMATION

PAGE 2

For Facility: Conroe Regional Medical Center

Acct No.: B(b)(7)(E) Patient Name: RUIZ, FELIPE
Facility: Conroe Regional Medical Center

Age: 51Y DOB: 6/26/1966

===== CURRENT REVIEW =====

Medications/Route:

PO MEDS, PROTONIX IV, LEVAQUIN IV, IV TRANDATE PRN, IV ZOFRAN PRN, IV MORPHINE PRN,

IV's:

IVF @ 75 CC/HR, IV CARDENE GTT TITRATED

Labs/Cultures:

H&H 8.4/23.8, PLT 35, RBC 2.60, PT/ INR 16.6/1.46

Imaging/Other tests:

Diet/Activity:

CL DIET

Oxygen: AS NEEDED

PT/OT/ST:

Other treatments:

BLOOD PRODUCT TRANSFUSION- PLATELETS

Level of care eval/referrals:

CARDIO, GI, CRIT CARE

Barriers to Discharge:

IV MEDS, PLAN STRESS WHEN HGB 10

Comments/Other:

===== INTERQUAL REVIEW HISTORY =====

Review Date Reviewer ID

9/13/2017 (b)(6);(b)(7)(C)

InterQual version: InterQual® 2017.1

Review date: 09 13 2017

Review Status: In Primary

Product: LOC:Acute Adult

Criteria subset: General Medical

Criteria status: Critical Met

(Symptom or finding within 24h)

(Excludes PO medications unless noted)

Select Day, One:

Episode Day 1, One:

CRITICAL, >= One:

General, >= One:

IV medication administration, Both:

Medication, >= One:

Calcium channel blocker

Administration, >= One:

Titration q1-2h and monitoring

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9/13/2017
11:41 AM

HCA Corporate
Insurance Certification Report - Selected Review - IQ
CONFIDENTIAL PATIENT INFORMATION

PAGE 3

For Facility: Conroe Regional Medical Center

Acct No.: (b)(7)(E) Patient Name: RUIZ, FELIPE Age: 51Y DOB: 6/26/1966
Facility: Conroe Regional Medical Center

===== PAYER(S) (continued) =====

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936-585-(b)(6); (b)(7)(C)
936-585-(b)(7)(C)

Campus: C St: ADM

Patient Name: RUIZ, FELIPE

Unit No: BH00861890

EXAMS:

020697794 RAD/XR CHEST 1 V

To be performed PORTABLE?

Travel Mode:

Isolation Type:

Reason for Exam: leucocytosis

Comments:

*?

Location: T 18

Chest x-ray exam, AP frontal projection, 9/12/2017

CLINICAL HISTORY: Leukocytosis, ICU patient.

Comparison exams: None of the chest

Elevation the right hemidiaphragm difficult to assess in terms of age given lack of prior exams. Probable scarring versus atelectatic changes mainly at the right lung base. No active CHF. Overlying lines obscure detail. No findings of high concern for pneumonia

** Electronically Signed by (b)(6); (b)(7)(C) *
** on 09/12/2017 at 1726 **

Reported and signed by: (b)(6); (b)(7)(C)

CC: (b)(6); (b)(7)(C)

Dictated Date/Time: 09/12/2017 (1726)

Technologist: (b)(6); (b)(7)(C)

Transcribed Date/Time: 09/12/2017 (1726) By: (b)(6); (b)(7)(C)

Orig Print D/T: S: 09/12/2017 (1729)

CONROE MED CTR IN/OBS
MEDICAL IMAGING
504 MEDICAL CENTER BLVD
CONROE, TEXAS 77304
PHONE #: 936-539-7026
FAX #: 936-539-7681

NAME: RUIZ, FELIPE
PHYS (b)(6); (b)(7)(C) MD
DOB: 06/26/1966 AGE: 51 SEX: M
ACCT NO: (b)(7)(E) C: B.ICU18 W
EXAM DATE: 09/12/2017 STATUS: ADM IN
RAD NO: DC Dt:

PAGE 1 Signed Report Printed From PCI

Patient Name: RUIZ, FELIPE

Unit No: BH00861890

EXAMS:

020697791 US/US ABDOMEN LTD

Travel Mode:

Isolation Type:

Reason for Exam: RUQ abd pain.H/O non alcoholic liver cirrhosis

Comments:

*?

Site:R16

Limited Abdominal Ultrasound

History: Right upper quadrant abdominal pain, history of nonalcoholic liver cirrhosis.

Comparison: No prior similar studies are available for comparison.

Technique: Gray scale and color Doppler imaging were utilized.

Findings:

This examination is markedly limited due to poor beam penetration.

The liver is measures 15.2 cm in length. Evaluation of the liver is markedly limited. The main portal vein is not well visualized.

The gallbladder is not well-visualized. Sonographic Murphy sign is negative.

The common bile duct is not identified on this examination.

The right kidney measures 10.9 x 5.8 x 4.2 cm, with a cortical thickness measuring 1.9 cm. It demonstrates no hydronephrosis, nephrolithiasis or cortical thinning.

The pancreas is not visualized.

The visualized portions of the abdominal aorta and IVC are unremarkable.

There is no evidence of ascites.

Impression:

1. *Markedly limited examination due to poor beam penetration. The liver, gallbladder, common bile duct and pancreas are inadequately visualized on this examination.*
2. *Unremarkable right kidney and visualized portions of the abdominal*

CONROE MED CTR IN/OBS
 MEDICAL IMAGING
 504 MEDICAL CENTER BLVD
 CONROE, TEXAS 77304
 PHONE #: 936-539-7026
 FAX #: 936-539-7681

NAME: RUIZ, FELIPE
 PHYS: (b)(6); (b)(7)(C) MD
 DOB: 06/26/1966 AGE: 51 SEX: M
 ACCT NO: (b)(7)(E) LOC: B.ICU18 W
 EXAM DATE: 09/12/2017 STATUS: ADM IN
 RAD NO:

Patient Name: RUIZ, FELIPE

Unit No: BH00861890

EXAMS:

020697791 US/US ABDOMEN LTD

Travel Mode:

Isolation Type:

Reason for Exam: RUQ abd pain.H/O non alcoholic liver cirrhosis

Comments:

*?

<Continued>

aorta and IVC.

** Electronically Signed by (b)(6); (b)(7)(C) on 09/12/2017 at 1909 **
Reported and signed by: (b)(6); (b)(7)(C)

CC: (b)(6); (b)(7)(C)

Technologist: (b)(6); (b)(7)(C) - Agency
Trnscribd D/T: 09/12/2017 (1909) (b)(6); (b)(7)(C)
Orig Print D/T: S: 09/12/2017 (1915) (b)(6); (b)(7)(C)

CONROE MED CTR IN/OBS
MEDICAL IMAGING
504 MEDICAL CENTER BLVD
CONROE, TEXAS 77304
PHONE #: 936-539-7026
FAX #: 936-539-7681

NAME: RUIZ, FELIPE
PHYS (b)(6); (b)(7)(C)
DOB: 06/26/1966 AGE: 51 SEX: M
ACCT NO: (b)(7)(E) LOC: B.ICU18 W
EXAM DATE: 09/12/2017 STATUS: ADM IN
RAD NO:

0912-0324

CONROE REGIONAL MEDICAL CENTER
504 Medical Center Blvd.
Conroe, Texas 77304

PATIENT NAME: RUIZ, FELIPE
ACCOUNT NO: (b)(7)(E)
MEDICAL RECORD NO: BH00861890
REPORT TYPE: HISTORY AND PHYSICAL

ADMIT DATE: 09/12/17
ROOM NO: B.ICU18
AGE: 51
SEX: M

ADMITTING PHYSICIAN: (b)(6); (b)(7)(C)
ATTENDING PHYSICIAN: (b)(6); (b)(7)(C)

ADMISSION DATE: 09/12/2017

PRIMARY CARE PHYSICIAN: None. The patient is from immigration jail center.

CHIEF COMPLAINT: Hematemesis.

HISTORY OF PRESENT ILLNESS: The patient is a 51-year-old Hispanic incarcerated male, who was taken to Livingston Memorial Emergency Room with complaints of abdominal pain, right flank pain, _____, and hematemesis. He has a past medical history significant for nonalcoholic liver cirrhosis, generalized anxiety disorder, and depression. He was in his usual state of health until early morning, he complained of abdominal pain, right flank pain and started throwing up blood. His hemoglobin level at the Livingston ER was fairly stable at 12.5 and hematocrit was 33.2. He was started on Sandostatin drip and then transferred to Conroe Regional Medical Center ICU for further care. Of note, his platelet level significantly decreased to 18,000.

PAST MEDICAL HISTORY: As mentioned above, which includes,

- 1. Nonalcoholic liver cirrhosis.
- 2. Depression.
- 3. Generalized anxiety disorder.

PAST SURGICAL HISTORY: None.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS FROM JAIL: Reviewed. These include folic acid 1 mg daily, Zolof 100 mg daily, trazodone 50 mg at bedtime, Aldactone 25 mg b.i.d., and omeprazole 40 mg daily.

SOCIAL HISTORY: The patient is incarcerated. He is originally from Florida; however, because of the flooding, he was transferred to Texas Jail.

FAMILY HISTORY: The patient is unaware of any medical problems running in the family.

REVIEW OF SYSTEMS:

GENERAL: Positive for malaise and fatigue.

HEENT: No headaches.

CARDIOVASCULAR: No active chest pain.

RESPIRATORY: No shortness of breath.

GASTROINTESTINAL: He presents with right upper quadrant abdominal pain and

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: (b)(7)(E)

hematemesis.

GENITOURINARY: Denies dysuria or hematuria.

MUSCULOSKELETAL: No active joint pain.

NEUROLOGICAL: He is moving all 4 extremities. Speech appears to be clear.

PSYCHIATRIC: He has history of depression.

LABORATORY AND DIAGNOSTIC DATA: From Livingston ER, sodium 127, potassium 4.3, BUN 85, and creatinine 1.5. Albumin decreased to 3.3. AST 102, ALT 68, ALKP 123, and total bilirubin 10.8. CPK elevated at 322. Lipase mildly elevated at 367. BNP elevated at 4850. PTT 22.1. Troponin I 0.076. WBC 14.28, hemoglobin 12.5, hematocrit 33.2, and platelets decreased to 18.

ASSESSMENT AND PLAN: A 51-year-old incarcerated Hispanic male with history of nonalcoholic liver cirrhosis, now presents with:

1. Gastrointestinal bleed. Differential diagnosis could be variceal, esophageal, or gastric bleeding versus peptic ulcer disease versus gastritis. The patient has been started on octreotide drip. We will also initiate IV PPI and monitor hemoglobin/hematocrit levels, so far are stable. GI consultation has been requested for evaluation of possible EGD.
2. Right upper quadrant abdominal pain. We will check hepatitis panel and right upper quadrant ultrasound.
3. Renal failure, unknown acute or chronic. We will hold Aldactone and other nephrotoxic medications. Could be in the setting of gastrointestinal bleed.
4. Mild troponinemia at the Livingston ER with a troponin level of 0.076. Could be in the setting of stress, gastrointestinal bleed. We will monitor troponin levels over here and also monitor EKG. We will hold antiplatelets secondary to active gastrointestinal bleed.
5. Jaundice with elevated total bilirubin of 6.56 in the setting of liver cirrhosis. Once again, check hepatitis panel. GI has been consulted.
6. Severe thrombocytopenia secondary to liver cirrhosis. The patient will need platelet transfusion prior to EGD.
7. Depression. Continue home regimen of sertraline and trazodone.
8. Uncontrolled hypertension. The patient is on Cardene drip. Lisinopril was initiated. We will titrate medications as needed. We will discontinue lisinopril in view of renal failure and initiate beta blocker in view of history of liver cirrhosis.
9. GI and deep vein thrombosis prophylaxis to be achieved with Protonix/SCDs. Unable to give any blood thinners due to active gastrointestinal bleed.

Case discussed with the patient, the guards, and the RN in detail.

It has been a pleasure participating in the medical care of the patient. If you have any questions, please do not hesitate to call.

Dictated By: (b)(6); (b)(7)(C)

WT: HP:B.HIM/FAKAL/NTS
DD: 09/12/2017 15:22:12

PATIENT NAME: RUIZ, FELIPE ACCOUNT # (b)(7)(E)

DT: 09/12/2017 19:48:10
Conf#: 2035335/DID#: 3991040

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #:

(b)(7)(E)

Patient Care Inquiry (PCI: OE Database COCCR)

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Run: 09/13/17-11:22 by (b)(6); (b)(7)(C) 2020-ICLI-00006 4335

Page 3 of 3

CONROE MEDICAL CENTER (COCCR)
 GE Consultation Note
 REPORT#: 0912-0667 REPORT STATUS: Signed
 DATE: 09/12/17 TIME: 2044

PATIENT: PHILIZ FELIPE UNIT #: BH00861890
 ACCOUNT#: (b)(7)(E) ROOM/BED: B.ICU18-W
 DOB: 06/26/66 AGE: 51 SEX: M ATTEND: (b)(6); (b)(7)(C)
 ADM DT: 09/12/17 AUTHOR: [REDACTED]

* ALL edits or amendments must be made on the electronic/computer document *

History

Medications:

Home Medications:

Medication	Dose/Rte/Freq Max Daily Dose	Days	Qty	Entered	Last Reviewed
SERTRALINE (ZOLOFT) Strength: 100 MG TAB	100 MG PO DAILY			09/12/17 1103	09/12/17 1104
traZODone (DESYREL) Strength: 50 MG TAB	50 MG PO BEDTIME			09/12/17 1103	09/12/17 1104
FOLIC ACID Strength: 1 MG TAB	1 MG PO DAILY			09/12/17 1103	09/12/17 1104
OMEPRAZOLE ER (PRILOSEC) Strength: 40 MG CAP,DR	40 MG PO DAILY			09/12/17 1104	09/12/17 1104
SPIRONOLACTONE (ALDACTONE) Strength: 25 MG TAB	25 MG PO BID			09/12/17 1104	09/12/17 1104

Current Hospital Medications:

Anti-Infective Agents

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Levofloxacin (LEVAQUIN 500MG/ 100ML)	100 ML	Q24H IV	09/12 1530 09/19 1531	AC	09/12 1624

Cardiovascular Drugs

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Metoprolol Succinate (TOPROL XL)	12.5 MG	DAILY PO	09/12 1700 10/12 1701	AC	09/12 1626
Labetalol HCl (TRANDATE)	10 MG	Q4H PRN PRN IV	09/12 1530 10/12 1531	AC	
Lisinopril (PRINIVIL)	20 MG	DAILY PO	09/12 1100 10/12 1101	DC	09/12 1133
Nicardipine/Sodium Chloride	250 ML	ASDIR IV	09/12 1000 10/12 1001	AC	

Patient: RUIZ, FELIPE
 Unit#: BH00861890
 Date: 09/12/17

Acct#:

(b)(7)(E)

(CARDENE-NAACL 50 MG/ 250 ML IV)					
Nicardipine/Sodium Chloride (CARDENE-NAACL 50 MG/ 250 ML IV)	250 ML	STK-MED ONE IV	09/12 0953	DC	09/12 0959

Central Nervous System Agents

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Trazodone HCl (DESYREL)	50 MG	BEDTIME PO	09/12 2100 10/12 2101	AC	09/12 2015
Sertraline HCl (ZOLOFT)	100 MG	DAILY PO	09/12 1700 10/12 1701	AC	09/12 1626
Morphine Sulfate (MORPHINE SULFATE)	1 MG	Q4H PRN PRN IV	09/12 1515 10/12 1516	AC	

Electrolytic, Caloric, And Wat

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Lactulose (CHRONULAC 20 GM/30 ML)	30 ML	BID PO	09/12 2100 10/12 2101	CKD	09/12 2015
Sodium Chloride (NORMAL SALINE 250 ML)	250 ML	ASDIR IV	09/12 1600 09/13 1555	AC	
Sodium Chloride (NORMAL SALINE 250 ML)	250 ML	ASDIR PRN IV	09/12 1515 10/12 1516	AC	
Sodium Chloride (SODIUM CHLORIDE 0.9% 20ML)	10 ML	ASDIR IV	09/12 1515 10/12 1516	AC	
Sodium Chloride (SODIUM CHLORIDE 0.9% 1000 ML)	1,000 ML	Q13H20M IV	09/12 1515 10/12 1516	AC	09/12 1624

Gastrointestinal Drugs

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Pantoprazole (PROTONIX)	40 MG	Q12HR IV	09/12 2100 10/12 2101	AC	09/12 2015
Ondansetron HCl (ZOFTRAN)	4 MG	Q4H PRN PRN IV	09/12 1515 10/12 1516	AC	09/12 1625

Patient: RUIZ, FELIPE
Unit#: BH00861890
Date: 09/12/17

Acct#:

(b)(7)(E)

Vitamins

Medication	Dose	Sig/Sch Route	Start time Stop Time	Last Status Admin
Folic Acid (FOLVITE)	1 MG	DAILY PO	09/13 0900 10/13 0901	AC

Allergies:

Coded Allergies:

No Known Allergies (09/12/17)

Objective

Physical Exam

VS/I&O:

Last Documented:

	Result	Date Time
Pulse O ₂	96	09/12 2000
B/P	106/56	09/12 2000
Pulse	68	09/12 2000
Resp	17	09/12 2000
Temp	36.8	09/12 1838
O ₂ Flow Rate:	2	09/12 1447

Medications:

Active Meds + DC'd Last 24 Hrs

Folic Acid 1 MG DAILY PO
Lactulose 30 ML BID PO (CKD)
Pantoprazole 40 MG Q12HR IV
Trazodone HCl 50 MG BEDTIME PO
Metoprolol Succinate 12.5 MG DAILY PO
Sertraline HCl 100 MG DAILY PO
Sodium Chloride 250 ML ASDIR IV
Labetalol HCl 10 MG Q4H PRN PRN IV
Levofloxacin 100 ML Q24H IV
Morphine Sulfate 1 MG Q4H PRN PRN IV
Ondansetron HCl 4 MG Q4H PRN PRN IV
Sodium Chloride 250 ML ASDIR PRN IV
Sodium Chloride 10 ML ASDIR IV

Patient: RUIZ, FELIPE
 Unit#: BH00861890
 Date: 09/12/17

Acct#:

(b)(7)(E)

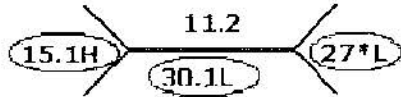
Sodium Chloride 1,000 ML .Q13H20M IV
 Lisinopril 20 MG DAILY PO (DC)
 Nicardipine/Sodium Chloride 250 ML ASDIR IV
 Nicardipine/Sodium Chloride 250 ML .STK-MED ONE IV (DC)

General appearance: alert, awake

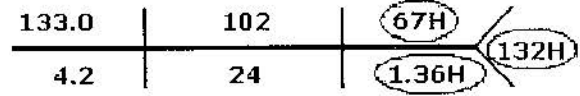
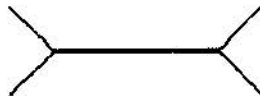
Results

Findings/Data:
 Laboratory Tests

09/12/17 1200:



09/12/17 1155:



Laboratory Tests

	09/12 1530	09/12 1530	09/12 1530
Chemistry			
Ammonia (11.0 - 32.0 mcMOL/L)			90.0 *H
CK-MB (CK-2) (1.0 - 3.6 NG/ML)	4.9 H		
Troponin I (0.000 - 0.045 NG/ML)	0.270 *H		
B-Natriuretic Peptide (0.00 - 100.00 PG/ML)		226.59 H	

	09/12 1155
Chemistry	
Sodium (133 - 144 mmol/L)	133.0
Potassium (3.5 - 5.1 mmol/L)	4.2
Chloride (95 - 105 mmol/L)	102
Carbon Dioxide (21 - 32 mmol/L)	24
Anion Gap (4.0 - 15.0 GAP calc)	7.0
BUN (7 - 18 MG/DL)	67 H

Patient: RUIZ, FELIPE

Unit#: BH00861890

Date: 09/12/17

Acct#:

(b)(7)(E)

Creatinine (0.55 - 1.30 MG/DL)	1.36 H
Glomerular Filtr Rate (>60 estGFR)	55 L
Glucose (70 - 110 MG/DL)	132 H
Calcium (8.5 - 10.1 MG/DL)	7.8 L
Total Bilirubin (0.00 - 1.00 MG/DL)	6.56 H
Direct Bilirubin (0.00 - 0.30 MG/DL)	3.35 H
Indirect Bilirubin (0.2 - 1.3 MG/DL)	3.21 H
AST (15 - 37 Unit/L)	81 H
ALT (12 - 78 Unit/L)	49
Total Alk Phosphatase (45 - 117 Unit/L)	107
Total Protein (6.4 - 8.2 G/DL)	5.4 L
Albumin (3.4 - 5.0 G/DL)	2.9 L
Albumin/Globulin Ratio (1.2 - 2.2 RATIO)	1.2
Specimen Appearance (1 NORMAL Index/DL)	3 SMALL 5-10 MG
Specimen Hemolysis (1 NORMAL Index/DL)	2 TRACE 10-25 MG

Laboratory Tests

	09/12 1200
Coagulation	
PT (9.4 - 12.5 SECONDS)	17.3 H
INR (0.85 - 1.11 INR Unit)	1.52 H
PTT (Dade) (24 - 37.7 SECONDS)	29.4

Laboratory Tests

	09/12 1200
Hematology	
WBC (4.1 - 12.1 k/mm ³)	15.1 H
RBC (3.8 - 5.5 M/mm ³)	3.50 L
Hgb (10.6 - 15.8 G/DL)	11.2
Hct (36.0 - 47.4 %)	30.1 L
MCV (80.1 - 101.1 fL)	86.0
MCH (25.3 - 35.3 pg)	32.0
MCHC (32.7 - 35.1 G/DL)	37.2 H
RDW (12.2 - 16.4 %)	17.2 H
Plt Count (155 - 337 K/mm ³)	27 *L
MPV (7.6 - 10.4 fL)	10.3
Gran % (37.8 - 82.6 %)	65.8
Lymph % (Auto) (14.1 - 45.4 %)	12.1 L
Mono % (Auto) (2.5 - 11.7 %)	12.7 H
Eos % (Auto) (0.0 - 6.2 %)	1.7
Baso % (Auto) (0.0 - 2.6 %)	0.5

Patient: RUIZ, FELIPE

Unit#: BH00861890

Date: 09/12/17

Acct#:

(b)(7)(E)

Gran # (2.0 - 13.7 K/mm3)	9.95 H
Lymph # (Auto) (0.6 - 3.8 K/mm3)	1.82
Mono # (Auto) (0.11 - 0.59 K/mm3)	1.91 H
Eos # (Auto) (0.0 - 0.4 K/mm3)	0.25
Baso # (Auto) (0.0 - 0.1 K/mm3)	0.08
Add Manual Diff (CRITERIA DIFF/SCN)	MAN DIFF INDICATED
Total Counted (100 #CELLS)	100
Immature Gran % (0.0 - 2.0 %)	7.2 H
Seg Neutrophils % (40 - 75 %)	73
Lymphocytes % (Manual) (12.6 - 43.5 %)	12 L
Monocytes % (Manual) (4.2 - 12.7 %)	14 H
Eosinophils % (Manual) (0.0 - 5.2 %)	1
Nucleated RBC % (0.0 - 1.0 /100WBC%)	1.7 H
Nucleated RBCs # (0.00 - 0.05 K/mm3)	0.25 H
Toxic Granulation (NONE ON SCAN)	SLIGHT
Platelet Estimate (ADEQUATE ON SCAN)	MRK DECR L
Plt Morphology Comment (NORMAL PLTS ON SCAN)	LARGE RARE
Polychromasia (NONE ON SCAN)	SLIGHT
Hypochromasia (NONE ON SCAN)	SLIGHT
Poikilocytosis (NONE ON SCAN)	SLIGHT
Anisocytosis (NONE ON SCAN)	SLIGHT
Ovalocytes (NONE ON SCAN)	FEW
Acanthocytes (Spur) (NONE ON SCAN)	RARE
Schistocytes (NONE ON SCAN)	RARE

Laboratory Tests

	09/12 1530
Serology	
Hepatitis A IgM Ab (Nonreactive SCREEN)	NonReactive
Hep Bs Antigen (Nonreactive SCREEN)	NEG-NONREAC
Hep B Core IgM Ab (Nonreactive SCREEN)	NonReactive
Hepatitis C Antibody (Nonreactive SCREEN)	NR

Radiology data:

Recent Impressions:

ULTRASOUND - US ABDOMEN LTD 09/12 1637

*** Report Impression - Status: SIGNED Entered: 09/12/2017 1913

Impression:

1. Markedly limited examination due to poor beam penetration. The liver, gallbladder, common bile duct and pancreas are inadequately

Patient: RUIZ, FELIPE

Unit#: BH00861890

Date: 09/12/17

Acct#:

(b)(7)(E)

visualized on this examination.

2. Unremarkable right kidney and visualized portions of the abdominal aorta and IVC.

Impression By: t.SDR.RH16 - (b)(6); (b)(7)(C)

Diagnosis, Assessment & Plan

Free Text A&P:

Consult: Hematemesis

HISTORY OF PRESENT ILLNESS: The patient is a 51-year-old Hispanic incarcerated male, who was taken to Livingston Memorial Emergency Room with complaints of abdominal pain, and hematemesis. He has a past medical history significant for nonalcoholic liver cirrhosis, generalized anxiety disorder, and depression. He has been diagnosed with cirrhosis 7 years ago. He is currently in the Department of Corrections.

PAST MEDICAL HISTORY: As mentioned above, which includes,

1. Nonalcoholic liver cirrhosis.
2. Depression.
3. Generalized anxiety disorder.

SURGICAL HISTORY: None.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS FROM JAIL: Reviewed.

SOCIAL HISTORY: The patient is incarcerated. He is originally from Florida; however, because of the flooding, he was transferred to Texas Jail.

FAMILY HISTORY: The patient is unaware of any medical problems running in the family.

REVIEW OF SYSTEMS:

Otherwise negative.

GASTROINTESTINAL: He presents with right upper quadrant abdominal pain and

Patient: RUIZ, FELIPE
Unit#: BH00861890
Date: 09/12/17

Acct#:

(b)(7)(E)

hematemesis.
PSYCH: depression.

Vitals as above:

General appearance: alert, awake, oriented
Head/Eyes: atraumatic, EOMI, icteric
ENT: moist mucosal membranes
Cardiovascular: regular rate & rhythm, normal heart sounds
Respiratory: clear to auscultation, no distress, no tenderness, aerating well
Abdomen/GI: active bowel sounds, soft, non tenderness
Extremities: moves all, no edema-all extremities
Musculoskeletal: full range of motion
Neuro/CNS: alert, oriented X 3
Psychiatry: unable to evaluate

LABORATORY AND DIAGNOSTIC DATA: Reviewed

ASSESSMENT AND PLAN: A 51-year-old incarcerated Hispanic male with history of nonalcoholic liver cirrhosis, now presents with hematemesis
Possible varices though PLTs are low will transfuse then have EGD possible banding
Agree with octreotide and PPI drip with abx
EGD planned tomorrow
NPO for now
Follow up CBC in the AM

Electronically Signed by (b)(6); (b)(7)(C) MD on 09/12/17 at 2054

RPT #: 0912-0667
END OF REPORT

Specimen Inquiry Report

Conroe Regional Medical Center, Conroe TX

*** CONFIDENTIAL ***

Med. Director: (b)(6), (b)(7)(C)

CAP#21190-01

PATIENT: RUIZ, FELIPE

ACCT# (b)(7)(E)

LOC: B ICU4

U#: BH00861890

FD: OD: ABBAL

AGE/SX: 51/M

ROOM: B ICU18

REG: 09/12/17

RESDR: (b)(6), (b)(7)(C)

MD

ANENA

STATUS: ADM IN

BED: W

DIS:

0912:CR:H00272R COMP, Coll: 09/12/17-2020 Recd: 09/12/17-2059 (R#07673889)

Test	Result	Flag	Reference	Site Verified
<u>CBC</u>				
> WBC	8.9		4.1-12.1 k/mm3	09/12/17-2105
> RBC	2.78	L	3.8-5.5 M/mm3	09/12/17-2105
> HGB	9.0	L	10.6-15.8 G/DL	09/12/17-2105
> HCT	24.6	L	36.0-47.4 %	09/12/17-2105
> MCV	88.5		80.1-101.1 fL	09/12/17-2105
> MCH	32.4		25.3-35.3 pg	09/12/17-2105
> MCHC	36.6	H	32.7-35.1 G/DL	09/12/17-2105
> RDW	17.2	H	12.2-16.4 %	09/12/17-2105
> RDW-SD	50.8	H	35.1-43.9 fL	09/12/17-2105
> PLT	55	L	155-337 K/mm3	09/12/17-2105
> MPV	11.1	H	7.6-10.4 fL	09/12/17-2105
> NEUT %	69.9		37.8-82.6 %	09/12/17-2105
> IMM GRAN %	4.9	H	0.0-2.0 %	09/12/17-2105
> LYMPH %	11.4	L	14.1-45.4 %	09/12/17-2105
> MONO %	11.9	H	2.5-11.7 %	09/12/17-2105
> EOS %	1.8		0.0-6.2 %	09/12/17-2105
> BASO %	0.1		0.0-2.6 %	09/12/17-2105
> NRBC% per100WBC	0.8		0.0-1.0 /100WBC%	09/12/17-2105
> NEUT #	6.21		2.0-13.7 K/mm3	09/12/17-2105
> IMM GRAN #	0.44	H	0.00-0.03 K/mm3	09/12/17-2105
> LYMPH #	1.02		0.6-3.8 K/mm3	09/12/17-2105
> MONO #	1.06	H	0.11-0.59 K/mm3	09/12/17-2105

Name: RUIZ, FELIPE

Age/Sex: 51/M

Acct# (b)(7)(E)

Unit#BH00861890

SPEC #: 0912:CR.H00272R

PATIENT: RUIZ, FELIPE

(b)(7)(E)

(Continued)

Test	Result	Flag	Reference	Verified	Site
> EOS #	0.16		0.0-0.4 K/mm3		09/12/17-2105
> BASO #	0.01		0.0-0.1 K/mm3		09/12/17-2105
> NRBC#	0.07	H	0.00-0.05 K/mm3		09/12/17-2105

Name: RUIZ, FELIPE

Age/Sex: 51/M

Acct

(b)(7)(E)

Unit#BH00861890

Specimen Inquiry Report
*** CONFIDENTIAL ***

Conroe Regional Medical Center, Conroe TX

Med. Director: (b)(6); (b)(7)(C) CAP#21190-01

PATIENT: RUIZ, FELIPE ACCT#: (b)(7)(E) LOC: B. ICU4 U#: BH00861890
FD: OD: ABBAL AGE/SX: 51/M ROOM: B. ICU18 REG: 09/12/17
RESDR: (b)(6); (b)(7)(C) ANSNA STATUS: ADM IN BED: W DIS:

17:CR:BC0011419S RES, Coll: 09/12/17-1530 Recd: 09/12/17-1619 (R#07673570) (b)(6); (b)(7)(C)
Source: BLOOD Desc: PERIPHERAL

Procedure	Result	Verified	Site
> BLOOD CULTURE Preliminary NO GROWTH AFTER 12 HOURS		09/13/17-0419	

Name: RUIZ, FELIPE Age/Sex: 51/M Acct: (b)(7)(E) Unit#BH00861890

Specimen Inquiry Report

Conroe Regional Medical Center, Conroe TX

*** CONFIDENTIAL ***

Med. Director:

(b)(6), (b)(7)(C)

MD CAP#21190-01

PATIENT: RUIZ, FELIPE

ACCT#: (b)(7)(E)

LOC: B ICU4

UH: BH00861890

FD: OD: ARBAL

AGE/SEX: 51/M

ROOM: B ICU18

REG: 09/12/17

RESDR: (b)(6), (b)(7)(C)

ANSNA

STATUS: ADM IN

BED: W

DIS:

17: CR: BC0011420S RES, Coll: 09/12/17-1530 Recd: 09/12/17-1619 (R#07673570)

(b)(6), (b)(7)(C)

Source: BLOOD

Desc: PERIPHERAL

Procedure	Result	Verified	Site
> BLOOD CULTURE	Preliminary NO GROWTH AFTER 12 HOURS	09/13/17-0419	

Name: RUIZ, FELIPE

Age/Sex: 51/M

Acc

(b)(7)(E)

Unit#BH00861890

Specimen Inquiry Report

Conroe Regional Medical Center, Conroe TX

*** CONFIDENTIAL ***

Med. Director: (b)(6), (b)(7)(C)

CAP#21190-01

PATIENT: RUIZ, FELIPE

ACCT# (b)(7)(E)

LOC: B-ICU4

U#: BH00861890

FD: OD: ABBAL

AGE/SX: 51/M

ROOM: B-ICU18

REG: 09/12/17

RESDR: (b)(6), (b)(7)(C)

ANSNA

STATUS: ADM IN

BED: W

DIS:

0913:CR:H00074R COMP, Coll: 09/13/17-0420 Recd: 09/13/17-0614 (R#07673571)

Test	Result	Flag	Reference	Site Verified
CBC				
> WBC	5.9		4.1-12.1 k/mm3	09/13/17-0649
> RBC	2.60	L	3.8-5.5 M/mm3	09/13/17-0649
> HGB	8.4	L	10.6-15.8 G/DL	09/13/17-0649
> HCT	23.8	L	36.0-47.4 %	09/13/17-0649
> MCV	91.5		80.1-101.1 fL	09/13/17-0649
> MCH	32.3		25.3-35.3 pg	09/13/17-0649
> MCHC	35.3	H	32.7-35.1 G/DL	09/13/17-0649
> RDW	18.3	H	12.2-16.4 %	09/13/17-0649
> RDW-SD	54.3	H	35.1-43.9 fL	09/13/17-0649
> PLT	35	*L	155-337 K/mm3	09/13/17-0649
ON 09/13/17 AT 0647, B.LAB.BRD CALLED TO ELAINA HULL. The report was confirmed by read back protocols Y/N: Y.				
> MPV	11.9	H	7.6-10.4 fL	09/13/17-0649
> NEUT %	67.6		37.8-82.6 %	09/13/17-0649
> IMM GRAN %	4.3	H	0.0-2.0 %	09/13/17-0649
> LYMPH %	13.6	L	14.1-45.4 %	09/13/17-0649
> MONO %	11.6		2.5-11.7 %	09/13/17-0649
> EOS %	2.7		0.0-6.2 %	09/13/17-0649
> BASO %	0.2		0.0-2.6 %	09/13/17-0649
> NRBC% per100WBC	0.3		0.0-1.0 /100WBC%	09/13/17-0649
> NEUT #	3.98		2.0-13.7 K/mm3	09/13/17-0649
> IMM GRAN #	0.25	H	0.00-0.03 K/mm3	09/13/17-0649
> LYMPH #	0.80		0.6-3.8 K/mm3	09/13/17-0649

Name: RUIZ, FELIPE

Age/Sex: 51/M

Acct# (b)(7)(E)

Unit#BH00861890

SPEC #: 0913-CR-H00074R PATIENT: RUIZ, FELIPE # (b)(7)(E) (Continued)

Test	Result	Flag	Reference	Site Verified
MONO #	0.68	H	0.11-0.59 K/mm ³	09/13/17-0649
EOS #	0.16		0.0-0.4 K/mm ³	09/13/17-0649
BASO #	0.01		0.0-0.1 K/mm ³	09/13/17-0649
NRBC#	0.02		0.00-0.05 K/mm ³	09/13/17-0649

Name: RUIZ, FELIPE Age/Sex: 51/M Acct: (b)(7)(E) Unit#BH00861890

Specimen Inquiry Report

Conroe Regional Medical Center, Conroe TX

*** CONFIDENTIAL ***

Med Director: (b)(6), (b)(7)(C)

CAP#21190-01

PATIENT: RUIZ, FELIPE

ACCT#: (b)(7)(E)

LOC: B ICU4

U#: BH00861890

FD:

OD: ABBAL

AGE/SX: 51/M

ROOM: B ICU18

REG: 09/12/17

RESDR: (b)(6), (b)(7)(C)

ANSNA

STATUS: ADM IN

BED: W

DIS:

0913:CR:C00117R COMP, Coll: 09/13/17-0420 Recd: 09/13/17-0614 (R#07673571)

Test	Result	Flag	Reference	Site
<u>COMP METABOLIC</u>				
> NA	138.0		133-144 mmol/L	09/13/17-0653
> K	3.8		3.5-5.1 mmol/L	09/13/17-0653
> CL	107	H	95-105 mmol/L	09/13/17-0653
> CO2	23		21-32 mmol/L	09/13/17-0653
> ANION GAP	8.0		4.0-15.0 GAP calc	09/13/17-0653
> GLU	57	L	70-110 MG/DL	09/13/17-0653
> BUN	40	D H	7-18 MG/DL	09/13/17-0653
> GFR	100		>60 estGFR	09/13/17-0653
<p>The estimated glomerular filtration rate is computed using patient race, age, sex, and serum creatinine. If any of the needed data elements are missing the Laboratory can not compute an estimation of the glomerular filtration rate. The GFR value units = ml/min/1.73 meter squared. Estimated GFR values above 60 should be interpreted as >60, not an exact number.</p> <p>--- DRUG DOSAGE ALERT ---</p> <p>Drug dosage adjustments utilize different calculation parameters</p>				
> CREAT	0.81		0.55-1.30 MG/DL	09/13/17-0653
<p>Results may be depressed if patient is taking N-Acetylcysteine (NAC) and Metamizole (Dipyrone)</p>				
> T. PROT	4.8	L	6.4-8.2 G/DL	09/13/17-0653
> ALB	2.4	L	3.4-5.0 G/DL	09/13/17-0653
> A/G RATIO	1.0	L	1.2-2.2 RATIO	09/13/17-0653
> CA	7.5	L	8.5-10.1 MG/DL	09/13/17-0653
> BILT	3.15	H	0.00-1.00 MG/DL	09/13/17-0653
> BILD	1.78	H	0.00-0.30 MG/DL	09/13/17-0653
> BILI INDIRECT	1.37	H	0.2-1.3 MG/DL	09/13/17-0653
Name: RUIZ, FELIPE	Age/Sex: 51/M	Acc: (b)(7)(E)	Unit#BH00861890	

SPEC #: 0913.CR.C00117R

PATIENT: RUIZ, FELIPE

(b)(7)(E)

(Continued)

Test	Result	Flag	Reference	Site Verified
> AST	61	H	15-37 Unit/L	09/13/17-0653
> ALT	44		12-78 Unit/L	09/13/17-0653
> ALKP TOTAL	85		45-117 Unit/L	09/13/17-0653
> INDEX HEMOLYSIS	1 NORMAL <10 MG		1 NORMAL Index/DL	09/13/17-0653
> INDEX ICTERIC	2 TRACE 2-5 MG		1 NORMAL Index/DL	09/13/17-0653
> INDEX LIPEMIA	1 NORMAL <50 MG		1 NORMAL Index/DL	09/13/17-0653

Name: RUIZ, FELIPE

Age/Sex: 51/M

Acct

(b)(7)(E)

Unit#BH00861890

Specimen Inquiry Report

Conroe Regional Medical Center, Conroe TX

*** CONFIDENTIAL ***

Med. Director: (b)(6), (b)(7)(C)

CAP#21190-01

PATIENT: RUIZ, FELIPE

ACCT#: (b)(7)(E)

OC: B ICU4

U#: BH00861890

FD: OD: ARBAL

AGE/SX: 51/M

ROOM: B ICU18

REG: 09/12/17

RESDR: (b)(6), (b)(7)(C)

ANSNA

STATUS: ADM IN

BED: W

DIS:

0913:CR:CG00015R COMP, Coll: 09/13/17-0420 Recd: 09/13/17-0614 (R#07673576)

Test	Result	Flag	Reference	Site Verified
<u>PT</u>				
> PT PATIENT	16.6	H	9.4-12.5 SECONDS	09/13/17-0702
> INR	1.46	H	0.85-1.11 INR Unit	09/13/17-0702
<p>-----</p> <p>Therapeutic range for INR is dependent upon the situation.</p> <p>2.0-3.0 Prophylaxis / venous thromboembolism, Treatment of DVT, Acute myocardial infarction stroke prevention, Systemic embolism prevention in fibrillation</p> <p>3.0-4.5 AMI recurrence prevention, Systemic embolism prevention in prosthetic heart</p> <p>3.0-5.4 AMI mortality reduction</p>				

Name: RUIZ, FELIPE Age/Sex: 51/M Acc: (b)(7)(E) Unit#BH00861890

0913-0004

CONROE REGIONAL MEDICAL CENTER
504 Medical Center Blvd.
Conroe, Texas 77304

PATIENT NAME: RUIZ, FELIPE
ACCOUNT NO: (b)(7)(F)
MEDICAL RECORD NO: BH00861890
REPORT TYPE: ELECTROCARDIOGRAM

ADMIT DATE: 09/12/17
ROOM NO: B.ICU18
AGE: 51
SEX: M

ADMITTING PHYSICIAN: (b)(6); (b)(7)(C)
ATTENDING PHYSICIAN:

Order:

20170912-0085

Test Reason : tropinemia at outside eR

Test Date/Time Stamp:

Tue Sep 12 2017 17:17:29

Blood Pressure : ***/*** mmHG

Vent. Rate : 070 BPM Atrial Rate : 070 BPM

P-R Int : 182 ms QRS Dur : 078 ms

QT Int : 416 ms P-R-T Axes : -14 009 032 degrees

QTc Int : 449 ms

Normal sinus rhythm n

Nonspecific ST and T wave abnormality

Abnormal ECG

No previous ECGs available

Confirmed by (b)(6); (b)(7)(C) on 9/13/2017 7:14:36 AM

Referred By: (b)(6); (b)(7)(C) Confirmed by: (b)(6); (b)(7)(C)

Electronically Signed by (b)(6); (b)(7)(C) on 09/13/17 at 0714

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: (b)(7)(E)

Patient Care Inquiry (FCI: OE Database COCCR)

Run: 09/13/17-11:21 by (b)(6); (b)(7)(C)

0913-0071

CONROE REGIONAL MEDICAL CENTER
504 Medical Center Blvd.
Conroe, Texas 77304

PATIENT NAME: RUIZ, FELIPE
ACCOUNT NO: (b)(7)(E)
MEDICAL RECORD NO: BR00861090
REPORT TYPE: HISTORY AND PHYSICAL

ADMIT DATE: 09/12/17
ROOM NO: B.ICU18
AGE: 51
SEX: M

ADMITTING PHYSICIAN: (b)(6); (b)(7)(C)
ATTENDING PHYSICIAN: (b)(6); (b)(7)(C)

ADMISSION DATE: 09/12/2017

ADDENDUM TO THE HISTORY AND PHYSICAL REPORT:

Confirmation #2035335

Please to assessment and plan after DVT prophylaxis.

Sepsis. The patient has significant leukocytosis with a WBC count of 15.1, renal failure, and the patient was tachycardic upon arrival with a heart rate of 108. We will initiate antibiotics. We will not give fluid liberally as the BNP level was more than 4000 at the outside ER. We will obtain x-ray and BNP level to reassess the fluid status. The patient does have symptoms of volume overload at present.

It has been a pleasure participating in the medical care of the patient. If you have any questions, please do not hesitate to call.

Dictated By: (b)(6); (b)(7)(C)

WT: HP:B.HIM/FAKAL/NTS
DD: 09/12/2017 15:25:01
DT: 09/12/2017 19:14:36
Conf#: 2035363/DID#: 3991068

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: (b)(7)(E)

Specimen Inquiry Report

Conroe Regional Medical Center, Conroe TX

*** CONFIDENTIAL ***

Med Director:

(b)(6), (b)(7)(C)

CAP#21190-01

PATIENT: RUIZ, FELIPE

ACCT#

(b)(7)(E)

LOC: B. ICU4

U#: BH00861890

FD: OD: ABBAL

AGE/SX: 51/M

ROOM: B. ICU18

REG: 09/12/17

RESDR: (b)(6), (b)(7)(C)

ANSNA

STATUS: ADM IN

BED: W

DIS:

17:CR:B0015805R RES, Coll: 09/12/17-1530 Recd: 09/12/17-1619 (R#07673572)
Source: URINE Desc: CLEAN CATCH

(b)(6), (b)(7)(C)

Procedure	Result	Verified	Site
> URINE CULTURE Preliminary ROUTINE WORKUP	<10,000 CFU/ML GRAM POSITIVE FLORA	09/13/17-0910	

Name: RUIZ, FELIPE

Age/Sex: 51/M

Acct

(b)(7)(E)

Unit#BH00861890

CONROE MEDICAL CENTER (COCCR)
Clinical Note
REPORT#: 0913-0215 REPORT STATUS: Draft
DATE: 09/13/17 TIME: 1024

PATIENT: RUIZ, FELIPE
ACCOUNT#: (b)(7)(E) 3
DOB: 06/26/66 AGE: 51 SEX: M
ADM DT: 09/12/17
MD

UNIT #: BH00861890
ROOM/BED: B.ICU18-W
ATTEND: (b)(6); (b)(7)(C)
AUTHOR: [REDACTED]

* ALL edits or amendments must be made on the electronic/computer document *

Clinical Note

Note:
Seen 9/13
See consult
Admitted with GI bleed hypotension
Denies chest pain
Trop mildly elevated
EKG normal
No H/O CAD
stress test when Hb close to 10

RPT #: 0913-0215
END OF REPORT

0913-0071

CONROE REGIONAL MEDICAL CENTER
504 Medical Center Blvd.
Conroe, Texas 77304

PATIENT NAME: RUIZ, FELIPE
ACCOUNT NO: (b)(7)(E)
MEDICAL RECORD NO: BH00861899
REPORT TYPE: HISTORY AND PHYSICAL

ADMIT DATE: 09/12/17
ROOM NO: B.ICJ18
AGE: 51
SEX: M

ADMITTING PHYSICIAN: (b)(6); (b)(7)(C)
ATTENDING PHYSICIAN: (b)(6); (b)(7)(C)

ADMISSION DATE: 09/12/2017

ADDENDUM TO THE HISTORY AND PHYSICAL REPORT:

Confirmation #2035335

Please to assessment and plan after DVT prophylaxis.

Sepsis. The patient has significant leukocytosis with a WBC count of 15.1, renal failure, and the patient was tachycardic upon arrival with a heart rate of 108. We will initiate antibiotics. We will not give fluid liberally as the BNP level was more than 4000 at the outside ER. We will obtain x-ray and BNP level to reassess the fluid status. The patient does have symptoms of volume overload at present.

It has been a pleasure participating in the medical care of the patient. If you have any questions, please do not hesitate to call.

Dictated By: (b)(6); (b)(7)(C)

WPI: HP:B.HIM/FAKAI/NTS
DD: 09/12/2017 15:25:01
DT: 09/12/2017 19:14:36
Conf#: 2035363/DID#: 3991068

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #:

(b)(7)(E)

RUIZ, FELIPE

NURS: B. ICU4

MR: BHC0861890

ACCT: (b)(7)(F)

BED: B. ICU18-W

SEX: M DOB: 06/26/66 AGE: 51

ADMIT: 09/12/17

ATTN DR: (b)(6); (b)(7)(C)

This report is NOT part of the permanent medical record process per Company Policy.

NOTE: Truncated results are preceded by '-->'. Please Consult chart for entire result.

ALLERGIES

Coded Allergies Reaction

No Known Allergies

MED	CURRENT MEDICATIONS			(*D = Deactivated Order)		
	DOSE	SIG/SCH	ROUTE	START	STOP	ST
CARDENE-NACL 50 MG/250 ML IV	250 ML	ASDIR	IV	09/12	10/12	
CHRONULAC 20 GM/30 ML	30 ML	BID	PO	09/12	10/12	
DESYREL	50 MG	BEDTIME	PO	09/12	10/12	
POLVITE	1 MG	DAILY	PO	09/13	10/13	
LEVAQUIN 500MG/100ML	100 ML	Q24H	IV	09/12	09/19	
MORPHINE SULFATE	1 MG	-->Q4H PRN	IV	09/12	10/12	
NORMAL SALINE 250 ML	250 ML	ASDIR/PRN	IV	09/12	10/12	
NORMAL SALINE 250 ML	250 ML	ASDIR	IV	09/12	09/13	
PROTONIX	40 MG	Q12HR	IV	09/12	10/12	
SODIUM CHLORIDE 0.9% 1000 ML	1000 ML	Q13H20M	IV	09/12	10/12	
SODIUM CHLORIDE 0.9% 20ML	10 ML	ASDIR	IV	09/12	10/12	
TOPROL XL	12.5 MG	DAILY	PO	09/12	10/12	
TRANDATE	10 MG	-->Q4H PRN	IV	09/12	10/12	
ZOPRAN	4 MG	-->Q4H PRN	IV	09/12	10/12	
ZOLOFT	100 MG	DAILY	PO	09/12	10/12	

RADIOLOGY IMPRESSIONS - FROM: 09/12/17 TO: 09/13/17

09/12/17 - ULTRASOUND - - US ABDOMEN LTD REPORT STATUS: Signed

Dictated by Physician: Harg, Robert MD: 281-241-9472

Impression:

1. Markedly limited examination due to poor beam penetration. The liver, gallbladder, common bile duct and pancreas are inadequately visualized on this examination.
2. Unremarkable right kidney and visualized portions of the abdominal aorta and IVC.

LABORATORY INFORMATION - FROM: 09/12/17 0000 TO: 09/13/17 0236

09/12/17	09/12/17	09/12/17	09/12/17
20:20	15:30	12:00	11:55

HEMATOLOGY

WBC	8.9	H	15.1
RBC	L 2.79	L	3.50
HGB	L 9.0		11.2

HCT	L 24.6	L 30.1
MCV	88.5	86.0
MCH	32.4	32.0
MCHC	H 36.6	H 37.2
RDW	H 17.2	H 17.2
RDW-SD	H 50.6	H 49.1
PLT	L 55	*L 27
MPV	H 11.1	10.3
GRAN %	69.9	65.8
IMM GRAN %	H 4.9	H 7.2

LABORATORY INFORMATION - FROM: 09/12/17 8008 TO: 09/13/17 0236

09/12/17	09/12/17	09/12/17	09/12/17
20:20	15:30	12:00	11:55

LYMPH %	L 11.4	L 12.1
MONO %	H 11.9	H 12.7
EOS %	1.8	1.7
BASO %	0.1	0.5
NRBC%	0.8	H 1.7
GRAN #	6.21	H 9.95
IMM GRAN #	H 0.44	H 1.06
LYMPH #	1.01	1.82
MONO #	H 1.06	H 1.91
EOS #	0.16	0.25
BASO #	0.01	0.08
NRBC#	H 0.07	H 0.25
MAN DIFF NEEDED		-->MAN DIFF
TOTAL CELLS		100
SEC		73
LYMPH		L 12
MONOCYTE		H 14
EOS		1
NRBC		H 7
POLYCHROM		SLIGHT
HYPG		SLIGHT
POIK		SLIGHT
ANISO		SLIGHT
OVALOCYTES		FEW
SCHISTO		RARE
TOXIC GRANULAT		SLIGHT
ACANTHOCYTES		RARE
PLT EST		L MRK DECR
PLT MORPH		LARGE RARE
COAGULATION		
PT PATIENT		H 17.3
INR		H 1.52
PTT		29.4
CHEMISTRY		
NA		133.0
K		4.2
CL		102
CO2		24

ANION GAP		7.0
GLU		H 132
BUN		H 67
GFR		L 55
CREAT		H 1.36
T.PROT		L 5.4
ALB		L 2.9
A/G RATIO		1.2
CA		L 7.8
BILT		H 6.56
BILE		H 3.35
BILI INDIRECT		H 3.21
AST		E 81
ALT		49
ALKP TOTAL		107
AMM	*H	90.0
BNF	H	226.59
CKMB	H	4.9
TROPI	*H	0.270
INDEX HEMOLYSIS		-->2 TRACE 1
INDEX ICTERIC		-->3 SMALL

This report is NOT part of the permanent medical record -process per Company Policy.

NOTE: Truncated results are preceded by '-->'. Please Consult chart for entire result.

LABORATORY INFORMATION - FROM: 09/12/17 0000 TO: 09/13/17 0236

09/12/17	09/12/17	09/12/17	09/12/17
20:20	15:30	12:00	11:55
-----	-----	-----	-----

INDEX LIPEMIA				-->1 NORMAL
SEROLOGY				
HAVMAB		-->NonReacti		
HBSAG		>NEG NONRE		
HB CORE IGM		-->NonReacti		
HCVAB		NR		

Vital Signs - FROM: 09/12/17 0000 TO: 09/13/17 0236

09/13/17	09/13/17	09/13/17	09/12/17
02:00	01:00	00:00	23:00
-----	-----	-----	-----

Temp F				
Temp C				
Pulse	59	58	64	75
Resp	13	12	17	30
B/P:	87/51	86/50	96/53	99/58
SPO2%	94	94	97	97

09/12/17	09/12/17	09/12/17	09/12/17
22:10	22:00	21:45	21:30
-----	-----	-----	-----

Temp F				
Temp C				
Pulse	62	63	66	64
Resp	15	16	16	16
B/P:		90/53		
SPO2%	97	98	98	97

09/12/17	09/12/17	09/12/17	09/12/17
21:15	21:01	21:00	20:45

Temp F				
Temp C				
Pulse	67	83	77	66
Resp	17	30	29	13
B/P:		92/66		
SPO2%	96	93	95	95

09/12/17	09/12/17	09/12/17	09/12/17
20:30	20:15	20:00	19:45

Temp F				
Temp C				
Pulse	68	68	68	69
Resp	16	15	17	44
B/P:			106/56	
SPO2%	95	96	96	95

Vital Signs - FROM: 09/12/17 0000 TO: 09/13/17 0236

09/12/17	09/12/17	09/12/17	09/12/17
19:36	19:30	19:15	19:00

Temp F				
Temp C				
Pulse	67	68	69	69
Resp	30	27	17	17
B/P:				111/59
SPO2%	96	97	98	98

09/12/17	09/12/17	09/12/17	09/12/17
18:45	18:38	18:30	18:16

Temp F		98.2		98.6
Temp C		36.8		37.0
Pulse	68	76	72	74
Resp	17	17	26	18
B/P:		101/55		101/55
SPO2%	98	100	98	100

09/12/17	09/12/17	09/12/17	09/12/17
18:15	18:00	17:35	17:00

Temp F			98.5
--------	--	--	------

Temp C			36.9	
Pulse	76	73	73	74
Resp	20	25	18	21
B/P:		101/55	111/59	111/59
SPO2%	98	99	98	99

09/12/17	09/12/17	09/12/17	09/12/17
16:00	15:00	14:47	14:30

Temp F	98.3			
Temp C				
Pulse	78	80		84
Resp	29	18		18
B/P:	117/59	116/56		118/55
SPO2%	97	96	100	96

09/12/17	09/12/17	09/12/17	09/12/17
14:15	14:00	13:45	13:30

Temp F				
Temp C				
Pulse	86	88	84	87
Resp	18	19	14	15
B/P:	113/59	117/58	114/55	113/58
SPO2%	96	97	96	97

09/12/17	09/12/17	09/12/17	09/12/17
13:15	13:00	12:45	12:30

Temp F				
Temp C				
Pulse	95	90	92	91
Resp	20	16	15	16
B/P:	108/57	100/55	113/57	118/55
SPO2%	97	96	96	96

This report is NOT part of the permanent medical record -process per Company Policy.

NOTE: Truncated results are preceded by '-->'. Please Consult chart for entire result.

Vital Signs - FROM: 09/12/17 0900 TO: 09/13/17 0236

09/12/17	09/12/17	09/12/17	09/12/17
12:15	12:01	11:45	11:30

Temp F				
Temp C				
Pulse	96	108	97	100
Resp	19	29	18	21
B/P:	123/58	134/62	114/58	122/59
SPO2%	96	97	99	99

	09/12/17 11:15	09/12/17 11:00	09/12/17 10:45	09/12/17 10:30
Temp F				
Temp C				
Pulse	104	100	99	105
Resp	51	24	25	31
B/P:	120/58	134/55	135/65	142/71
SPO2%	99	100	100	100

	09/12/17 10:15	09/12/17 10:01	09/12/17 10:00	09/12/17 09:52
Temp F				
Temp C				
Pulse	93	90	87	82
Resp	25	25	19	22
B/P:	137/60	186/78	201/91	218/105
SPO2%	100	100	100	100

	09/12/17 09:51	09/12/17 09:47	09/12/17 09:45	09/12/17 09:31
Temp F				
Temp C				
Pulse	93	80	82	75
Resp	47	16	26	18
B/P:	211/104	194/94	203/95	170/90
SPO2%	100	100	100	100

	09/12/17 09:30	09/12/17 09:15	09/12/17 09:13	09/12/17 09:02
Temp F				
Temp C				
Pulse	77	76	77	84
Resp	16	18	18	23
B/P:	182/92	173/92	184/87	184/95
SPO2%	100	100	100	100

Vital Signs - FROM: 09/12/17 0000 TO: 09/13/17 0236
 09/12/17
 09:01

Temp F	
Temp C	
Pulse	93
Resp	48
B/P:	181/107
SPO2%	100

	I/O - FROM: 09/12/17 0700		TO: 09/13/17 0700		
INTAKE	0700 - 1500	1500 - 2300	2300 - 0700	0700	24 HR TOTAL
IV #1:		825			825
IVPBs :		100			100
IV #2:		45			45
IV #3:		75			75
Eld Produc		520			520
TOTAL		1565			1565
OUTPUT	0700 - 1500	1500 - 2300	2300 - 0700		24 HR TOTAL
Urine		900			900
TOTAL		900			900
FLUID BALANCE	-----	665	-----	-----	665

0912 0324

CONROE REGIONAL MEDICAL CENTER
504 Medical Center Blvd.
Conroe, Texas 77304

PATIENT NAME: RUIZ, FELIPE
ACCOUNT NO: (b)(7)(E)
MEDICAL RECORD NO: BH00861890
REPORT TYPE: HISTORY AND PHYSICAL

ADMIT DATE: 09/12/17
ROOM NO: B. ICU18
AGE: 51
SEX: M

ADMITTING PHYSICIAN (b)(6); (b)(7)(C)
ATTENDING PHYSICIAN

ADMISSION DATE: 09/12/2017

PRIMARY CARE PHYSICIAN: None. The patient is from immigration jail center.

CHIEF COMPLAINT: Hematemesis.

HISTORY OF PRESENT ILLNESS: The patient is a 51-year-old Hispanic incarcerated male, who was taken to Livingston Memorial Emergency Room with complaints of abdominal pain, right flank pain, and hematemesis. He has a past medical history significant for nonalcoholic liver cirrhosis, generalized anxiety disorder, and depression. He was in his usual state of health until early morning, he complained of abdominal pain, right flank pain and started throwing up blood. His hemoglobin level at the Livingston ER was fairly stable at 12.5 and hematocrit was 33.2. He was started on Sandostatin drip and then transferred to Conroe Regional Medical Center ICU for further care. Of note, his platelet level significantly decreased to 18,000.

FAST MEDICAL HISTORY: As mentioned above, which includes,

1. Nonalcoholic liver cirrhosis.
2. Depression.
3. Generalized anxiety disorder.

FAST SURGICAL HISTORY: None.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS FROM JAIL: Reviewed. These include folic acid 1 mg daily, Zoloft 100 mg daily, trazodone 50 mg at bedtime, Aldactone 25 mg b.i.d., and omeprazole 40 mg daily.

SOCIAL HISTORY: The patient is incarcerated. He is originally from Florida; however, because of the flooding, he was transferred to Texas Jail.

FAMILY HISTORY: The patient is unaware of any medical problems running in the family.

REVIEW OF SYSTEMS:

GENERAL: Positive for malaise and fatigue.

HEENT: No headaches.

CARDIOVASCULAR: No active chest pain.

RESPIRATORY: No shortness of breath.

GASTROINTESTINAL: He presents with right upper quadrant abdominal pain and

PATIENT NAME: RUIZ, FELIPE

ACCOUNT # (b)(7)(E)

hematemesis.

GENITOURINARY: Denies dysuria or hematuria.

MUSCULOSKELETAL: No active joint pain.

NEUROLOGICAL: He is moving all 4 extremities. Speech appears to be clear.

PSYCHIATRIC: He has history of depression.

LABORATORY AND DIAGNOSTIC DATA: From Livingston ER, sodium 127, potassium 4.3, EUN 85, and creatinine 1.5. Albumin decreased to 3.3. AST 132, ALT 69, ALKP 123, and total bilirubin 10.8. CPK elevated at 322. Lipase mildly elevated at 367. BNP elevated at 4850. PTT 22.1. Troponin I 0.076. WBC 14.2B, hemoglobin 12.5, hematocrit 33.2, and platelets decreased to 18.

ASSESSMENT AND PLAN: A 51-year old incarcerated Hispanic male with history of nonalcoholic liver cirrhosis, now presents with:

1. Gastrointestinal bleed. Differential diagnosis could be variceal, esophageal, or gastric bleeding versus peptic ulcer disease versus gastritis. The patient has been started on octreotide drip. We will also initiate IV PPI and monitor hemoglobin/hematocrit levels, so far are stable. GI consultation has been requested for evaluation of possible EGD.
2. Right upper quadrant abdominal pain. We will check hepatitis panel and right upper quadrant ultrasound.
3. Renal failure, unknown acute or chronic. We will hold Aldactone and other nephrotoxic medications. Could be in the setting of gastrointestinal bleed.
4. Mild troponinemia at the Livingston ER with a troponin level of 0.076. Could be in the setting of stress, gastrointestinal bleed. We will monitor troponin levels over here and also monitor EKG. We will hold antiplatelets secondary to active gastrointestinal bleed.
5. Jaundice with elevated total bilirubin of 6.56 in the setting of liver cirrhosis. Once again, check hepatitis panel. GI has been consulted.
6. Severe thrombocytopenia secondary to liver cirrhosis. The patient will need platelet transfusion prior to EGD.
7. Depression. Continue home regimen of sertraline and trazodone.
8. Uncontrolled hypertension. The patient is on Cardene drip. Lisinopril was initiated. We will titrate medications as needed. We will discontinue lisinopril in view of renal failure and initiate beta blocker in view of history of liver cirrhosis.
9. GI and deep vein thrombosis prophylaxis to be achieved with Protonix/SCDs. Unable to give any blood thinners due to active gastrointestinal bleed.

Case discussed with the patient, the guards, and the RN in detail.

It has been a pleasure participating in the medical care of the patient. If you have any questions, please do not hesitate to call.

Dictated By: (b)(6); (b)(7)(C)

WT: EP:B.HIM/FAKAT/NTS
DD: 09/12/2017 15:22:12

PATIENT NAME: RUIZ, FRIEPE

ACCOUNT #: (b)(7)(E)

DT: 09/12/2017 19:48:10

Conf#: 2035335/DID#: 3991040

PATIENT NAME: RUIZ, FELIPE

ACCOUNT # (b)(7)(E)

Patient Name: RUIZ, FELIPE

Unit No: RH09861890

EXAMS:
020697791 US ABDOMEN LTD

CPT CODE:
76705

Site:R16

Limited Abdominal Ultrasound

History: Right upper quadrant abdominal pain, history of nonalcoholic liver cirrhosis.

Comparison: No prior similar studies are available for comparison.

Technique: Gray scale and color Doppler imaging were utilized.

Findings:

This examination is markedly limited due to poor beam penetration.

The liver measures 15.2 cm in length. Evaluation of the liver is markedly limited. The main portal vein is not well visualized.

The gallbladder is not well-visualized. Sonographic Murphy sign is negative.

The common bile duct is not identified on this examination.

The right kidney measures 12.9 x 5.8 x 4.2 cm, with a cortical thickness measuring 1.9 cm. It demonstrates no hydronephrosis, nephrolithiasis or cortical thinning.

The pancreas is not visualized.

The visualized portions of the abdominal aorta and IVC are unremarkable.

There is no evidence of ascites.

Impression:

1. Markedly limited examination due to poor beam penetration. The liver, gallbladder, common bile duct and pancreas are inadequately visualized on this examination.
2. Unremarkable right kidney and visualized portions of the abdominal aorta and IVC.

** Electronically Signed by (b)(6); (b)(7)(C) on 09/12/2017 at 1909 **
Reported and signed by: (b)(6); (b)(7)(C)

CC: (b)(6); (b)(7)(C)

Technologist (b)(6); (b)(7)(C) - Agency
Transcrd D/T: 09/12/2017 (1909) t.SDR.RH16
Orig Print D/T: S: 09/12/2017 (1913) Probe:

CONROE MED CTR IN/OBS
MEDICAL IMAGING
504 MEDICAL CENTER BLVD
CONROE, TEXAS 77304
PHONE #: 936-539-7026
FAX #: 936-539-7681

NAME: RUIZ, FELIPE
PHYS: (b)(6); (b)(7)(C)
DOB: 06/26/1966 AGR: 51 SEX: M
ACCT NO: (b)(7)(F) LOC: B.ICU19 W
EXAM DATE: 09/12/2017 STATUS: ADM IN
RAD NO:

Specimen Inquiry Report

Conroe Regional Medical Center, Conroe TX

*** CONFIDENTIAL ***

Med. Director: Paul M Allisch, MD CAS#21190-01

(b)(7)(E)

PATIENT: RUIZ, FELIPE

ACCT#:

LOC: H ICU4

UN: BR00861090

PO: (b)(6), (b)(7)(C) GD: ARRAB

AGE/SEX: 51/M

ROOM: H ICU18

REG: 09/12/17

RESDR: (b)(6), (b)(7)(C)

ANSNA

STATUS: ADM IN

BED: W

DIS:

0914:CR:H00071R COMP, Coll: 09/14/17-0450 Recd: 09/14/17-0503 (R#07674936)

Test	Result	Flag	Reference	Site
CBC				
> WBC	3.5	L	4.1-12.1 k/mm3	09/14/17-0542
> RBC	2.74	L	3.8-5.5 M/mm3	09/14/17-0542
> HGB	8.7	L	10.6-15.8 G/DL	09/14/17-0542
> HCT	25.5	L	36.0-47.4 %	09/14/17-0542
> MCV	93.1		80.1-101.1 fL	09/14/17-0542
> MCH	31.8		25.3-35.3 pg	09/14/17-0542
> MCHC	34.1		32.7-35.1 G/DL	09/14/17-0542
> RDW	18.7	H	12.2-16.4 %	09/14/17-0542
> RDW-SD	53.2	H	35.1-43.9 fL	09/14/17-0542
> PLT	33	*L	155-337 K/mm3	09/14/17-0542
Critical values after the first occurrence are excluded from call documentation requirements for this analyte due to the patient diagnosis or therapy protocols.				
> MPV	11.3	H	7.6-10.4 fL	09/14/17-0542
> NEUT %	56.4		37.8-82.6 %	09/14/17-0542
> IMM GRAN %	2.8	H	0.0-2.0 %	09/14/17-0542
> LYMPH %	27.1		14.1-45.4 %	09/14/17-0542
> MONO %	9.1		2.5-11.7 %	09/14/17-0542
> EOS %	4.6		0.0-6.2 %	09/14/17-0542
> BASO %	0.6		0.0-2.6 %	09/14/17-0542
> NRBC% per100WBC	0.0		0.0-1.0 /100WBC	09/14/17-0542
> NEUT #	1.98	L	2.0-13.7 K/mm3	09/14/17-0542
> IMM GRAN #	0.10	H	0.0-0.03 K/mm3	09/14/17-0542
> LYMPH #	0.95		0.6-3.0 K/mm3	09/14/17-0542
Name: RUIZ, FELIPE Age/Sex: 51/M Acct# (b)(7)(E) Unit# BR00861090				

SPEC #: 0914 CR H00071R

PATIENT: RUIZ, FELIPE

(b)(7)(E)

(Continued)

Test	Result	Flag	Reference	Site
MONO #	0.32		0.11-0.59 K/mm ³	09/14/17-0542
EOS #	0.16		0.0-0.4 K/mm ³	09/14/17-0542
BASO #	0.00		0.0-0.1 K/mm ³	09/14/17-0542
NRECH	0.00		0.00-0.05 K/mm ³	09/14/17-0542

Name: RUIZ, FELIPE

Age/Sex: 51/M

Acct#

(b)(7)(E)

Unit# BH00861890

EGD

PATIENT NAME: RUIZ, FELIPE
ACCOUNT NO: (b)(7)(E)
MEDICAL RECORD NO: BH00861890
REPORT TYPE: ENDOWORKS REPORT

ADMIT DATE: 09/12/17
ROOM NO: B.ICU18
AGE: 51
SEX: M

ADMITTING PHYSICIAN: (b)(6); (b)(7)(C)
ATTENDING PHYSICIAN:

Indications: Hematemesis (578.0).

Consent: The benefits, risks, and alternatives to the procedure were discussed and informed consent was obtained from the patient.

Pre-Sedation Assessment: H and P completed, I have examined the patient on this date and have reviewed the medical history, drug history, and previous anesthesia experience. Results of the relevant diagnostic studies have been reviewed. Planned choice of anesthesia, risk, complications, benefits and alternatives have been discussed.

Preparation: EKG, pulse, pulse oximetry, and blood pressure were monitored throughout the procedure. An intravenous line was inserted. The patient was kept NPO.

Medications: See anesthesia report.

Procedure: The gastroscope was passed through the mouth under direct visualization and was advanced with ease to the 2nd portion of the duodenum. The scope was withdrawn and the mucosa was carefully examined. The views were good.

Findings: Esophagus: The proximal third of the esophagus, middle third of the esophagus, and distal third of the esophagus appeared to be normal. Stomach: Hypertensive portal gastropathy was found in the fundus, body of the stomach, and antrum. Duodenum: Patchy erythema in bulb and 2nd portion.

Specimens Sent: None, unless otherwise noted.

Estimated Blood Loss: Insignificant.

Unplanned Events: There were no unplanned events.

Summary: Normal proximal third of the esophagus, middle third of the esophagus, and distal third of the esophagus. Hypertensive portal gastropathy was found in the fundus, body of the stomach, and antrum (572.8). Patchy erythema in bulb and 2nd portion.

Recommendations: Avoid all non-steroidal anti-inflammatory drugs (NSAID's) including but not limited to Aspirin, Ibuprofen, Advil, Motrin, and Nuprin. Return to floor. Resume low salt diet as tolerated. Continue current medications. PPI 20 mg daily.

PATIENT NAME: RUIZ, FELIPE

ACCOUNT

(b)(7)(E)

Assisted By: The procedure was assisted by N/A.

Procedure Codes: [43235]EGD
Version 1, electronically signed by [redacted] on 09/13/2017 at 07:42 AM.

Electronically Signed by [redacted] MD on 09/13/17 at 0742

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: [redacted]

Patient Care Inquiry (PCI: OE Database COCCR)

Run: 09/13/17-11:21 E [redacted] 2020-ICLI-00006 4372

Patient: RUIZ, FELIPE

Unit#: BH00861890

Date: 09/12/17

Acct#:

(b)(7)(E)

Potassium (3.5 - 5.1 mmol/L)	4.2
Chloride (95 - 105 mmol/L)	102
Carbon Dioxide (21 - 32 mmol/L)	24
Anion Gap (4.0 - 15.0 CAP calc)	7.0
BUN (7 - 18 MG/DL)	67 H
Creatinine (0.55 - 1.30 MG/DL)	1.36 H
Glomerular Filtr Rate (> 60 estGFR)	55 L
Glucose (70 - 110 MG/DL)	132 H
Calcium (8.5 - 10.1 MG/DL)	7.8 L
Total Bilirubin (0.00 - 1.00 MG/DL)	6.56 H
Direct Bilirubin (0.00 - 0.30 MG/DL)	3.35 H
Indirect Bilirubin (0.2 - 1.3 MG/DL)	3.21 H
AST (15 - 37 Unit/L)	81 H
ALT (12 - 78 Unit/L)	49
Total Alk Phosphatase (45 - 117 Unit/L)	107
Total Protein (6.4 - 8.2 G/DL)	5.4 L
Albumin (3.4 - 5.0 G/DL)	2.9 L
Albumin/Globulin Ratio (1.2 - 2.2 RATIO)	1.2
Specimen Appearance (1 NORMAL Index/DL)	3 SMALL 5-10 MG
Specimen Hemolysis (1 NORMAL Index/DL)	2 TRACE 10-25 MG

Laboratory Tests

	09/12 1200
Coagulation	
PT (9.4 - 12.5 SECONDS)	17.3 H
INR (0.85 - 1.11 INR Unit)	1.52 H
PTT (Dade) (24 - 37.7 SECONDS)	29.4

Laboratory Tests

	09/12 1200
Hematology	
WBC (4.1 - 12.1 k/mm3)	15.1 H
RBC (3.8 - 5.5 M/mm3)	3.50 L
Hgb (10.6 - 15.8 G/DL)	11.2
Hct (36.0 - 47.4 %)	30.1 L
MCV (80.1 - 101.1 fL)	86.0
MCH (25.3 - 35.3 pg)	32.0
MCHC (32.7 - 35.1 G/DL)	37.2 H
RDW (12.2 - 16.4 %)	17.2 H
Plt Count (155 - 337 K/mm3)	27 *L
MPV (7.6 - 10.4 fL)	10.3

Patient: RUIZ, FELIPE

Unit#: BH00861890

Date: 09/12/17

Acct#:

(b)(7)(E)

Gran % (37.8 - 82.6 %)	65.8
Lymph % (Auto) (14.1 - 45.4 %)	12.1 L
Mono % (Auto) (2.5 - 11.7 %)	12.7 H
Eos % (Auto) (0.0 - 6.2 %)	1.7
Baso % (Auto) (0.0 - 2.6 %)	0.5
Gran # (2.0 - 13.7 K/mm3)	9.95 H
Lymph # (Auto) (0.6 - 3.8 K/mm3)	1.82
Mono # (Auto) (0.11 - 0.59 K/mm3)	1.91 H
Eos # (Auto) (0.0 - 0.4 K/mm3)	0.25
Baso # (Auto) (0.0 - 0.1 K/mm3)	0.08
Add Manual Diff (CRITERIA DIFF/SCN)	MAN DIFF INDICATED
Total Counted (100 #CELLS)	100
Immature Gran % (0.0 - 2.0 %)	7.2 H
Seg Neutrophils % (40 - 75 %)	73
Lymphocytes % (Manual) (12.6 - 43.5 %)	12 L
Monocytes % (Manual) (4.2 - 12.7 %)	14 H
Eosinophils % (Manual) (0.0 - 5.2 %)	1
Nucleated RBC % (0.0 - 1.0 /100WBC%)	1.7 H
Nucleated RBCs # (0.00 - 0.05 K/mm3)	0.25 H
Toxic Granulation (NONE ON SCAN)	SLIGHT
Platelet Estimate (ADEQUATE ON SCAN)	MRK DECR L
Plt Morphology Comment (NORMAL PLTS ON SCAN)	LARGE RARE
Polychromasia (NONE ON SCAN)	SLIGHT
Hypochromasia (NONE ON SCAN)	SLIGHT
Poikilocytosis (NONE ON SCAN)	SLIGHT
Anisocytosis (NONE ON SCAN)	SLIGHT
Ovalocytes (NONE ON SCAN)	FEW
Acanthocytes (Spur) (NONE ON SCAN)	RARE
Schistocytes (NONE ON SCAN)	RARE

Diagnosis, Assessment & Plan

Free Text A&P:

GI Bleed: management per GI
hypotension : better.

RPT #: 0912-0575

END OF REPORT

Patient: RUIZ, FELIPE
 Unit#: BH00861890
 Date: 09/12/17

Acct#:

(b)(7)(E)

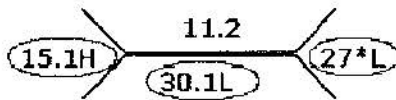
Nicardipine/Sodium Chloride 250 ML .STK-MED ONE IV (DC)

General appearance: alert, awake
Head/eyes: normocephalic, PERRL, EOML, clear cornea
Neck: full range of motion, non-tender, normal thyroid, supple/no meningismus, no bruit/NL carotids, no JVD, no lymphadenopathy
Cardiovascular: regular rate & rhythm
Respiratory/chest: decreased breath sounds
Abdomen: soft, non-tender, no distention, no guarding, no mass/organomegaly, no rebound
Extremities: moves all, normal capillary refill, no edema
Musculoskeletal: full range of motion, normal inspection

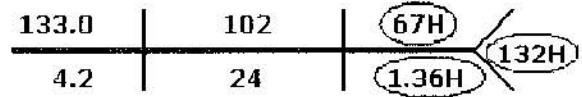
Results

Findings/Data:
 Laboratory Tests

09/12/17 1200:



09/12/17 1155:



Laboratory Tests

	09/12 1530	09/12 1530	09/12 1530
Chemistry			
Ammonia (11.0 - 32.0 mcMOL/L)			90.0 *H
CK-MB (CK-2) (1.0 - 3.6 NG/ML)	4.9 H		
Troponin I (0.000 - 0.045 NG/ML)	0.270 *H		
B-Natriuretic Peptide (0.00 - 100.00 PG/ML)		226.59 H	

	09/12 1155
Chemistry	
Sodium (133 - 144 mmol/L)	133.0

CONROE MEDICAL CENTER (COCCR)
Pulmonology Progress Note
REPORT#: 0912-0575 REPORT STATUS: Draft
DATE: 09/12/17 TIME: 1714

PATIENT: BILLZ FELIPE
ACCOUNT# (b)(7)(E)
DOB: 06/26/66 AGE: 51 SEX: M
ADM DT: 09/12/17
UNIT #: BH00861890
ROOM/BED: B.ICU18-W
ATTEND: (b)(6); (b)(7)(C)
AUTHOR: (b)(6); (b)(7)(C)

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Chief Complaint:
RFC: GI bleed/ICu management.

Objective

Physical Exam

VS/I&O:

Last Documented:

	Result	Date Time
Temp	98.3	09/12 1600
Pulse Ox	100	09/12 1447
O2 Flow Rate	2	09/12 1447
B/P	117/58	09/12 1400
Pulse	88	09/12 1400
Resp	19	09/12 1400

Medications:

Active Meds + DC'd Last 24 Hrs

- Folic Acid 1 MG DAILY PO
- Lactulose 30 ML BID PO (CKD)
- Pantoprazole 40 MG Q12HR IV
- Trazodone HCl 50 MG BEDTIME PO
- Metoprolol Succinate 12.5 MG DAILY PO
- Sertraline HCl 100 MG DAILY PO
- Sodium Chloride 250 ML ASDIR IV
- Labetalol HCl 10 MG Q4H PRN PRN IV
- Levofloxacin 100 ML Q24H IV
- Morphine Sulfate 1 MG Q4H PRN PRN IV
- Ondansetron HCl 4 MG Q4H PRN PRN IV
- Sodium Chloride 250 ML ASDIR PRN IV
- Sodium Chloride 10 ML ASDIR IV
- Sodium Chloride 1,000 ML Q13H20M IV
- Lisinopril 20 MG DAILY PO (DC)
- Nicardipine/Sodium Chloride 250 ML ASDIR IV

Specimen Inquiry Report

Conroe Regional Medical Center, Conroe TX

*** CONFIDENTIAL ***

Med. Director: (b)(6); (b)(7)(C)

CAP#21190-01

PATIENT: RUIZ, FELIPE

ACC: (b)(7)(E)

LOC: B ICU4

U#: BH00861890

FD: (b)(6); (b)(7)(C) OD: ARRIVAL

AGE/SX: 51/M

ROOM: B.ICU18

REG: 09/12/17

RESDR: (b)(6); (b)(7)(C)

ANSNA

STATUS: ADM IN

BED: W

DIS:

0912:CR:S00025R COMP, Coll: 09/12/17-1530 Recd: 09/12/17-1619 (R#07673575)

Test	Result	Flag	Reference	Site Verified
<u>HEPACUTE</u>				
> HAVMAE	NonReactive		Nonreactive SCREEN	09/12/17-1750
> HBSAG	NEG-NONREAC		Nonreactive SCREEN	09/12/17-1750
> HB CORE IGM	NonReactive		Nonreactive SCREEN	09/12/17-1750
> HCVAB	NR		Nonreactive SCREEN	09/12/17-1750

Name: RUIZ, FELIPE	Age/Sex: 51/M	Acct: (b)(7)(E)	Unit#BH00861890
--------------------	---------------	-----------------	-----------------

CONROE MEDICAL CENTER (COCCR)

Clinical Note

REPORT#: 0912-0490 REPORT STATUS: Signed

DATE: 09/12/17 TIME: 1522

PATIENT: RUIZ, FELIPE

ACCOUNT#: (b)(7)(E)

DOB: 06/26/66 AGE: 51

SEX: M

ADM DT: 09/12/17

UNIT #: BH00861890

ROOM/BED: B.ICU18-W

ATTEND: (b)(6); (b)(7)(C)

AUTHOR:

* ALL edits or amendments must be made on the electronic/computer document *

****See Addendum****

Clinical Note

Note:

2035335

Electronically Signed by (b)(6); (b)(7)(C) on 09/12/17 at 1522

Addendum 1: 09/12/17 1524 by (b)(6); (b)(7)(C)

2035363

Electronically Signed by (b)(6); (b)(7)(C) 09/12/17 at 1525

RPT #: 0912-0490

END OF REPORT

FAX: (b)(6); (b)(7)(C)
FAX: [redacted]

936-585- (b)(6); (b)(7)(C)
936-585- [redacted]

Campus: C St: ADM

Patient Name: RUIZ, FELIPE

Unit No: BHC0861890

EXAMS:
C20697794 XR CHEST 1 V

CPT CODE:
71010

CXR

Location: T 18

Chest x-ray exam, AP frontal projection, 9/12/2017

CLINICAL HISTORY: Leukocytosis, ICU patient.

Comparison exams: None of the chest.

Elevation the right hemidiaphragm difficult to assess in terms of age given lack of prior exams. Probable scarring versus atelectatic changes mainly at the right lung base. No active CHF. Overlying lines obscure detail. No findings of high concern for pneumonia

** Electronically Signed by (b)(6); (b)(7)(C) **
** on 09/12/2017 at 1726 **
Reported and signed by (b)(6); (b)(7)(C)

CC: (b)(6); (b)(7)(C)

Dictated Date/Time: 09/12/2017 (1726)
Technologist: (b)(6); (b)(7)(C)
Transcribed Date/Time: 09/12/2017 (1726) By: (b)(6); (b)(7)(C)
Orig Print D/T: S: 09/12/2017 (1729)

CONROE MED CTR IN/OBS
MEDICAL IMAGING
504 MEDICAL CENTER BLVD
CONROE, TEXAS 77304
PHONE #: 936-539-7026
FAX #: 936-539-7681

NAME: RUIZ, FELIPE
PHYS: (b)(6); (b)(7)(C)
DOB: 06/26/1966 AGE: 51 SEX: M
ACCT NO: (b)(7)(E); B.ICU18 W
EXAM DATE: 09/12/2017 STATUS: ADM IN
RAD NO: DC Dt:

PAGE 1 Signed Report

Detention History

Reason: (b)(7)(E)

Controlling A-Number: 028 866 428

Name: Almazan Ruiz, Felipe Dionisio

A-Number	Subject ID	Case ID	Book In Date	Book In DCO	Detention Location	Book Out Date	Release / Book Out Type	Days In Custody	Days In Facility
028 866 428	358970139	(b)(7)(E)	09/08/2017 2330	HOU	POLK COUNTY JAIL	09/17/2017 0833	Released - Died	67	9
028 866 428	358970139	(b)(7)(E)	09/07/2017 2100	KRO	FOLKSTON PROCESSING CTR/D	09/08/2017 1759	Transferred - HOU	67	1
028 866 428	358970139	(b)(7)(E)	08/11/2017 2029	KRO	GLADES COUNTY DETENTION C	09/07/2017 1456	Transferred - KRO	67	27
028 866 428	358970139	(b)(7)(E)	07/12/2017 1700	KRO	KROME NORTH SPC	08/11/2017 1930	Transferred - KRO	67	30

Detainee arrived to Krome on July 12, 2017. While at Krome SPC detainee Almazan Ruiz, Felipe Alien # 028-866-428 was assigned to Pod 4, Pod 5 and Pod #6.

From July 12,2017 till July 14, 2017 detainee was assigned to Pod # 5

From July 15, 2017 till August 04, 2017 detainee was assigned to Pod # 4

From August 05, 2017 till August 11, 2017 detainee was assigned to Pod # 6.



IAH Secure Adult Detention Facility

Inmate Bed History

For Inmate a028866428

09-25-2017 9:28:43AM

A028866428 Almazan-Ruiz, Felipe

Arrival Date	Departure Date	Dorm	Bed	Start Date	End Date
09-08-2017	09-17-2017	HC	04-09	09-08-2017	09-09-2017
		C	20-04	09-09-2017	09-17-2017



U.S. Immigration
and Customs
Enforcement

September 25, 2017

MEMORANDUM FOR: (b)(6); (b)(7)(C)
Assistant Field Office Director

THROUGH: (b)(6); (b)(7)(C)
Supervisory Detention and Deportation Officer

FROM: (b)(6); (b)(7)(C)
Deportation Officer

SUBJECT: ALMAZAN Ruiz, Felipe A028 866 428

On September 13, 2017, Deportation Officer (b)(6); (b)(7)(C) and myself spoke with detainee ALMAZAN Ruiz, Felipe while he was in the intensive care unit at Conroe Regional Medical Center. Upon our arrival, detainee ALMAZAN was found to be asleep but during our conversation with Management & Training Corporation (MTC) security assigned with guarding ALMAZAN, he woke up. During the course of speaking with detainee ALMAZAN, he indicated that he had intentions of filing an appeal regarding his immigration case and that he had a petition pending with Citizenship & Immigration Services (CIS). When ALMAZAN was asked if he had family in the United States, he indicated that his family was in Florida and possibly New York. At that point, we ceased interviewing ALMAZAN.

ORDER TO RELEASE ALIEN					
TO: (NAME and TITLE of person in charge of facility) OIC / Warden					
(Name of facility) IAH Secure Adult Detention Facility					
				Date 9/17/2017	Time 4:00
Name of Alien Almazan Ruiz, Felipe Dionisio				File Number A028 866 428	
Age 51	Date of Birth (Mo./Day/Yr.) 6/26/1966	Sex M	Nationality Mexico	Foreign Address None given	
Nature of Proceedings Deceased			Signature of Officer Receiving Alien		
Remarks					
Release Pick-up Information Name: Phone #					
US Forwarding Address: (b)(6); (b)(7)(C)				Phone: XXX-XXX-XXXX	
Sig		Title SDDO		Office ICE/ERO Livingston, TX	
Form I-203 United States Department of Homeland Security Immigration & Customs Enforcement / Enforcement & Removal Operations					



U.S. Immigration and Customs Enforcement



Any problems / issues with alien listed should be reported to ICE immediately.



Personal Information

Inmate

Name: Almazan-Ruiz, Felipe

Number:

A028866428

Date:

09-08-2017

Month/ day /year

Arrived From:

ICE

(b)(6); (b)(7)(C)

Housing Assigned:

C20

Staff will ensure that entries will be made whenever there is a change in inmate's program, services, housing, disciplinary or any other occurrences.

Date:

Note any changes in the space below:

09-08-2017

ARRIVED AT I.A.H.

09-08-2017

PHYSICAL FITNESS FORM

09-08-2017

Mental & Suicide Screening Form

OTHER DOCUMENTS EX: Seg., I-60's, clearance forms, PREA Form, etc.....

09-08-2017

MEDICAL TREATMENT P (b)(6); (b)(7)(C)

9/17/17

Deceased





Management & Training Corporation

FACILITY:

IAH Secure Adult Detention Facility

Reconocimiento de la Actividad Física

Nombre del preso (Imprimir): Almazan-Ruiz, Felipe

Preso Número: A028866428


"Asumo el riesgo en favor de los MTC, Inc. y sus filiales para participar voluntariamente en la actividad física, incluyendo pero no limitado a, baloncesto, levantamiento de pesas, softbol, fútbol y balonmano."

ACEPTAR

DECLIVE

Yo he revisado la declaración anterior y se ha brindado la oportunidad de hacer preguntas y / o aclarar inquietudes a través de personal de la institución.

Si me niego a asumir el riesgo de mi grupo de actividades físicas se estructurará en consecuencia.

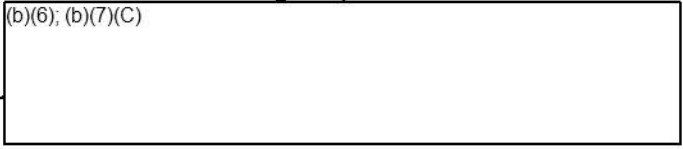
Preso Firma: 

Fecha: 09-08-2017

(b)(6); (b)(7)(C)

Personal Nombre del Testigo (Imprimir): _____

Personal Título: Correctional Officer

Firma del personal: 

Fecha: 09-08-2017

*Original placed in inmate file
Copy provided to the inmate*

Polk County

Screening Form for Suicide and Medical and Mental Impairments

Per Jail Standard §273.5(b): ALL Questions SHALL be Completed in Full Immediately upon Admission of Inmate

Name: Almazan-Ruiz, Felipe Date of Birth: 06-26-1966

State I.D. Number (if known) A028866428

Date/Time: 09-08-2017 Completed By: (b)(6); (b)(7)(C)

Does arresting officer or any other person believe that the inmate is at risk due to medical condition, mental illness, mental retardation, or suicide concern? (Circle one or more if applicable)

Comments:

SELF-REPORT QUESTIONS (please elaborate as needed):

Any current medical problems, recent hospitalizations or serious injuries or concerns about withdrawal? Yes [] No [x]

If female, are you pregnant? Yes [] No [] Not Sure []

Medications? Yes [] No [x]

Have you ever received services for mental health or mental retardation? Yes [] No [x]

Do you receive a social security check? Yes [] No [x]

Have you ever been in special education? Yes [] No [x]

Do you have any previous military service? Yes [] No [x]

Do you hear any noises or voices that other people don't seem to hear? Yes [] No [x]

Have you ever been very depressed? Yes [] No [x]

Do you feel this way now? Yes [] No [x]

Have you had thoughts of killing yourself in the last year? Yes [] No [x]

Are you thinking about killing yourself today? Yes [] No [x]

Have you ever attempted suicide? Yes [] No [x] When? Why? How?

Have you experienced a recent loss? Yes [] No [x]

STAFF OBSERVATIONS (please elaborate as needed):

Does the individual seem (circle all that apply): confused, pre-occupied, hopeless, sad, paranoid, in an unusually good mood, or believes he/she is someone else? Comments:

Is this person's speech (circle all that apply): rapid, hard to understand, hesitant, or childlike?

Observed to be under the influence of: Alcohol? [] Drugs? [] Withdrawals? []

Observed to have visible signs of self-harm (i.e., cuts on arms, etc.): Yes [] No [x]

Does the screener suspect mental illness/mental retardation? Yes [] No [x]

If yes, when was a magistrate notified? Date/Time How? Written/Electronic (circle)



SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS

INITIAL

SUBSEQUENT

SPECIAL

Almazan-Ruiz, Felipe

A028866428

09-08-2017

Detainee Name

Detainee Number

Arrival Date

CFR 115.41: Requires staff to screen all detainees upon arrival for sexual abuse history and for the risk of victimization and/or abusiveness.

To complete this form,

1. For items 1-4, ask the detainee the questions and check the appropriate response in the yes/no columns.
2. For items 5-17, base your response on the detainee's file and all other official documents available.
3. For items 1, 11, or 17, a "Yes" response requires a referral to Mental Health.
4. Total the score to determine a "risk of victimization" or "risk of abusiveness." If "Yes", refer to Mental Health.

(b)(7)(E)

If "1,11, or 17" were answered "YES" Referred to Mental Health on:

(b)(6); (b)(7)(C)

Detainee Signature:

Date:

Unit:

Felipe Almazan

9-8-17

IAH

PSACM 20170105

Otero County Processing Center

Detainee Classification System - Primary Assessment Form

NAME: Felipe Almazan-Ruiz A# A028866428
D.O.B: 06/26/1977 (b)(6); (b)(7)(C) Relationship: Unknown
CLASSIFIED BY: [Redacted] (ID #) _____ DATE: 9/8/17
DIST/SPC: OCPS Kelle LANGUAGE: (ENGLISH) (N) OTHER: Spanish

(b)(7)(E)

A028866428

Felipe Almazan-Ruiz

~~Otero~~ County Processing Center

A028866428

Felipe Almazan-Ruiz

(b)(6); (b)(7)(C); (b)(7)(E)

[Redacted area]

SECTION III. SUPERVISORY APPROVAL OF OVERRIDE

A. RECOMMENDED CUSTODY LEVEL APPROVED DISAPPROVED

B. FINAL CUSTODY LEVEL (If override disapproved):

LEVEL 1 LEVEL 2 LEVEL 3 ADMIN. SEGREGATION (Memo req.)

Rationale (required if different from recommendation): _____

SECTION IV. HOUSING ASSIGNMENT

Max Red

Final Classification and Housing assignment are: Level & Uniform

LEVEL 1 LEVEL 2 LEVEL 3 ADMIN. SEGREGATION (Memo req.)

(Captain) SIGNATURE:

(b)(6); (b)(7)(C)

DATE:

9.8.17

Site IAH Secure Adult Detention Facility

Inmate Number A028866428

Name

* First Name

Middle Name

* Last Name

Alias



Arrival Information

Arrival Date

Arrival Code

Arrival From

Arrival Comment

* Proj Dep Date

Departure Information

Departure Date

Departure Code

Departure To

Departure Comment

Bunk Assignment

Dorm

Bunk

Demographics

Classification

Affiliation

* Inmate Type

* Gender

* Ethnicity

* DOB

* Nationality

Height

Weight

Hair Color

Eye Color

* Custody

Education Related Information

* Highest Grade

* Primary Lang

Acad Status

Residence / Birth Locations

Res County

Res State

Birth County

Birth State

Other IDs

SID

SSN

User Defined Data

Medical Clearance For Work Date

Refuse to Work

(b)(7)(E)

Update Delete Arrival Un Depart Help

Notes

^

(b)(6); (b)(7)(C)

9-8-17

v

(

Listado de Visitación

- Los internos sobre la recepción proporcionaran los nombres para su lista de la visitación:
- Diez (10) adultos pueden ser enumerados en la forma.
 - Los individuos 16 y el excedente se consideran los adultos y se deben enumerar en la lista de la visitación.
 - Los edades 16 y 17 de los individuos se deben acompañar por 18 individuales 0 más viejo en la lista de la visitación.
 - Los niños debajo de 16 deben ser acompañados por un adulto en la lista de la visitación.
 - El número de visitante y la longitud de los límites de las visitas se pueden limitar solamente por el horario de la facilidad, el espacio, y los apremios del personal, o cuando hay razón substancial de justificar tales limitaciones.

Interno		Numero:		Cubierta	
Nombre: Almazan-Rulz, Felipe		A028866428		Localización: <i>LD</i>	
Nombre:		Edad:	Relacion:		Telefono:
Direccion:		Ciudad:		Estado:	Cierre relámpago:
Nombre:		Edad:	Relacion:		Telefono:
Direccion:		Ciudad:		Estado:	Cierre relámpago:
Nombre:		Edad:	Relacion:		Telefono:
Direccion:		Ciudad:		Estado:	Cierre relámpago:
Nombre:		Edad:	Relacion:		Telefono:
Direccion:		Ciudad:		Estado:	Cierre relámpago:
Nombre:		Edad:	Relacion:		Telefono:
Direccion:		Ciudad:		Estado:	Cierre relámpago:
Nombre:		Edad:	Relacion:		Telefono:
Direccion:		Ciudad:		Estado:	Cierre relámpago:
Nombre:		Edad:	Relacion:		Telefono:
Direccion:		Ciudad:		Estado:	Cierre relámpago:
Nombre:		Edad:	Relacion:		Telefono:
Direccion:		Ciudad:		Estado:	Cierre relámpago:
Nombre:		Edad:	Relacion:		Telefono:
Direccion:		Ciudad:		Estado:	Cierre relámpago:
Nombre:		Edad:	Relacion:		Telefono:
Direccion:		Ciudad:		Estado:	Cierre relámpago:
Nombre:		Edad:	Relacion:		Telefono:
Direccion:		Ciudad:		Estado:	Cierre relámpago:

Felipe Almazan
Firma del interno

09-08-2017
Dia/ Mes/ Año

(b)(6); (b)(7)(C)

Detainee Personal Property Record

IAH Secure Adult Detention Facility

Report run on 09-18-2017 7:33:49AM

1. Name: Almazan-Ruiz, Felipe	2. A#: A028866428	3: Nationality: MX	4: Date: September 8, 2017
-------------------------------	-------------------	--------------------	----------------------------

5. Date and Time of Action: 09- 8-2017 Bin#: _____ I-77#: _____ Seal#: _____

6. Disposition: D - Disposed M - Mailed S - Storage K - Keep in possession C - Contraband

7. Type of Property			b. Hygiene, Etc.			e. Tobacco/ etc.
a. Personally Owned Items						
#	Article	Disp	#	Article	Disp	
_____	Belt	_____	_____	Photo Album	_____	_____
_____	Billfold	_____	_____	Photos	_____	_____
_____	Books	_____	_____	Playing Cards	_____	_____
_____	- Hard	_____	_____	Purse	_____	_____
_____	- Soft	_____	_____	Religious medal	_____	_____
_____	Boots	_____	4	Shirt/ Blouse	wht	_____
_____	Brassiere	_____	2	Shoes	wht/ BIK	_____
_____	Cap, Hat	_____	1	Shoes Shower	Grey	_____
_____	Coat	_____	_____	Shoes, Tennis	_____	_____
_____	Combs	_____	_____	Shorts	Grey	_____
_____	Dress	_____	_____	Skirts	_____	_____
_____	Eyeglass case	_____	_____	Slip	_____	_____
_____	Eyeglasses	_____	11	Socks	wht	_____
_____	Gloves	_____	_____	Stockings	_____	1
_____	Hairbrush/Pick	_____	_____	Sunglasses	_____	Wash rag
_____	Handkerchief	_____	_____	Sweater	_____	wht
_____	Jeans	_____	1	Sweat Pants	Grey	_____
_____	Jacket	_____	_____	Sweat Shirt	_____	_____
_____	Jogging suit	_____	_____	Tie	_____	_____
_____	Legal Materials	_____	2	T-shirts (1)	Grey	_____
_____	Letters	_____	2	Underwear	Red/ wht	_____
_____	Magazines	_____	_____	Radios	_____	_____
1	(Pants) Slacks	Grey	_____	Television	_____	_____
_____	Pencils / Pens	_____	1	Wristband	Purple	_____
_____	Personal Papers	_____	1	ID card	_____	_____



Shipped Out:	Multiple hygiene items	Homemade ring	f. List any damaged property and where it was received
Property Via Mail:	Multiple medication	\$2.10 in coins	
Item:			
Property Officer:			
Received By:			
Date Sent:			

8. RECEIVING: The receiving officer(s) by signing below certifies receipt, review and disposition of the property listed above. The detainee, by signing below certifies the accuracy of the inventory and turns the property over for safekeeping. Any missing or damaged item (b)(6); (b)(7)(C) or of (b)(6); (b)(7)(C) pr.

Receiving Officer/Star#: _____ Date/Time: 9.18.17

Receiving Supervisor/Star#: _____ Date/Time: _____

Detainee Signature: _____ Date/Time: _____

9. RELEASING: The detainee, by signing below certifies that all of the above listed property was returned to him/her.

Releasing Officer/Star#: _____ Date/Time: _____

Detainee Signature: _____ Date/Time: _____

MTC


Detainee Personal Property Record

IAH Secure Adult Detention Facility

Report run on 09-11-2017 10:14:48AM

1. Name: Almazan-Ruiz, Felipe	2. A#: A028866428	3: Nationality: ZZ	4: Date <u>8</u> September <u>11</u> , 2017
-------------------------------	-------------------	--------------------	--

5. Date and Time of Action: <u>09-11-2017</u> <u>10:14 am</u> Bin#: _____ I-77#: _____ Seal#: _____	6. Disposition: D - Disposed M - Mailed S - Storage K - Keep in possession C - Contraband
--	---

7. Type of Property		a. Personally Owned Items		b. Hygiene, Etc.		
#	Article	Disp	#	Article	Disp	
___	Belt	___	___	Photo Album	___	___
___	Billfold	___	___	Photos	___	___
___	Books	___	___	Playing Cards	___	___
___	- Hard	___	___	Purse	___	___
___	- Soft	___	___	Religious medal	___	___
___	Boots	___	___	Shirt / Blouse	___	___
___	Brassiere	___	<u>1</u>	Shoes	<u>BLR</u>	___
___	Cap, Hat	___	___	Shoes, Shower	___	___
___	Coat	___	___	Shoes, Tennis	___	___
___	Combs	___	___	Shorts	___	___
___	Dress	___	___	Skirts	___	___
___	Eyeglass case	___	___	Slip	___	___
___	Eyeglasses	___	<u>1</u>	Socks	<u>WR</u>	___
___	Gloves	___	___	Stockings	___	___
___	Hairbrush/Pick	___	___	Sunglasses	___	___
___	Handkerchief	___	___	Sweater	___	___
___	Jeans	___	<u>1</u>	Sweat Pants	<u>brg</u>	___
___	Jacket	___	<u>1</u>	Sweat Shirt	<u>brg</u>	___
___	Jogging suit	___	___	Tie	___	___
___	Legal Materials	___	___	T-shirts	___	___
___	Letters	___	<u>1</u>	Underwear	<u>WR</u>	___
___	Magazines	___	___	Radios	___	___
___	Pants / Slacks	___	___	Television	___	___
___	Pencils / Pens	___	___		___	___
___	Personal Papers	___	___		___	___

Shipped Out: _____	f. List any damaged property and where it was received
Property Via Mail: _____	
Item: _____	
Property Officer: _____	
Received By: _____	
Date Sent: _____	

8. RECEIVING: The receiving officer(s) by signing below certifies receipt, review and disposition of the property listed above. The detainee, by signing below certifies the accuracy of the inventory and turns the property over for safekeeping. Any missing or damaged items must be noted in case (7)(F) or on a separate sheet.

Receiving Officer/Star#: _____	Date/Time: <u>9-8-17</u>
Receiving Supervisor/Star#: _____	Date/Time: _____
Detainee Signature: <u>[Signature]</u>	Date/Time: <u>9-8-17</u>

9. RELEASING: The detainee, by signing _____ above listed property was returned to him/her.

Releasing Officer/Star#: _____	Date/Time: <u>6</u>
Detainee Signature: <u>[Signature]</u>	Date/Time: _____



Facility Issued Property Report

IAH Secure Adult Detention Facility

Report run on 09-11-2017 10:31:10AM

Name: Almazan-Ruiz, Felipe

A#: A028866428

COC: ZZ

Arrival Date: 09/08/2017

Level: 1

DOB: 06/26/1966



Property Issued:	Quantity	Condition (Circle)	Initials	Hygiene Items:	Quantity	Initials
Uniform Shirt:	3	E S U L	(b)(6); (b)(7)(C)	Razor:	1	
Uniform Pants:	3	E S U L		Comb:	1	
Blankets:	1	E S U L		Toothpaste:	1	
Sheets:	2	E S U L		Shampoo:	0	
				Skin lotion:	0	
				Bath Soap:	1	
Pillow Case:	1	E S U L		Toilet Paper:	0	
Towel:	1	E S U L		Toothbrush:	1	
Jacket:	1	E S U L				
Shoes:	1	E S U L				
Shower Shoes:	1	E S U L				
Socks:	4	E S U L				
Underwear:	4	E S U L				
Laundry Bag:	1	E S U L				
Pillow:	1	E S U L				
Mattress:	1	E S U L				

Signature of Issuing Officer: (b)(6); (b)(7)(C)

Date: 9/18/17

Signature of Detainee: X

Date: 9/18/17

Property Received:	Quantity	Condition (Circle)	Initials	Comments:
Uniform Shirt:	3	E S U L	(b)(6); (b)(7)(C)	
Uniform Pants:	3	E S U L		
Blankets:	1	E S U L		
Sheets:	2	E S U L		
Pillow Case:	1	E S U L		
Towel:	1	E S U L		
Jacket:	1	E S U L		
Shoes:	1	E S U L		
Shower Shoes:	1	E S U L		
Socks:	4	E S U L		
Underwear:	4	E S U L		
Laundry Bag:	1	E S U L		

Signature of Releasing Officer: (b)(6); (b)(7)(C)

Date: _____

Signature of Detainee: _____

Date: _____

Disposition: E - Excellent, S - Satisfactory, U - Unsatisfactory, L - Lost

ORDER TO DETAIN ALIEN

TO: (NAME and TITLE of person in charge of facility)

OIC / Warden

(Name of facility)

Polk-IAH

Date
9/18/2017

Time
10:00

Name of Alien

Alaman Ruiz, Felipe

File Number

028 866 428

Age

51

Date of Birth (Mo./Day/Yr.)

6/6/1966

Sex

M

Nationality

Mexico

Foreign Address

Nature of Proceedings

Signature of Officer Receiving Alien

Remarks

US Forwarding Address:

Phone:

Signature of Officer

(b)(6); (b)(7)(C)

Title

Deportation Officer

Office

ICE/ERO Livingston, TX

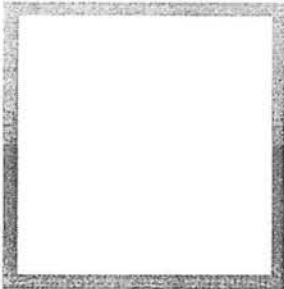
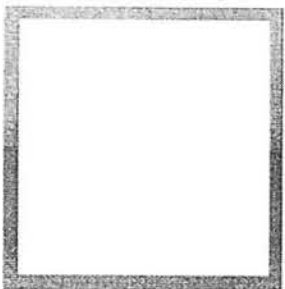

Form I-203

United States Department of Homeland Security
Immigration & Customs Enforcement / Enforcement & Removal Operations



**U.S. Immigration
and Customs
Enforcement**

Any problems / issues with alien listed should be reported to ICE immediately.

Family Name (CAPS) ALMAZAN RUIZ, FELIPE DIONISIO		First	Middle	Sex M	Hair BLK	Eyes BRO	Cmplxn MED		
Country of Citizenship MEXICO	Passport Number and Country of Issue (b)(7)(E) 1028 866 428			Height 65	Weight 220	Occupation UNEMPLOYED			
U.S. Address 18201 SW 12TH ST MIAMI, FLORIDA, 33194				Scars and Marks See Narrative					
Date, Place, Time, and Manner of Last Entry 05/04/1985, SYS, WI - Without Inspection			Passenger Boarded at	(b)(7)(E) <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Separated					
Number, Street, City, Province (State) and Country of Permanent Residence				Method of Location/Apprehension PAP NA					
Date of Birth 06/26/1966	Age: 51	Date of Action 07/12/2017	Location Code MIA/MIA	At/Near See I-831	Date/Hour 07/12/2017 14:50				
City, Province (State) and Country of Birth MEXICO CITY, MEXICO		AR <input checked="" type="checkbox"/>	Form : (Type and No.) Lifted <input type="checkbox"/> Not Lifted <input type="checkbox"/>						
NIV Issuing Post and NIV Number		Social Security Account Name							
Date Visa Issued		Social Security Number							
Immigration Record NEGATIVE			Criminal Record See Narrative						
Name, Address, and Nationality of Spouse (Maiden Name, if Appropriate)				Number and Nationality of Minor Children None					
Father's Name, Nationality, and Address, if Known ALMAZAN, FELIPE NATIONALITY: MEXICO ADDRESS: , MEXICO CITY, MEXICO			Mother's Present and Maiden Names, Nationality, and Address, if Known RUIZ, EPIFANIA NATIONALITY: MEXICO ADDRESS: , MEXICO CITY, MEXICO						
Monies Due/Property in U.S. Not in Immediate Possession None Claimed		Fingerprinted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Systems Checks See Narrative	Charge Code Word(s) See Narrative					
Name and Address of (Last)(Current) U.S. Employer		Type of Employment	Salary	Employed from/to Hr					
Narrative (Outline particulars under which alien was located/apprehended. Include details not shown above regarding time, place and manner of last entry, attempted entry, or any other entry, and elements which establish administrative and/or criminal violation. Indicate means and route of travel to interior.) FIN: 1230226197									
Left Index fingerprint					Right Index fingerprint				
									
OTHER ALIASES KNOWN BY: ----- PEREZ, ANDRES ALEMAN, FELIPE									
SCARS MARKS AND TATTOOS ----- None Indicated - NONE VISIBLE									
... (CONTINUED ON I-831)									
Alien has been advised of communication privileges _____ (Date/Initials)			<div style="border: 1px solid black; display: inline-block; padding: 2px;">(b)(6); (b)(7)(C)</div> DEPORTATION OFFICER _____ (Signature and Title of Immigration Officer)						
Distribution:		Received: _____ (Subject and Documents) (Report of Interview) <div style="border: 1px solid black; display: inline-block; padding: 2px;">(b)(6); (b)(7)(C)</div> Officer: _____ on: July 12, 2017 _____ (time) Disposition: Warrant of Arrest/Notice to Appear Examining Officer: <div style="border: 1px solid black; display: inline-block; padding: 2px;">(b)(6); (b)(7)(C)</div>							

Alien's Name ALMAZAN RUIZ, FELIPE DIONISIO	File Number 028 866 428	Date 07/12/2017
Event No: (b)(6); (b)(7)(C)		
Subject Health Status ----- The subject claims good health.		
Current Administrative Charges ----- 07/12/2017 - 212a6Ai - ALIEN PRESENT WITHOUT ADMISSION OR PAROLE - (PWAs) 07/12/2017 - 212a7AiI - IMMIGRANT WITHOUT AN IMMIGRANT VISA 07/12/2017 - 212a2AiI - CONVICTION OR COMMISSION OF A CRIME INVOLVING MORAL TURPITUDE		
Previous Criminal History ----- On 04/27/2007, the subject was arrested for the crime of "Cruelty Toward Child" which resulted in a conviction on 07/10/2017. The subject was sentenced to N/A. On 05/03/2001, the subject was arrested for the crime of "Driving Under Influence Liquor" which resulted in a conviction on 05/31/2001. The subject was sentenced to N/A. On 07/09/1998, the subject was arrested for the crime of "Indecent Exposure" which resulted in a conviction on 07/09/1998. The subject was sentenced to N/A. On 07/09/1998, the subject was arrested for the crime of "Larceny" which resulted in a conviction on 07/09/1998. The subject was sentenced to N/A. On 12/08/1993, the subject was arrested for the crime of "Larceny" which resulted in a conviction on 08/11/1994. The subject was sentenced to N/A.		
Records Checked ----- (b)(7)(E)		
ARRESTING AGENTS ----- (b)(6); (b)(7)(C)		
At/Near ----- MIAMI, FLORIDA		
Record of Deportable/Excludable Alien: ENCOUNTER: On July 12, 2017 ALMAZAN RUIZ, FELIPE A#028866428 was referred to Miami		
Signature (b)(6); (b)(7)(C)	Title DEPORTATION OFFICER	

Alien's Name ALMAZAN RUIZ, FELIPE DIONISIO	File Number 028 866 428 Event No: (b)(7)(E)	Date 07/12/2017
<p>Fugitive Operations Team by Miami Dade Probation Office at 7900 NW 27 Ave, Miami Florida 33147. ALMAZAN is an illegal criminal alien who was originally arrested for ENGAGE IN SEXUAL ACT WITH FAMILIAL CHILD and later the charge was dropped and convicted on 07/10/2017 for two charges of CHILD ABUSE/AGGRAV/GREAT BOD HARM/TORTURE. ALMAZAN was taken into custody and transported to Krome SPC office for processing.</p>		
<p>ENTRY IMMIGRATION STATUS: ALMAZAN is a citizen and national of Mexico who entered the United States illegally without been inspected at San Ysidro, California on 05/04/1985. ALMAZAN claimed that he tried to get papers thru an attorney, but after checks were performed on ALMAZAN claim, nothing was found in the system. Therefore ALMAZAN will be issued an NTA and the following charging documents will be served to him; I-862, I-200, I-286, and a list of free legal services. ALMAZAN does not have any documents to live in the United States, neither derivation issues.</p>		
<p>BASIS FOR REMOVAL ALMAZAN is amenable to Section 212 (a) (6) (A) (i) of the INA, as amended, in that, you are an alien who is present in the United States without having been admitted or paroled, or who arrived into the US. At any time or place other than as designated by the Attorney General.</p>		
<p>212(a) (7) (A) (i) (I) of the Immigration and Nationality Act (Act), as amended, as an immigrant who, at the time of application for admission, is not in possession of a valid unexpired immigrant visa, reentry permit, border crossing card, or other valid entry document required by the Act, and a valid unexpired passport, or other suitable travel document, or document of identity and nationality as required under the regulations issued by the Attorney General under section 211(a) of the Act.</p>		
<p>Section 212(a) (2) (A) (1) (I) of the Immigration and Nationality Act, as amended, in that you are an alien who has been convicted of, or who admits having committed, or who admits committing acts which constitute the essential elements of a crime involving moral turpitude (other than a purely political offense) or an attempt or conspiracy to commit such a crime.</p>		
<p>CRIMINAL HISTORY: ALMAZAN was convicted for the following; CHILD ABUSE/AGGRAV/GREAT BOD HARM/TORTURE on 07/10/2017, DUI on 05/31/2001, Larceny on 07/09/1998, larceny on 08/11/1994, Indecent Exposure on 06/14/1998 and several arrests for traffic issues.</p>		
<p>CUSTODY DETERMINATION: ALMAZAN will remain in ICE custody pending removal from the United States.</p>		
<p>MEDICAL PROBLEMS: ALMAZAN claims good health.</p>		
<p>MINORS: ALMAZAN claims to have a child living with his mother at an unknown address.</p>		
<p>CONSENT TO ENTER THE RESIDENCE: Not needed, ALMAZAN was apprehended at a Probation Office in Miami Dade County.</p>		
<p>PHONE CALLS: ALMAZAN was allowed to call the following 786-223 (b)(6); (b)(7)(C) (Paz Almazan) from Krome SPC processing area.</p>		
Signature (b)(6); (b)(7)(C)	Title DEPORTATION OFFICER	

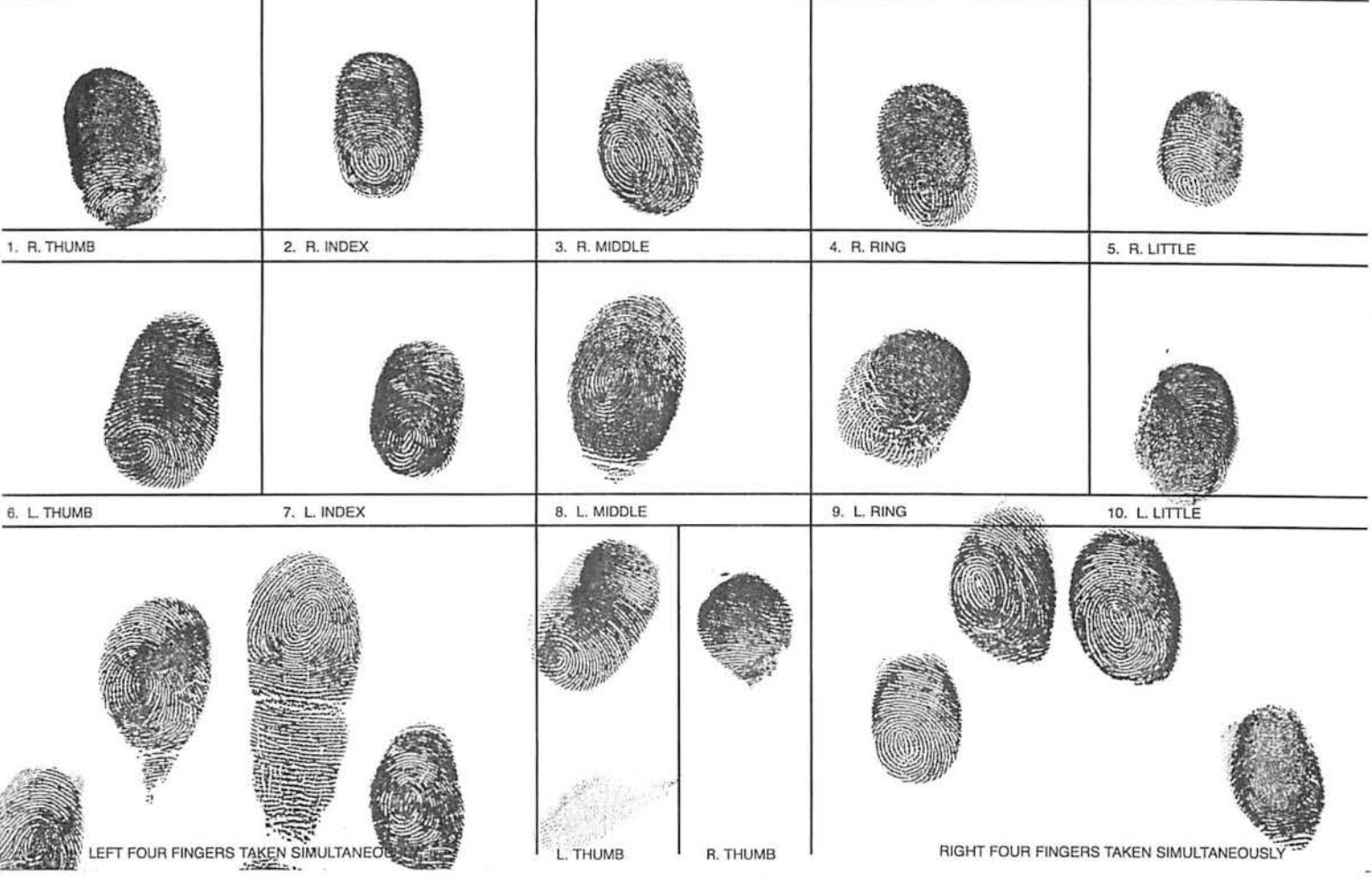
Alien's Name ALMAZAN RUIZ, FELIPE DIONISIO	File Number 028 866 428	Date 07/12/2017
Event N (b)(7)(E)		

Other Identifying Numbers

ALIEN-028866428

Signature	(b)(6); (b)(7)(C)	Title	DEPORTATION OFFICER
-----------	-------------------	-------	---------------------

TRN	DATE OF ARREST (DOA)	DPS NO. (SID)	FBI NO.	CONTRIBUTOR ORI	OUT OF COUNTY? YES <input type="checkbox"/>	OUT OF COUNTY ORI				
NAME (LAST, FIRST, MIDDLE) (NAM)		DATE OF BIRTH (DOB)	PLACE OF BIRTH (POB)	SEX	RACE	ETH.	HGT.	WGT.	OUT OF COUNTY WARRANT NO.	
EYE	HAIR	SKIN TONE	SOCIAL SECURITY NO. (SOC)	SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT)			LEAVE BLANK			
MISC. NO. (MNU)		STATE								
LICENSE CERTIF		DOB 06-26-1966								
ALIAS NAME(S) (AKA)			ADDRESS			CITY		STATE		ZIP
CHARGING AGENCY ORI		CHARGING AGENCY NAME		AGENCY ARREST NO. (AGN)		AGENCY CASE NO. (OCA)		FIREARM CODE <input type="checkbox"/>		
TRS	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/>	OFFENSE CODE (AON)	OFFENSE LITERAL (AOL)	(b)(6); (b)(7)(C)					
A001		Y or N								
VICTIM'S AGE (VIC)	STATUTE CITATION (CIT)		LEVEL & DEGREE	FELONY (X,1,2,3 or S)	MISDEMEANOR (A, B or)	HOLDER ORI				



Signature of Felipe Almazan-Ruiz



Intake Procedures Checklist

Task	File Section	Reviewing Supervisor Initials
Chronologic Log Attach inmate photo	Section 1	
Mental & Suicide Screening Form Signed by officer	Section 1	
Physical Activity Form Signed by inmate /officer	Section 1	
PREA FORM Signed by officer	Section 1	
Classification Signed by officer / supervisor	Section 2	
Jail Report Signed by officer	Section 3	
Visitation List Signed by inmate/ (2)officer	Section 3	
Inmate Personal Property (Computer) Signed by inmate/ (2) officers/supervisor	Section 3	
Clothing/Hygiene Issue (Computer) Signed by inmate/Officer	Section 3	
Fingerprints Signed by inmate/officer	Section 3	
Inmate Handbook Ack. Form Signed by inmate/officer	Section 4	
Money Contraband @ Intake Signed by inmate	Section 4	
ICE Video's- P.R.E.A Video Sign acknowledgement form inmate/officer	Section 4	
Money/Phone Card Form Forward to Business Office	N/A	N / A

ICE Specific Forms

Form I-203	Section 3	
Form I-213	Section 3	
Form I-385	N/A	

County Specific Information

Criminal History	Section 3	

Almazan-Ruiz, Felipe

A028866428

(b)(6); (b)(7)(C)

Inmate/Detainee number

09-08-2017

Date



Management
& Training
Corporation

ACKNOWLEDGEMENT FORM

BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE RECEIVED A COPY OF THE IAH SECURE ADULT DETENTION FACILITY INMATE HANDBOOK, VISITOR INFORMATION FORM, PRISON RAPE ELIMINATION ACT INFORMATION FORM AND HIV/AIDS INFORMATION SHEET.

	<u>09-08-2017</u>		<u>09-08-2017</u>
INMATE SIGNATURE	DATE	OFFICER SIGNATURE	DATE

FORMA de RECONCIMIENTO

POR MI FIRMA ABAJO, YO CERTIFICO QUE HE RECIBIDO UNA COPIA DEL GUIA DE PRESO DE IAH SECURE ADULT DETENTION FACILITY, FORMA DE INFORMACION DE VISITANTE, FORMA DE INFORMACION DEL ACTO DE ELIMINACION DE VIOLACION DE PRISION Y HOJA DE INFORMACION DE HIV/SIDA.


FIRMA DE PRESO

09-08-2017
FECHA

(b)(6); (b)(7)(C)

09-08-2017
FECHA



IAH SECURE ADULT DETENTION FACILITY

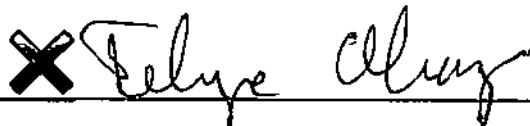
NOTICE TO ALL INCOMING DETAINEES

ALL MONEY MUST BE TURNED IN DURING THE
CLASSIFICATION PROCESS AT INTAKE. IF CAUGHT WITH
MONEY BEYOND THE INTAKE AREA, MONEY WILL BE
CONFISCATED, CONSIDERED AS DANGEROUS CONTRABAND,
AND NOT BE RETURNED TO DETAINEE.

AVISO A TODOS LOS DETENIDOS ENTRANTES

TODO DINERO DEBE SER ENTREGADO DURANTE EL PROCESO
DE CLASIFICACION EN EL AREA DE ENTRADA DE ESTA
FACILIDAD. SI ES AGARRADO CON DINERO MAS ALLA DE
ESTA AREA, EL DINERO SE CONFISCARA, Y SERA
CONSIDERADO COMO CONTRABANDO PELIGROSO, Y NO SE
REGRESARA AL DETENIDO.

Signature: _____



Date: 09-08-2017



Acknowledgement Form

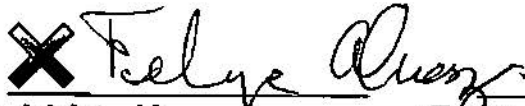
I _____ have viewed the ICE orientation, Florence Immigrant, PREA Video and Refugee Rights Project Know Your Rights/ All about Bonds video.

Detainee signature 09-08-2017
Date

Officer signature 09-08-2017
Date

Forma de Reconocimiento

Yo Almazan-Ruiz, Felipe he visto la orientación de ICE. Florence derechos Del inmigrante, PREA Video y refijuiado que proyecta saber sus derechos /Todo Acerca del video De fianzas (Bonds).

 09-08-2017
Fecha

Fi (b)(6); (b)(7)(C) _____
Fecha 09-08-2017

FORMA DE AUTORIZACION DE MANEJAR DINERO Y TARJETAS TELEFONICAS

Tengo entendido que IAH no sabe cuando sea dia de mi salida de esta localizacion. Se hara cada intento para que yo me lleve el balance que tengo en mi cuenta y tarjetas telefonicas que yo aiga ordenado.

En caso que yo salga de IAH y mi dinero se quede en mi cuenta por cualquier motivo, o yo aiga ordenado tarjetas telefonicas y no se me entregaron antes de mi salida, doy mi autorsasion para que el Business Office de IAH me envie por correo mis fonos y/o tarjetas telefonicas a la direccion siguiente.

NOMBRE DE DETENIDO: Almazan-Ruiz, Felipe

NUMERO DE I.D. A028866428

PORFAVOR ENVIE MI DINERO Y/O TARJETAS TELEFONICAS A:

ENCARGADO: _____
(Nombre de la persona que vive en esta direccion)

CALLE/P.O BOX _____

CIUDAD, ESTADO, CODIGO _____, _____, _____

TENGO ENTENDIDO que el Business Office intentara enviar el dinero y/o mis tarjetas telefonicas a la direccion escrita. Si esta persona se a cambiado o no acepta la carta, el dinero se regresara a mi cuenta hasta que yo contacte a alguien de IAH y pida que me envíen mi dinero a mi

Almazan-Ruiz, Felipe 09-08-2017
NOMBRE ESCRITO DE DETENIDO **FECHA**

X *Felipe Almazan-Ruiz*
FIRMA DE DETENIDO

*****FOR BUSINESS OFFICE USE*****

All checks will be payable to the Detainee and not to another person.

Ck # _____ for \$ _____ Phone Cards mailed
Mailed on _____ Mailed on _____



ATTN :

(b)(6); (b)(7)(C)

From :

TEXAN EMS

Subject: EMS Patient Care Report

Fax/Print Date: 09/18/2017

To: Conroe Regional (Fax:)

From: TEXAN EMS LLC (Phone: 0)

Fax Confidentiality Notice: The information contained in this faxed patient report is private and confidential. It may contain Protected Health Information (PHI) deemed confidential by HIPAA regulations. It is intended only for the use of Conroe Regional, and the privileges are not waived by virtue of this information having been directly printed or sent by fax. Any use, dissemination, distribution or copying of the information contained in this communication is strictly prohibited by anyone except Conroe Regional. If you have received this fax in error, please notify TEXAN EMS LLC by calling 0 and immediately destroy this fax/print-out.

Run#: TE22002

Medical Record#:

Call Date: 09/12/2017

Call received:	05:45:52	Dispatched:	06:45:53	En Route:	06:45:54
Arrival at scene:	05:45:56	Patient Contact:	06:45:57	Departure from Scene:	06:45:58
Arrival at destination:	08:13:43	Return to service:	08:13:47		

Dispatch As/Chief Complaint: Other means of transport contradicted

Medical History

Current Medication: no list presented

Allergies: NKDA

Pertinent Past History: HTN

Patient Information

Last Name: Alamazon Ruiz	Address: 3400 FM 350 S.
First Name: Felipe Middle Initial:	City: LIVINGSTON State: TX Zip: 77351
DOB: 06/26/1966 Weight (lb): Height (ft):	County: POLK Phone: 9369678000
Physician Name: none	

Next of Kin

Name:	Phone:
--------------	---------------

Origin

Facility: CHI St. Lukes of East Texas	City: LIVINGSTON Zip: 77351
Street Address: 1717 Hwy 59 Bypass	County: POLK Phone #: 936-327-8500

Patient Assessment

Suspected Illnesses: Abdominal pain/problems	Amputations:
Skin: Normal	Extremities:
Abdominal: Normal	Decubitus To:
Breathing: Clear L+R	Site of Pain: Pain Scales:
EKG Revealed: NSR (07:04:55)	Patient Has In Place: IV octreotide drip 25mcg/hr, O2 4lpm via NC, EKG

Neurological

Level: A+OX4
Glasgow Coma Scale: 15 (Motor Resp.: 6 Verbal Resp.: 5 Eye Opening: 4)

(b)(7)(E)

Vital Signs & Interventions

Interventions: Assessment, Cardiac monitoring, IV fluids, IV medication, Oxygen

Vitals

BP	Pulse	Resp	SpO2	+O2	EtcO2	Time
151/87	87	20	100	Y		06:49:28
150/90	92	20	99	Y		08:13:35

Meds Administration

Meds	Dose	Unit	Route	Time
octreotide	25/n	mcg	IV	06:50:26

IV/IO

Fluid	Cath.	Adm.	Flow	Site	Time
NS	20	10 D	TKO	L. EJ	06:50:45

CPAP Pressure: Oxygen (LPM): 4 **Oxygen Via:** Nasal Cannula **Airway:** Size: **Tube Depth:**

Narrative

Narrative: Med 2 manned by EMT (b)(6); (b)(7)(C) and myself (b)(6); (b)(7)(C) responded to CHI St. Lukes of East Texas on 1717 Hwy 59 Bypass, LIVINGSTON for a 51 year old Male requiring transport to Conroe Regional on 504 Medical Center Blvd, CONROE for bx of upper GI bleed noticed when pt began vomiting blood @ 12 hrs ago. At the Hospital - ER, patient was found ambulatory. Patient ambulated to EMS stretcher and secured with 3 straps, rails raised for safety and placed in semi-fowlers position for comfort. V/S: ((06:49:28) BP: 151/87, Pulse: 87, Resp: 20, SpO2: 100, EtcO2:). Skin: Normal. Blood Glucose: N/A. Pupils: Assessed with No Abnormalities. EKG: (07:04:55) NSR. Primary Assessment: [Pt has no complaints. Pt receiving O2 2lpm via NC. EKG reveals NSR.C]. Secondary Assessment: HEENT: Head: Assessed with No Abnormalities. Ears: Assessed with No Abnormalities. Throat: Assessed with No Abnormalities. Chest: Assessed with No Abnormalities. BBS: Clear L+R. ABD: (b)(6); (b)(6) Assessed with No Abnormalities. Back: Assessed with No Abnormalities. PMS: no abnormalities noted Patient requires EMS transport due to IV meds en route. O2 en route. EKG en route. Patient Allergies: NKDA - Current Medication: no list presented - Medical Doctor: none Patient has in place: IV octreotide drip 25mcg/hr, O2 4lpm via NC, EKG Upon arrival to Hospital - ER, patient ambulated to chair. Patient care released to [RNe]. Med 2 returned to service without incident. END REPORT.

Unit ID: Med 2

Medic Name

(b)(6); (b)(7)(C)

Driver Name

(b)(6); (b)(7)(C)

Report Ends.

From: (b)(6); (b)(7)(C)
Sent: 21 Sep 2017 19:07:42 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: Funeral Home data

Buenas tardes oficial,

Disculpe, tendrá un expediente médico del Sr. Almazán?
Queremos contestar a nuestras oficinas en México sobre en qué condición médica llegó a Houston.

Saludos,



(b)(6); (b)(7)(C)
Departamento de Protección y Asuntos Legales
Protection & Legal Affairs Department
Casos Migratorios / *Immigration Cases*
4507 San Jacinto St. Houston, TX 77004
(713) 277-7000 (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C) [redacted]@ce.dhs.gov]
Sent: Tuesday, September 19, 2017 5:43 PM
To: (b)(6); (b)(7)(C) [redacted]@re.gob.mx>
Subject: RE: Funeral Home data

Gracias (b)(6); (b)(7)(C)

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) [redacted]@sre.gob.mx>
Date: Tuesday, Sep 19, 2017, 5:37 PM
To: (b)(6); (b)(7)(C) [redacted]@ce.dhs.gov>
Subject: Funeral Home data

Buenas tardes Oficial,

Estos son los datos de la funeraria:

Bernardo Garcia Funeral Home
Teléfono: (305) 232- (b)(6); (b)(7)(C)

La Sra. Paz informó que hasta mañana firman el contrato con la funeraria debido a que el cementerio continua cerrado por el paso del Huracán Irma.

Mañana temprano nos confirma la firma del contrato para continuar el proceso de traslado.

Saludos y que tenga buena tarde.

SRE
CONSULADO GENERAL DE MÉXICO
HOUSTON, TEXAS



(b)(6); (b)(7)(C)

Departamento de Protección y Asuntos Legales
Protection & Legal Affairs Department
Casos Migratorios / *Immigration Cases*
4507 San Jacinto St, Houston, TX 77004
(713) 271-(b)(6); (b)(7)(C)



To: 1st A-nobody

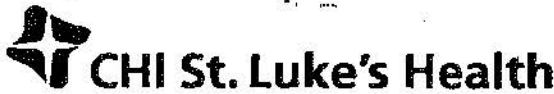
Fax: 919369678846

From: CHKR

Phone

Pages: 45 (including banner)

IMNET/EPRS fax request.



MEMORANDUM OF TRANSFER

0300267948 GOVT
ALMAZON RUIZ, FELIPE
9519 ZAHEER, SYED
ED 09/11/2017
DOB: 06/26/1966 51Y M S

- Lufkin
Livingston
San Augustine

SECTION A (To Be Filled Out At Transferring Hospital)

1. Name of Hospital: HI St. Luke's Health Memorial Livingst...
Address: 1717 Highway 59 Loop N Livingston, Texas 77351
Phone Number: 3400 FM 350 South Livingston, TX 77351
Patient Information (if known)
Patient's Full name: Felipe Almazon Ruiz
Address: Livingston, TX 77351
Sex: M Age: 51
National origin: Mexico Race: Hispanic
Religion:
Physical Handicaps:
3. Next of Kin information (if known)
Next of Kin:
Address:
Phone Number:
4. Date of Arrival: 9/11/17 Time: 2:02
5. Initial contact with receiving hospital:
Date: 9/12/17 Time: 0:39
Name of contact person at receiving hospital: Carlos
6. Accepting physician secured by transferring physician:
Date: 9/12/17 Time: 09:40
Name of accepting physician: Abdass
Address: 509 Medical Center Blvd Conroe, TX 77309
Phone Number: 939 539 1111
7. Transferring physician's signature or (b)(6); (b)(7)(C)
physician's orders:
Address:
Phone Number: ()

8. I further have determined that the patient would benefit from transfer to another health care facility due to the following reasoning:
Specialty Care for patient's condition not available at this institution
Hospital bed accommodations at this facility not available
Patient and/or family request
Patient would benefit from higher level of clinical care
I further have determined the risks and benefits of transfer and have explained these to the patient. These are as follows:
Risks: MVC, death, Physical disability
Benefits: Higher level of care gastroenterology
9. Accepting hospital secured by transferring hospital:
Date: 9/12/17 Time: 09:40
Name: (b)(6); (b)(7)(C)
10. Transferring hospital secured by transferring hospital:
Name: (b)(6); (b)(7)(C)
Title: ACC FIRE
11. Type of vehicle, company used, equipment and personnel in attendance:
Texan EMS ground
octreotide amp / Vaccos
cardiac 102
12. Name of Receiving Hospital: Conroe Regional
Address: 509 Medical Center Blvd Conroe TX 77309
Phone Number: 939 539 1111
13. Diagnosis: Upper GI bleed
14. Attachments:
X-Ray X MD Progress Notes X
Lab Reports X Nurses Progress Notes X
H & P X Medication Record X
Other:

PHYSICIAN CERTIFICATION: Based upon the information available at the time of the patient's examination, the physician certifies that the patient is expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks of the transfer. The patient has been examined and is determined to be:
Stable Unstable
Physician Signature:
PATIENT CERTIFICATION: I, the undersigned, hereinafter referred to as the patient, acknowledge that the physician named above has explained to me the risks and benefits of a transfer to another medical facility. I further acknowledge that I have an emergency medical condition which has/had not been stabilized and that the medical benefits of the transfer outweigh the risks. I herewith request that I be transferred to another health care facility, and hereby consent to the release of all appropriate medical records available at the time of transfer, to the receiving facility.
Patient or Author:
Date/Time: 9/12/17
Witness:
Date/Time: 09:06

SECTION B (To Be Filled Out At Receiving Hospital)

1. Name of Hospital:
Address:
Phone Number: ()
2. Date of Arrival:
Time:
3. Hospital Administration signature:
Title:

4. Receiving physician assuming patient responsibility:
Date:
Time:
Receiving physician's signature:
Address:
Phone Number: ()
5. If response to transfer request was delayed beyond thirty (30) minutes, document the reason(s) for the delay, including any time extensions agreed to by transferring hospital. Use additional sheets, if necessary.



FINAL (SIGNED)



MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient: ALMAZON RUIZ, FELIPE	Sex: Male	DOS: 09/11/2017 23:20	MR#: 0010282353
Age: 51Y	DOB: 06/26/1966	Room: RM4	Bed: A
Attending Physician: (b)(6); (b)(7)(C)		Created By: (b)(6); (b)(7)(C)	Visit #: 0300267948
			Creation Date: 09/11/2017 23:20

Physician date / time: 09/11/2017 10:06 PM On arrival EMS arrival
 Informant: patient ~~spouse~~ ~~paramedics~~ witness:
 Exam limited by: ~~unconsciousness~~ ~~mental impairment~~ ~~uncooperativeness~~ ~~intoxication~~
~~communication barrier~~
 History limited by: ~~unconsciousness~~ ~~mental impairment~~ ~~uncooperativeness~~ ~~intoxication~~
~~communication barrier~~

Transfer from: See transfer record

HPI Reviewed Updated

Complaint: ~~abdominal pain~~ vomiting ~~diarrhea~~ ~~flank pain~~ R L

Onset: 1 min hrs days ago Duration: 1 min hrs days

gradual onset sudden onset waxing waning
persistent worse since:

Timing: still present gone now better
constant intermittent episodes lasting:

Context: ~~travel out of country~~ ~~bad food~~ ~~recent trauma~~

Comments: 51 Year old male, with a PMHx of Hep C, presents to the ED with a complaint of vomiting blood. The patient reports that he has vomited blood about 3 times. He states that he has abdominal pain at a 7/10. The patient notes that he also has blood in his stool. The patient denies all other complaints.

Severity: pain max: 0 1 2 3 4 5 6 7 8 9 10 Scale: Numeric Wong Baker ©
 pain currently: 0 1 2 3 4 5 6 7 8 9 10 Scale: Numeric Wong Baker ©

Documentation Cont. Next Page

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



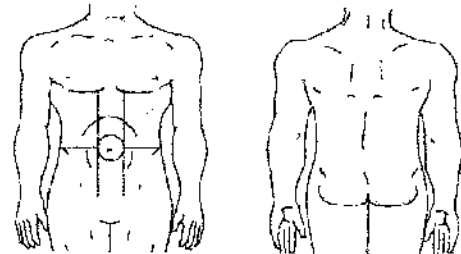
MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient: ALMAZON RUIZ, FELIPE	Sex: Male	DOS: 09/11/2017 23:20	MR#: 0010282353
---	---------------------	---------------------------------	---------------------------

Quality: pain ~~aching~~ ~~dull~~
~~burning~~ ~~cramping~~ ~~sharp~~
~~stabbing~~ ~~fullness~~

Location:



Migration (show migration: m)

Associated Symptoms:

~~fever~~ ~~chills~~ ~~nausea~~
vomiting x 3
bloody ~~blood streaks~~ ~~coffee grounds~~
~~diarrhea~~ x
blood streaks ~~grossly bloody~~ ~~mucous~~
~~sweating~~ ~~loss of appetite~~ ~~chest pain~~ ~~testicular pain~~ ~~back pain~~ ~~neck pain~~

Exacerbated by: ~~supine~~ ~~upright position~~ ~~movements~~ ~~walking~~ ~~cough~~ ~~deep breaths~~
~~food~~ nothing

Relieved by: ~~supine~~ ~~upright position~~ ~~remaining still~~ ~~antacids~~ ~~food~~ nothing

Similar symptoms previously:

Recently: ~~seen~~ ~~treated by doctor~~ ~~hospitalized~~

ROS

Reviewed Updated

CONST recent: ~~illness~~ ~~injury~~

GI ~~constipation~~ stools: ~~black~~ bloody

Comments: bloody stools per patient.

CVS ~~palpitations~~

RESP ~~shortness of breath~~ ~~cough~~ ~~hurts to breathe~~

GU urine: ~~bloody~~ ~~dark~~ ~~problems urinating~~ LMP date: ~~pregnant~~ ~~post-menopausal~~

MUSC ~~joint pain~~

SKIN ~~rash~~

LYMPH ~~swollen glands~~ ~~ankle swelling~~ ~~R~~ ~~L~~

EYES ~~problems with vision~~

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353

ENT ~~sore throat~~

NEURO ~~headache~~ ~~dizziness~~ ~~light-headedness~~

PSYCH ~~anxiety~~ ~~depression~~

 except as marked positive, all systems above reviewed and found negative
HISTORY
 Reviewed Updated
~~No chronic diseases~~

Cardiac disease: Afib CAD CHF MI

Diabetes: Type 1 Type 2 diet oral insulin

Hypertension

Peptic ulcer

Gall stones

Kidney stones

Bladder infection

Kidney infection

Ischemic bowel risk factors: valvular disease elderly low BP recent MI

Pancreatitis

GERD

Diverticulitis

Abdominal aneurysm

CVA TIA: deficit: R L

Ectopic pregnancy

Fecal impaction

Hepatitis c

Hyperlipidemia

Intestinal obstruction

Circle positives ~~strikethrough negatives~~ unmarked = not applicable

FINAL (SIGNED)



MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient: ALMAZON RUIZ, FELIPE	Sex: Male	DOS: 09/11/2017 23:20	MR#: 0010282353
---	---------------------	---------------------------------	---------------------------

Ovarian: cyst(s) fibroids

Pelvic infection: STD

Old records reviewed / summary

Surgeries / Procedures: none appendectomy cholecystectomy endoscopy upper lower
 hernia repair R L

cardiac bypass	cardiac stent	hysterectomy	BTL	C-section	tonsillectomy
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Full Problem List Reviewed Updated

Upper GI bleed (2017)

Allergies Reviewed Updated

No Known Allergies

Home Medications Reviewed Updated

Immunizations Reviewed Updated

SOCIAL HISTORY Reviewed Updated

Tobacco Use

Never smoker (b)(6); (b)(7)(C)
 None Reported : TOBACCO HISTORY Last Documented B on 09/12/2017 01:58

Alcohol Use

Recreational Drug Use

FAMILY HISTORY Reviewed Updated

gall stones ovarian cysts CAD ulcer kidney stones aortic aneurysm

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



CHI St. Luke's Health

MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353

VITAL SIGNS

 Reviewed Updated

Last Set of Vitals: Interpretation: normal hypoxic

BP: 160/103 09/12/2017 02:31
 Pulse: 94 09/12/2017 01:10
 Temp: 98.1 F 09/11/2017 21:36
 Resp: 18 09/11/2017 21:36
 O2 Sat: 99.0% 09/11/2017 21:36
 Additional Vitals:

PHYSICAL EXAM

 Nursing assessment reviewed

CONST

no acute distress distress: mild moderate severe
alert anxious lethargic

Comments: Patient is alert and in no acute distress on exam.

EYES

inspection normal scleral icterus pale conjunctivae
 EOM palsy R L anisocoria R L

Comments: Normal on exam.

ENT

normal inspection pharyngeal erythema
pharynx normal abnormal TM R L hearing deficit R L

Comments: Normal on exam.

NECK

normal inspection thyromegaly lymphadenopathy

Comments: Normal on exam.

RESP

no respiratory distress wheezes R L rales R L rhonchi R L

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



CHI St. Luke's Health

MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient: ALMAZON RUIZ, FELIPE	Sex: Male	DOS: 09/11/2017 23:20	MR#: 0010282353
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breath sounds normal

Comments: Normal breath sounds on exam.

CVS

regular rate and rhythm

irregularly irregular rhythm tachycardia bradycardia

heart sounds normal

JVD present gallop: S3 S4

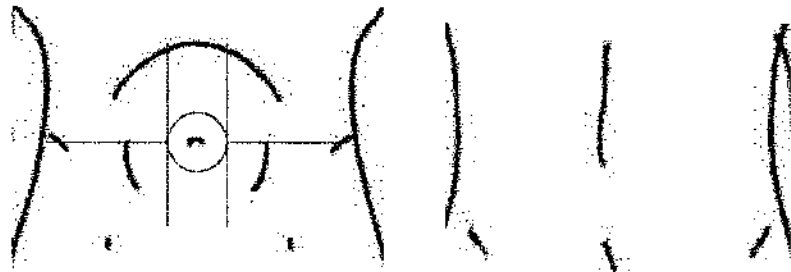
equal pulses / full

murmur: grade /6 systolic diastolic
decreased pulse(s): radial R L femoral R L
dorsalis pedis R L

Comments: Normal heart sounds on exam.

LEGEND

- T = Tenderness
- G = Guarding
- R = Rebound
- m = Mild
- mod = Moderate
- sv = Severe



ABD

soft, non-tender

rigid distended
tenderness guarding rebound generalized RUQ LUQ RLQ LLQ

no organomegaly

hepatomegaly splenomegaly

normal bowel sounds

abnormal bowel sounds: increased decreased absent tympanic

no abdominal bruit

prominent aortic pulsation

no pulsatile mass

McBurney's point tenderness psoas Rovsing's sign obturator sign
mass:

Comments: No abdominal tenderness on exam.

GU

external inspection normal catheter present

PELVIC EXAM

normal external exam vaginal bleeding vaginal discharge
normal speculum exam cervical motion tenderness

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353

normal bimanual exam	adnexal tenderness	adnexal mass	R	L
	enlarged uterus	tender uterus		
MALE GENITAL				
normal inspection	testicular tenderness	R	L	testicular swelling
	inguinal tenderness	R	L	inguinal swelling
				R
				L
RECTAL				
non-tender	tenderness	fecal impaction		
heme negative stool	stool: heme positive	trace	black	bloody

BACK

normal inspection CVA tenderness R L

Comments: Normal on exam.

SKIN

color normal cyanosis diaphoresis pallor
no rash skin rash zoster-like
warm dry intact embolic lesions signs of IVDA
 pressure ulcer location:
 depth / stage: 1 2 3 4

Comments: Normal on exam.

EXTREMITIES

non tender calf tenderness R L
normal ROM Homan's sign R L
no pedal edema pedal edema R L

Comments: Normal on exam.

NEURO

oriented x4 disoriented to: person place time situation
CN's normal (2-12) weakness R L facial droop R L
motor normal speech abnormalities cognition abnormalities
sensation normal sensory loss R L

Comments: Patient is alert and oriented x 4 on exam.

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



CHI St. Luke's Health

MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient: ALMAZON RUIZ, FELIPE	Sex: Male	DOS: 09/11/2017 23:20	MR#: 0010282353
---	---------------------	---------------------------------	---------------------------

PSYCHmood normal

depressed mood

affect normal

depressed affect

Comments: Normal on exam.

RESULTS
 Reviewed
 Updated
Laboratory

ED Laboratory Results

Order	Test	Value	Reference Range	Comments	Status	Collection
AMYLASE SERUM	Amylase	112 H	(12-103 U/L)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	WBC	14.28 H	(4.80-10.80 10 ³ /ul)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	RBC	3.94 L	(4.70-6.10 10 ⁶ /ul)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	Hemoglobin	12.5 L	(14.0-18.0 gm/dl)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	Hematocrit	33.2 L	(42.0-50.0)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	MCV	84.3	(80.0-94.0 fL)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	MCH	31.7 H	(27.0-31.0 pg)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	MCHC	37.7 H	(33.0-37.0 gm/dl)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	RDW	16.0 H	(11.5-14.5)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	Platelet	18 LL	(130-400 10 ³ /ul)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	NE	72.4	(42.0-75.0)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	LY	7.8 L	(13.0-42.0)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	MO	11.9	(4.0-14.0)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	EO	0.9 L	(1.0-3.0)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	BA	0.6 L	(1.0-3.0)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	IG	6.4 H	(0.0-0.4)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	NRBC, Auto	1	(0-2 /100WBC)		Final Result	09/11/2017 23:29:00

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:			
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353			
CBC PLATELET AUTO DIFF	Nucleated RBC	0	(0-2 /100WBC)	Final Result	09/11/2017 23:29:00	
CBC PLATELET AUTO DIFF	Neutrophils	10 L	(42-75)	Decreased platelets, NO Platelet clumping , few large platelets seen on peripheral blood smear.	Final Result	09/11/2017 23:29:00
CKMB	CKMB	7.49 HH	(0.00-2.36 ng/ml)	RESULT CALLED TO CHELSEA BULLORD RN (ER) AT 0003 THEN READ BACK //HH/	Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	Glucose	127 H	(75-110 mg/dl)		Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	BUN	85.0 H	(6.0-17.0 mg/dl)		Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	Creatinine	1.5 H	(0.4-1.2 mg/dl)		Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	Sodium	127 L	(137-145 mmol/l)		Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	Potassium	4.3	(3.5-5.0 mmol/l)		Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	Chloride	95 L	(98-107 mmol/l)		Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	CO2	22	(22-30 mmol/l)		Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	Calcium	8.6	(8.4-10.2 mg/dl)		Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	T Protein	6.5	(5.1-8.7 gm/dl)		Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	Albumin	3.3 L	(3.5-4.6 gm/dl)		Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	A/G Ratio	1.0 L	(1.1-2.2)		Final Result	09/11/2017 23:29:00

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:		
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353		
CMP COMPREHENSIVE METABOLIC PANEL	AST (SGOT)	102 H	(11-36 U/L)		Final Result 09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	ALT (SGPT)	68 H	(11-40 U/L)		Final Result 09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	Alkaline Phos	123 H	(47-114 U/L)		Final Result 09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	Total Bilirubin	10.8 H	(0.2-1.2 mg/dl)		Final Result 09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	Globulin	3.2	(2.3-3.5 gm/dl)		Final Result 09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	Anion Gap	11			Final Result 09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	Calcium, Corrected	9.2	(8.4-10.2 mg/dl)	Various formulas exist for corrected serum calcium results, each yielding different values. This corrected result was based on the formula: Corrected Calcium = SerumCalcium + [0.8 * (4 - SerumAlbumin)]	Final Result 09/11/2017 23:29:00
CPK	CPK	322 H	(30-135 U/L)		Final Result 09/11/2017 23:29:00
LIPASE SERUM	Lipase	367 H	(8-223 U/L)		Final Result 09/11/2017 23:29:00
PRO BNP B - NATRIURETIC PEPTIDE	Pro BNP(B-Peptide)	4850 HH	(0-125 pg/ml)	RESULT CALLED TO CHELSEA BULLORD RN (ER) AT 0003 THEN READ BACK //HH/	Final Result 09/11/2017 23:29:00
PROTIME PT INR	Protime	15.1 H	(9.0-11.8 seconds)		Final Result 09/11/2017 23:29:00

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient: ALMAZON RUIZ, FELIPE	Sex: Male	DOS: 09/11/2017 23:20	MR#: 0010282353
---	---------------------	---------------------------------	---------------------------

PROTIME PT INR	INR	1.4 H	(0.9-1.1)	INR results are intended ONLY to monitor Oral Anticoagulant therapy in stabilized patients. The INR Therapeutic Range is 2.0 - 3.0 Patients with a mechanical heart, the INR Range is 2.5 - 3.5	Final Result	09/11/2017 23:29:00
PTT PARTIAL THROMBOPLASTIN TM	aPTT	22.1 L	(25.3-35.7 seconds)		Final Result	09/11/2017 23:29:00

Documentation Cont. Next Page

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



CHI St. Luke's Health

MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10. Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353

TROPONIN I QUANTITATIVE	Troponin-I	0.076 H	(0.000-0.034 ng/ml)	The 99th Percentile URL is 0.034 ng/mL. The Joint European Society of Cardiology/American College of Cardiology (ESC/ACC) and the National Academy of Clinical Biochemistry Standards of Laboratory Practices (NACB) recommends that the diagnosis of AMI includes the presence of clinical history suggestive of Acute Coronary Syndrome (ACS) and a maximum concentration of cardiac troponin exceeding the 99th percentile of a normal reference population [upper reference limit (URL)] on at least one occasion during the first 24 hours after the clinical event.	Final Result	09/11/2017 23:29:00
----------------------------	------------	---------	------------------------	---	--------------	------------------------

Rhythm Strip

Rate: Rhythm: NSR

EKG

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353

Viewed by me Interpreted by me Discussed with cardiologist

Normal NAD normal intervals normal axis normal QRS normal ST/T

Rate rhythm: NSR sinus tach A-fib

EKG changed unchanged from:

Repeat EKG changed unchanged from:

X-Rays Done

KUB Upright abdomen 3-view CXR: PA/Lat AP

Viewed by me Interpreted by me Discussed with radiologist

Normal NAD normal bowel gas no free air no mass

No infiltrates normal heart size normal mediastinum

CT Scan Done

Abdomen Pelvis

Viewed by me Interpreted by me Discussed with radiologist

Normal NAD normal bowel gas no free air no mass

Ultrasound / FAST Exam

Abdomen Pelvis Heart / Pericardium

Viewed by me Interpreted by me Discussed with radiologist

Normal NAD

Pulse Ox

99 % Room Air O₂ L/min FiO₂ %

NC RB mask NRB mask other:

interpretation: normal hypoxic time:

PROCEDURES

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



CHI St. Luke's Health

MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353

Feeding Tube Insertion – Procedure Note

Time: "Time out" at:

Indication: dislodged malfunctioning
G-tube J-tube nasal feeding tube

Preparation: risks, benefits, alternatives explained:
to patient parent guardian
topical anesthesia used: lidocaine gel benzocaine spray
tube size:

Procedure: successful unsuccessful
performed by: me ED physician PA nurse
tube inserted into: abdominal stoma oropharynx nostril R L
no significant resistance met
confirmed placement: by aspiration by auscultation X-ray
Secured with: tape suture dressing

Complications: none bleeding vomiting

PROGRESS

Time 02:30 AM unchanged improved re-examined non-surgical

Comments: 09/12/2017 Patient placed on Octreotide drip due to Esophageal and GI bleed
Spoke with DR. Abas of Conroe regional concerning care and transfer of patient, patient was accepted.

PROGRESS

Time: unchanged improved re-examined

PLAN

Interventions:
EGDT for sepsis considered

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353

CP: EKG ASA
AMI: EKG ASA Thrombolytics PCI transfer
CAP: VS antibiotic(s) pathogen BC CXR CT transfer
Pregnancy: HCG US
Rh Negative Pregnancy: Rhogam

Treatment exclusions: refused not indicated contraindicated not available

Discussed with Dr:
 will see patient in: ED hospital office
 Additional history from: family caretaker paramedics other:
 Counseled patient family regarding: laboratory radiology results diagnosis
 need for follow-up:
 Rx given:
 Critical care time: (excluding separately billable procedures) 120 min
 Comments: 09/12/2017 Patient placed on Octreotide drip due to Esophageal and GI bleed

PLAN

Discussed with Dr:
 will see patient in: ED hospital office

Orders:

Order Date	Description	Frequency	Ordered By	Status
9/11/2017	Nurse Reminder to Enter Lab Orders for Protocol	PRN	ZAHEER, SYED	Active
9/11/2017	AMYLASE SERUM	STAT	ZAHEER, SYED	Dates Met
9/11/2017	CKMB	STAT	ZAHEER, SYED	Dates Met
9/11/2017	CPK	STAT	ZAHEER, SYED	Dates Met
9/11/2017	LIPASE SERUM	STAT	ZAHEER, SYED	Dates Met
9/11/2017	CMP COMPREHENSIVE METABOLIC PANEL	STAT	ZAHEER, SYED	Dates Met
9/11/2017	TROPONIN I QUANTITATIVE	Once	ZAHEER, SYED	Dates Met
9/11/2017	PTT PARTIAL THROMBOPLASTIN TM	STAT	ZAHEER, SYED	Dates Met
9/11/2017	PROTIME PT INR	STAT	ZAHEER, SYED	Dates Met
9/11/2017	CBC PLATELET AUTO DIFF	STAT	ZAHEER, SYED	Dates Met

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



CHI St. Luke's Health

MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:	
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353	
9/11/2017	PRO BNP B - NATRIURETIC PEPTIDE	Once	ZAHEER, SYED	Dates Met
9/11/2017	Insert Saline Lock	STAT	ZAHEER, SYED	Dates Met
9/11/2017	Obtain Consent for Procedure / Place in Chart	STAT	ZAHEER, SYED	Dates Met
9/11/2017	Transfusion Vital Signs per Protocol	STAT	ZAHEER, SYED	Dates Met
9/11/2017	TYPE AND SCREEN	STAT	ZAHEER, SYED	Dates Met
9/11/2017	CROSSMATCH X 2	STAT	ZAHEER, SYED	Dates Met
9/11/2017	Transfuse 2 units PRBCs	STAT	ZAHEER, SYED	Dates Met
9/11/2017	UA URINALYSIS WITH MICROSCOPY	Once	ZAHEER, SYED	Dates Met

CLINICAL IMPRESSION Initial visit unless marked: subsequent sequelae

CV

Acute MI: STEMI NSTEMI anterior inferior lateral posterior

Angina: stable unstable

Aorta dissection: abdomen thoracic

Aortic aneurysm: abdomen thoracic with rupture

Ischemic chest pain

Ischemic colitis

Mesenteric ischemia: acute chronic

GI

Appendicitis: acute chronic with peritonitis: general local

Bowel obstruction

Clostridium difficile enterocolitis

Constipation

Crohn's disease: small bowel large bowel with: abscess bleeding fistula obstruction

Diverticulitis: small bowel large bowel with: abscess bleeding perforation

Fecal impaction

Gastritis: acute chronic alcoholic with bleeding

Gastroenteritis: infectious viral

GERD: with esophagitis

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



CHI St. Luke's Health

MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353

Irritable bowel: with diarrhea

Peptic ulcer disease: acute chronic with: hemorrhage perforation

Perforated intestine

Ulcerative colitis: involving: rectum sigmoid colon
with: abscess bleeding fistula obstruction

Volvulus

GU

Ovarian cyst: follicular simple

PID: acute chronic GC chlamydia

Pregnancy: 1st 2nd 3rd trimester + pregnancy test ectopic-tubal
labor: preterm term false < 37 wk > 37 wk

Pyelonephritis: acute chronic

Torsion: testicular R L ovarian R L

Ureterolithiasis: with gout

UTI: cystitis: acute chronic with hematuria

LIVER / GB / PANCREAS

Biliary colic: with gallstones

Cholecystitis: acute chronic with: gallstones obstruction

Hepatitis: acute chronic viral: A B C alcoholic drug induced:

Pancreatitis: acute chronic alcoholic biliary idiopathic

OTHER

Dehydration

Peritonitis, acute

Pneumonia: aspiration atypical bronchopneumonia interstitial lobar
viral: RSV influenza: A B bacterial:

Sepsis, severe: with shock

SIRS

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



CHI St. Luke's Health

MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353

SIGN / SYMPTOMS

Abdominal pain: RUQ LUQ RLQ LLQ
acute abdomen generalized with: rebound tenderness

Fever

Flank pain

Nausea

Vomiting

Diarrhea

Comments: Upper GI bleed

Current Problems Reviewed Updated

Upper GI bleed (2017)

DISPOSITION

Decision made at: 02:35 AM Left department at:

To: Home Transfer Admit Morgue
Nursing Home Police Funeral Home Medical Examiner

Present on arrival: pressure ulcer UTI

patient condition: unchanged improved stable serious critical deceased
ambulatory active drinking fluid eating pain controlled

Care transferred to Dr. Abas time: 05:15 AM

Basis For Discharge Decision:

patient exam: stable improved unchanged
tenderness migratory no rebound no rigidity

test results: no abnormal no serious abnormal min abnormal mod abnormal

social support: adequate good excellent

follow up: available arranged discussed with physician

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353

Basis For Admit Decision:

- need for: further evaluation additional testing monitoring telemetry
- pain control IV hydration IV medication IV antibiotics
- culture results surgery / intensive care

TRANSFER OF CARE

Relinquishing Scribe:	(b)(6); (b)(7)(C)	Report given to	Assuming Sc	(b)(6); (b)(7)(C)
Relinquishing Mid-Level:		Report given to	Assuming Mid-Level:	
Relinquishing Mid-Level:		Report given to	Assuming Physician:	
Relinquishing Physician:		Report given to	Assuming Physician:	

Brief history:

Items pending that need to be checked and documented:

- Labs:
- X-Ray results:
- Pain control:
- CT results:
- MRI results:
- US results:
- Procedure(s):
- Other:

Physician / consult arrival:

Tentative impression of patient:

- admit discharge transfer

Pending results:

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



CHI St. Luke's Health

MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353

TRANSFERRING SIGNATURE

Transferring Mid-Level signing out:

 Signature Date/Time

Transferring Physician signing out

 Signature Date/Time

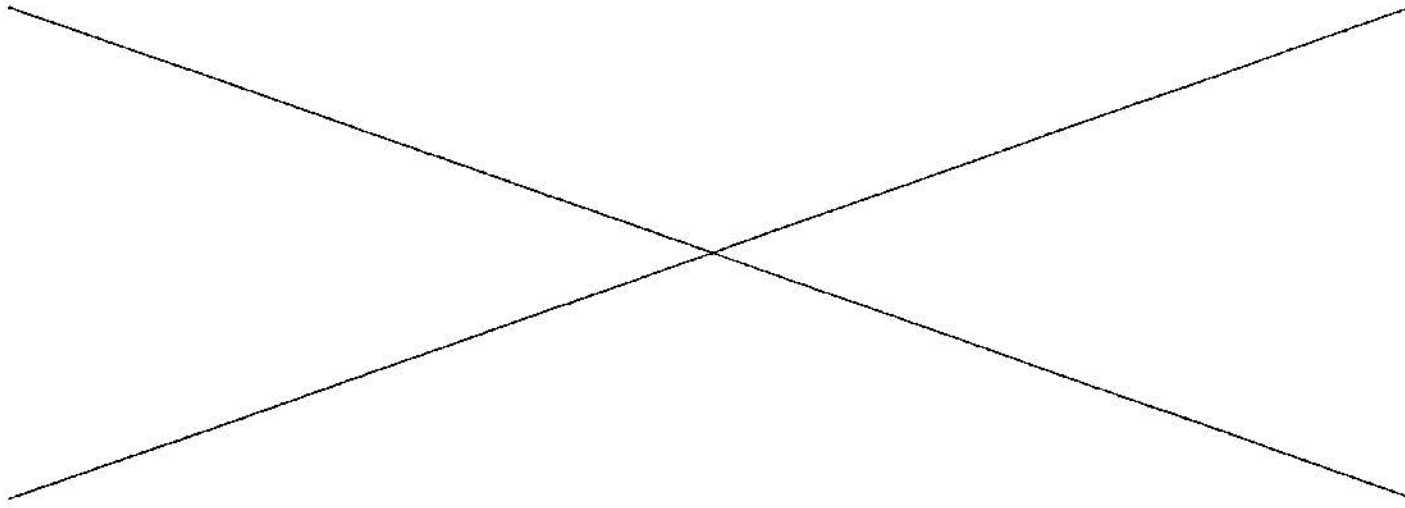
SIGNATURE

By signing my name below, I (b)(6); (b)(7)(C) attest that this documentation has been prepared under the direction and in the presence of (b)(6); (b)(7)(C).
(b)(6); (b)(7)(C) Electronically signed (b)(6); (b)(7)(C) Date 09/12/2017 Time: 02:35 AM
(b)(6); (b)(7)(C) Date/Time 09/12/2017 05:17
 Mid-level Signature OR Scribe Signature

Emergency Physician Attestation

This scribe's documentation has been prepared under my direction and personally reviewed by me in its entirety. I confirm that the note accurately reflects all work, treatment, procedures, and medical decision making performed by me.

(b)(6); (b)(7)(C) / pages have been reviewed and completed
 Authorized Signature Date/Time 09/12/2017 05:18



Circle positives strikethrough ~~negatives~~ unmarked = not applicable

Printed: 09/11/2017 21:36:16

**MMC LIVINGSTON
LIV ED Triage Report**



Page 1 of 1

Patient: ALMAZON RUIZ, FELIPE

Visit ID: 0300267948

Age: 51Y DOB:08/28/1966 Sex: M Acuity: 3

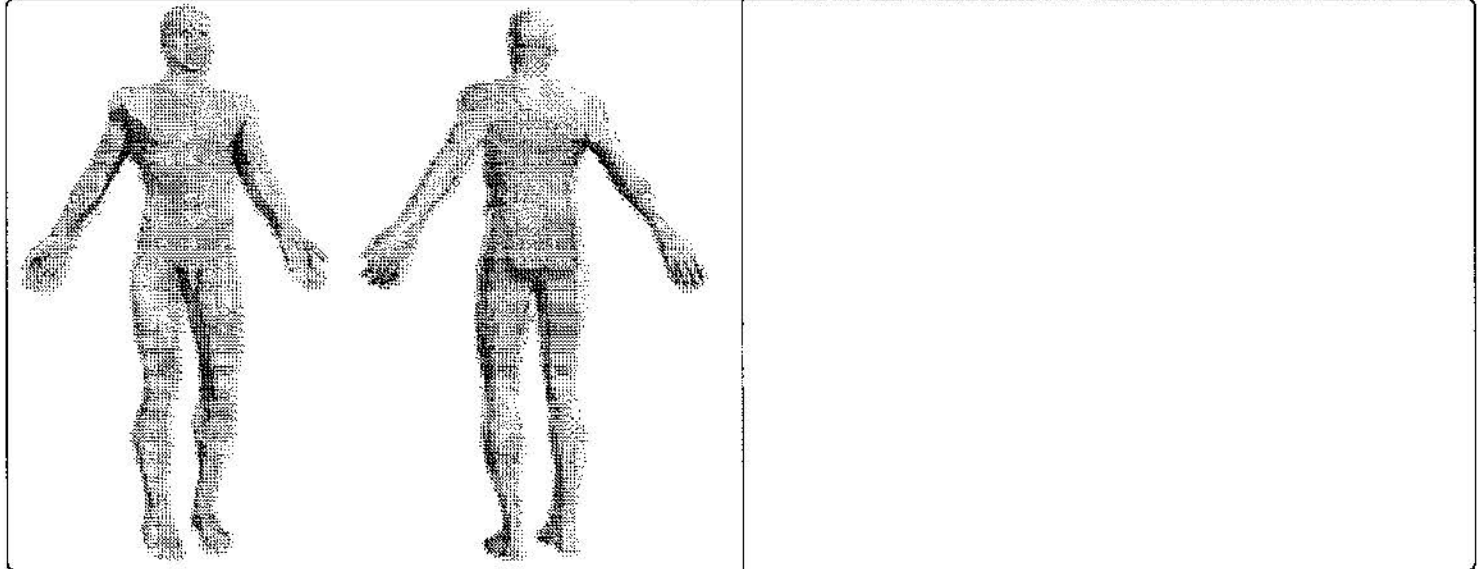
Med Rec: 0010282353

Chief Complaint: Hemoptysis		Onset: 2 days	Head Circum.:
Triage D/T: 09/11/2017 21:25	Room/Bed:	Radio Call: N	Infection Control:
Arrival D/T: 09/11/2017 21:02	Arrived from: Forensic Facility	Pre Hospital Care: [None entered]	
Mode of Arrival: Law Enforcement	Accompanied by: Other		Screening: *Domestic Violence, *TB, Out US Last 30 Days NC
Informant: Self	Consent to Treat?:		Suicide Risk: Screened - No Suicide Risk
			Pregnant?: LMP:

Patient Narrative: hx varices and cirrhosis of liver, ep vomiting up blood and abd pain ; pt came here from mtc detention center; came here from center in florida.
 (b)(6); (b)(7)(C)

Stroke Assessment Last Known Well:		D/T		D/T			
NPO since:	Last Intake Solid:		Last Intake Liquid:				
BP	Temperature	Pulse	Respirations	SpO ₂	FSBS	GCS	Height
149/97 mmHg	98.1 F	99 bpm	18	98% O ₂ L/m		15	61 in
Site: Arm, Upper Lt	Site: Forehead	Site:	Qly:	Co/Del:		M - 6	Weight
Poe:		Qly:				V - 5	
Type:		Type:				E - 4	

Pain Assessment	Score: 7/10	Scale: 7, Numeric Scale	Location: abd
Character: stabbing	Non Verbal Signs:		
Distribution:	Intensified By:		
Radiation:	Relieved By:		
Duration:	Goal:		



Dr: (Unassigned) Electronically Signed By: (b)(6); (b)(7)(C) Dt Signed: 09/11/2017 21:36:10
 PCP: NONE, NONE

CHI ST. LUKE'S HEALTH - LIVINGSTON
 LABORATORY - CLIA # 45D0697930
 1717 HIGHWAY 59 BYPASS
 LIVINGSTON, TEXAS 77351
 PH: (936) 329-8589

=====

PATIENT: ALMAZON RUIZ, FELIPE	MR #: V0010282353
DOB: 06/26/1966	
SEX: M	LOC: ER LIVINGSTON
ENCOUNTER # [REDACTED]	
ATTD. PHYSICIAN: [REDACTED]	ADMITTED: 09/11/2017

=====

HEMATOLOGY

Collected	09/11/2017		Reference	Units
	23:29 ¹			
Ord Physician	[REDACTED]			
WBC	14.28	H	4.80-10.80	10 ³ /ul
RBC	3.94	L	4.70-6.10	10 ⁶ /ul
Hemoglobin	12.5	L	14.0-18.0	gm/dl
Hematocrit	33.2	L	42.0-50.0	%
MCV	84.3		80.0-94.0	fL
MCH	31.7	H	27.0-31.0	pg
MCHC	37.7	H	33.0-37.0	gm/dl
RDW	16.0	H	11.5-14.5	%
Platelet	18	LP	130-400	10 ³ /ul
MPV	Not Measured ²		7.4-10.4	fL
NE%	72.4		42.0-75.0	%
LY%	7.8	L	13.0-42.0	%
MO%	11.9		4.0-14.0	%
EO%	0.9	L	1.0-3.0	%
BA%	0.6	L	1.0-3.0	%
IG%	6.4	H	0.0-0.4	%
NRBC, Auto	1		0-2	/100WBC
Nucleated RBC	0		0-2	/100WBC

Manual
Differentials

¹AUTO DIFF [REDACTED] on 09/12/2017 00:46 AM. Results were read back by [REDACTED]
 Critical values were called to [REDACTED]

²MPV NOT MEASURED WHEN INSTRUMENT HAS SUPPRESSED OR UNREPORTABLE RESULT. THIS WILL MOST OFTEN HAPPEN WITH THE MPV WHEN THERE IS AN ABNORMAL PLATELET DISTRIBUTION DUE TO A CRITICAL LOW VALUE OR PLATELET CLUMPING.

=====

ALMAZON RUIZ, FELIPE	REPORT: Final Chart Livingston	PRINTED: 09/12/2017 18:43
ER LIVINGSTON		
[REDACTED]	PAGE: 1 OF 8	

CHI ST. LUKE'S HEALTH - LIVINGSTON
LABORATORY - CLIA # 45D0697930
1717 HIGHWAY 59 BYPASS
LIVINGSTON, TEXAS 77351
PH: (936) 329-8589

PATIENT: ALMAZON RUIZ, FELIPE

MR #: V0010282353

DOB: 06/26/1966

SEX: M

LOC: ER LIVINGSTON

ENCOUNTER #: (b)(7)(E)

ATTD PHYSICIAN: (b)(6); (b)(7)(C)

ADMITTED: 09/11/2017

Collected	09/11/2017 23:29 ³	Reference	Units
Ord Physician	(b)(6); (b)(7)(C)		
Neutrophils	10 L	42-75	%
Nucleated RBC	0	0-2	/100WBC
Platelet Morphology	Decreased platelets, NO Platelet clumping, few large platelets seen on peripheral blood smear.		

³AUTO DIFF

Critical values were called to

(b)(6); (b)(7)(C)

on 09/12/2017 00:46 AM. Results were read back by

(b)(6);

(b)(7)(C)

A (b)(6); (b)(7)(C)

ALMAZON RUIZ, FELIPE
ER LIVINGSTO
ZAHEER, SYED J, MD

REPORT: Final Chart Livingston

PRINTED: 09/12/2017 18:43

PAGE: 2 OF 8

CHI ST. LUKE'S HEALTH - LIVINGSTON
LABORATORY - CLIA # 45D0697930
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PH: (936) 329-8589

PATIENT: ALMAZON RUIZ, FELIPE

MR #: V0010282353

DOB: 06/26/1966

SEX: M

LOC: ER LIVINGSTON

ENCOUNTER #: (b)(7)(E)

ATTD. PHYSICIAN: (b)(6); (b)(7)(C)

ADMITTED: 09/11/2017

COAGULATION

	Test		Units	Reference	Ord Physician
09/11/2017 23:29	Protime	15.1	H seconds	9.0-11.8	(b)(6); (b)(7)(C)
	INR	1.4*	H	0.9-1.1	
	aPTT	22.1	L seconds	25.3-35.7	

*INR results are intended ONLY to monitor Oral Anticoagulant therapy in stabilized patients. The INR Therapeutic Range is 2.0 - 3.0 Patients with a mechanical heart, the INR Range is 2.5 - 3.5

ALMAZON RUIZ, FELIPE
ER LIVINGSTON

(b)(6); (b)(7)(C)

REPORT: Final Chart Livingston

PRINTED: 09/12/2017 18:43

PAGE: 3 OF 8

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PATIENT: ALMAZON RUIZ, FELIPE

MR #: V0010282353

DOB: 06/26/1966

SEX: M

LOC: ER LIVINGSTON

ENCOUNTER #: (b)(7)(E)

ATTD. PHYSICIAN: (b)(6), (b)(7)(C)

ADMITTED: 09/11/2017

CHEMISTRY

Collected	09/11/2017 23:29	Reference	Units
Ord Physician	ZAHEER, SYED J, MD		
Sodium	127 L	137-145	mmol/l
Potassium	4.3	3.5-5.0	mmol/l
Chloride	95 L	98-107	mmol/l
CO2	22	22-30	mmol/l
Glucose	127 H	75-110	mg/dl
BUN	85.0 H	6.0-17.0	mg/dl
Creatinine	1.5 H	0.4-1.2	mg/dl
T Protein	6.5	5.1-6.7	gm/dl
Albumin	3.3 L	3.5-4.6	gm/dl
Globulin	3.2	2.3-3.5	gm/dl
A/G Ratio	1.0 L	1.1-2.2	%
Calcium	8.6	8.4-10.2	mg/dl
Calcium, Corrected	9.2*	8.4-10.2	mg/dl
Total Bilirubin	10.8 H	0.2-1.2	mg/dl
AST (SGOT)	102 H	11-36	U/L
ALT (SGPT)	68 H	11-40	U/L
Alkaline Phos	123 H	47-114	U/L

*Various formulas exist for corrected serum calcium results, each yielding different values. This corrected result was based on the formula: Corrected Calcium = SerumCalcium + [0.8 * (4 - SerumAlbumin)]

ALMAZON RUIZ, FELIPE
 ER LIVINGSTON

PRINTED: 09/12/2017 18:43

REPORT: Final Chart Livingston

PAGE: 4 OF 8

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PH: (936) 329-8589

PATIENT: ALMAZON RUIZ, FELIPE

MR #: V0010282353

DOB: 06/26/1966

SEX: M

LOC: ER LIVINGSTON

ENCOUNTER #: (b)(7)(E)

ATTD. PHYSICIAN: (b)(7)(E)

ADMITTED: 09/11/2017

Collected	09/11/2017 23:29	Reference	Units
Ord Physician	(b)(6); (b)(7)(C)		
Amylase	112 H	12-103	U/L
Lipase	367 H	8-223	U/L
EGFR if African American	>60		mL/min/1.73m ² 2
EGFR if Non-African American	52 ^a		mL/min/1.73m ² 2

CARDIAC SECTION

^aEstimated Glomerular Filtration Rate (eGFR) Reference Intervals
Decision Points for 18 years and older and average body mass:

- >= 60 Does not exclude kidney disease.
- 30 - 59 Suggests moderate chronic kidney disease and indicates the need for further investigation including assessment of proteinuria and cardiovascular factors.
- < 30 Usually indicates a need for referral for assessment and management of chronic kidney failure.

ALMAZON RUIZ, FELIPE

PRINTED: 09/12/2017 18:43

(b)(6); (b)(7)(C)

REPORT: Final Chart Livingston

PAGE: 5 OF 8

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 LABORATORY - CLIA # 45D0697930
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 PH: (936) 329-8589

PATIENT: ALMAZON RUIZ, FELIPE

MR #: V0010282353

DOB: 06/26/1966

SEX: M

LDC: ER LIVINGSTON

ENCOUNTER #

(b)(7)(F)

ATTD. PHYSICIAN

(b)(6); (b)(7)(C)

ADMITTED: 09/11/2017

Collected	09/11/2017 23:29 ⁷	Reference	Units
Ord Physician	(b)(6); (b)(7)(C)		
CKMB	7.49 ⁸ HP	0.00-2.36	ng/ml
Troponin-I	0.076 ⁹ H	0.000-0.034	ng/ml
CPK	322 H	30-135	U/L

**SPECIAL
 CHEMISTRY**

⁷Critical values were called to (b)(6); (b)(7)(C) RN by HF 132001 on 09/12/2017 00:03 AM. Results were read back by (b)(6); (b)(7)(C)
⁸RESULT CALLED TO C (b)(6); (b)(7)(C) RN (ER) AT 0003 THEN READ BACK /HH/
⁹The 99th Percentile URL is 0.034 ng/mL.

The Joint European Society of Cardiology/American College of Cardiology (ESC/ACC) and the National Academy of Clinical Biochemistry Standards of Laboratory Practices (NACB) recommends that the diagnosis of AMI includes the presence of clinical history suggestive of Acute Coronary Syndrome (ACS) and a maximum concentration of cardiac troponin exceeding the 99th percentile of a normal reference population [upper reference limit (URL)] on at least one occasion during the first 24 hours after the clinical event.

ALMAZON RUIZ, FELIPE
 ER LIVINGSTON

REPORT: Final Chart Livingston

PRINTED: 09/12/2017 18:43

(b)(6); (b)(7)(C)

PAGE: 6 OF 8

CHI ST. LUKE'S HEALTH - LIVINGSTON
 LABORATORY - CLIA # 45D0697930
 1717 HIGHWAY 59 BYPASS
 LIVINGSTON, TEXAS 77351
 PH: (936) 329-8589

PATIENT: ALMAZON RUIZ, FELIPE

MR #: V0010282353

DOB: 06/26/1966

SEX: M

LOC: ER LIVINGSTON

ENCOUNTER (b)(7)(E)

ATTD. PHYSICIAN (b)(6); (b)(7)(C)

ADMITTED: 09/11/2017

Collected	09/11/2017	Reference	Units
Ord Physician	(b)(6); (b)(7)(C)		
Pro-BNP(B-Peptide)	4850 HP	0-125	pg/ml

¹⁰Critical values were called by (b)(6); (b)(7)(C) on 09/12/2017 00:03 AM. Results were read back by (b)(6); (b)(7)(C)
¹¹RESULT CALLED TO (b)(6); (b)(7)(C) (ER) AT 0003 THEN READ BACK //HH/

ALMAZON RUIZ, FELIPE
ER LIVINGSTON

REPORT: Final Chart Livingston

PRINTED: 09/12/2017 18:43

(b)(6); (b)(7)(C)

PAGE: 7 OF 8

CHI ST. LUKE'S HEALTH - LIVINGSTON
LABORATORY - CLIA # 45D0697930
1717 HIGHWAY 59 BYPASS
LIVINGSTON, TEXAS 77351
PH: (936) 329-8589

PATIENT: ALMAZON RUIZ, FELIPE

MR #: V0010282353

DOB: 06/26/1966

SEX: M

LDC: ER LIVINGSTON

ENCOUNTER #: (b)(7)(E)

ATTD. PHYSICIAN: (b)(6); (b)(7)(C)

ADMITTED: 09/11/2017

BLOOD BANK TESTS

Test	Analyte	Result	Ord Physician
09/11/2017 23:29	TYPE & SCREEN	ABO Blood Type Rh Antibody Screen	(b)(6); (b)(7)(C)
		Positive Negative	
09/11/2017 22:13	CROSSMATCH x 2	Crossmatch Completed: Compatible	

ALMAZON RUIZ, FELIPE
ER LIVINGSTON

REPORT: Final Chart Livingston

PRINTED: 09/12/2017 18:43

(b)(6); (b)(7)(C)

PAGE: 8 OF 8



CHI St. Luke's Health

Lufkin • Livingston • San Augustine
Memorial Specialty

BLOOD BANK TRANSFUSION RECORD

ATTN

0300257948 SPAI
ALMAZON RUIZ, FELIPE

ED 09/11/2017 0010282353
DOB: 06/26/1966 51Y M


Patient ABO/Rh: O POSITIVE

Donor ABO/Rh: O POSITIVE

Product: LR - PPHC

Donor Unit W0446 17 361217

Crossmatch Interpretation: COMPATIBLE

Blood Band #: 

Antibody Screen: NEGATIVE

Segment #: E5204141A

Expiry Date: 10-21-17

Unit #: 192

Tech ID (b)(6), (b)(7)(C)

Date/Time: 9/17/17 0730

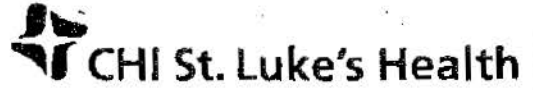
TRANSFUSERS MUST SIGN

certify that prior to transfusion we have verified the identity of this unit and its intended recipient have checked each item in the presence of the recipient

Date _____ Time _____

Date _____ Time _____





BLOOD BANK TRANSFUSION RECORD

Lufkin • Livingston • San Augustine
Memorial Specialty

0300267948 SPAI
ALMAZON RUIZ, FELIPE
EO 09/11/2017 0010282353
DOB: 06/26/1966 51Y M

Blood Band #: 

Antibody Screen: NEGATIVE
 Segment #: E5204109A
 Expiry Date: 10-21-17
 Unit #: 2082

Patient ABO/Rh: O POSITIVE
 Donor ABO/Rh: O POSITIVE
 Product: UR-PRMC
 Donor Unit: W0446 17 361220
 Crossmatch Interpretation: COMPATIBLE
 Tech ID: (b)(6); (b)(7)(C)

Date/Time: 9/12/17 0120



TRANSFUSERS MUST SIGN

I certify that prior to transfusion we have verified the identity of this unit and its intended recipient, and have checked each item in the presence of the recipient.

Date _____ Time _____

Date _____ Time _____





BLOOD BANK TRANSFUSION RECORD

Lufkin • Livingston • San Augustine
Memorial Specialty

ATTN

0300267948 SPAI
ALMAZON RUIZ, FELIPE

ED 09/11/2017 0010282353
DOB: 06/26/1966 51Y M

Patient ABO/Rh: O POSITIVE

Donor ABO/Rh: O POSITIVE

Product: UR-PPAC

Donor Unit W0446 17 361217

Crossmatch Interpretation: COMPATIBLE

Tech ID: (b)(6); (b)(7)(C)

RELEASED

also 1/17

Blood Band #: [REDACTED]

Antibody Screen: NEGATIVE

Segment #: E5204141A

Expiry Date: 10-21-17

Unit #: 1022

Date/Time: 9/12/17 0130

TRANSFUSERS MUST SIGN

We certify that prior to transfusion we have verified the identity of this unit and its intended recipient and have checked each item in the presence of the recipient.

X _____ Date _____ Time _____

X _____ Date _____ Time _____

REV. (01/30/15) KWIK COPY PRINTING



BLOOD BANK TRANSFUSION RECORD

Lufkin • Livingston • San Augustine
Memorial Specialty

RE

0300267948 SPAI
ALMAZON RUIZ, FELIPE

ED 09/11/2017 0010282353
DOB: 06/26/1966 51Y M

Patient ABO/Rh: O POSITIVE

Donor ABO/Rh: O POSITIVE

Product: UR-PPAC

Donor Unit W0446 17 361220

Crossmatch Interpretation: COMPATIBLE

Tech ID: (b)(6); (b)(7)(C)

RELEASED

9/13/17

Blood Band #: [REDACTED]

Antibody Screen: NEGATIVE

Segment #: E5204109A

Expiry Date: 10-21-17

Unit #: 2082

Date/Time: 9/12/17 0130

TRANSFUSERS MUST SIGN

We certify that prior to transfusion we have verified the identity of this unit and its intended recipient and have checked each item in the presence of the recipient.

X _____ Date _____ Time _____

X _____ Date _____ Time _____

2020-ICLI-00006 4446



MMC LIVINGSTON
Ambulatory Assessment/History Report
 09/11/2017 21:02 Through 09/14/2017 04:01

Patient Name: **ALMAZON RUIZ, FELIPE**
 Visit ID: **0300267948** MR Number: **0010282353** DOB: **06/26/1966**
 Admitted: **09/11/2017 21:02** Attending: (b)(6); (b)(7)(C)

Assessment Date		Entry Date
Vitals	Entered By: (b)(6); (b)(7)(C) Pt. Location: UNKNOWN_LOCATION UNKNOWN_BED Temp Pulse Resp BP O2 % Ht Wt	
09/11/2017 21:36	98.1 F 99 18 149/97 99.0% 61.00 in 77.13 kgs Forehead Arm, Upper Lt	09/11/2017 21:36

Vitals	Entered By: (b)(6); (b)(7)(C) Pt. Location: LIV EMERGENCY DEPARTMENT RM-04-A Temp Pulse Resp BP O2 % Ht Wt	
09/12/2017 00:46		09/12/2017 00:50

Assessment Date		Entry Date
	IV Medications Entered By: (b)(6); (b)(7)(C) Pt. Location: LIV EMERGENCY DEPARTMENT RM-04-A	

09/12/2017 00:49	Site: Jugular, Left Started (b)(6); (b)(7)(C)	09/12/2017 00:49
09/12/2017 03:04	Fluid: octreotide 25mcg 120 25 Started by (b)(6); (b)(7)(C)	09/12/2017 03:04
	Fluid: NSS 1000 150 Started by: (b)(6); (b)(7)(C)	09/12/2017 03:04

MMC LIVINGSTON
Daily Focus Assessment Report
 09/11/2017 21:02 Through 09/14/2017 04:01

Patient Name: **ALMAZON RUIZ, FELIPE**
 Visit ID: **0300267948** MR Number: **0010282353** DOB: **06/26/1966**
 Admitted: **09/11/2017 21:02** Attending: (b)(6); (b)(7)(C)

Assessment Date **Entry Date**

Actions
 Entered By: (b)(6); (b)(7)(C)
 Pt. Location: LIV EMERGENCY DEPARTMENT RM-04-A

09/12/2017 00:47	Critical Value - Name:	Platlets	09/12/2017 00:47
	Critical Value - Result:	18000	09/12/2017 00:47
	Critical Value - Date/Time Received:	09/12/2017 00:48	09/12/2017 00:47
	Critical Value - Name of MD Notified:	(b)(6); (b)(7)(C)	09/12/2017 00:47
	Critical Value - Date/Time MD Notified:	09/12/2017 00:48	09/12/2017 00:47
	Critical Value - Comments/Orders Received:	No new orders	09/12/2017 00:47
	Rounding Action	Pt Visually Checked No change from previous assessment by this clinician	09/12/2017 00:47

Assessment Date **Entry Date**

ED Med Time(s)
 Entered By: (b)(6); (b)(7)(C)
 Pt. Location: LIV EMERGENCY DEPARTMENT RM-04-A

09/12/2017 02:15	Pain Assessment	Pain Location	abd	09/12/2017 03:02
		Pain Scale	Numeric	
		Pain Score	5/10	
		Pain Goal	acceptable pain reduction	
09/12/2017 02:15	Name Of IV Push Med Given	octreotide	09/12/2017 03:02	
	Dose	25mog	09/12/2017 03:02	
	Time IV Push Med Given	09/12/2017 02:15	09/12/2017 03:02	
	Response	No ADR	09/12/2017 03:02	

Assessment Date **Entry Date**

Rounding
 Entered By: (b)(6); (b)(7)(C)
 Pt. Location: LIV EMERGENCY DEPARTMENT RM-04-A

09/12/2017 02:33	Rounding Action	Will continue to monitor patient for complaints or changes in status. Personal needs met Other	09/12/2017 02:33
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MMC LIVINGSTON
Daily Focus Assessment Report
 09/11/2017 21:02 Through 09/14/2017 04:01

Patient Name: **ALMAZON RUIZ, FELIPE**
 Visit ID: **0300267948** MR Number: **0010282353** DOB: **06/26/1966**
 Admitted: **09/11/2017 21:02** Attending: (b)(6); (b)(7)(C)

Assessment Date	Entry Date
<p>Rounding Entered By: (b)(6); (b)(7)(C) Pt. Location: LIV EMERGENCY DEPARTMENT RM-04-A</p>	

09/12/2017 02:33 **Group Note: Assisted to BR by guards with wheelchair. Dizzy when standing. NSR on monitor** 09/12/2017 02:35

Rounding Status No change from previous assessment by this clinician 09/12/2017 02:33
 Pt resting, no complaints voiced at this time
 Pt. denies any complaints at this time.

Assessment Date	Entry Date
<p>Rounding Entered By: (b)(6); (b)(7)(C) Pt. Location: LIV EMERGENCY DEPARTMENT RM-04-A</p>	

09/12/2017 02:35 **Rounding Action** **Other** 09/12/2017 02:35
Group Note: IV attempted x3. EJ (b)(6); (b)(7)(C)
 09/12/2017 02:36
Rounding Status Pt resting, no complaints voiced at this time 09/12/2017 02:35
 Pt. denies any complaints at this time.

Assessment Date	Entry Date
<p>Rounding Entered By: (b)(6); (b)(7)(C) Pt. Location: LIV EMERGENCY DEPARTMENT RM-04-A</p>	

09/12/2017 03:30 **Rounding Action** Will continue to monitor patient for complaints or changes in status. 09/12/2017 06:18
Rounding Status No change from previous assessment by this clinician 09/12/2017 06:18
 Pt resting, no complaints voiced at this time
 Pt. denies any complaints at this time.

MMC LIVINGSTON
Daily Focus Assessment Report
09/11/2017 21:02 Through 09/14/2017 04:01

Patient Name: **ALMAZON RUIZ, FELIPE**
 Visit ID: **0300267948** MR Number: **0010282353** DOB: **08/26/1988**
 Admitted: **09/11/2017 21:02** Attending: **S (b)(6); (b)(7)(C)**

Assessment Date	Entry Date
Rounding Entered By: (b)(6); (b)(7)(C) Pt. Location: LIV EMERGENCY DEPARTMENT RM-04-A	

09/12/2017 05:57	Rounding Action	Will continue to monitor patient for complaints or changes in status. Personal needs met	09/12/2017 05:57
	Rounding Status	No change from previous assessment by this clinician Pt resting, no complaints voiced at this time Pt. denies any complaints at this time.	09/12/2017 05:57

MMC LIVINGSTON

Discharge Assessment/Summary Report

09/11/2017 21:02 through 09/14/2017 04:01

Patient Name: ALMAZON RUIZ, FELIPE

Visit ID: 0300267946

MR Number: 0010282353

DOB: 06/26/1966

Discharged: 09/12/2017 07:00

Attending: (b)(6); (b)(7)(C)

Allergies

Allergy Date

No Known Allergies

(b)(6); (b)(7)(C)

09/11/2017

Last Documented by: on 09/11/2017 21:35

Vitals

Entered By: (b)(6); (b)(7)(C)

Entry Date

Pt. Location: UNKNOWN_LOCATION UNKNOWN_BED

Temp Pulse Resp BP O2 % Ht Wt

09/11/2017 21:36 98.1 F 16 99.0% 61.00 In 77.13 kgs 09/11/2017 21:36
Forehead

Vitals

Entered By: (b)(6); (b)(7)(C)

Entry Date

Pt. Location: LIV EMERGENCY DEPARTMENT RM-04-A

Temp Pulse Resp BP O2 % Ht Wt

09/12/2017 00:49 91 09/12/2017 02:37

09/12/2017 04:10

142/109

09/12/2017 05:58

Arm, Upper Lt

Assessment Date

Transfer

Entry Date

Entered By: (b)(6); (b)(7)(C)

Pt. Location: LIV EMERGENCY DEPARTMENT RM-04-A

09/12/2017 06:45 Admit to: ICU 09/12/2017 06:55
Other

09/12/2017 06:45 Group Note: 17 09/12/2017 08:56

09/12/2017 06:45 Transported With: Oxygen 09/12/2017 06:55
Cardiac / Apnea Monitor
TR/DC with IV line intact
Other

09/12/2017 06:45 Group Note: Octreotide infusion 09/12/2017 06:56

09/12/2017 06:45 Report Given To Loretta 09/12/2017 06:55

Report Given On Current
IV Therapy
Vital Signs
Fall Precautions
Transfer to Another Facility Yes
Notified of Discharge/Transfer Other

09/12/2017 06:45 Group Note: MTC guards 09/12/2017 06:57

09/12/2017 06:45 MOT Completed Yes 09/12/2017 06:55

Receiving Physician (b)(6); (b)(7)(C)

Receiving Facility Conroe Regional

MMC LIVINGSTON

IV Site and Fluid Report

09/11/2017 21:02 Through 09/14/2017 04:01

Patient Name: ALMAZON RUIZ, FELIPE

Visit ID: 0300267948

MR Number: 0010282353

DOB: 06/26/1966

Admitted: 09/11/2017 21:02

Attending: (b)(6); (b)(7)(C)

IV Site: Jugular, Left
Started 09/12/2017 00:49 By gelb

Pt Location: LIV EMERGENCY DEPARTMENT RM-04-A
Type: Venous Entered Date: 09/12/2017 00:49
Catheter Sz: 18 ga Position Modifier:
Catheter Length: Unsuccessful Attempts:
Lumens No.:
Note:

Added By: (b)(6); (b)(7)(C) 09/12/2017 00:49
Pt Location: LIV EMERGENCY DEPARTMENT RM-04-A
IV Site Started By: (b)(6); (b)(7)(C) On 09/12/2017 00:49
IV Site: Jugular, Left
IV Type: Venous
Catheter Sz: 18 ga

Fluid: NSS
Entry For Date 09/12/2017 03:04 By gelb

Pt Location: LIV EMERGENCY DEPARTMENT RM-04-A
Fluid Started By: (b)(6); (b)(7)(C) Fluid Started Date: 09/12/2017 03:04
Lumen Used: Entered Date: 09/12/2017 03:04
Rate: 150 ml/hr IV Pump: y
Starting Volume: 1000 ml Volume Infused:
Bag No.: Bag Complete Date:

Added By: (b)(6); (b)(7)(C) On 09/12/2017 03:04
Entry For Date: 09/12/2017 03:04
Fluid: NSS
Pt Location: LIV EMERGENCY DEPARTMENT RM-04-A
IV Site: Jugular, Left
Fluid Started By: (b)(6); (b)(7)(C) On 09/12/2017 03:04
Starting Volume: 1000
Rate: 150 ml/hr
IV Pump: y

Fluid: octreotide 25mcg
Entry For Date 09/12/2017 03:04 By gelb

Pt Location: LIV EMERGENCY DEPARTMENT RM-04-A
Fluid Started By: (b)(6); (b)(7)(C) Fluid Started Date: 09/12/2017 03:04
Lumen Used: Entered Date: 09/12/2017 03:04
Rate: 25 mcg/hr IV Pump: y
Starting Volume: 120 ml Volume Infused:
Bag No.: Bag Complete Date:

MMC LIVINGSTON

IV Site and Fluid Report

09/11/2017 21:02 Through 09/14/2017 04:01

Patient Name: ALMAZON RUIZ, FELIPE

Visit ID: 0300267948

MR Number: 0010282353

DOB: 06/26/1966

Admitted: 09/11/2017 21:02

Attending: (b)(6); (b)(7)(C)

Fluid: octreotide 25mcg
Entry For Date 09/12/2017 03:04 By gelb

Pt Location: LIV EMERGENCY DEPARTMENT RM-04-A

Fluid Started By: (b)(6); (b)(7)(C)

Fluid Started Date: 09/12/2017 03:04

Lumen Used:

Entered Date: 09/12/2017 03:04

Rate: 25 mcg/hr

IV Pump: y

Starting Volume: 120 ml

Volume Infused:

Bag No.:

Bag Complete Date:

(b)(6); (b)(7)(C)

Added By: (b)(6); (b)(7)(C) n 09/12/2017 03:04

Entry For Date: 09/12/2017 03:04

Fluid: octreotide 25mcg

Pt Location: LIV EMERGENCY DEPARTMENT RM-04-A

IV Site: Jugular Left

Fluid Started By: (b)(6); (b)(7)(C) n 09/12/2017 03:04

Starting Volume: 120

Rate: 25 mcg/hr

IV Pump: y

MMC LIVINGSTON

IV Assessment Report

09/11/2017 21:02 Through 09/14/2017 04:01

Patient Name: ALMAZON RUIZ, FELIPE

Visit ID: 0300267948

MR Number: 0010282353

DOB: 06/26/1966

Admitted: 09/11/2017 21:02

Attending: (b)(6); (b)(7)(C)

Assessment Date	IV Site:	<i>Jugular, Left</i>
	Entered By:	(b)(6); (b)(7)(C)

Catheter Sz: 18 ga

Entered Date: 09/12/2017 00:49

IV Site Started By: (b)(6); (b)(7)(C)

Site Started Date: 09/12/2017 00:49

Type: Venous

Site Discontinued Date:

No. of Lumens:

No. Unsuccessful Attempts:

Note:

Pt. Location: LIV EMERGENCY DEPARTMENT RM-04-A

MMC LIVINGSTON			
Vital Sign Report			
09/11/2017 21:02 Through 09/14/2017 04:01			
Patient Name: ALMAZON RUIZ, FELIPE		Med Rec No: 0010282353	
Visit Id: 0300267948		Admitted: 09/11/2017 21:02	
Birth Date: 05/26/1966		Discharged: 09/12/2017 07:00	
Attend Phys: (b)(6); (b)(7)(C)			

Vital Type	Assess Date/Time: 09/11/2017 21:36	Assess Date/Time: 09/12/2017 00:29	Assess Date/Time: 09/12/2017 00:31	Assess Date/Time: 09/12/2017 00:34	Assess Date/Time: 09/12/2017 00:37	Assess Date/Time: 09/12/2017 00:40
	Bed: UNKNOWN_BE	Bed: RM-04-A	Bed: RM-04-A	Bed: RM-04-A	Bed: RM-04-A	Bed: RM-04-A

The cells below display the Vital Signs, Notes, Documenter, Co-signer (if applicable), and Date/Time entered.

Temp	98.1 F Forehead 09/11/2017 21:36 By: brwr					
Pulse	99 09/11/2017 21:36 By: brwr	H 103 09/12/2017 00:50 By: gelb	91 09/12/2017 00:50 By: gelb	89 09/12/2017 00:50 By: gelb	92 09/12/2017 00:50 By: gelb	
BP	149/97 Arm, Upper Lt 09/11/2017 21:36 By: brwr	142/104 Arm, Upper Lt 09/12/2017 00:50 By: gelb	161/109 Arm, Upper Lt 09/12/2017 00:50 By: gelb	162/98 Arm, Upper Lt 09/12/2017 00:50 By: gelb	162/94 Arm, Upper Lt 09/12/2017 00:50 By: gelb	158/95 Arm, Upper Lt 09/12/2017 00:50 By: gelb
Resp	16 09/11/2017 21:36 By: brwr					
Wt	77.13 kgs 09/11/2017 21:36 By: brwr					
Ht	61.00 in 09/11/2017 21:36 By: brwr					
BMI*	32.5					
BP, Mean		117 Arm Upper Lt 09/12/2017 00:50 By: gelb	124 Arm, Upper Lt 09/12/2017 00:50 By: gelb	124 Arm, Upper Lt 09/12/2017 00:50 By: gelb	120 Arm, Upper Lt 09/12/2017 00:50 By: gelb	116 Arm, Upper Lt 09/12/2017 00:50 By: gelb
BSA*	1.76					
O2 Sat%, PulseOx	99.0% 09/11/2017 21:36 By: brwr					

* = calculation

Continued On Next Page...

MMC LIVINGSTON

Vital Sign Report

09/11/2017 21:02 Through 09/14/2017 04:01

Patient Name: **ALMAZON RUIZ, FELIPE**

Visit Id: **0300267948**

Med Rec No: **0010282353**

Birth Date: **06/26/1986**

Admitted: **09/11/2017 21:02**

Attend Phys: (b)(6); (b)(7)(C)

Discharged: **09/12/2017 07:00**

Vital Type	Assess Date/Time: 09/12/2017 00:43 Bed: RM-04-A	Assess Date/Time: 09/12/2017 00:46 Bed: RM-04-A	Assess Date/Time: 09/12/2017 00:49 Bed: RM-04-A	Assess Date/Time: 09/12/2017 00:52 Bed: RM-04-A	Assess Date/Time: 09/12/2017 00:55 Bed: RM-04-A	Assess Date/Time: 09/12/2017 00:58 Bed: RM-04-A
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The cells below display the Vital Signs, Notes, Documenter, Co-signer (if applicable), and Date/Time entered.

Pulse	94 09/12/2017 00:50 By: gelb	97 09/12/2017 00:50 By: gelb	91 09/12/2017 02:37 By: gelb	88 09/12/2017 02:37 By: gelb	91 09/12/2017 02:37 By: gelb	95 09/12/2017 02:37 By: gelb
BP	158/102 Arm, Upper Lt 09/12/2017 00:50 By: gelb	156/105 Arm, Upper Lt 09/12/2017 00:50 By: gelb	157/96 Arm, Upper Lt 09/12/2017 02:37 By: gelb	155/94 Arm, Upper Lt 09/12/2017 02:37 By: gelb	149/101 Arm, Upper Lt 09/12/2017 02:37 By: gelb	167/105 Arm, Upper Lt 09/12/2017 02:37 By: gelb
BP, Mean	119 Arm, Upper Lt 09/12/2017 00:50 By: gelb	130 Arm, Upper Lt 09/12/2017 00:50 By: gelb	110 Arm, Upper Lt 09/12/2017 02:37 By: gelb	118 Arm, Upper Lt 09/12/2017 02:37 By: gelb	120 Arm, Upper Lt 09/12/2017 02:37 By: gelb	131 Arm, Upper Lt 09/12/2017 02:37 By: gelb
* = calculation						

Vital Type	Assess Date/Time: 09/12/2017 01:01 Bed: RM-04-A	Assess Date/Time: 09/12/2017 01:04 Bed: RM-04-A	Assess Date/Time: 09/12/2017 01:07 Bed: RM-04-A	Assess Date/Time: 09/12/2017 01:10 Bed: RM-04-A	Assess Date/Time: 09/12/2017 02:16 Bed: RM-04-A	Assess Date/Time: 09/12/2017 02:31 Bed: RM-04-A
------------	---	---	---	---	---	---

The cells below display the Vital Signs, Notes, Documenter, Co-signer (if applicable), and Date/Time entered.

Pulse	91 09/12/2017 02:37 By: gelb	80 09/12/2017 02:37 By: gelb	90 09/12/2017 02:37 By: gelb	94 09/12/2017 02:37 By: gelb		
BP	162/97 Arm, Upper Lt 09/12/2017 02:37 By: gelb	156/100 Arm, Upper Lt 09/12/2017 02:37 By: gelb	146/97 Arm, Upper Lt 09/12/2017 02:37 By: gelb	160/107 Arm, Upper Lt 09/12/2017 02:37 By: gelb	153/99 Arm, Upper Lt 09/12/2017 02:36 By: gelb	160/103 Arm, Upper Lt 09/12/2017 02:36 By: gelb
BP, Mean	117 Arm, Upper Lt 09/12/2017 02:37 By: gelb	112 Arm, Upper Lt 09/12/2017 02:37 By: gelb	113 Arm, Upper Lt 09/12/2017 02:37 By: gelb	125 Arm, Upper Lt 09/12/2017 02:37 By: gelb	117 Arm, Upper Lt 09/12/2017 02:36 By: gelb	126 Arm, Upper Lt 09/12/2017 02:36 By: gelb
* = calculation						

Continued On Next Page...

MMC LIVINGSTON

Vital Sign Report

09/11/2017 21:02 Through 09/14/2017 04:01

Patient Name: ALMAZON RUIZ, FELIPE

Visit Id: 0300267948

Med Rec No: 0010282353

Birth Date: 06/26/1966

Admitted: 09/11/2017 21:02

Attend Phys (b)(6); (b)(7)(C)

Discharged: 09/12/2017 07:00

	Assess Date/Time: 09/12/2017 04:10	Assess Date/Time: 09/12/2017 04:40	Assess Date/Time: 09/12/2017 05:10	Assess Date/Time: 09/12/2017 05:40
Vital Type	Bed: RM-04-A	Bed: RM-04-A	Bed: RM-04-A	Bed: RM-04-A

The cells below display the Vital Signs, Notes, Documenter, Co-signer (if applicable), and Date/Time entered.

BP	142/109 Arm, Upper Lt 09/12/2017 05:58 By: gelb	145/104 Arm, Upper Lt 09/12/2017 05:58 By: gelb	145/96 Arm, Upper Lt 09/12/2017 05:58 By: gelb	152/101 Arm, Upper Lt 09/12/2017 05:58 By: gelb
BP, Mean	122 Arm, Upper Lt 09/12/2017 05:58 By: gelb	121 Arm, Upper Lt 09/12/2017 05:58 By: gelb	114 Arm, Upper Lt 09/12/2017 05:58 By: gelb	116 Arm, Upper Lt 09/12/2017 05:58 By: gelb

* = calculation

Staff IDs:

brwr (b)(6); (b)(7)(C)

gelb

MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT
U.S. Department of Justice

TB Clearance

1) PPD Completed: _____ Date _____
 Results: _____

2) CXR Completed: 07-12-2017 Date _____
 Results: Negative

(b)(6); (b)(7)(C)

9-10-17
 Date

Note: Dates listed above must be within one year of this transfer

I. PRISONER / ALIEN

Name:	Prisoner / Alien Reg #	D.O.B.
FELIPE ALMAZAN RUIZ	A028866428	06-26-1966
Departed From:	Date Departed:	
GCDC	09-07-2017	
Destination:	Reason for Transfer:	
FOLKSTON	ATW	
District Name:	District #	Date in Custody:

II. CURRENT MEDICAL PROBLEMS

300.02 GENERALIZED ANXIETY DISORDER, 311 DEPRESSION, 571.5 CIRRHOSIS OF LIVER WITHOUT ALCOHOL

Date	Medication	Dosage	Directions	Number
2017-08-22	SERTRALINE HCL	100 MG TAB	100	Take 1 Tablet by mouth 1 time per day for 60 days 60
2017-08-22	TRAZODONE	50 MG TABLET	50	1 po q HRS 60
2017-08-22	TRAZODONE HCL	50 MG	1/2 tab PO at bedtime x 60 days	60
2017-09-06	FOLIC ACID	1 MG TABLET	1	Take 1 Tablet by mouth 1 time per day for 90 days 90
2017-09-06	OMEPRAZOLE	40 MG	Take 1 Capsule by mouth 1 time per day for 90 days	90
2017-09-06	PREDNISONE	50 MG	Take 2 Tablets by mouth 1 time per day for 3 days	6
2017-09-06	SPIRONOLACTONE	25 MG TABLET	25	Take 1 Tablet by mouth 2 times per day for 90 days 180

Additional Comments:
 NKDA

III. SPECIAL NEEDS AFFECTING TRANSPORTATION

Is prisoner medically able to travel by BUS, VAN or CAR? Y If no, Why not? _____

Is prisoner able to travel by airplane? Y If no, Why not? _____

Is prisoner medically able to stay overnight at another facility en route to destination? Y If not, Why not? _____

Is there any medical reason for restricting the length of time prisoner can be in travel status? N If yes, state reason: _____

Does prisoner require any medical equipment while in transport status? N If yes, What equipment? _____

(b)(6); (b)(7)(C)

Signature: RN

Phone Number: _____ Date Signed: _____
 863-946-1600 X2144

Master Problem List

Date of Occurrence	Problem (Medical , Dental, Mental Health)	Initials <small>(b)(6); (b)(7)(C)</small>	Date Resolved	Initials <small>(b)(6); (b)(7)(C)</small>
9/8/2017	Intake	<div style="border: 1px solid black; width: 80px; height: 80px; margin: 0 auto;"></div>	9/8/2017	<div style="border: 1px solid black; width: 80px; height: 80px; margin: 0 auto;"></div>
9/8/2017	GAD			
9/8/2017	DEPRESSION			
9/8/2017	CIRRHOSIS OF LIVER W/O ALCOHOL			

028 866 428
ALMAZAN-RUIZ, FELIPE
ADM 09/08/17 DOB 06/26/66

Allergies: NKDA
Medications: See MAR

TREATMENT PLAN

SPECIAL NEEDS & RESTRICTICONS

BUNK ASSIGNMENT:

No Restriction

Lower Only

Other housing needs _____

Duration: _____

Expiration: _____

WORK/PROGRAM ASSIGNMENT:

Unassigned per medical/psychiatry

No reaching over shoulder

Sedentary Work Only

Four hour work restriction

Excuse from school thru _____

Limited standing > _____ hrs

No walking > _____ yds

No lifting > _____ lbs

No bending at the waist

No squatting

No climbing

Limited sitting

NO RESTRICTIONS

OR

No food service

No repetitive use of hands

No walking on wet or uneven surfaces

No work in direct sunlight

No temperature extremes

No humidity extremes

No exposure to environmental pollutants

No work with chemicals or irritants

No work requiring safety boots

No work around machines or moving parts

No work exposure to loud noises

No work requiring complex instructions

DISCIPLINARY PROCESS:

NO RESTRICTIONS

OR

Consult representative of medical department before taking disciplinary action

SPECIAL NEEDS:

Chronically ill

On Dialysis

Adolescent in Adult facility

Infected with serious communicable disease -

Precautions required: _____

Physically Disabled

Frail or elderly

Pregnant

Terminally ill

Mentally ill or suicidal

Developmentally disabled

Suspected victim of physical or sexual abuse

(b)(6); (b)(7)(C)

als _____ Date: _____

DON 9/8/2017
Date

2330
Time

028 866 428

ALMAZAN-RUIZ, FELIPE

ADM 09/08/17 DOB 06/26/66

INTAKE SCREEN

(Page 1 of 3)

Translator available Yes NA Name Speaks english

Date/Time of Arrival at the facility: 9/8/2017

In the last 21 days what countries have you visited outside of the U.S.? None

Have you been in contact with anyone who traveled from these countries in the last 21-days and who is sick? Yes No

In the last 21-days have you been in close contact with anyone who has been diagnosed with an infectious disease? Yes No

If yes please explain:

Do you have any current medical, mental health or dental problems that need attention now?

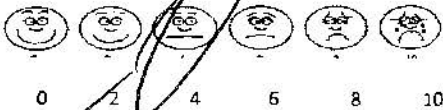
NONE YES - explain: include any special health or dietary needs:

*** Note Detainee should be instructed on sick call process for any non-urgent healthcare needs.

Do you have a family history of any Medical conditions? Yes No If yes list conditions:

Recheck 164/100 → Recheck 152/80/84

Are you experiencing any pain? NO YES - Rate 3 / 10



Vitals: T 97.0 P 98 R 14 B/P 180/109 SaO2 98% HT 61 WT 170 lbs

Location joint pain (all) Duration

Do you have any physical injuries, open wounds, cuts or bruises or signs of trauma/violence?

NONE NOTED/DENIES YES (describe)

Do you have a past history of serious infectious or communicable illness (to include TB)? NO YES

(include any treatment or previous symptoms)

Do you have any recent communicable illness symptoms: NO YES If yes, indicate:

- Chronic Fatigue Weight Loss / Loss of Appetite Frequent Productive Cough
 Night Sweats Bloody Sputum - *** Fever Weakness

*** If yes, contact the medical provider to determine if the patient requires placement in Respiratory Isolation (Negative Air Flow Room) until testing is completed and the patient is cleared to be placed in the general population.

Do you have any Chronic Diagnosis? NO YES If yes, Note Diagnosis below and refer to Chronic Clinic

Cirrhosis

If Diabetic - Blood Sugar HTN DM SZR RESP HIV other:

MENTAL HEALTH DX: Depression Anxiety

Do you have a history of Physical Illness, Surgeries or Dental Problems? NO YES

(include past hospitalizations, surgeries and treatments)

Do you identify yourself as a Transgender? NO YES

(If so, document history of transition-related care and notify security supervisor)

Are you currently taking any medications, including over the counter and/or herbal? Yes No

Comments: 40R quad abd pain

If yes Current Medication listed on transfer paperwork - See Orders

Patient states he/she is on the current medications, however they are not received.

(b)(6); (b)(7)(C)

DON

9/8/2017

2330

Date

Time

028 866 428
ALMAZAN-RUIZ, FELIPE
ADM 09/08/17 DOB 06/26/66

Allergies: NKDA

Do you have a current or past history of Mental Illness or disabilities? ~~NO~~ YES If yes, continue below:

Treatment: INPT OUTPT During Previous Incarcerations

Hallucinations: Auditory Visual

Diagnosis: Depression Anxiety

Do you have current, recent or past history of Physical, Emotional or Sexual Assault? ~~NO~~ YES

If yes - Perpetrator or Victim

When

Have you been sexually assaulted prior to arrival at this facility? ~~NO~~ YES If yes:

**Security Supervisor notified immediately Name Date/Time

Do you have a history of domestic abuse or violence? ~~NO~~ Yes

** If yes refer to Mental Health within 72 hours or sooner if appropriate

Do you use Tobacco? ~~NO~~ YES If yes:

Type: Cigarettes Pipe Oral

How Much? How Often?

Do you have a history of Alcohol or Substance Abuse? ~~NO~~ YES If yes: Legal or Illegal Beer Tequila

Type: Alcohol Marijuana Cocaine Meth Heroin Inhalants LSD Opiate Other

How Much? "much" How Often?

Method: IV Smoke Ingest Snorting Other

Last drug(s) used? When?

(if a female patient reports current Opiate use, make sure she was offered the pregnancy test. If positive she must be referred to the provider to avoid opiate withdrawal risk to the fetus)

Current or past illnesses & health problems r/t substance abuse:

Hepatitis Seizures Trauma Liver Disease Infections

Do you get sick when you quit using those drugs? ~~NO~~ YES (i.e.: convulsions)

If yes, what happens?

Any history of substance abuse hospitalization ~~NO~~ YES

If yes, when and for?

Any history of detoxification and outpatient treatment? ~~NO~~ YES

If yes, when and for?

Do you have any withdrawal symptoms? ~~NO~~ YES Symptoms: Shaking

Have you ever thought about killing yourself? ~~NO~~ YES

If yes, when and why?

Have you ever tried to harm yourself? ~~NO~~ YES If yes, when, how and why? passive SI

Do you want to harm yourself now? ~~NO~~ YES If yes, do you have a plan?

Do you want to harm someone else? ~~NO~~ YES If yes to what degree - explain?

Is there anyone at this facility who is a threat to you? ~~NO~~ YES (If yes, notify Security Supervisory immediately !)

(b)(6); (b)(7)(C)

9/8/2017 Date

2030 Time

028 866 428

ALMAZAN-RUIZ, FELIPE

ADM 09/08/17 DOB 06/26/66

INTAKE SCREEN

(Page 3 of 3)

OBSERVATIONS

Is this person unconscious, semiconscious, bleeding, mentally unstable, severely intoxicated, in alcohol or drug withdrawal or disoriented to person/place/time or otherwise urgently in need of medical attention? NO YES

If yes, immediately refer to medical personnel for further evaluation & care.

IS THE PATIENT DISPLAYING ANY SYMPTOMS or UNUSUAL BEHAVIOR?

- | | | | |
|--|---|---|---|
| <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES | | |
| <input checked="" type="checkbox"/> Appearance - appropriate | <input type="checkbox"/> Weakness | <input type="checkbox"/> Seeing visions | <input type="checkbox"/> Yellowing of skin or eyes/jaundice |
| <input checked="" type="checkbox"/> Appropriate behavior | <input type="checkbox"/> Slurred Speech | <input type="checkbox"/> Unusual suspiciousness | <input type="checkbox"/> Rashes |
| <input checked="" type="checkbox"/> Normal gait | <input type="checkbox"/> Hyperventilation | <input type="checkbox"/> Disheveled | <input type="checkbox"/> Infestations (lice/crabs) |
| <input checked="" type="checkbox"/> Alert responsive | <input type="checkbox"/> Persistent cough | <input type="checkbox"/> Hearing voices | <input type="checkbox"/> Evidence of self mutilation |
| | <input type="checkbox"/> Body deformities | <input type="checkbox"/> Bizarre / insensible | <input type="checkbox"/> Alcohol or drug withdrawal |
| | <input type="checkbox"/> Abnormal gait | <input type="checkbox"/> Loud / obnoxious | <input type="checkbox"/> Communication difficulties |
| | <input type="checkbox"/> Tremors | <input type="checkbox"/> Disorderly | <input type="checkbox"/> Other physical abnormalities |
| | <input type="checkbox"/> Lethargy | <input type="checkbox"/> Sweating | <input type="checkbox"/> Assaultive or violent behavior |
| | <input type="checkbox"/> Needle Marks | <input type="checkbox"/> Other: _____ | |

Is his/her mood?

- | | | | |
|---|---|--------------------------------------|--|
| <input checked="" type="checkbox"/> WNL / Cooperative | <input type="checkbox"/> Crying/Tearful | <input type="checkbox"/> Confused | <input type="checkbox"/> Embarrassed |
| | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Passive | <input type="checkbox"/> Uncooperative |
| | <input type="checkbox"/> Depressed | <input type="checkbox"/> Intoxicated | <input type="checkbox"/> Scared <input type="checkbox"/> Anxious |

Recent Tattoo(s) NO YES Any body piercings NO YES

DISPOSITION

- General Population with NO Immediate Health Services Referral
- General Population with Immediate Health Services Referral to Depression Anxiety Cirrhosis
- Transfer to Hospital for Emergency Treatment
- Constant Suicide Watch - provider contacted for order
- Medical Observation / Isolation Single Cell Housing
- If a female patient and pregnancy test is positive, refer to provider to avoid opiate withdrawal risks to fetus
- If answered yes to Domestic abuse or violence, Mental Health referral made within 72 hours.

ROUTINE REFERENCE

- | | | |
|---|--|-------------------|
| <input type="checkbox"/> None | <input checked="" type="checkbox"/> Mental Health Services <u>9/11/20</u> | (b)(6); (b)(7)(C) |
| <input checked="" type="checkbox"/> MD/NP/PA | <input checked="" type="checkbox"/> Special Dietary Need <u>Kena</u> | |
| <input checked="" type="checkbox"/> Pharmacy / Order Meds | <input type="checkbox"/> Instructed detainee to submit sick call request for non-urgent health care need | |
| <input type="checkbox"/> Request Records / Call MD | <input type="checkbox"/> Dental Clinic | |

Provider Speaks: English / Spanish / Other: _____ Patient Speaks: English / Spanish / Other: _____

Language: _____

9/8/20
Date

2330
Time

Patient Name: 028 866 428
ALMAZAN-RUIZ, FELIPE
ADM 09/08/17 DOB 06/26/66

FORMA DE CONSENTIMIENTO MEDICO

PROGRAMA DE CUIDADO DE SALUD

FORMA DE CONSENTIMIENTO MEDICO

El propósito de la clínica es proveer a usted atención médica. Los informes médicos que te obtengan serán mantenidos en su expediente médico, confidencial. Se espera usted que se someta a un examen médico para determinar su estado de salud al presente.

Yo, por la presente consiento o autorizo a una evaluación o examen médico para determinar mi estado salud presente. También consiento a cualquier otra evaluación o procedimiento médico, cuidado rutinario, y tratamiento médico o dental o salud mental que el personal médico de la clínica considere necesario, aconsejable o apropiado.

Yo autorizo la divulgación de mi historial médico a cualquier hospital en case de que hospitalización sea necesaria or recomendada. Yo autorizo la divulgación de mi información médica para el reporte a entidades federales y/o estatales para la vigilancia y control de enfermedades.

Esta forma se me ha explicado completamente y yo entiendo su contenido. También entiendo que no se me han hecho garantía con respecto al resultado de tratamientos o exámenes administrados en la clínica.

He recibido instrucciones sobre cómo acceder a:

- cuidado medico en esta unidad , dental y mental
- el programa de tarifa-por-servicio NA
- el proceso de queja para las quejas relacionadas con la salud

Pacientes se sexo femenino:

- Servicios de embarazo incluyendo pruebas, rutina o atención prenatal especializada, atención en el posparto, Posparto seguimiento, servicios de lactancia y los servicios de aborto como se indica
- Asesoramiento y asistencia para las mujeres embarazadas de acuerdo con su expreso deseos en la planificación de su embarazo, si desean aborto, servicios adoptivos o para mantener al niño
- Rutina, apropiados para la edad, ginecológica servicios de atención médica, incluyendo ofreciendo cuidados preventivos específicos de las mujeres

Solamente medicamentos basicos seran proveídos de acuerdo a los protocolos medicos. El Paciente podra obtener medicamento y sera responsable para tomarse las pastillas de acuerdo a las instrucciones para tomarse como en la vida libre.

Este privilegio sera dado solamente a los Paciente que sean capaces y responsables.

El Detenido tiene que:

1. Tomar el medicamento como es senalado y no deben abandonar dosis ni tampoco tomar dosis dobles.
2. Cuidar el medicamento, no se debe vender, no se debe cambiar, no descuidar el medicamento para que sea extraviado o robado.
3. No acumular medicamento en el dormitorio.
4. Ser cumplido todo el tiempo.

Felipe Almazan
Detenido/Signature

(b)(6); (b)(7)(C)

9/8/2017
Date

2336
Time

9/8/2017
Date

2330
Time

028 866 428
ALMAZAN-RUIZ, FELIPE
ADM 09/08/17 DOB 06/26/66

Intake Screening and Testing

Provider Speaks: English / Spanish / Other: _____ Patient Speaks: English / Spanish / Other: _____

Interpreter? Y / N - Name: _____ Language: _____

TB - CLEARED AT PREVIOUS FACILITY - via

CXR - date completed 07/12/2017 Negative
(Documentation of negative Chest X-ray on file)

Negative PPD - date completed _____ (must have documentation of Negative PPD on file)

OR

TB - CLEARANCE REQUIRED AT THIS FACILITY

CXR required and scheduled

(b)(6); (b)(7)(C)

DON

Date 9/8/2017 Time 2230

Date/Time PPD Planted _____		Dose 0.1cc Tuberculin Aplisol
Site: _____		
Vaccine Manufacturer	Lot Number	Expiration Date of Vaccine
Administered by (signature) _____		
Date PPD Read _____	Results _____	mm Induration _____
Results Read by (signature) _____		

Female Patients:

Have you recently been Pregnant _____ Yes _____ NO (if yes, when): _____

Is there a possibility that you are currently pregnant? _____ Yes _____ No

*** If pregnant PPD planted and read ***

Urine Pregnancy Test _____ Negative _____ Positive _____ Initials _____

Date _____ Time _____

Medical Staff Signature _____ Date _____ Time _____

028 866 428 ALMAZAN-RUIZ, FELIPE ADM 09/08/17 DOB 06/26/66	Allergies: <u>NKDA</u>
--	------------------------



Medical

Telephone Orders

028 866 428

Facility:

ALMAZAN-RUIZ, FELIPE
ADM 09/08/17 DOB 06/26/66

Patient Nar. _____

Patient # _____

Date	Time	Order:	Signature
9/8/2023	03:30	Cont all medications as ordered by previous facility. -	(b)(6), (b)(7)(C)

[Redacted box]

INSTITUTION: INSTITUTION: IAH Secure Adult Detention Center - Polk County

Person(s) present: (b)(6); (b)(7)(C)

[Redacted box]

DATE: September 11, 2017

TIME: 1000

ALLERGIES: NKA

Housing: ICE / General Population

S: 48yo male from Mexico referred for depression

O: Appearance: clean, well-groomed disheveled unkempt Eye Contact: good fair poor
Attitude: cooperative uncooperative guarded suspicious hostile
Speech: normal abnormal low vol. high vol. rapid pressured English 2nd language
Orientation: person place time situation alert drowsy
Mood: euthymic dysthymic neutral depressed irritable euphoric angry anxious apathetic
Affect: congruent normal non-congruent blunt flat exaggerated
Thought Process: logical goal directed tangential circumstantial perseveration disorganized
Thought Content: no AH no VH no paranoia no suicidal ideations no homicidal ideations
 auditory hallucinations visual hallucinations delusions
Insight: poor fair good Judgment: poor fair good

A: Reports depression due to being incarcerated. Reports sleep problems. States likes to watch television. Requesting medication to deal with triggers for depressive symptoms. Reports med txt hx/Cerosis of the liver. No psyche txt hx, No SI/SA/AVH/delusions, No Hx SUDs.

Compliant with treatment yes no Side Effects:

DIAGNOSIS: F43.21 Adjustment Disorder with Depressive Mood

P: Patient not a danger to self or other at this time.
Follow up with Psychiatrist: Next Available Follow up with Psychologist: Prn per Protocol

Processed thoughts and feelings regarding being incarcerated. Discussed the importance of positive coping skills. Established skills he could use while incarcerated. Informed how to access mental health services. Will refer to psychiatrist for med management.

(b)(6); (b)(7)(C)

[Redacted signature box]

MFT
MFT, PhD Candidate

ARF 028 866 428

Detainee Name ALMAZAN-RUIZ, FELIPE

ID# ADM 09/08/17 DOB 06/26/66

DOB 2020-ICLI-00006 4467

SUBJECTIVE DATA: (what is the patient being seen for): Dt- brought to medical c/c/o Vomitory blood. Has Hx of same 7 yrs ago. Med Hx (+) for Cirrhosis & Varices

Pain Scale 0-10 _____ Aggravating Factors: _____
Quality: _____ Alleviating Factors: _____
Location: _____ Does the pain radiate? Y/N If Yes _____ Duration: _____

Pt poor historian, got Hx from chart

Past Medical/Surgical History, Significant Family History, Social History: _____

OBJECTIVE DATA: Vital Signs: Temp 97.5 Pulse 100 Resp 18 BP 151/95 Wt 170lbs SaO₂ 100%

Heart _____ Ears Pt in NAD ACO
Lungs _____ Nose blood noted to mouth and
Neck _____ Throat oral cavity only
Abdomen _____ Skin _____

Extremities _____
Additional Findings Blood noted to Lips (chapped, bright red, No blood to shirt or pants)

REVIEW OF CURRENT MEDICATIONS _____ Initials _____

ASSESSMENT (DIAGNOSIS): Varices - GI bleed x 5 days

PLAN: _____

FOLLOW-UP: PRN 30 day 60 Days 90 days Referral _____ Other _____

Medication (s) Order: Send to ER for eval STAT (Not 911)

Lab/Radiology Order: _____

Other orders: _____

Time Frame for any requested consults within 2 weeks within 30 days other: _____

EDUCATION: Diet (b)(6); (b)(7)(C) Risk Factors and Reducers
 Signs and symptoms Patient education, benefits, and alternatives and agrees to the plan
Provider Signature/ Title: _____ Date/Time: 9/11/17 1757
Interpreter? / N Name: _____ Language: Spanish
Provider Speaks: English / Spanish _____ Speaks: English / Spanish / Other: _____

028 866 428
ALMAZAN-RUIZ, FELIPE
ADM 09/08/17 DOB 06/26/66
Allergies: NKA



Date/Time injury: 9/11/17 injury Activity at onset: lying in bed on arrival.
 Date/Time reported: 9/11/17 1945 Interpreter Y N Name: (b)(6); (b)(7)(C)

Subjective: (State what occurred, who / what / where / how)
nurse called to tank C-20 because detainee was reportedly vomiting blood.

Objective: Pain Scale: (0-10) 9

Date	Time	Temp	Pulse	Resp	BP	SaO2	BG	Narrative
9/11/17	1950	97.5	106	18	151/95	100%		Detainee A#0X3 - clo pain to mid chest. PA ordered to send out P/H (+) Hx of cirrhosis & varices.

Assessment Decision:
 No Further Care Needed Further Care Required Other _____

Plan:
 Cleared to Return to Current Housing in Facility per Provider: _____ Date/Time _____
 Transfer to ER per Provider Order - see Emergency Treatment Order
 Place in Medical Housing for _____ until _____
 Other: _____

Education:
 Instruction given to patient on further medical interventions required
 _____ verbalizes understanding of the plan, risks, benefits, and alternatives and agrees to plan.
9/11/17 2200
 Date/Time

(b)(6); (b)(7)(C)

028 866 428
ALMAZAN-RUIZ, FELIPE
ADM 09/08/17 DOB 06/26/66

Allergies: NKDA
 Medications: see mar

Departing Facility Via:

Transport via VAN:

Date	Time	Initials (b)(6); (b)(7)(C)	Comments
9/11/17	1042	(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C) Security Supervisor _____ notified of need to transport via VAN to CHI ST. LUKAS <input checked="" type="checkbox"/> MAR <input type="checkbox"/> Progress notes <input checked="" type="checkbox"/> Patient left via van with security escort

Transport via EMS:

Date	Time	Initials	Comments
			911 / EMS Activated Security Supervisor _____ notified of need to transport via EMS to _____ <input type="checkbox"/> MAR <input type="checkbox"/> Progress notes Date/Time EMS arrived at facility _____

Returning to Facility:

Returned from ER

Admitted to Hospital and returned

Vital Signs: Temp _____ Pulse _____ Resp _____ B/P _____ SaO2 (room air) _____

Pain Scale: (0-10) _____

Date	Time	Initials	Comments
			Patient returned to the facility
			Hospital Records and Orders Received forwarded to medical provider for review
<input type="checkbox"/> Continue previous orders <input type="checkbox"/> New orders from provider noted <input type="checkbox"/> New medication(s) entered into pharmacy system			

Assessment / Notes: _____

Telephone Order: _____

(b)(6); (b)(7)(C) Order per Provider

Date/Time

Medical Staff Signature

Date / Time

<p>028 866 428 ALMAZAN-RUIZ, FELIPE ADM 09/08/17 DOB 06/26/66</p>	<p>Allergies: NKOA Medications: see mar</p>
--	---

Date	Time	Initials	Transport Patient to <u>CHI St. Luke's</u>
9/11/17	1957	WT	ER for further evaluation and treatment related to: <u>vomiting blood & Hx of cirrhosis & varices</u>
Per Provider Transport - <u>Verbal order</u> Provider	(b)(6); (b)(7)(C)	Van	Date/Time <u>9/11/17 1957</u>
Receiving staff member - Signature	(b)(6); (b)(7)(C)		Date/Time <u>9/11/17 2000</u>
Name Printed:	(b)(6); (b)(7)(C)		Title: <u>LVN</u>

When the Patient is Released form the ER/Hospital, please do the following:

ADD FACILITY SPECIFIC INFORMATION HERE

If you should have any questions regarding this Patient, please contact:

HSA Name

Phone # & Extension

936-967-8000

<p>028 866 428 ALMAZAN-RUIZ, FELIPE ADM 09/08/17 DOB 06/26/66</p>
--

11
2017
-1066
31

Patient Name: _____

Patient ID#: 028 Kete 428

Age: 51 Race: 51

Estimated Date of Release: Unknown

Date / Time Out: 9/11/17

Date / Time Return: N/A

Type of ER Trip - Van Ambulance Air

Admit: Yes / No

Allergies: NKDA

Presented with Complaint (s) of: hematemesis ER H/H

12.5 / 33.2

Facility Diagnosis: ALT 68 AST 102 WBC 14.28 platelets 18

Chronic Care: Yes / No Last Visit _____ Compliant: Yes / No CC Diagnosis (s) _____

Risk factors: Hep ABC; Non-Reactive

Current Medications: _____

Tests prior to leaving (i.e. EKG - labs) Yes / No If yes results _____

Facility: Vitals → Time ↓	Temp	Pulse	Resp	BP	SaO2	Recent CC results - i.e. A1c - PT/INR				

Tests in the ER and results: _____

Medications received in the ER/Hosp _____

Vitals at Hosp	Temp	Pulse	Resp	BP	SaO2	Medication changes at Hosp:
<u>Today</u>	<u>98.3</u>	<u>69</u>	<u>14</u>	<u>101/51</u>	<u>100% RA</u>	

Diagnosis from the hospital: Cirrhosis liver NPO → advanced liquid
EGD Hypertensive portal gastropathy fundus, body of the stomach

Recommendations from the hospital: and antrum

CXR No active CHF No findings of high concern for pneumonia

Return Vitals	Temp	Pulse	Resp	BP	SaO2	Seen upon return - Date Time By:

Notes: PO lisinopril

Denies Abd. discomfort

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Subject: HOSPITAL DAILY REPORT

DETAINEE NAME: XXXXXXXXXXXXXXXX

ALIEN NUMBER: XXXXXXXXXXXXXXXX

DATE OF BIRTH: 06/26/1966

COUNTRY OF CITIZENSHIP: MEXICO

DATE OF ARRIVAL: 09/08/17

RELEVANT MEDICAL HISTORY: Detainee with history of heavy alcohol use, last drank 3 months ago. Presented to medical reporting he was vomiting blood x5 days, assessed by RN who noted blood in mouth. Reports history of this happening 7 years ago as well. Has history of cirrhosis of the liver with varices.

DATE OF ADMISSION: 9/11/17

CURRENT DIAGNOSIS: GI BLEED

ATTENDING PHYSICIAN: (b)(6); (b)(7)(C)

CURRENT STATUS: PT STABLE AT THIS TIME. MOST RECENT VITALS B/P-99/58, P-75, R-17, O2-97% REMAINS AFEBILE. 2UNITS OF PLATELETS GIVEN DUE TO CRITICAL PLATELET LEVEL OF 27. POST TRANSFUSION LEVEL IS 55. ALL OTHER LABS REMAIN WITHIN NORMAL LIMITS. DETAINEE SCHEDULED TO HAVE EGD IN THE MORNING. DETAINEE WAS PREVIOUSLY RECEIVING CARDENE DRIP VIA EXTERNAL JUGULAR LINE, HAS BEEN STOPPED NOW RECEIVING LISINOPRIL PO.

DISCHARGE PLAN: NONE AT THIS TIME

REPORT GIVEN BY (b)(6); (b)(7)(C)

CONROE REGIONAL HOSPITAL (936) 539-1111-

(b)(6); (b)(7)(C)

AH-SADF-POLK

Livingston, Tx 77351

936-967-(b)(6); (b)(7)(C)

936-967-8846-Fax



5. Location of Social Impact

Heather Levins

From: (b)(6); (b)(7)(C)
Sent: Wednesday, September 13, 2017 5:35 PM
To: (b)(6); (b)(7)(C)
Cc: [Redacted]
Subject: RE: HOSPITAL DAILY REPORT

Hospital Daily Report

Hospital day # 2

Detainee Name: Felipe Almazan Ruiz
Alien #: A028866428
Date of Birth: 06-26-1966
Country of Citizenship: Mexico
Date of Arrival: 09-08-2017
Relevant Medical History: Cirrhosis of the Liver
Date of Admission: 09-12-2017 (correct date of admission)
Current Diagnosis: Upper GI Bleed
Attending physician: (b)(6); (b)(7)(C)
Current Status: (NOTE: include Vitals, Meds, Labs, etc.) report received from (b)(6); (b)(7)(C) at 1200 A+O x 4 BP 117/58, P88, R19, T98.3, 100% on RA Afebrile, received 2 units of platelets hemoglobin is 11.2, platelets 27*L
Discharge Plan: NO DISCHARGE PLAN AT THIS TIME.
PLEASE CONTACT MEDICAL FOR ANY FURTHER INQUIRIES.
DWOODS-LVN

From: (b)(6); (b)(7)(C)
Sent: Wednesday, September 13, 2017 7:44 AM
(b)(6); (b)(7)(C)
Subject: RE: HOSPITAL DAILY REPORT

I should also mention that you do need to have the detainee full name and A#. I always have to remove it when I am communicating out of the ICE network (to your emails) or encrypt the emails to protect PII per policy. You all however when you send me this information are sending it to an ICE email (in network).

Very Respectfully,

CDR (b)(6); (b)(7)(C) BSN, CCNM
Houston Field Medical Coordinator
ICE Health Service Corps / USPHS
16038 Vickery Dr, Suite 208 (b)(6); (b)(7)(C)
Houston, TX 77032

(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Thursday, September 14, 2017 6:31 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Detainee Felipe Almazan Ruiz

Hospital Daily Report

Hospital day # 3
Detainee Name: (b)(6); (b)(7)(C)
Alien #: A028865426
Date of Birth: 06-26-1966
Country of Citizenship: Mexico
Date of Arrival: 09-08-2017
Relevant Medical History: Cirrhosis of the Liver
Date of Admission: 09-12-2017 (correct date of admission)
Current Diagnosis: Upper GI Bleed
Attending physician: (b)(6); (b)(7)(C)
Current Status: (NOTE: include Vitals, Meds, Labs, etc.) report received from (b)(6); (b)(7)(C) A+O x 4 BP 125/73, P 79, R 18, T 98.7, 99% on RA Afebrile, Continues to be on Lisinopril PO. Pain 8/10, reporting severe GERD.
Discharge Plan: NO DISCHARGE PLAN AT THIS TIME.

Thank You,

(b)(6); (b)(7)(C)

MTC Medical

(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Thursday, September 14, 2017 6:31 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: Detainee Felipe Almazan Ruiz

Hospital Daily Report

Hospital day # 3

Detainee Name: Felipe Almazan Ruiz

Alien #: A028866428

Date of Birth: 06-26-1966

Country of Citizenship: Mexico

Date of Arrival: 09-08-2017

Relevant Medical History: Cirrhosis of the Liver

Date of Admission: 09-12-2017 (correct date of admission)

Current Diagnosis: Upper GI Bleed

Attending physician: (b)(6); (b)(7)(C)

Current Status: (NOTE: include Vitals, Meds, Labs, etc.) report received from (b)(6); (b)(7)(C) A+O x4 BP 125/73, P 79, R 18, T 98.7, 99% on RA Afebrile, Continues to be on (b)(6); (b)(7)(C). Pain 8/10, reporting severe GERD.

Discharge Plan: NO DISCHARGE PLAN AT THIS TIME.

Thank You,

(b)(6); (b)(7)(C)

MTC Medical

*Moved to Med-Surg floor
Room 141
1 North
Direct number to floor 936-532*

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Thursday, September 14, 2017 6:41 AM
To: (b)(6); (b)(7)(C)

Subject: Hospital Daily Report

Hospital Daily Report

Hospital day # 24

Detainee Name: Felipe Almazan Ruiz

Alien #: A028866428

Date of Birth: 06-26-1966

Country of Citizenship: Mexico

Date of Arrival: 09-08-2017

Relevant Medical History: Cirrhosis of the Liver

Date of Admission: 09-12-2017 (correct date of admission)

Current Diagnosis: Upper GI Bleed

Attending physician: (b)(6); (b)(7)(C)

Current Status: (NOTE: include Vitals, Meds, Labs, etc.) report received from (b)(6); (b)(7)(C) at 0500 A+O x 4 BP 101/51, P 69, R 14, T 98.3, 99% on RA Afebrile, Continues to be on Lisinopril PO. Denied pain throughout the night.

Discharge Plan: NO DISCHARGE PLAN AT THIS TIME.

(b)(6); (b)(7)(C)

MTC Medical

IAH Secure Adult Detention Center

Livingston, TX 77351

FULL TIME, DAYS/ NIGHTS

936-967 (b)(6); (b)(7)(C)

936-967-8846 Fax

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

From:
Sent: Friday, September 15, 2017 5:40 AM
To:
Cc:
Subject: HOSPITAL DAILY REPORT

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Hospital Day # **4**
DETAINEE NAME: Almazan-Ruiz, Felipe
ALIEN NUMBER: A 028 866 428
DATE OF BIRTH: 06/26/1966
COUNTRY OF CITIZENSHIP: MEXICO
DATE OF ARRIVAL: 09/08/17

RELEVANT MEDICAL HISTORY: Detainee with history of heavy alcohol use, last drank 3 months ago. Presented to medical reporting hematemesis x5 days, assessed by RN who noted blood in mouth. Reports history of this happening 7 years ago as well. Has history of cirrhosis of the liver with varices.

DATE OF ADMISSION: 9/12/17
CURRENT DIAGNOSIS: GI BLEED

ATTENDING PHYSICIAN: (b)(6); (b)(7)(C)

CURRENT STATUS: Pt remains stable at this time. Removed from ICU Rm 18 to Med Surg floor RM 141. Most recent vital signs T-98.1, B/P- 93/54, P-72, R-18, O2 @ 97% on RA. Labs scheduled to be drawn this morning (CBC,BMP). No changes to medication at this time. Pt c/o abd pain x1 during shift, morphine given. EGD performed. Summary: hypertensive portal gastropathy was found in fundus, body of the stomach and antrum. Patchy erythema in bulb and 2nd portion. Recommendations: avoid all NSAIDs, resume low salt diet as tolerated, PPI 20mg daily.

DISCHARGE PLAN: NONE AT THIS TIME
REPORT GIVEN BY: (b)(6);

CONROE REGIONAL HOSPITAL
(936) 539-1111

Any further questions please contact medical dept.

(b)(6); (b)(7)(C)

IAH-SADF-POLK
Livingston, TX 77351
936-967-8000 (b)(6); (b)(7)(C)
936-967-8846-Fax



A. L. ...

(b)(6); (b)(7)(C)

From:
Sent:
To:
Cc:
Subject:

(b)(6); (b)(7)(C)

Saturday, September 16, 2017 7:24 PM

(b)(6); (b)(7)(C)

Almazan-Ruiz, Felipe

Hospital Day #5

DETAINEE NAME: Almazan-Ruiz, Felipe

ALIEN NUMBER: A 028 866 428

DATE OF BIRTH: 06/26/1966

COUNTRY OF CITIZENSHIP: MEXICO

DATE OF ARRIVAL: 09/08/17

RELEVANT MEDICAL HISTORY: Detainee with history of heavy alcohol use, last drank 3 months ago. Presented to medical reporting hematemesis x5 days, assessed by RN who noted blood in mouth. Reports history of this happening 7 years ago as well. Has history of cirrhosis of the liver with varices.

DATE OF ADMISSION: 9/12/17

CURRENT DIAGNOSIS: GI BLEED

ATTENDING PHYSICIAN: (b)(6); (b)(7)(C)

CURRENT STATUS: Pt remains stable at this time. Med Surg floor RM 141. Most recent vital signs T-98.2, B/P- 106/65, P- 72, R-16, O2 @ 98% on RA. Pt had a cardiac stress test this morning and the test was normal. No changes to medication at this time. Meds remain Zoloft, Folic acid, metoprolol, protonix, lactulose, and aldactone.

DISCHARGE PLAN: possible discharge Sunday after seen by MD

REPORT GIVEN BY: (b)(6);

CONROE REGIONAL HOSPITAL

(936) 539-1111

Any further questions please contact medical dept.

Thank you,

(b)(6); (b)(7)(C)

Weekends/nightshift

MTC Medical/IAH Detention Center

Livingston, Texas

Tel: 936-967-(b)(6); (b)(7)(C)

Fax: 936-967-8846

(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Sunday, September 17, 2017 2:32 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Almazan-Ruiz, Felipe

Hospital Day #6

DETAINEE NAME: Almazan-Ruiz, Felipe

ALIEN NUMBER: A 028 866 428

DATE OF BIRTH: 06/26/1966

COUNTRY OF CITIZENSHIP: MEXICO

DATE OF ARRIVAL: 09/08/17

RELEVANT MEDICAL HISTORY: Detainee with history of heavy alcohol use, last drank 3 months ago. Presented to medical reporting hematemesis x5 days, assessed by RN who noted blood in mouth. Reports history of this happening 7 years ago as well. Has history of cirrhosis of the liver with varices.

DATE OF ADMISSION: 9/12/17

CURRENT DIAGNOSIS: GI BLEED

ATTENDING PHYSICIAN: D (b)(6); (b)(7)(C)

CURRENT STATUS: At about 0100 Pt coded & is now critical & pt has been moved to ICU RM #36. Pt is on life support/intubated with agonal breathing. When they are able to get B/P it is in the 50's by palpation. Hemoglobin is 5. They are giving him blood at this time. Warden Stacks has notified ICE personal Simpson.

DISCHARGE PLAN: none

REPORT GIVEN BY: (b)(6); (b)(7)(C)

CONROE REGIONAL HOSPITAL
(936) 539-1111

Any further questions please contact medical dept.

Thank you,

(b)(6); (b)(7)(C)

Weekends/nightshift

MTC Medical/IAH Detention Center

Livingston, Texas

Tel: 936-967-(b)(6); (b)(7)(C)

Fax: 936-967-8846

CONROE REGIONAL MEDICAL CENTER

504 Medical Center Blvd.
Conroe, TX 77304

FAX

DATE:

9/15/17

FROM:

One North

TO:

(b)(6); (b)(7)(C)

DEPARTMENT:

1 NORTH - MEDICAL/SURGICAL

PHONE:

TOTAL NO. OF PAGES, INCLUDING COVER

936 967 8846

FAX NUMBER:

PHONE NUMBER:

(936) 539- (b)(6); (b)(7)(C)

RE:

FAX NUMBER:

Ruiz, Felipe labs

(936) 788-8037

- URGENT
- FOR REVIEW
- PLEASE COMMENT
- PLEASE REPLY
- PLEASE RECYCLE

NOTES/COMMENTS:

PATIENT INFORMATION *PLEASE KEEP CONFIDENTIAL*

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Specimen Inquiry Report

Conroe Regional Medical Center, Conroe TX

*** CONFIDENTIAL ***

Med. Director: (b)(6); (b)(7)(C)

CAP#21190-01

PATIENT: RUIZ, FELIPE

ACCT#: (b)(7)(E)

LOC: B.MEDU

UH: 0H00061890

FD: OD; ABBAL

AGE/SX: 51/M

ROOM: B.141

REG: 09/12/17

RESOR: (b)(6); (b)(7)(C)

ANSNA

STATUS: ADM IN

BED: W

DIS:

0914:CR:000128R COMP, Coll: 09/14/17-0450 Recd: 09/14/17-0503 (RN#07674936) ****

Test	Result	Flag	Reference	Site Verified
COMP METABOLIC				
> NA	137.0		133-144 mmol/L	09/14/17-0541
> K	4.2		3.5-5.1 mmol/L	09/14/17-0541
> CL	105		95-105 mmol/L	09/14/17-0541
> CO2	25		21-32 mmol/L	09/14/17-0541
> ANION GAP	7.0		4.0-15.0 GAP calc	09/14/17-0541

0914:CR:00071R RUIZ, FELIPE (b)(7)(E)

Specimen Inquiry Report

Conroe Regional Medical Center, Conroe TX

*** CONFIDENTIAL ***

Med. Director: (b)(6); (b)(7)(C)

CAP#21190-01

PATIENT: RUIZ, FELIPE

ACCT#: (b)(7)(E)

LOC: 0.MEDU

UH: 0H00861890

FD: DO: ABBAL

AGE/SX: 51/M

ROOM: 0.141

REG: 09/12/17

RESDR: (b)(6); (b)(7)(C)

ANSNA

STATUS: ADM IN

BEO: W

DIS:

0914:CR:00071R COMP, Coll: 09/14/17-0450 Recd: 09/14/17-0503 (R#07674936) ****

Test	Result	Flag	Reference	Site Verified
CBC				
> WBC	3.5	L	4.1-12.1 k/mm3	09/14/17-0542
> RBC	2.71	L	3.8-5.5 M/mm3	09/14/17-0542
> HGB	8.7	L	10.6-15.8 G/DL	09/14/17-0542
> HCT	25.5	L	36.0-47.4 %	09/14/17-0542
> MCV	93.1		80.1-101.1 fL	09/14/17-0542

0914:CR:CG00013R RUIZ,FELIPE

(b)(7)(E)

Specimen Inquiry Report

Conroe Regional Medical Center, Conroe TX

*** CONFIDENTIAL ***

Med. Director: (b)(6); (b)(7)(C)

CAP#21198-01

PATIENT: RUIZ, FELIPE

ACCT#: (b)(7)(E)

LOC: B.MEDU

U#: 0H00861890

FD: QD: ABBAL

AGE/SX: 51/M

ROOM: B.141

REG: 09/12/17

RESDR: (b)(6); (b)(7)(C)

ANSNR

STATUS: ADM IN

BED: W

DIS:

0914:CR:CG00013R COMP, Coll: 09/14/17-0450 Recd: 09/14/17-0503 (R#07674936) *****

Test	Result	Flag	Reference	Site Verified
PT				
> PT PATIENT	17.3	H	9.4-12.5 SECONDS	09/14/17-0538
> INR	1.52	H	0.85-1.11 INR Unit	09/14/17-0538

Therapeutic range for INR is dependent upon the situation.
 2.0-3.0 Prophylaxis / venous thromboembolism, Treatment of
 DVT, Acute myocardial infarction stroke prevention,
 Systemic embolism prevention in fibrillation
 3.0-4.5 AMI recurrence prevention, Systemic embolism

Patient Information Form

Hospital Name: Conroe Regional Medical Center Phone: (936) 539-1111

Hospital Address: 504 MEDICAL CENTER BLVD CONROE, TX 77304

Patient Demographics		Admit and Length of Stay Information	
Patient Name: <u>RUIZ, FELIPE</u>	Medical Rec #: <u>U-29245316</u>	SSN: <u>555-55-5555</u>	Admit Type: <u>ELECTIVE</u>
Marital Status: <u>Single</u>	Gender: <u>M</u>	Date of Birth: <u>06-26-1966</u>	Age: <u>51</u>
Religion: <u>NONE</u>	Episode ID: <u>(b)(7)(E)</u>	Height: _____	Weight: _____
Unit: <u>CR</u>		Room: <u>B ICU4</u>	Bed: <u>B ICU18</u>
Prior to Admission: <u>Bed Only</u>		Admission Date: <u>09-12-2017</u>	Est. Discharge Date: <u>09-14-2017</u>
PCP: <u>(b)(6); (b)(7)(C)</u>		ALC Date: _____	
Attending Physician: <u>(b)(6); (b)(7)(C)</u>		Phone Number: _____	

Diagnosis Information:
 Rugs: _____ Primary: UPPER GI BLEED Secondary: _____

Discharge Notes:
 Notes: _____

Mode of Transportation: _____ Payer Source: _____
 Will patient receive radiation or dialysis off-site? _____
 Yes No Schedule of Treatments: _____

Patient Address	Next of Kin	Emergency Contact:
Living Arrangement: _____ Select One	First Name/MI: <u>FELIPE</u>	First Name/MI: _____
Facility Name: _____	Last Name: <u>RUIZ</u>	Last Name: _____
Street: <u>3400 FM 350 SOUTH</u>	Street: <u>3400 FM 350 SOUTH</u>	Street: _____
City: <u>LIVINGSTON</u>	City: <u>LIVINGSTON</u>	City: _____
State/Zip: <u>TX 77351</u>	State/Zip: <u>TX 77351</u>	State/Zip: _____
Home Phone: <u>936-967-8000</u>	Home Phone: <u>936-967-8000</u>	Home Phone: _____
Work Phone: <u>999-999-9999</u>	Work Phone: _____	Work Phone: _____
Relation: <u>01</u>	Relation: _____	Relation: _____
<input type="checkbox"/> Emerg. Contact	<input type="checkbox"/> POA	<input type="checkbox"/> Emerg. Contact <input type="checkbox"/> POA

Payer Information: Ins. Group ID#: _____
 Primary Payer: VERRIDE WITH PAYOR NAME Member ID: (b)(6); (b)(7)(C)
 Contact person at Ins. Co. (First/MI/Last): _____ Phone: _____
 Patient has met 3 consecutive, acute level of care days during this admission & may be eligible for the Medicare Extended Care Benefit. Yes No N/A Unknown

Secondary Payer: VERRIDE WITH PAYOR NAME Member ID# (b)(6); (b)(7)(C) Phone #: _____
 Other Payer: _____ Member ID#: _____ Phone #: _____

Income if known: Private Funds SSA SSI
 Pension VA Other

Patient Medicaid Eligible? Yes No If Yes, submitted by our financial office?
 Yes No

Contact person in financial office (First/MI/Last): _____

No Fault: Must have claim number, name of insurance company, name of insured, telephone number, and policy number. This information is needed even if no fault is exhausted. No faults must have secondary insurance information.

Case Contact: (b)(6); (b)(7)(C)
 First/MI/Last: _____ Phone: (936) 539- (b)(6); (b)(7)(C) Date: 09-12-2017

9/12/2017
03:33 PM

HCA Corporate
Insurance Certification Report - IQ
CONFIDENTIAL PATIENT INFORMATION

PAGE 1

For Facility: Conroe Regional Medical Center

===== ENCOUNTER / HCM DATA =====

Acct No: (b)(7)(E) Patient Name: RUIZ, FELIPE Age: 51Y DOB: 6/26/1966

Start Date: 9/12/2017 8:20AM Adm Phys: (b)(6); (b)(7)(C) MRN: BH0086189C
Location: CR-3 INTENSIVE C Att Phys: (b)(6); (b)(7)(C) Fac: Conroe Regio
Room: B. ICU18-W Disch Date: Enc Type: INPATIENT (Inpatient)
Accommodation: Home Addr: 3400 FM 350 SCUTH Sex: M
Marital Stat: Single

LIVINGSTON, TX

County:
Country: United States of Ame
Zip Code: 77351

Home Phone: 936-967-(b)(6); (b)(7)(C)
Work Phone: 999-999-(b)(7)(C) SSN: <Blocked>

Emer Contacts:
Name: RUIZ, FELIPE Home Tel: 936-967-8000 Work Tel:
Relationship: Self

HCM DRG: Ver: Current Stay: 1 ALOS: GLOS: Outlier:

Admit Complaint: UPPER GI BLEED
HCM Diagnosis:
HCM Procedure:
Dx Category:
Admit Review:

===== PAYER(S) =====

OVERRIDE WITH PAYOR NAME Status: P Cert?
Auth No: NR/ Insur No: 028866428
OVERRIDE WITH PAYOR NAME Status: S Cert?
Auth No: NR/ Insur No: 028866428

===== LAST COMPLETED REVIEW ONLY =====

Review Date Care Date Review Category Reviewer ID
9/12/2017 9/12/2017 (b)(6); (b)(7)(C)
Severity Intensity

Reviewer Comments: (b)(6); (b)(7)(C)
---9/12/2017 1531 by (b)(6); (b)(7)(C)---
Point of entry: per cpoe admit Inpt payer override with payor Name
transfer from Livingston
Presenting symptoms: Gi bleed,
Failed OP treatment:
Vital signs: p 93, p84, 77, bp 181/107, 184/95, 203/95, 211/104
Medications/route:
Labs/Cultures: h/h 11.2/30.1
Imaging:
Diet/Activity:
Oxygen:
PI/OT/ST:

Referral From: Conroe Regional Medical Center

From: (b)(6), (b)(7)(C) To: IAH Immigration
 Phone: (936) 539-7(b)(6) Attention: (b)(6), (b)(7)(C)
 Fax: (936) 788-8076

Comment: 028866428 ins # our fax 936 788 8076 tax id 621 801 361 npi 1962455816

Regarding Patient: (b)(6), (b)(7)(C)
 SSN: XXX-XX-5555
 Member ID: (b)(6), (b)(7)(C)

The following documents are included in this fax:

Name	Pages
Patient Information Form (rev.7/2012) 09-12-17 03:37 pm	1
Insurance Certification Report - IQ	2

Patient Health Information Legal Disclosure: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by HIPAA (the federal Health Insurance Portability & Accountability ACT) or personal information protected by state data privacy or security laws. 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 restriction or sanction. If you received this in error, please notify (b)(6), (b)(7)(C) at phone (936) 539-(b)(6), (b)(7)(C) or e-mail at (b)(6), (b)(7)(C) arrange the return or destruction of the information and all copies

9/12/2017 2:30 PM 96910
 (b)(6), (b)(7)(C) 106/56
 Cardenest Dlc
 EGD
 admitting
 2 units placed 55/h
 9.

9/12/2017
03:33 PM

HCA Corporate
Insurance Certification Report - IQ
CONFIDENTIAL PATIENT INFORMATION

PAGE 2

For Facility: Conroe Regional Medical Center

Acct No.: (b)(7)(E)

Patient Name: RUIZ, FELIPE

Age: 51Y DOB: 6/26/1966

Facility: Conroe Regional Medical Center

===== LAST COMPLETED REVIEW ONLY (continued) =====

Treatments:

Level of care eval/referrals: 9/12 to ICU dx GI bleed, left ^{ES} with ns at 100 ml hr, bp 218/ cardene gtt, , h/h stable platellets 27, plan is for EGD today or tomorrow, bp controlled , cardene gtt turned off lisinopril po stated at 1300

MD Treatment Plans:

Comments/Other:

===== LAST INTERQUAL REVIEW ONLY =====

Review Date Reviewer ID

9/12/2017 (b)(6); (b)(7)(C)

InterQual Version: InterQual® 2017.1

Review date: 09-12-2017

Review Status: In Primary

Product: LOC:Acute Adult

Criteria subset: General Medical

Criteria status: Critical Met

(Symptom or finding within 24h)

(Excludes PC medications unless noted)

Select Day, One:

Episode Day 1, One:

CRITICAL, >= One:

General, >= One:

IV medication administration, Both:

Medication, >= One:

Antihypertensive

Administration, >= One:

Titration q1-2h and monitoring

InterQual® and CareEnhance® Review Manager © 2017 McKesson Corporation and/or one of its subsidiaries. All Rights Reserved.
CPT only © 2016 American Medical Association. All Rights Reserved.

===== CONFIDENTIALITY STATEMENT =====

CONFIDENTIAL - Contains proprietary information. Not intended for external distribution.

Referral From: Conroe Regional Medical Center

From: (b)(6); (b)(7)(C) To: IAH DENTENTION CENTER
Phone: (936) 539 (b)(6); (b)(7)(C) Attention: (b)(6); (b)(7)(C)
Fax: (936) 788-8076
Comment: NOTES AS REQUESTED

Regarding Patient: (b)(6); (b)(7)(C)
SSN: XXX-XX-5555
Member ID: (b)(6); (b)(7)(C)

The following documents are included in this fax:

Name	Pages
Insurance Certification Report - IQ	4
0913_12:23:13	1
0913_12:23:04	4

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9/13/2017
11:41 AM

HCA Corporate
Insurance Certification Report - Selected Review - IQ
CONFIDENTIAL PATIENT INFORMATION

PAGE 1

For Facility: Conroe Regional Medical Center

===== ENCOUNTER / HCM DATA =====

Acct No.: (b)(7)(E) Patient Name: RUIZ, FELIPE Age: 51Y DOB: 6/26/1966

Start Date: 9/12/2017 8:20AM Adm Phys: (b)(6); (b)(7)(C) MRN: BHC0861890
 Location: CR-3 INTENSIVE C Att Phys: (b)(6); (b)(7)(C) Fac: Conroe Regio
 Room: B.1CU16-W Disch Date: Accommodation: Enc Type: INPATIENT(Inpatient)
 Home Addr: 3400 FM 350 SOUTH Sex: M
 Marital Stat: Single
 LIVINGSTON, TX
 County:
 Country: United States of Ame
 Zip Code: 77351

Home Phone: 936-967-(b)(6); (b)(7)(C)
 Work Phone: 999-999-(b)(6); (b)(7)(C) SSN: <Blocked>

Emer Contacts:
 Name: RUIZ, FELIPE Home Tel: 936-967-8000 Work Tel:
 Relationship: Self

HCM DRG: 872 Ver: 34 Current Stay: 1 ALOS: 4.5 GLOS: 3.8 Outlier:

Admit Complaint: UPPER GI BLEED
 HCM Diagnosis:
 HCM Procedure:
 Dx Category:
 Admit Review:

===== PAYER(S) =====

OVERWRITE WITH PAYOR NAME Status: P Cert?
 Auth No: NR/I Insur No: 028866428
 From Thru #Days Type Status Auth No Ref No Service
 Cert - P

Company:
 Submit by: Date: Time:
 Submit to:
 Phone: Fax:

OVERWRITE WITH PAYOR NAME Status: S Cert?
 Auth No: NR/I Insur No: 028866428

===== CURRENT REVIEW =====

Review Date	Care Date	Review Category	Reviewer ID
9/13/2017	9/13/2017		(b)(6); (b)(7)(C)

Severity	Intensity

Reviewer Comments:
 ---9/13/2017 1133 b (b)(6); (b)(7)(C)
 Vital signs:
 36.6, 57, 109/66 TC 89/54, 94 %

9/13/2017
11:41 AM

HCA Corporate
Insurance Certification Report - Selected Review - IQ
CONFIDENTIAL PATIENT INFORMATION

PAGE 2

For Facility: Conroe Regional Medical Center

Acct No.: (b)(7)(E) Patient Name: RUIZ, FELIPE
Facility: Conroe Regional Medical Center

Age: 51Y DOB: 6/26/1966

===== CURRENT REVIEW =====

Medications/Route:

PO MEDS, PROTONIX IV, LEVAQUIN IV, IV TRANDATE PRN, IV ZOPRAN PRN, IV MORPHINE PRN,

IV's:

IVF @ 75 CC/HR, IV CARDENE GTT TITRATED

Labs/Cultures:

H&H 8.4/23.8, PLT 35, RBC 2.60, PT/ INR 16.6/1.46

Imaging/Other tests:

Diet/Activity:

CL DIET

Oxygen: AS NEEDED

PT/OT/ST:

Other treatments:

BLOOD PRODUCT TRANSFUSION- PLATELETS

Level of care eval/referrals:

CARDIO, GI, CRIT CARE

Barriers to Discharge:

IV MEDS, PLAN STRESS WHEN HGB 10

Comments/Other:

===== INTERQUAL REVIEW HISTORY =====

Review Date Reviewer ID

9/13/2017 (b)(6); (b)(7)(C)

InterQual Version: InterQual® 2017.1

Review date: 09-13-2017

Review Status: In Primary

Product: LOC:Acute Adult

Criteria subset: General Medical

Criteria status: Critical Met

(Symptom or finding within 24h)

(Excludes PC medications unless noted)

Select Day, One:

Episode Day 1, One:

CRITICAL, >= One:

General, >= One:

IV medication administration, Both:

Medication, >= One:

Calcium channel blocker

Administration, >= One:

Titration q1-2h and monitoring

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9/13/2017
11:41 AM

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Insurance Certification Report - Selected Review - IQ
CONFIDENTIAL PATIENT INFORMATION

PAGE 3

For Facility: Conroe Regional Medical Center

Acct No. (b)(7)(E)

Patient Name: RUIZ, FELIPE

Age: 51Y DOB: 6/26/1966

Facility: Conroe Regional Medical Center

===== PAYER(S) (continued) =====

===== CONFIDENTIALITY STATEMENT =====

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CONROE MEDICAL CENTER (COCCR)

Clinical Note

REPORT#: 0912-0490 REPORT STATUS: Signed

DATE: 09/12/17 TIME: 1522

PATIENT: RUIZ, FELIPE

ACCOUNT#: (b)(7)(E)

DOB: 06/26/56 AGE: 51

SEX: M

ADM DT: 09/12/17

UNIT #: BH00861890

ROOM/BED: B.ICU18-W

ATTEND: (b)(6); (b)(7)(C)

AUTHOR:

* ALL edits or amendments must be made on the electronic/computer document *

**** See Addendum ****

Clinical Note

Note:

2035335

Electronically Signed by (b)(6); (b)(7)(C) on 09/12/17 at 1522

Addendum 1: 09/12/17 1524 by (b)(6); (b)(7)(C)

2035363

Electronically Signed by (b)(6); (b)(7)(C) on 09/12/17 at 1525

RPT #: 0912-0490

END OF REPORT

CONROE MEDICAL CENTER (COCCR)
Pulmonology Progress Note
REPORT#: 0912-0575 REPORT STATUS: Draft
DATE: 09/12/17 TIME: 1714

PATIENT: RUIZ, FELIPE
ACCOUNT#: (b)(7)(E)
DOB: 06/26/66 AGE: 51 SEX: M
ADM DT: 09/12/17
UNIT #: BH00861890
ROOM/BED: B.ICU18-W
ATTEND: (b)(6); (b)(7)(C)
AUTHOR: (b)(6); (b)(7)(C)

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Chief Complaint:
RFC: GI bleed/ICu management.

Objective

Physical Exam

VS/I&O:
Last Documented:

	Result	Date Time
Temp	98.3	09/12 1600
Pulse Ox	100	09/12 1447
O2 Flow Rate	2	09/12 1447
B/P	117/58	09/12 1400
Pulse	88	09/12 1400
Resp	19	09/12 1400

Medications:

Active Meds + DC'd Last 24 Hrs
Folic Acid 1 MG DAILY PO
Lactulose 30 ML BID PO (CKD)
Pantoprazole 40 MG Q12HR IV
Trazodone HCl 50 MG BEDTIME PO
Metoprolol Succinate 12.5 MG DAILY PO
Sertraline HCl 100 MG DAILY PO
Sodium Chloride 250 ML ASDIR IV
Labetalol HCl 10 MG Q4H PRN PRN IV
Levofloxacin 100 ML Q24H IV
Morphine Sulfate 1 MG Q4H PRN PRN IV
Ondansetron HCl 4 MG Q4H PRN PRN IV
Sodium Chloride 250 ML ASDIR PRN IV
Sodium Chloride 10 ML ASDIR IV
Sodium Chloride 1,000 ML Q13H20M IV
Lisinopril 20 MG DAILY PO (DC)
Nicardipine/Sodium Chloride 250 ML ASDIR IV

Patient: RUIZ, FELIPE

Unit#: BH00861890

Date: 09/12/17

(b)(7)(E)

Acct#:

Nicardipine/Sodium Chloride 250 ML .STK-MED ONE IV (DC)

General appearance: alert, awake

Head/eyes: normocephalic, PERRL, EOMI, clear cornea

Neck: full range of motion, non-tender, normal thyroid, supple/no meningismus, no bruit/NL carotids, no JVD, no lymphadenopathy

Cardiovascular: regular rate & rhythm

Respiratory/chest: decreased breath sounds

Abdomen: soft, non-tender, no distention, no guarding, no mass/organomegaly, no rebound

Extremities: moves all, normal capillary refill, no edema

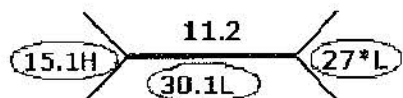
Musculoskeletal: full range of motion, normal inspection

Results

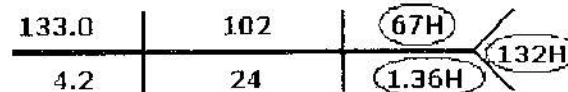
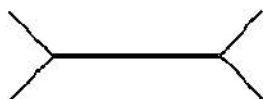
Findings/Data:

Laboratory Tests

09/12/17 1200:



09/12/17 1155:



Laboratory Tests

	09/12 1530	09/12 1530	09/12 1530
Chemistry			
Ammonia (11.0 - 32.0 mcMOL/L)			90.0 *II
CK-MB (CK-2) (1.0 - 3.6 NG/ML)	4.9 H		
Troponin I (0.000 - 0.045 NG/ML)	0.270 *H		
B-Natriuretic Peptide (0.00 - 100.00 PG/ML)		226.59 II	

	09/12 1155
Chemistry	
Sodium (133 - 144 mmol/L)	133.0

Patient: RUIZ, FELIPE

Unit#: BH00861890

Date: 09/12/17

Acct#:

(b)(7)(E)

Potassium (3.5 - 5.1 mmol/L)	4.2
Chloride (95 - 105 mmol/L)	102
Carbon Dioxide (21 - 32 mmol/L)	24
Anion Gap (4.0 - 15.0 GAP calc)	7.0
BUN (7 - 18 MG/DL)	67 H
Creatinine (0.55 - 1.30 MG/DL)	1.36 H
Glomerular Filtr Rate (> 60 estGFR)	55 L
Glucose (70 - 110 MG/DL)	132 H
Calcium (8.5 - 10.1 MG/DL)	7.8 L
Total Bilirubin (0.00 - 1.00 MG/DL)	6.56 H
Direct Bilirubin (0.00 - 0.30 MG/DL)	3.35 H
Indirect Bilirubin (0.2 - 1.3 MG/DL)	3.21 H
AST (15 - 37 Unit/L)	81 H
ALT (12 - 78 Unit/L)	49
Total Alk Phosphatase (45 - 117 Unit/L)	107
Total Protein (6.4 - 8.2 G/DL)	5.4 L
Albumin (3.4 - 5.0 G/DL)	2.9 L
Albumin/Globulin Ratio (1.2 - 2.2 RATIO)	1.2
Specimen Appearance (1 NORMAL Index/DL)	3 SMALL 5-10 MG
Specimen Hemolysis (1 NORMAL Index/DL)	2 TRACE 10-25 MG

Laboratory Tests

	09/12 1200
Coagulation	
PT (9.4 - 12.5 SECONDS)	17.3 H
INR (0.85 - 1.11 INR Unit)	1.52 H
PTT (Dade) (24 - 37.7 SECONDS)	29.4

Laboratory Tests

	09/12 1200
Hematology	
WBC (4.1 - 12.1 k/mm ³)	15.1 H
RBC (3.8 - 5.5 M/mm ³)	3.50 L
Hgb (10.6 - 15.8 G/DL)	11.2
Hct (36.0 - 47.4 %)	30.1 L
MCV (80.1 - 101.1 fL)	86.0
MCH (25.3 - 35.3 pg)	32.0
MCHC (32.7 - 35.1 G/DL)	37.2 H
RDW (12.2 - 16.4 %)	17.2 H
Plt Count (155 - 337 K/mm ³)	27 *L
MPV (7.6 - 10.4 fL)	10.3

Patient: RUIZ, FELIPE

Unit#: BH00861890

Date: 09/12/17

(b)(7)(E)

Acct#:

Gran % (37.8 - 82.6 %)	65.8
Lymph % (Auto) (14.1 - 45.4 %)	12.1 L
Mono % (Auto) (2.5 - 11.7 %)	12.7 H
Eos % (Auto) (0.0 - 6.2 %)	1.7
Baso % (Auto) (0.0 - 2.6 %)	0.5
Gran # (2.0 - 13.7 K/mm3)	9.95 H
Lymph # (Auto) (0.6 - 3.8 K/mm3)	1.82
Mono # (Auto) (0.11 - 0.59 K/mm3)	1.91 H
Eos # (Auto) (0.0 - 0.4 K/mm3)	0.25
Baso # (Auto) (0.0 - 0.1 K/mm3)	0.08
Add Manual Diff (CRITERIA DIFF/SCN)	MAN DIFF INDICATED
Total Counted (100 #CELLS)	100
Immature Gran % (0.0 - 2.0 %)	7.2 H
Seg Neutrophils % (40 - 75 %)	73
Lymphocytes % (Manual) (12.6 - 43.5 %)	12 L
Monocytes % (Manual) (4.2 - 12.7 %)	14 H
Eosinophils % (Manual) (0.0 - 5.2 %)	1
Nucleated RBC % (0.0 - 1.0 /100WBC%)	1.7 H
Nucleated RBCs # (0.00 - 0.05 K/mm3)	0.25 H
Toxic Granulation (NONE ON SCAN)	SLIGHT
Platelet Estimate (ADEQUATE ON SCAN)	MRK DECR L
Plt Morphology Comment (NORMAL PLTS ON SCAN)	LARGE RARE
Polychromasia (NONE ON SCAN)	SLIGHT
Hypochromasia (NONE ON SCAN)	SLIGHT
Poikilocytosis (NONE ON SCAN)	SLIGHT
Anisocytosis (NONE ON SCAN)	SLIGHT
Ovalocytes (NONE ON SCAN)	FEW
Acanthocytes (Spur) (NONE ON SCAN)	RARE
Schistocytes (NONE ON SCAN)	RARE

Diagnosis, Assessment & Plan

Free Text A&P:

GI Bleed: management per GI
hypotension : better.

RPT #: 0912-0575

END OF REPORT

Referral From: Conroe Regional Medical Center

From: (b)(6); (b)(7)(C) To: IAH IMMIGRATION DETENTION
 Phone: (936) 539 (b)(6); Attention: (b)(6); (b)(7)(C)
 Fax: (936) 788-8076

Comment: TAX ID: 621-801-361, NPI: 1962455816, FAX : 936-788-8076

Regarding Patient: (b)(6); (b)(7)(C)
 SSN: XXX-XX-5555
 Member ID: (b)(6); (b)(7)(C)

The following documents are included in this fax:

Name	Pages
Insurance Certification Report - IQ	4
0913_12:23:13	1
0913_12:23:04	4
RAD/XR CHEST 1 V	1
Specimen Inquiry	1
US/US ABDOMEN LTD	2
HISTORY AND PHYSICAL	3
0913_12:22:40	8
Specimen Inquiry	2
Specimen Inquiry	1
Specimen Inquiry	1
Specimen Inquiry	2
Specimen Inquiry	2
Specimen Inquiry	1
ELECTROCARDIOGRAM	1
ENDOWORKS REPORT	2
HISTORY AND PHYSICAL	1
Specimen Inquiry	1
0913_12:21:25	1
HISTORY AND PHYSICAL_FAKAL_09122017_B.HIM201709130071.rtf	1
Clinical Rounds Report_20170913.rtf	7
HISTORY AND PHYSICAL_FAKAL_09122017_B.HIM201709120324.rtf	3
US ABDOMEN LTD_US_09122017_020697791.rtf	1
XR CHEST 1 V_RAD_09122017_020697794.rtf	1

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Insurance Certification Report - Selected Review - IQ
CONFIDENTIAL PATIENT INFORMATION

PAGE 1

For Facility: Conroe Regional Medical Center

===== ENCOUNTER / HCM DATA =====

Acct No.: (b)(7)(E) Patient Name: RUIZ, FELIPE Age: 51Y DOB: 6/26/1966

Start Date: 9/12/2017 8:20AM Adm Phys: (b)(6); (b)(7)(C) MRN: BHC0861890

Location: CR-3 INTENSIVE C Att Phys: (b)(6); (b)(7)(C) Fac: Conroe Regio

Room: B. ICU16-W Disch Date: Accommodation: Enc Type: INPATIENT (Inpatient)

Home Addr: 3400 FM 350 SOUTH Sex: M

County: LIVINGSTON, TX Marital Stat: Single

Country: United States of Ame

Zip Code: 77351

Home Phone: 936-967-8000

Work Phone: 999-999-9999 SSN: <Blocked>

Emer Contacts:

Name: RUIZ, FELIPE Home Tel: 936-967-8000 Work Tel:

Relationship: Self

ECM DRG: 872 Ver: 34 Current Stay: 1 ALOS: 4.5 GLOS: 3.8 Outlier:

Admit Complaint: UPPER GI BLEED

HCM Diagnosis:

HCM Procedure:

Dx Category:

Admit Review:

===== PAYER(S) =====

OVERWRITE WITH PAYOR NAME Status: P Cert?

Auth No: NR/I Insur No: 028866428

From	Thru	#Days	Type	Status	Auth No	Ref No	Service
				Cert - P			

Company:

Submit by: Date: Time:

Submit to:

Phone: Fax:

OVERWRITE WITH PAYOR NAME Status: S Cert?

Auth No: NR/I Insur No: 028866428

===== CURRENT REVIEW =====

Review Date	Care Date	Review Category	Reviewer ID
9/13/2017	9/13/2017		(b)(6); (b)(7)(C)

Severity	Intensity

Reviewer Comments:

---9/13/2017 1133 (b)(6); (b)(7)(C)

Vital signs:

36.6, 57, 109/68 TO 89/54, 94 %

9/13/2017
11:41 AM

HCA Corporate
Insurance Certification Report - Selected Review - IQ
CONFIDENTIAL PATIENT INFORMATION

PAGE 2

For Facility: Conroe Regional Medical Center

Acct No. (b)(7)(E)

Patient Name: RUIZ, FELIPE

Age: 51Y DOB: 6/26/1966

Facility: Conroe Regional Medical Center

===== CURRENT REVIEW =====

Medications/Route:

PO MEDS, PROTONIX IV, LEVAQUIN IV, IV TRANDATE PRN, IV ZOFRAN PRN, IV MORPHINE PRN,

IV's:

IVF @ 75 CC/HR, IV CARDENE GTT TITRATED

Labs/Cultures:

H&H 8.4/23.8, PLT 35, RBC 2.60, PT/ INR 16.6/1.46

Imaging/Other tests:

Diet/Activity:

CL DIET

Oxygen: AS NEEDED

PT/OT/ST:

Other treatments:

BLOOD PRODUCT TRANSFUSION- PLATELETS

Level of care eval/referrals:

CARDIO, GI, CRIT CARE

Barriers to Discharge:

IV MEDS, PLAN STRESS WHEN HGB 10

Comments/Other:

===== INTERQUAL REVIEW HISTORY =====

Review Date Reviewer ID
9/13/2017 (b)(6); (b)(7)(C)

InterQual Version: InterQual® 2017.1

Review date: 09 13 2017

Review Status: In Primary

Product: LOC:Acute Adult

Criteria subset: General Medical

Criteria status: Critical Met

(Symptom or finding within 24h)

(Excludes PO medications unless noted)

Select Day, One:

Episode Day 1, One:

CRITICAL, >= One:

General, >= One:

IV medication administration, Both:

Medication, >= One:

Calcium channel blocker

Administration, >= One:

Titration q1-2h and monitoring

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9/13/2017
11:41 AM

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Insurance Certification Report - Selected Review - IQ
CONFIDENTIAL PATIENT INFORMATION

PAGE 3

For Facility: Conroe Regional Medical Center

Acct No: (b)(7)(E) Patient Name: RUIZ, FELIPE Age: 51Y DOB: 6/26/1966
Facility: Conroe Regional Medical Center

===== PAYER(S) (continued) =====

===== CONFIDENTIALITY STATEMENT =====
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FAX: (b)(6); (b)(7)(C)
FAX: [redacted]

936-585-4657 Campus: C St: ADM
936-585-4657

Patient Name: RUIZ, FELIPE

Unit No: BH00861890

EXAMS:

020697794 RAD/XR CHEST 1 V

To be performed PORTABLE?

Travel Mode:

Isolation Type:

Reason for Exam: leucocytosis

Comments:

*?

Location: T 18

Chest x-ray exam, AP frontal projection, 9/12/2017

CLINICAL HISTORY: Leukocytosis, ICU patient.

Comparison exams: None of the chest

Elevation the right hemidiaphragm difficult to assess in terms of age given lack of prior exams. Probable scarring versus atelectatic changes mainly at the right lung base. No active CHF. Overlying lines obscure detail. No findings of high concern for pneumonia

** Electronically Signed by D (b)(6); (b)(7)(C)

** on 09/12/2017 at 1726 **

Reported and signed by: (b)(6); (b)(7)(C)

CC: (b)(6); (b)(7)(C)

Dictated Date/Time: 09/12/2017 (1726)

Technologist (b)(6); (b)(7)(C)

Transcribed Date/Time: 09/12/2017 (1726) By: (b)(6); (b)(7)(C)

Orig Print D/T: S: 09/12/2017 (1729)

CONROE MED CTR IN/OBS
MEDICAL IMAGING
504 MEDICAL CENTER BLVD
CONROE, TEXAS 77304
PHONE #: 936-539-7026
FAX #: 936-539-7681

NAME: RUIZ, FELIPE
PHYS: (b)(6); (b)(7)(C)
DOB: 06/26/1966 AGE: 51 SEX: M
ACCT NO: (b)(7)(E) LOC: B.ICU18 W
EXAM DATE: 09/12/2017 STATUS: ADM IN
RAD NO: DC Dt:

PAGE 1 Signed Report Printed From PCI

Patient Name: RUIZ, FELIPE

Unit No: BH00861890

EXAMS:

020697791 US/US ABDOMEN LTD

Travel Mode:

Isolation Type:

Reason for Exam: RUQ abd pain.H/O non alcoholic liver cirrhosis

Comments:

*?

Site:R16

Limited Abdominal Ultrasound

History: Right upper quadrant abdominal pain, history of nonalcoholic liver cirrhosis.

Comparison: No prior similar studies are available for comparison.

Technique: Gray scale and color Doppler imaging were utilized.

Findings:

This examination is markedly limited due to poor beam penetration.

The liver is measures 15.2 cm in length. Evaluation of the liver is markedly limited. The main portal vein is not well visualized.

The gallbladder is not well-visualized. Sonographic Murphy sign is negative.

The common bile duct is not identified on this examination.

The right kidney measures 10.9 x 5.8 x 4.2 cm, with a cortical thickness measuring 1.9 cm. It demonstrates no hydronephrosis, nephrolithiasis or cortical thinning.

The pancreas is not visualized.

The visualized portions of the abdominal aorta and IVC are unremarkable.

There is no evidence of ascites.

Impression:

1. *Markedly limited examination due to poor beam penetration. The liver, gallbladder, common bile duct and pancreas are inadequately visualized on this examination.*
2. *Unremarkable right kidney and visualized portions of the abdominal*

CONROE MED CTR IN/OBS
 MEDICAL IMAGING
 504 MEDICAL CENTER BLVD
 CONROE, TEXAS 77304
 PHONE #: 936-539-7026
 FAX #: 936-539-7681

NAME: RUIZ, FELIPE
 PHYS: (b)(6); (b)(7)(C)
 DOB: 06/26/1966 AGE: 51 SEX: M
 ACCT NO: (b)(7)(E) LOC: B.ICU18 W
 EXAM DATE: 09/12/2017 STATUS: ADM IN
 RAD NO:

Patient Name: RUIZ, FELIPE

Unit No: BH00861890

EXAMS:

020697791 US/US ABDOMEN LTD

Travel Mode:

Isolation Type:

Reason for Exam: RUQ abd pain.H/O non alcoholic liver cirrhosis

Comments:

*?

<Continued>

aorta and IVC.

** Electronically Signed by (b)(6); (b)(7)(C) on 09/12/2017 at 1909 **
Reported and signed by: (b)(6); (b)(7)(C)

CC (b)(6); (b)(7)(C)

Technologist: (b)(6); (b)(7)(C) - Agency

Trnscribd D/T: 09/12/2017 (1909) t.SDR.RH16

Orig Print D/T: S: 09/12/2017 (1913) Probe:

CONROE MED CTR IN/OBS
MEDICAL IMAGING
504 MEDICAL CENTER BLVD
CONROE, TEXAS 77304
PHONE #: 936-539-7026
FAX #: 936-539-7681

NAME: RUIZ, FELIPE
PHYS: (b)(6); (b)(7)(C)
DOB: 06/26/1966 AGE: 51 SEX: M
ACCT NO: (b)(7)(E) LOC: B.ICU18 W
EXAM DATE: 09/12/2017 STATUS: ADM IN
RAD NO:

0912-0324

CONROE REGIONAL MEDICAL CENTER
504 Medical Center Blvd.
Conroe, Texas 77304

PATIENT NAME: RUIZ, FELIPE
ACCOUNT NO: (b)(7)(E)
MEDICAL RECORD NO: BH00861890
REPORT TYPE: HISTORY AND PHYSICAL

ADMIT DATE: 09/12/17
ROOM NO: B. ICU18
AGE: 51
SEX: M

ADMITTING PHYSICIAN: Abbas, Ali MD
ATTENDING PHYSICIAN: Abbas, Ali MD

ADMISSION DATE: 09/12/2017

PRIMARY CARE PHYSICIAN: None. The patient is from immigration jail center.

CHIEF COMPLAINT: Hematemesis.

HISTORY OF PRESENT ILLNESS: The patient is a 51-year-old Hispanic incarcerated male, who was taken to Livingston Memorial Emergency Room with complaints of abdominal pain, right flank pain, _____, and hematemesis. He has a past medical history significant for nonalcoholic liver cirrhosis, generalized anxiety disorder, and depression. He was in his usual state of health until early morning, he complained of abdominal pain, right flank pain and started throwing up blood. His hemoglobin level at the Livingston ER was fairly stable at 12.5 and hematocrit was 33.2. He was started on Sandostatin drip and then transferred to Conroe Regional Medical Center ICU for further care. Of note, his platelet level significantly decreased to 18,000.

PAST MEDICAL HISTORY: As mentioned above, which includes,

1. Nonalcoholic liver cirrhosis.
2. Depression.
3. Generalized anxiety disorder.

PAST SURGICAL HISTORY: None.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS FROM JAIL: Reviewed. These include folic acid 1 mg daily, Zoloft 100 mg daily, trazodone 50 mg at bedtime, Aldactone 25 mg b.i.d., and omeprazole 40 mg daily.

SOCIAL HISTORY: The patient is incarcerated. He is originally from Florida; however, because of the flooding, he was transferred to Texas Jail.

FAMILY HISTORY: The patient is unaware of any medical problems running in the family.

REVIEW OF SYSTEMS:

GENERAL: Positive for malaise and fatigue.

HEENT: No headaches.

CARDIOVASCULAR: No active chest pain.

RESPIRATORY: No shortness of breath.

GASTROINTESTINAL: He presents with right upper quadrant abdominal pain and

PATIENT NAME: RUIZ, FELIPE

ACCOUNT (b)(7)(E)

hematemesis.

GENITOURINARY: Denies dysuria or hematuria.

MUSCULOSKELETAL: No active joint pain.

NEUROLOGICAL: He is moving all 4 extremities. Speech appears to be clear.

PSYCHIATRIC: He has history of depression.

LABORATORY AND DIAGNOSTIC DATA: From Livingston ER, sodium 127, potassium 4.3, BUN 85, and creatinine 1.5. Albumin decreased to 3.3. AST 102, ALT 68, ALKP 123, and total bilirubin 10.8. CPK elevated at 322. Lipase mildly elevated at 367. BNP elevated at 4850. PTT 22.1. Troponin I 0.076. WBC 14.28, hemoglobin 12.5, hematocrit 33.2, and platelets decreased to 18.

ASSESSMENT AND PLAN: A 51-year-old incarcerated Hispanic male with history of nonalcoholic liver cirrhosis, now presents with:

1. Gastrointestinal bleed. Differential diagnosis could be variceal, esophageal, or gastric bleeding versus peptic ulcer disease versus gastritis. The patient has been started on octreotide drip. We will also initiate IV PPI and monitor hemoglobin/hematocrit levels, so far are stable. GI consultation has been requested for evaluation of possible EGD.
2. Right upper quadrant abdominal pain. We will check hepatitis panel and right upper quadrant ultrasound.
3. Renal failure, unknown acute or chronic. We will hold Aldactone and other nephrotoxic medications. Could be in the setting of gastrointestinal bleed.
4. Mild troponinemia at the Livingston ER with a troponin level of 0.076. Could be in the setting of stress, gastrointestinal bleed. We will monitor troponin levels over here and also monitor EKG. We will hold antiplatelets secondary to active gastrointestinal bleed.
5. Jaundice with elevated total bilirubin of 6.56 in the setting of liver cirrhosis. Once again, check hepatitis panel. GI has been consulted.
6. Severe thrombocytopenia secondary to liver cirrhosis. The patient will need platelet transfusion prior to EGD.
7. Depression. Continue home regimen of sertraline and trazodone.
8. Uncontrolled hypertension. The patient is on Cardene drip. Lisinopril was initiated. We will titrate medications as needed. We will discontinue lisinopril in view of renal failure and initiate beta blocker in view of history of liver cirrhosis.
9. GI and deep vein thrombosis prophylaxis to be achieved with Protonix/SCDs. Unable to give any blood thinners due to active gastrointestinal bleed.

Case discussed with the patient, the guards, and the RN in detail.

It has been a pleasure participating in the medical care of the patient. If you have any questions, please do not hesitate to call.

Dictated By: (b)(6); (b)(7)(C)

WT: HP:B.HIM/FAKAL/NTS
DD: 09/12/2017 15:22:12

PATIENT NAME: RUIZ, FELIPE

ACCOUNT (b)(7)(E)

DT: 09/12/2017 19:48:10
Conf#: 2035335/DID#: 3991040

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #:

(b)(7)(E)

Patient Care Inquiry (PCI: OE Database COCCR)

DRAFT COPY

Run: 09/13/17-11:22 b (b)(6); (b)(7)(C) 2020-ICLI-00006 4508

Page 3 of 3

CONROE MEDICAL CENTER (COCCR)
 GE Consultation Note
 REPORT#: 0912-0667 REPORT STATUS: Signed
 DATE: 09/12/17 TIME: 2044

PATIENT: RUIZ, FELIPE
 ACCOUNT#: (b)(7)(E) 3
 DOB: 06/26/66 AGE: 51 SEX: M
 ADM DT: 09/12/17
 UNIT #: BH00861890
 ROOM/BED: B.ICU18-W
 ATTEND: (b)(6); (b)(7)(C)
 AUTHOR: [Redacted]

* ALL edits or amendments must be made on the electronic/computer document *

History

Medications:

Home Medications:

Medication	Dose/Rte/Freq Max Daily Dose	Days	Qty	Entered	Last Reviewed
SERTRALINE (ZOLOFT) Strength: 100 MG TAB	100 MG PO DAILY			09/12/17 1103	09/12/17 1104
traZODone (DESYREL) Strength: 50 MG TAB	50 MG PO BEDTIME			09/12/17 1103	09/12/17 1104
FOLIC ACID Strength: 1 MG TAB	1 MG PO DAILY			09/12/17 1103	09/12/17 1104
OMEPRAZOLE ER (PRILOSEC) Strength: 40 MG CAP, DR	40 MG PO DAILY			09/12/17 1104	09/12/17 1104
SPIRONOLACTONE (ALDACTONE) Strength: 25 MG TAB	25 MG PO BID			09/12/17 1104	09/12/17 1104

Current Hospital Medications:

Anti-Infective Agents

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Levofloxacin (LEVAQUIN 500MG/ 100ML)	100 ML	Q24H IV	09/12 1530 09/19 1531	AC	09/12 1624

Cardiovascular Drugs

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Metoprolol Succinate (TOPROL XL)	12.5 MG	DAILY PO	09/12 1700 10/12 1701	AC	09/12 1626
Labetalol HCl (TRANDATE)	10 MG	Q4H PRN PRN IV	09/12 1530 10/12 1531	AC	
Lisinopril (PRINIVIL)	20 MG	DAILY PO	09/12 1100 10/12 1101	DC	09/12 1133
Nicardipine/Sodium Chloride	250 ML	ASDIR IV	09/12 1000 10/12 1001	AC	

Patient: RUIZ, FELIPE

Unit#: BH00861890

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Acct#:

(b)(7)(E)

(CARDENE-NAACL 50 MG/ 250 ML IV)					
Nicardipine/Sodium Chloride (CARDENE-NAACL 50 MG/ 250 ML IV)	250 ML	.STK-MED ONE IV	09/12 0953	DC	09/12 0959

Central Nervous System Agents

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Trazodone HCl (DESYREL)	50 MG	BEDTIME PO	09/12 2100 10/12 2101	AC	09/12 2015
Sertraline HCl (ZOLOFT)	100 MG	DAILY PO	09/12 1700 10/12 1701	AC	09/12 1626
Morphine Sulfate (MORPHINE SULFATE)	1 MG	Q4H PRN PRN IV	09/12 1515 10/12 1516	AC	

Electrolytic, Caloric, And Wat

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Lactulose (CHRONULAC 20 GM/30 ML)	30 ML	BID PO	09/12 2100 10/12 2101	CKD	09/12 2015
Sodium Chloride (NORMAL SALINE 250 ML)	250 ML	ASDIR IV	09/12 1600 09/13 1555	AC	
Sodium Chloride (NORMAL SALINE 250 ML)	250 ML	ASDIR PRN IV	09/12 1515 10/12 1516	AC	
Sodium Chloride (SODIUM CHLORIDE 0.9% 20ML)	10 ML	ASDIR IV	09/12 1515 10/12 1516	AC	
Sodium Chloride (SODIUM CHLORIDE 0.9% 1000 ML)	1,000 ML	.Q13H20M IV	09/12 1515 10/12 1516	AC	09/12 1624

Gastrointestinal Drugs

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Pantoprazole (PROTONIX)	40 MG	Q12HR IV	09/12 2100 10/12 2101	AC	09/12 2015
Ondansetron HCl (ZOFRAN)	4 MG	Q4H PRN PRN IV	09/12 1515 10/12 1516	AC	09/12 1625

Patient: RUIZ, FELIPE
Unit#: BH00861890
Date: 09/12/17

Acct#:

(b)(7)(E)

Vitamins

Medication	Dose	Sig/Sch Route	Start time Stop Time	Last Status Admin
Folic Acid (FOLVITE)	1 MG	DAILY PO	09/13 0900 10/13 0901	AC

Allergies:

Coded Allergies:

No Known Allergies (09/12/17)

Objective

Physical Exam

VS/I&O:

Last Documented:

	Result	Date Time
Pulse O ₂	96	09/12 2000
B/P	106/56	09/12 2000
Pulse	68	09/12 2000
Resp	17	09/12 2000
Temp	36.8	09/12 1838
O ₂ Flow Rate:	2	09/12 1447

Medications:

Active Meds + DC'd Last 24 Hrs

Folic Acid 1 MG DAILY PO
Lactulose 30 ML BID PO (CKD)
Pantoprazole 40 MG Q12HR IV
Trazodone HCl 50 MG BEDTIME PO
Metoprolol Succinate 12.5 MG DAILY PO
Sertraline HCl 100 MG DAILY PO
Sodium Chloride 250 ML ASDIR IV
Labetalol HCl 10 MG Q4H PRN PRN IV
Levofloxacin 100 ML Q24H IV
Morphine Sulfate 1 MG Q4H PRN PRN IV
Ondansetron HCl 4 MG Q4H PRN PRN IV
Sodium Chloride 250 ML ASDIR PRN IV
Sodium Chloride 10 ML ASDIR IV

Patient: RUIZ, FELIPE
 Unit#: BH00861890
 Date: 09/12/17

Acct#:

(b)(7)(E)

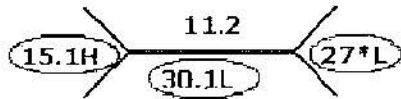
Sodium Chloride 1,000 ML .Q13H20M IV
 Lisinopril 20 MG DAILY PO (DC)
 Nicardipine/Sodium Chloride 250 ML ASDIR IV
 Nicardipine/Sodium Chloride 250 ML .STK-MED ONE IV (DC)

General appearance: alert, awake

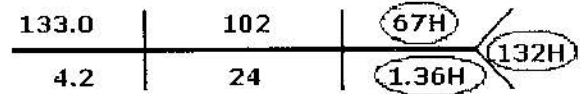
Results

Findings/Data:
 Laboratory Tests

09/12/17 1200:



09/12/17 1155:



Laboratory Tests

	09/12 1530	09/12 1530	09/12 1530
Chemistry			
Ammonia (11.0 - 32.0 mcMOL/L)			90.0 *H
CK-MB (CK-2) (1.0 - 3.6 NG/ML)	4.9 H		
Troponin I (0.000 - 0.045 NG/ML)	0.270 *H		
B-Natriuretic Peptide (0.00 - 100.00 PG/ML)		226.59 H	

	09/12 1155
Chemistry	
Sodium (133 - 144 mmol/L)	133.0
Potassium (3.5 - 5.1 mmol/L)	4.2
Chloride (95 - 105 mmol/L)	102
Carbon Dioxide (21 - 32 mmol/L)	24
Anion Gap (4.0 - 15.0 GAP calc)	7.0
BUN (7 - 18 MG/DL)	67 H

Patient: RUIZ, FELIPE
 Unit#: BH00861890

Date: 09/12/17
 (b)(7)(E)

Acct#:

Creatinine (0.55 - 1.30 MG/DL)		1.36 H
Glomerular Filtr Rate (>60 estGFR)		55 L
Glucose (70 - 110 MG/DL)	132 H	
Calcium (8.5 - 10.1 MG/DL)		7.8 L
Total Bilirubin (0.00 - 1.00 MG/DL)		6.56 H
Direct Bilirubin (0.00 - 0.30 MG/DL)		3.35 H
Indirect Bilirubin (0.2 - 1.3 MG/DL)	3.21 H	
AST (15 - 37 Unit/L)		81 H
ALT (12 - 78 Unit/L)		49
Total Alk Phosphatase (45 - 117 Unit/L)		107
Total Protein (6.4 - 8.2 G/DL)		5.4 L
Albumin (3.4 - 5.0 G/DL)		2.9 L
Albumin/Globulin Ratio (1.2 - 2.2 RATIO)		1.2
Specimen Appearance (1 NORMAL Index/DL)	3 SMALL	5-10 MG
Specimen Hemolysis (1 NORMAL Index/DL)	2 TRACE	10-25 MG

Laboratory Tests

	09/12 1200
Coagulation	
PT (9.4 - 12.5 SECONDS)	17.3 H
INR (0.85 - 1.11 INR Unit)	1.52 H
PTT (Dade) (24 - 37.7 SECONDS)	29.4

Laboratory Tests

	09/12 1200
Hematology	
WBC (4.1 - 12.1 k/mm3)	15.1 H
RBC (3.8 - 5.5 M/mm3)	3.50 L
Hgb (10.6 - 15.8 G/DL)	11.2
Hct (36.0 - 47.4 %)	30.1 L
MCV (80.1 - 101.1 fL)	86.0
MCH (25.3 - 35.3 pg)	32.0
MCHC (32.7 - 35.1 G/DL)	37.2 H
RDW (12.2 - 16.4 %)	17.2 H
Plt Count (155 - 337 K/mm3)	27 *L
MPV (7.6 - 10.4 fL)	10.3
Gran % (37.8 - 82.6 %)	65.8
Lymph % (Auto) (14.1 - 45.4 %)	12.1 L
Mono % (Auto) (2.5 - 11.7 %)	12.7 H
Eos % (Auto) (0.0 - 6.2 %)	1.7
Baso % (Auto) (0.0 - 2.6 %)	0.5

Patient: RUIZ, FELIPE

Unit#: BH00861890

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(b)(7)(E)

Gran # (2.0 - 13.7 K/mm3)	9.95 H
Lymph # (Auto) (0.6 - 3.8 K/mm3)	1.82
Mono # (Auto) (0.11 - 0.59 K/mm3)	1.91 H
Eos # (Auto) (0.0 - 0.4 K/mm3)	0.25
Baso # (Auto) (0.0 - 0.1 K/mm3)	0.08
Add Manual Diff (CRITERIA DIFF/SCN)	MAN DIFF INDICATED
Total Counted (100 #CELLS)	100
Immature Gran % (0.0 - 2.0 %)	7.2 H
Seg Neutrophils % (40 - 75 %)	73
Lymphocytes % (Manual) (12.6 - 43.5 %)	12 L
Monocytes % (Manual) (4.2 - 12.7 %)	14 H
Eosinophils % (Manual) (0.0 - 5.2 %)	1
Nucleated RBC % (0.0 - 1.0 /100WBC%)	1.7 H
Nucleated RBCs # (0.00 - 0.05 K/mm3)	0.25 H
Toxic Granulation (NONE ON SCAN)	SLIGHT
Platelet Estimate (ADEQUATE ON SCAN)	MRK DECR L
Plt Morphology Comment (NORMAL PLTS ON SCAN)	LARGE RARE
Polychromasia (NONE ON SCAN)	SLIGHT
Hypochromasia (NONE ON SCAN)	SLIGHT
Poikilocytosis (NONE ON SCAN)	SLIGHT
Anisocytosis (NONE ON SCAN)	SLIGHT
Ovalocytes (NONE ON SCAN)	FEW
Acanthocytes (Spur) (NONE ON SCAN)	RARE
Schistocytes (NONE ON SCAN)	RARE

Laboratory Tests

	09/12 1530
Serology	
Hepatitis A IgM Ab (Nonreactive SCREEN)	NonReactive
Hep Bs Antigen (Nonreactive SCREEN)	NEG-NONREAC
Hep B Core IgM Ab (Nonreactive SCREEN)	NonReactive
Hepatitis C Antibody (Nonreactive SCREEN)	NR

Radiology data:

Recent Impressions:

ULTRASOUND - US ABDOMEN LTD 09/12 1637

*** Report Impression - Status: SIGNED Entered: 09/12/2017 1913

Impression:

1. Markedly limited examination due to poor beam penetration. The liver, gallbladder, common bile duct and pancreas are inadequately

Patient: RUIZ, FELIPE

Unit#: BH00861890

Date: 09/12/17

Acct#:

(b)(7)(E)

visualized on this examination.

2. Unremarkable right kidney and visualized portions of the abdominal aorta and IVC.

Impression By: t.SDR.RH16 (b)(6); (b)(7)(C)

Diagnosis, Assessment & Plan

Free Text A&P:

Consult: Hematemesis

HISTORY OF PRESENT ILLNESS: The patient is a 51-year-old Hispanic incarcerated male, who was taken to Livingston Memorial Emergency Room with complaints of abdominal pain, and hematemesis. He has a past medical history significant for nonalcoholic liver cirrhosis, generalized anxiety disorder, and depression. He has been diagnosed with cirrhosis 7 years ago. He is currently in the Department of Corrections.

PAST MEDICAL HISTORY: As mentioned above, which includes,

1. Nonalcoholic liver cirrhosis.
2. Depression.
3. Generalized anxiety disorder.

SURGICAL HISTORY: None.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS FROM JAIL: Reviewed.

SOCIAL HISTORY: The patient is incarcerated. He is originally from Florida; however, because of the flooding, he was transferred to Texas Jail.

FAMILY HISTORY: The patient is unaware of any medical problems running in the family.

REVIEW OF SYSTEMS:

Otherwise negative.

GASTROINTESTINAL: He presents with right upper quadrant abdominal pain and

Patient: RUIZ, FELIPE
Unit#: BH00861890
Date: 09/12/17
(b)(7)(E)

Acct#:

hematemesis.
PSYCH: depression.

Vitals as above:

General appearance: alert, awake, oriented
Head/Eyes: atraumatic, EOMI, icteric
ENT: moist mucosal membranes
Cardiovascular: regular rate & rhythm, normal heart sounds
Respiratory: clear to auscultation, no distress, no tenderness, aerating well
Abdomen/GI: active bowel sounds, soft, non tenderness
Extremities: moves all, no edema-all extremities
Musculoskeletal: full range of motion
Neuro/CNS: alert, oriented X 3
Psychiatry: unable to evaluate

LABORATORY AND DIAGNOSTIC DATA: Reviewed

ASSESSMENT AND PLAN: A 51-year-old incarcerated Hispanic male with history of nonalcoholic liver cirrhosis, now presents with hematemesis
Possible varices though PLTs are low will transfuse then have EGD possible banding
Agree with octreotide and PPI drip with abx
EGD planned tomorrow
NPO for now
Follow up CBC in the AM

Electronically Signed by (b)(6); (b)(7)(C) on 09/12/17 at 2054

RPT #: 0912-0667
END OF REPORT

Specimen Inquiry Report

Conroe Regional Medical Center, Conroe TX

*** CONFIDENTIAL ***

Med. Director: (b)(6), (b)(7)(C)

CAP#21190-01

PATIENT: RUIZ, FELIPE

ACCT# (b)(7)(E)

LOC: B ICU4

U#: BH00861890

FD:

OD: ABBAL

AGE/SX: 51/M

ROOM: B ICU18

REG: 09/12/17

RESDR (b)(6), (b)(7)(C)

ANENA

STATUS: ADM IN

BED: W

DIS:

0912:CR:H00272R COMP, Coll: 09/12/17-2020 Recd: 09/12/17-2059 (R#07673889)

Test	Result	Flag	Reference	Site Verified
<u>CBC</u>				
> WBC	8.9		4.1-12.1 k/mm3	09/12/17-2105
> RBC	2.78	L	3.8-5.5 M/mm3	09/12/17-2105
> HGB	9.0	L	10.6-15.8 G/DL	09/12/17-2105
> HCT	24.6	L	36.0-47.4 %	09/12/17-2105
> MCV	88.5		80.1-101.1 fL	09/12/17-2105
> MCH	32.4		25.3-35.3 pg	09/12/17-2105
> MCHC	36.6	H	32.7-35.1 G/DL	09/12/17-2105
> RDW	17.2	H	12.2-16.4 %	09/12/17-2105
> RDW-SD	50.8	H	35.1-43.9 fL	09/12/17-2105
> PLT	55	L	155-337 K/mm3	09/12/17-2105
> MPV	11.1	H	7.6-10.4 fL	09/12/17-2105
> NEUT %	69.9		37.8-82.6 %	09/12/17-2105
> IMM GRAN %	4.9	H	0.0-2.0 %	09/12/17-2105
> LYMPH %	11.4	L	14.1-45.4 %	09/12/17-2105
> MONO %	11.9	H	2.5-11.7 %	09/12/17-2105
> EOS %	1.8		0.0-6.2 %	09/12/17-2105
> BASO %	0.1		0.0-2.6 %	09/12/17-2105
> NRBC% per100WBC	0.8		0.0-1.0 /100WBC%	09/12/17-2105
> NEUT #	6.21		2.0-13.7 K/mm3	09/12/17-2105
> IMM GRAN #	0.44	H	0.00-0.03 K/mm3	09/12/17-2105
> LYMPH #	1.02		0.6-3.8 K/mm3	09/12/17-2105
> MONO #	1.06	H	0.11-0.59 K/mm3	09/12/17-2105

Name: RUIZ, FELIPE

Age/Sex: 51/M

Acct# (b)(7)(E)

Unit#BH00861890

SPEC #: 0912:CR.H00272R

PATIENT: RUIZ, FELIPE

#BH9023078383 (Continued)

Test	Result	Flag	Reference	Site
> EOS #	0.16		0.0-0.4 K/mm3	09/12/17-2105
> BASO #	0.01		0.0-0.1 K/mm3	09/12/17-2105
> NRBC#	0.07	H	0.00-0.05 K/mm3	09/12/17-2105

Name: RUIZ, FELIPE

Age/Sex: 51/M

Acct

(b)(6), (b)(7)(C)

Unit#BH00861890

Specimen Inquiry Report

Conroe Regional Medical Center, Conroe TX

*** CONFIDENTIAL ***

Med. Director: (b)(6); (b)(7)(C)

CAP#21190-01

PATIENT: RUIZ, FELIPE

ACCT#: (b)(6); (b)(7)(C)

LOC: B. ICU4

U#: BH00861890

FD:

OD: ABBAL

AGE/SX: 51/M

ROOM: B. ICU18

REG: 09/12/17

RESDR: (b)(6); (b)(7)(C)

ANENA

STATUS: ADM IN

BED: W

DIS:

17:CR:BC0011419S RES, Coll: 09/12/17-1530 Recd: 09/12/17-1619 (R#07673570) Fakhri, Alifiya
Source: BLOOD Desc: PERIPHERAL

Procedure

Result

Verified

Site

> BLOOD CULTURE Preliminary
NO GROWTH AFTER 12 HOURS

09/13/17-0419

Name: RUIZ, FELIPE

Age/Sex: 51/M

Acc

(b)(7)(E)

Unit#BH00861890

Specimen Inquiry Report

Conroe Regional Medical Center, Conroe TX

*** CONFIDENTIAL ***

Med. Director: (b)(6); (b)(7)(C)

AP#21190-01

PATIENT: RUIZ, FELIPE

ACCT# (b)(7)(E)

LOC: B ICU4

U#: BH00861890

FD: OD: ABBAL

AGE/SEX: 51/M

ROOM: B ICU18

REG: 09/12/17

RESDR: (b)(6); (b)(7)(C)

ANSNA

STATUS: ADM IN

BED: W

DIS:

17: CR: BC0011420S RES, Coll: 09/12/17-1530 Recd: 09/12/17-1619 (R#07673570) Fakhri, Alifiya
Source: BLOOD Desc: PERIPHERAL

Procedure	Result	Verified	Site
> BLOOD CULTURE Preliminary NO GROWTH AFTER 12 HOURS		09/13/17-0419	

Name: RUIZ, FELIPE

Age/Sex: 51/M

Acct

(b)(7)(E)

Unit# BH00861890

Specimen Inquiry Report

Conroe Regional Medical Center, Conroe TX

*** CONFIDENTIAL ***

Med. Director: (b)(6), (b)(7)(C)

CAP#21190-01

PATIENT: RUIZ, FELIPE

ACCT#: (b)(7)(E)

LOC: B-ICU4

U#: BH00861890

FD: OD: ABBAL

AGE/SX: 51/M

ROOM: B-ICU18

REG: 09/12/17

RESDR: (b)(6), (b)(7)(C)

ANSNA

STATUS: ADM IN

BED: W

DIS:

0913:CR:H00074R COMP, Coll: 09/13/17-0420 Recd: 09/13/17-0614 (R#07673571)

Test	Result	Flag	Reference	Site Verified
CBC				
> WBC	5.9		4.1-12.1 k/mm3	09/13/17-0649
> RBC	(b)(6), (b)(7)(C)	L	3.8-5.5 M/mm3	09/13/17-0649
> HGB	8.4	L	10.6-15.8 G/DL	09/13/17-0649
> HCT	23.8	L	36.0-47.4 %	09/13/17-0649
> MCV	91.5		80.1-101.1 fL	09/13/17-0649
> MCH	32.3		25.3-35.3 pg	09/13/17-0649
> MCHC	35.3	H	32.7-35.1 G/DL	09/13/17-0649
> RDW	18.3	H	12.2-16.4 %	09/13/17-0649
> RDW-SD	54.3	H	35.1-43.9 fL	09/13/17-0649
> PLT	35	*L	155-337 K/mm3	09/13/17-0649
ON 09/13/17 AT 0647, B.LAB.BRD CALLED TO ELAINA HULL. The report was confirmed by read back protocols Y/N: Y.				
> MPV	11.9	H	7.6-10.4 fL	09/13/17-0649
> NEUT %	67.6		37.8-82.6 %	09/13/17-0649
> IMM GRAN %	4.3	H	0.0-2.0 %	09/13/17-0649
> LYMPH %	13.6	L	14.1-45.4 %	09/13/17-0649
> MONO %	11.6		2.5-11.7 %	09/13/17-0649
> EOS %	2.7		0.0-6.2 %	09/13/17-0649
> BASO %	0.2		0.0-2.6 %	09/13/17-0649
> NRBC% per100WBC	0.3		0.0-1.0 /100WBC%	09/13/17-0649
> NEUT #	3.98		2.0-13.7 K/mm3	09/13/17-0649
> IMM GRAN #	0.25	H	0.00-0.03 K/mm3	09/13/17-0649
> LYMPH #	0.80		0.6-3.8 K/mm3	09/13/17-0649

Name: RUIZ, FELIPE Age/Sex: 51/M Acct: (b)(7)(E) Unit#BH00861890

SPEC #: 0913-CR-H00074R PATIENT: RUIZ, FELIPE (b)(7)(E) (Continued)

Test	Result	Flag	Reference	Site Verified
MONO #	0.68	H	0.11-0.59 K/mm ³	09/13/17-0649
EOS #	0.16		0.0-0.4 K/mm ³	09/13/17-0649
BASO #	0.01		0.0-0.1 K/mm ³	09/13/17-0649
NRBC#	0.02		0.00-0.05 K/mm ³	09/13/17-0649

Name: RUIZ, FELIPE Age/Sex: 51/M Acct# (b)(7)(E) Unit#BH00861890

Specimen Inquiry Report

Conroe Regional Medical Center, Conroe TX

*** CONFIDENTIAL ***

Med Director: (b)(6), (b)(7)(C)

CAP#21190-01

PATIENT: RUIZ, FELIPE

ACCT# (b)(7)(E)

LOC: B ICU4

U#: BH00861890

FD:

OD: ABBAL

AGE/SX: 51/M

ROOM: B ICU18

REG: 09/12/17

RESDR: (b)(6), (b)(7)(C)

ANSNA

STATUS: ADM IN

BED: W

DIS:

0913:CR:C00117R COMP, Coll: 09/13/17-0420 Recd: 09/13/17-0614 (R#07673571)

Test	Result	Flag	Reference	Site
<u>COMP METABOLIC</u>				
> NA	138.0		133-144 mmol/L	09/13/17-0653
> K	3.8		3.5-5.1 mmol/L	09/13/17-0653
> CL	107	H	95-105 mmol/L	09/13/17-0653
> CO2	23		21-32 mmol/L	09/13/17-0653
> ANION GAP	8.0		4.0-15.0 GAP calc	09/13/17-0653
> GLU	57	L	70-110 MG/DL	09/13/17-0653
> BUN	40	D H	7-18 MG/DL	09/13/17-0653
> GFR	100		>60 estGFR	09/13/17-0653
<p>The estimated glomerular filtration rate is computed using patient race, age, sex, and serum creatinine. If any of the needed data elements are missing the Laboratory can not compute an estimation of the glomerular filtration rate. The GFR value units = ml/min/1.73 meter squared. Estimated GFR values above 60 should be interpreted as >60, not an exact number.</p> <p>--- DRUG DOSAGE ALERT ---</p> <p>Drug dosage adjustments utilize different calculation parameters</p>				
> CREAT	0.81		0.55-1.30 MG/DL	09/13/17-0653
<p>Results may be depressed if patient is taking N-Acetylcysteine (NAC) and Metamizole (Dipyrone)</p>				
> T. PROT	4.8	L	6.4-8.2 G/DL	09/13/17-0653
> ALB	2.4	L	3.4-5.0 G/DL	09/13/17-0653
> A/G RATIO	1.0	L	1.2-2.2 RATIO	09/13/17-0653
> CA	7.5	L	8.5-10.1 MG/DL	09/13/17-0653
> BILT	3.15	H	0.00-1.00 MG/DL	09/13/17-0653
> BILD	1.78	H	0.00-0.30 MG/DL	09/13/17-0653
> BILI INDIRECT	1.37	H	0.2-1.3 MG/DL	09/13/17-0653
Name: RUIZ, FELIPE	Age/Sex: 51/M	Acc: (b)(7)(E)	Unit#BH00861890	

SPEC #: 0913.CR.C00117R

PATIENT: RUIZ, FELIPE

(b)(7)(E)

(Continued)

Test	Result	Flag	Reference	Site Verified
> AST	61	H	15-37 Unit/L	09/13/17-0653
> ALT	44		12-78 Unit/L	09/13/17-0653
> ALKP TOTAL	85		45-117 Unit/L	09/13/17-0653
> INDEX HEMOLYSIS	1 NORMAL <10 MG		1 NORMAL Index/DL	09/13/17-0653
> INDEX ICTERIC	2 TRACE 2-5 MG		1 NORMAL Index/DL	09/13/17-0653
> INDEX LIPEMIA	1 NORMAL <50 MG		1 NORMAL Index/DL	09/13/17-0653

Name: RUIZ, FELIPE

Age/Sex: 51/M

Acct

(b)(7)(E)

Lit#BH00861890

Specimen Inquiry Report

Conroe Regional Medical Center, Conroe TX

*** CONFIDENTIAL ***

Med. Director: (b)(6), (b)(7)(C)

CAP#21190-01

PATIENT: RUIZ, FELIPE

ACCT# (b)(7)(E)

LOC: B ICU4

U#: BH00861890

FD: (b)(6), (b)(7)(C) OD: ABBAL

AGE/SX: 51/M

ROOM: B ICU18

REG: 09/12/17

RESDR: (b)(6), (b)(7)(C)

ANSNA

STATUS: ADM IN

BED: W

DIS:

0913:CR:CG00015R COMP, Coll: 09/13/17-0420 Recd: 09/13/17-0614 (R#07673576)

Test	Result	Flag	Reference	Site Verified
<u>PT</u>				
> PT PATIENT	16.6	H	9.4-12.5 SECONDS	09/13/17-0702
> INR	1.46	H	0.85-1.11 INR Unit	09/13/17-0702
<p>-----</p> <p>Therapeutic range for INR is dependent upon the situation.</p> <p>2.0-3.0 Prophylaxis / venous thromboembolism, Treatment of DVT, Acute myocardial infarction stroke prevention, Systemic embolism prevention in fibrillation</p> <p>3.0-4.5 AMI recurrence prevention, Systemic embolism prevention in prosthetic heart</p> <p>3.0-5.4 AMI mortality reduction</p>				

Name: RUIZ, FELIPE Age/Sex: 51/M Acct: (b)(7)(E) Unit#BH00861890

0913-0004

CONROE REGIONAL MEDICAL CENTER
504 Medical Center Blvd.
Conroe, Texas 77304

PATIENT NAME: RUIZ, FELIPE
ACCOUNT NO: (b)(7)(E)
MEDICAL RECORD NO: BH00861890
REPORT TYPE: ELECTROCARDIOGRAM

ADMIT DATE: 09/12/17
ROOM NO: B.ICU18
AGE: 51
SEX: M

ADMITTING PHYSICIAN: (b)(6); (b)(7)(C)
ATTENDING PHYSICIAN: [Redacted]

Order:

20170912-0085

Test Reason : tropinemia at outside eR

Test Date/Time Stamp:

Tue Sep 12 2017 17:17:29

Blood Pressure : ***/*** mmHG

Vent. Rate : 070 BPM Atrial Rate : 070 BPM

P-R Int : 182 ms QRS Dur : 078 ms

QT Int : 416 ms P-R-T Axes : -14 009 032 degrees

QTc Int : 449 ms

Normal sinus rhythm n

Nonspecific ST and T wave abnormality

Abnormal ECG

No previous ECGs available

Confirmed by (b)(6); (b)(7)(C) on 9/13/2017 7:14:36 AM

Referred By: (b)(6); (b)(7)(C) Confirmed by: (b)(6); (b)(7)(C)

Electronically Signed by (b)(6); (b)(7)(C) 09/13/17 at 0714

PATIENT NAME (b)(6); (b)(7)(C)

ACCOUNT # (b)(7)(E)

0913-0071

CONROE REGIONAL MEDICAL CENTER
504 Medical Center Blvd.
Conroe, Texas 77304

PATIENT NAME: RUIZ, FELIPE
ACCOUNT N (b)(7)(E)
MEDICAL RECORD NO: BH00861890
REPORT TYPE: HISTORY AND PHYSICAL

ADMIT DATE: 09/12/17
ROOM NO: B.ICU18
AGE: 51
SEX: M

ADMITTING PHYSICIAN: (b)(6); (b)(7)(C)
ATTENDING PHYSICIAN:

ADMISSION DATE: 09/12/2017

ADDENDUM TO THE HISTORY AND PHYSICAL REPORT:

Confirmation #2035335

Please to assessment and plan after DVT prophylaxis.

Sepsis. The patient has significant leukocytosis with a WBC count of 15.1, renal failure, and the patient was tachycardic upon arrival with a heart rate of 108. We will initiate antibiotics. We will not give fluid liberally as the BNP level was more than 4000 at the outside ER. We will obtain x-ray and BNP level to reassess the fluid status. The patient does have symptoms of volume overload at present.

It has been a pleasure participating in the medical care of the patient. If you have any questions, please do not hesitate to call.

Dictated By (b)(6); (b)(7)(C)

WT: HP:B.HIM/(b)(6); NTS
DD: 09/12/2017 15:25:01
DT: 09/12/2017 19:14:36
Conf#: 2035363/DID#: 3991068

PATIENT NAME: RUIZ, FELIPE
ACCOUNT #: (b)(7)(E)

Specimen Inquiry Report

Conroe Regional Medical Center, Conroe TX

*** CONFIDENTIAL ***

Med Director: (b)(6), (b)(7)(C)

CAP#21190-01

PATIENT: RUIZ, FELIPE

ACCT#

(b)(7)(E)

LOC: B. ICU4

U#: BH00861890

FD:

OD: ABBAL

AGE/SX: 51/M

ROOM: B. ICU18

REG: 09/12/17

RESDR: (b)(6), (b)(7)(C)

ID

ANSNA

STATUS: ADM IN

BED: W

DIS:

17:CR:B0015805R RES, Coll: 09/12/17-1530 Recd: 09/12/17-1619 (R#07673572)
Source: URINE Desc: CLEAN CATCH

(b)(6), (b)(7)(C)

Procedure	Result	Verified	Site
> URINE CULTURE Preliminary ROUTINE WORKUP	<10,000 CFU/ML GRAM POSITIVE FLORA	09/13/17-0910	

Name: RUIZ, FELIPE

Age/Sex: 51/M

Acct

(b)(7)(E)

Unit#BH00861890

CONROE MEDICAL CENTER (COCCR)
Clinical Note
REPORT#:0913-0215 REPORT STATUS: Draft
DATE:09/13/17 TIME: 1024

PATIENT: RUIZ, FELIPE
ACCOUNT#: (b)(7)(E)
DOB: 06/26/66 AGE: 51 SEX: M
ADM DT: 09/12/17
MD

UNIT #: BH00861890
ROOM/BED: B. ICU18-W
ATTEND: (b)(6); (b)(7)(C)
AUTHOR:

* ALL edits or amendments must be made on the electronic/computer document *

Clinical Note

Note:

Seen 9/13
See consult
Admitted with GI bleed hypotension
Denies chest pain
Trop mildly elevated
EKG normal
No H/O CAD
stress test when Hb close to 10

RPT #:0913-0215
END OF REPORT

0913-0071

CONROE REGIONAL MEDICAL CENTER
504 Medical Center Blvd.
Conroe, Texas 77304

PATIENT NAME: RUIZ, FELIPE
ACCOUNT NO: (b)(7)(E)
MEDICAL RECORD NO: BH00861899
REPORT TYPE: HISTORY AND PHYSICAL

ADMIT DATE: 09/12/17
ROOM NO: B.ICJ18
AGE: 51
SEX: M

ADMITTING PHYSICIAN: (b)(6); (b)(7)(C)
ATTENDING PHYSICIAN: (b)(6); (b)(7)(C)

ADMISSION DATE: 09/12/2017

ADDENDUM TO THE HISTORY AND PHYSICAL REPORT:

Confirmation #2035335

Please re assessment and plan after DVT prophylaxis.

Sepsis. The patient has significant leukocytosis with a WBC count of 15.1, renal failure, and the patient was tachycardic upon arrival with a heart rate of 108. We will initiate antibiotics. We will not give fluid liberally as the BNP level was more than 4000 at the outside ER. We will obtain x-ray and BNP level to reassess the fluid status. The patient does have symptoms of volume overload at present.

It has been a pleasure participating in the medical care of the patient. If you have any questions, please do not hesitate to call.

Dictated By: (b)(6); (b)(7)(C)

WR: HP:B.HIM/(b)(6) JTS
DD: 09/12/2017 15:25:01
DT: 09/12/2017 19:14:36
Conf#: 2035363/DID#: 3991068

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #

(b)(7)(E)

RUIZ, FELIPE

NURS: B. ICU4

MR: BHC0861890

ACCT: (b)(7)(E)

BED: B. ICU18-W

(b)(6); (b)(7)(C)

SEX: M DOB: 06/26/66 AGE: 51

ADMIT: 09/12/17

ATTN DR

This report is NOT part of the permanent medical record process per Company Policy.

NOTE: Truncated results are preceded by '-->'. Please Consult chart for entire result.

ALLERGIES

Coded Allergies Reaction

No Known Allergies

MED	CURRENT MEDICATIONS			(*D = Deactivated Order)		
	DOSE	SIG/SCH	ROUTE	START	STOP	ST
CARDENE-NACL 50 MG/250 ML IV	250 ML	ASDIR	IV	09/12	10/12	
CHRONULAC 20 GM/30 ML	30 ML	BID	PO	09/12	10/12	
DESYREL	50 MG	BEDTIME	PO	09/12	10/12	
POLVITE	1 MG	DAILY	PO	09/13	10/13	
LEVAQUIN 500MG/100ML	100 ML	Q24H	IV	09/12	09/19	
MORPHINE SULFATE	1 MG	-->Q4H PRN	IV	09/12	10/12	
NORMAL SALINE 250 ML	250 ML	ASDIR/PRN	IV	09/12	10/12	
NORMAL SALINE 250 ML	250 ML	ASDIR	IV	09/12	09/13	
PROFONIX	40 MG	Q12HR	IV	09/12	10/12	
SODIUM CHLORIDE 0.9% 1000 ML	1000 ML	Q13H20M	IV	09/12	10/12	
SODIUM CHLORIDE 0.9% 20ML	10 ML	ASDIR	IV	09/12	10/12	
TOPROL XL	12.5 MG	DAILY	PO	09/12	10/12	
TRANDATE	10 MG	-->Q4H PRN	IV	09/12	10/12	
ZOPRAN	4 MG	-->Q4H PRN	IV	09/12	10/12	
ZOLOFT	100 MG	DAILY	PO	09/12	10/12	

RADIOLOGY IMPRESSIONS - FROM: 09/12/17 TO: 09/13/17

09/12/17 - ULTRASOUND - US ABDOMEN LTD REPORT STATUS: Signed

Dictated by Physician (b)(6); (b)(7)(C) : 281-241 (b)(6);

Impression:

1. Markedly limited examination due to poor beam penetration. The liver, gallbladder, common bile duct and pancreas are inadequately visualized on this examination.
2. Unremarkable right kidney and visualized portions of the abdominal aorta and IVC.

LABORATORY INFORMATION - FROM: 09/12/17 0000 TO: 09/13/17 0236

09/12/17	09/12/17	09/12/17	09/12/17
20:20	15:30	12:00	11:55

HEMATOLOGY

WBC	8.9	H	15.1
RBC	L 2.79	L	3.50
HGB	L 9.0		11.2

HCT	L 24.6	L 30.1
MCV	88.5	86.0
MCH	32.4	32.0
MCHC	H 36.6	H 37.2
RDW	H 17.2	H 17.2
RDW-SD	H 50.6	H 49.1
PLT	L 55	*L 27
MPV	H 11.1	10.3
GRAN %	69.9	65.8
IMM GRAN %	H 4.9	H 7.2

LABORATORY INFORMATION - FROM: 09/12/17 8008 TO: 09/13/17 0236

09/12/17	09/12/17	09/12/17	09/12/17
20:20	15:30	12:00	11:55

LYMPH %	L 11.4	L 12.1
MONO %	H 11.9	H 12.7
EOS %	1.8	1.7
BASO %	0.1	0.5
NRBC%	0.8	H 1.7
GRAN #	6.21	H 9.95
IMM GRAN #	H 0.44	H 1.06
LYMPH #	1.01	1.82
MONO #	H 1.06	H 1.91
EOS #	0.16	0.25
BASO #	0.01	0.08
NRBC#	H 0.07	H 0.25
MAN DIFF NEEDED		-->MAN DIFF
TOTAL CELLS		100
SEC		73
LYMPH		L 12
MONOCYTE		H 14
EOS		1
NRBC		H 7
POLYCHROM		SLIGHT
HYP		SLIGHT
POIK		SLIGHT
ANISO		SLIGHT
OVALOCYTES		FEW
SCHISTO		RARE
TOXIC GRANULAT		SLIGHT
ACANTHOCYTES		RARE
PLT EST		L MRK DECR
PLT MORPH		LARGE RARE
COAGULATION		
PT PATIENT		H 17.3
INR		H 1.52
PTT		29.4
CHEMISTRY		
NA		133.0
K		4.2
CL		102
CO2		24

ANION GAP		7.0
GLU		H 132
BUN		H 67
GFR		L 55
CREAT		H 1.36
T.PROT		L 5.4
ALB		L 2.9
A/G RATIO		1.2
CA		L 7.8
BILT		H 6.56
BILE		H 3.35
BILI INDIRECT		H 3.21
AST		E 81
ALT		49
ALKP TOTAL		107
AMM	*H	90.0
BNF	H	226.59
CKMB	H	4.9
TROPI	*H	0.270
INDEX HEMOLYSIS		-->2 TRACE 1
INDEX ICTERIC		-->3 SMALL

This report is NOT part of the permanent medical record -process per Company Policy.

NOTE: Truncated results are preceded by '-->'. Please Consult chart for entire result.

LABORATORY INFORMATION - FROM: 09/12/17 0000 TO: 09/13/17 0236

09/12/17	09/12/17	09/12/17	09/12/17
20:20	15:30	12:00	11:55
-----	-----	-----	-----

INDEX LIPEMIA		-->1 NORMAL
SEROLOGY		
HAVMAB	-->NonReacti	
HBSAG	>NEG NONRE	
HB CORE IGM	-->NonReacti	
HCVAB	NR	

Vital Signs - FROM: 09/12/17 0000 TO: 09/13/17 0236

09/13/17	09/13/17	09/13/17	09/12/17
02:00	01:00	00:00	23:00
-----	-----	-----	-----

Temp F				
Temp C				
Pulse	59	58	64	75
Resp	13	12	17	30
B/P:	87/51	86/50	96/53	99/58
SPO2%	94	94	97	97

09/12/17	09/12/17	09/12/17	09/12/17
22:10	22:00	21:45	21:30
-----	-----	-----	-----

Temp F				
Temp C				
Pulse	62	63	66	64
Resp	15	16	16	16
B/P:		90/53		
SPO2%	97	98	98	97

09/12/17	09/12/17	09/12/17	09/12/17
21:15	21:01	21:00	20:45

Temp F				
Temp C				
Pulse	67	83	77	66
Resp	17	30	29	13
B/P:		92/66		
SPO2%	96	93	95	95

09/12/17	09/12/17	09/12/17	09/12/17
20:30	20:15	20:00	19:45

Temp F				
Temp C				
Pulse	68	68	68	69
Resp	16	15	17	44
B/P:			106/56	
SPO2%	95	96	96	95

Vital Signs - FROM: 09/12/17 0000 TO: 09/13/17 0236

09/12/17	09/12/17	09/12/17	09/12/17
19:36	19:30	19:15	19:00

Temp F				
Temp C				
Pulse	67	68	69	69
Resp	30	27	17	17
B/P:				111/59
SPO2%	96	97	98	98

09/12/17	09/12/17	09/12/17	09/12/17
18:45	18:38	18:30	18:16

Temp F		98.2		98.6
Temp C		36.8		37.0
Pulse	68	76	72	74
Resp	17	17	26	18
B/P:		101/55		101/55
SPO2%	98	100	98	100

09/12/17	09/12/17	09/12/17	09/12/17
18:15	18:00	17:35	17:00

Temp F			98.5
--------	--	--	------

Temp C			36.9	
Pulse	76	73	73	74
Resp	20	25	18	21
B/P:		101/55	111/59	111/59
SPO2%	98	99	98	99

09/12/17	09/12/17	09/12/17	09/12/17
16:00	15:00	14:47	14:30

Temp F	98.3			
Temp C				
Pulse	78	80		84
Resp	29	18		18
B/P:	117/59	116/56		118/55
SPO2%	97	96	100	96

09/12/17	09/12/17	09/12/17	09/12/17
14:15	14:00	13:45	13:30

Temp F				
Temp C				
Pulse	86	88	84	87
Resp	18	19	14	15
B/P:	113/59	117/58	114/55	113/58
SPO2%	96	97	96	97

09/12/17	09/12/17	09/12/17	09/12/17
13:15	13:00	12:45	12:30

Temp F				
Temp C				
Pulse	95	90	92	91
Resp	20	16	15	16
B/P:	108/57	100/55	113/57	118/55
SPO2%	97	96	96	96

This report is NOT part of the permanent medical record -process per Company Policy.

NOTE: Truncated results are preceded by '-->'. Please Consult chart for entire result.

Vital Signs - FROM: 09/12/17 0900 TO: 09/13/17 0236

09/12/17	09/12/17	09/12/17	09/12/17
12:15	12:01	11:45	11:30

Temp F				
Temp C				
Pulse	96	108	97	100
Resp	19	29	18	21
B/P:	123/58	134/62	114/58	122/59
SPO2%	96	97	99	99

	09/12/17 11:15	09/12/17 11:00	09/12/17 10:45	09/12/17 10:30
Temp F				
Temp C				
Pulse	104	100	99	105
Resp	51	24	25	31
B/P:	120/58	134/55	135/65	142/71
SPO2%	99	100	100	100

	09/12/17 10:15	09/12/17 10:01	09/12/17 10:00	09/12/17 09:52
Temp F				
Temp C				
Pulse	93	90	87	82
Resp	25	25	19	22
B/P:	137/60	186/78	201/91	218/105
SPO2%	100	100	100	100

	09/12/17 09:51	09/12/17 09:47	09/12/17 09:45	09/12/17 09:31
Temp F				
Temp C				
Pulse	93	80	82	75
Resp	47	16	26	18
B/P:	211/104	194/94	203/95	170/90
SPO2%	100	100	100	100

	09/12/17 09:30	09/12/17 09:15	09/12/17 09:13	09/12/17 09:02
Temp F				
Temp C				
Pulse	77	76	77	84
Resp	16	18	18	23
B/P:	182/92	173/92	184/87	184/95
SPO2%	100	100	100	100

Vital Signs - FROM: 09/12/17 0000 TO: 09/13/17 0236
 09/12/17
 09:01

Temp F	
Temp C	
Pulse	93
Resp	48
B/P:	181/107
SPO2%	100

	I/O - FROM: 09/12/17 0700		TO: 09/13/17 0700		
INTAKE	0700 - 1500	1500 - 2300	2300 - 0700	0700	24 HR TOTAL
IV #1:		825			825
IVPBs :		100			100
IV #2:		45			45
IV #3:		75			75
Eld Produc		520			520
TOTAL		1565			1565
OUTPUT	0700 - 1500	1500 - 2300	2300 - 0700		24 HR TOTAL
Urine		900			900
TOTAL		900			900
FLUID BALANCE	-----	665	-----	-----	665

0912 0324

CONROE REGIONAL MEDICAL CENTER
504 Medical Center Blvd.
Conroe, Texas 77304

PATIENT NAME: RUIZ, FELIPE
ACCOUNT NO: (b)(7)(E)
MEDICAL RECORD NO: BH00861890
REPORT TYPE: HISTORY AND PHYSICAL

ADMIT DATE: 09/12/17
ROOM NO: B.ICU18
AGE: 51
SEX: M

ADMITTING PHYSICIAN: (b)(6); (b)(7)(C)
ATTENDING PHYSICIAN:

ADMISSION DATE: 09/12/2017

PRIMARY CARE PHYSICIAN: None. The patient is from immigration jail center.

CHIEF COMPLAINT: Hematemesis.

HISTORY OF PRESENT ILLNESS: The patient is a 51-year-old Hispanic incarcerated male, who was taken to Livingston Memorial Emergency Room with complaints of abdominal pain, right flank pain, and hematemesis. He has a past medical history significant for nonalcoholic liver cirrhosis, generalized anxiety disorder, and depression. He was in his usual state of health until early morning, he complained of abdominal pain, right flank pain and started throwing up blood. His hemoglobin level at the Livingston ER was fairly stable at 12.5 and hematocrit was 33.2. He was started on Sandostatin drip and then transferred to Conroe Regional Medical Center ICU for further care. Of note, his platelet level significantly decreased to 18,000.

FAST MEDICAL HISTORY: As mentioned above, which includes,

1. Nonalcoholic liver cirrhosis.
2. Depression.
3. Generalized anxiety disorder.

FAST SURGICAL HISTORY: None.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS FROM JAIL: Reviewed. These include folic acid 1 mg daily, Zoloft 100 mg daily, trazodone 50 mg at bedtime, Aldactone 25 mg b.i.d., and omeprazole 40 mg daily.

SOCIAL HISTORY: The patient is incarcerated. He is originally from Florida; however, because of the flooding, he was transferred to Texas Jail.

FAMILY HISTORY: The patient is unaware of any medical problems running in the family.

REVIEW OF SYSTEMS:

GENERAL: Positive for malaise and fatigue.

HEENT: No headaches.

CARDIOVASCULAR: No active chest pain.

RESPIRATORY: No shortness of breath.

GASTROINTESTINAL: He presents with right upper quadrant abdominal pain and

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: (b)(7)(E)

hematemesis.

GENITOURINARY: Denies dysuria or hematuria.

MUSCULOSKELETAL: No active joint pain.

NEUROLOGICAL: He is moving all 4 extremities. Speech appears to be clear.

PSYCHIATRIC: He has history of depression.

LABORATORY AND DIAGNOSTIC DATA: From Livingston ER, sodium 127, potassium 4.3, EUN 85, and creatinine 1.5. Albumin decreased to 3.3. AST 132, ALT 69, ALKP 123, and total bilirubin 10.8. CPK elevated at 322. Lipase mildly elevated at 367. BNP elevated at 4850. PTT 22.1. Troponin I 0.076. WBC 14.2B, hemoglobin 12.5, hematocrit 33.2, and platelets decreased to 18.

ASSESSMENT AND PLAN: A 51-year old incarcerated Hispanic male with history of nonalcoholic liver cirrhosis, now presents with:

1. Gastrointestinal bleed. Differential diagnosis could be variceal, esophageal, or gastric bleeding versus peptic ulcer disease versus gastritis. The patient has been started on octreotide drip. We will also initiate IV PPI and monitor hemoglobin/hematocrit levels, so far are stable. GI consultation has been requested for evaluation of possible EGD.
2. Right upper quadrant abdominal pain. We will check hepatitis panel and right upper quadrant ultrasound.
3. Renal failure, unknown acute or chronic. We will hold Aldactone and other nephrotoxic medications. Could be in the setting of gastrointestinal bleed.
4. Mild troponinemia at the Livingston ER with a troponin level of 0.076. Could be in the setting of stress, gastrointestinal bleed. We will monitor troponin levels over here and also monitor EKG. We will hold antiplatelets secondary to active gastrointestinal bleed.
5. Jaundice with elevated total bilirubin of 6.56 in the setting of liver cirrhosis. Once again, check hepatitis panel. GI has been consulted.
6. Severe thrombocytopenia secondary to liver cirrhosis. The patient will need platelet transfusion prior to EGD.
7. Depression. Continue home regimen of sertraline and trazodone.
8. Uncontrolled hypertension. The patient is on Cardene drip. Lisinopril was initiated. We will titrate medications as needed. We will discontinue lisinopril in view of renal failure and initiate beta blocker in view of history of liver cirrhosis.
9. GI and deep vein thrombosis prophylaxis to be achieved with Protonix/SCDs. Unable to give any blood thinners due to active gastrointestinal bleed.

Case discussed with the patient, the guards, and the RN in detail.

It has been a pleasure participating in the medical care of the patient. If you have any questions, please do not hesitate to call.

Dictated By (b)(6); (b)(7)(C)

WT: EP:R.HIM (b)(6); NTS
DD: 09/12/2017 15:22:12

PATIENT NAME: RUIZ, FRIEPE

ACCOUNT # (b)(7)(E)

DT: 09/12/2017 19:48:10

Conf#: 2035335/CID#: 3991040

PATIENT NAME: RUIZ, FELIPE

ACCOUNT # (b)(7)(E)

Patient Name: RUIZ, FELIPE

Unit No: RH09861890

EXAMS:
020697791 US ABDOMEN LTD

CPT CODE:
76705

Site:R16

Limited Abdominal Ultrasound

History: Right upper quadrant abdominal pain, history of nonalcoholic liver cirrhosis.

Comparison: No prior similar studies are available for comparison.

Technique: Gray scale and color Doppler imaging were utilized.

Findings:

This examination is markedly limited due to poor beam penetration.

The liver measures 15.2 cm in length. Evaluation of the liver is markedly limited. The main portal vein is not well visualized.

The gallbladder is not well-visualized. Sonographic Murphy sign is negative.

The common bile duct is not identified on this examination.

The right kidney measures 12.9 x 5.8 x 4.2 cm, with a cortical thickness measuring 1.9 cm. It demonstrates no hydronephrosis, nephrolithiasis or cortical thinning.

The pancreas is not visualized.

The visualized portions of the abdominal aorta and IVC are unremarkable.

There is no evidence of ascites.

Impression:

1. Markedly limited examination due to poor beam penetration. The liver, gallbladder, common bile duct and pancreas are inadequately visualized on this examination.
2. Unremarkable right kidney and visualized portions of the abdominal aorta and IVC.

** Electronically Signed by Robert Hang MD on 09/12/2017 at 1909 **
Reported and signed by (b)(6); (b)(7)(C)

CC: (b)(6); (b)(7)(C)

Technologist: (b)(6); (b)(7)(C) Agency
Transcrbd D/T: 09/12/2017 (1909) t.SDR.RH16
Orig Print D/T: S: 09/12/2017 (1913) Probe:

CONROE MED CTR IN/OBS
MEDICAL IMAGING
504 MEDICAL CENTER BLVD
CONROE, TEXAS 77304
PHONE #: 936-539-(b)(6)
FAX #: 936-539-7681

NAME: RUIZ, FELIPE
PHYS: (b)(6); (b)(7)(C)
DOB: 06/26/1966 AGE: 51 SEX: M
ACCT: (b)(7)(E) LOC: B.ICU19 W
EXAM DATE: 09/12/2017 STATUS: ADM IN
RAD NO:

Specimen Inquiry Report

*** CONFIDENTIAL ***

Conroe

Med. Director:

(b)(6), (b)(7)(C)

Center, Conroe TX

CAP#21190-01

PATIENT: RUIZ, FELIPE

ACCT#

(b)(7)(E)

LOC: H ICU4

UP: BR00861090

ED: (b)(6), (b)(7)(C) MD: ABBAL

AGE/SEX: 51/M

ROOM: H ICU18

REG: 09/12/17

ANSNA

STATUS: ADM IN

BED: W

DIS:

0914:CR:H00071R COMP, Coll: 09/14/17-0450 Recd: 09/14/17-0503 (R#07674936)

Test	Result	Flag	Reference	Site	Verified
CBC					
> WBC	3.5	L	4.1-12.1 k/mm3		09/14/17-0542
> RBC	2.74	L	3.8-5.5 M/mm3		09/14/17-0542
> HGB	8.7	L	10.6-15.8 G/DL		09/14/17-0542
> HCT	25.5	L	36.0-47.4 %		09/14/17-0542
> MCV	93.1		80.1-101.1 fL		09/14/17-0542
> MCH	31.8		25.3-35.3 pg		09/14/17-0542
> MCHC	34.1		32.7-35.1 G/DL		09/14/17-0542
> RDW	18.7	H	12.2-16.4 %		09/14/17-0542
> RDW-SD	53.2	H	35.1-43.9 fL		09/14/17-0542
> PLT	33	*L	155-337 K/mm3		09/14/17-0542
Critical values after the first occurrence are excluded from call documentation requirements for this analyte due to the patient diagnosis or therapy protocols.					
> MPV	11.3	H	7.6-10.4 fL		09/14/17-0542
> NEUT %	56.4		37.8-82.6 %		09/14/17-0542
> IMM GRAN %	2.8	H	0.0-2.0 %		09/14/17-0542
> LYMPH %	27.1		14.1-45.4 %		09/14/17-0542
> MONO %	9.1		2.5-11.7 %		09/14/17-0542
> EOS %	4.6		0.0-6.2 %		09/14/17-0542
> BASO %	0.6		0.0-2.6 %		09/14/17-0542
> NRBC% per100WBC	0.0		0.0-1.0 /100WBC		09/14/17-0542
> NEUT #	1.98	L	2.0-13.7 K/mm3		09/14/17-0542
> IMM GRAN #	0.10	H	0.0-0.03 K/mm3		09/14/17-0542
> LYMPH #	0.95		0.6-3.0 K/mm3		09/14/17-0542
Name: RUIZ, FELIPE Age/Sex: 51/M Acc: (b)(7)(E) Unit# BR00861090					

SPEC #: 0914 CR H00071R

PATIENT: RUIZ, FELIPE

(b)(7)(E)

(Continued)

Test	Result	Flag	Reference	Site
MONO #	0.32		0.11-0.59 K/mm ³	09/14/17-0542
EOS #	0.16		0.0-0.4 K/mm ³	09/14/17-0542
PLAC #	0.00		0.0-0.1 K/mm ³	09/14/17-0542
NRECH	0.00		0.00-0.05 K/mm ³	09/14/17-0542

Name: RUIZ, FELIPE

Age/Sex: 51/M

(b)(7)(E)

Order# BH00861890

EGD

PATIENT NAME: RUIZ, FELIPE
ACCOUNT NO: (b)(7)(F)
MEDICAL RECORD NO: BH00861890
REPORT TYPE: ENDOWORKS REPORT

ADMIT DATE: 09/12/17
ROOM NO: B.ICU18
AGE: 51
SEX: M

ADMITTING PHYSICIAN (b)(6); (b)(7)(C)
ATTENDING PHYSICIAN

Indications: Hematemesis (578.0).

Consent: The benefits, risks, and alternatives to the procedure were discussed and informed consent was obtained from the patient.

Pre-Sedation Assessment: H and P completed, I have examined the patient on this date and have reviewed the medical history, drug history, and previous anesthesia experience. Results of the relevant diagnostic studies have been reviewed. Planned choice of anesthesia, risk, complications, benefits and alternatives have been discussed.

Preparation: EKG, pulse, pulse oximetry, and blood pressure were monitored throughout the procedure. An intravenous line was inserted. The patient was kept NPO.

Medications: See anesthesia report.

Procedure: The gastroscope was passed through the mouth under direct visualization and was advanced with ease to the 2nd portion of the duodenum. The scope was withdrawn and the mucosa was carefully examined. The views were good.

Findings: Esophagus: The proximal third of the esophagus, middle third of the esophagus, and distal third of the esophagus appeared to be normal. Stomach: Hypertensive portal gastropathy was found in the fundus, body of the stomach, and antrum. Duodenum: Patchy erythema in bulb and 2nd portion.

Specimens Sent: None, unless otherwise noted.

Estimated Blood Loss: Insignificant.

Unplanned Events: There were no unplanned events.

Summary: Normal proximal third of the esophagus, middle third of the esophagus, and distal third of the esophagus. Hypertensive portal gastropathy was found in the fundus, body of the stomach, and antrum (572.8). Patchy erythema in bulb and 2nd portion.

Recommendations: Avoid all non-steroidal anti-inflammatory drugs (NSAID's) including but not limited to Aspirin, Ibuprofen, Advil, Motrin, and Nuprin. Return to floor. Resume low salt diet as tolerated. Continue current medications. PPI 20 mg daily.

PATIENT NAME: RUIZ, FELIPE ACCOUNT # (b)(7)(E)

Assisted By: The procedure was assisted by N/A.

Procedure Codes: [43235] EGD
Version 1, electronically signed by Dr. [REDACTED] M.D. on 09/13/2017 at
07:42 AM.

Electronically Signed by [REDACTED] on 09/13/17 at 0742

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: [REDACTED]

Patient Care Inquiry (PCI: OE Database COCCR)

Run: 09/13/17-11:21 by [REDACTED] 2020-ICLI-00006 4545

Patient: RUIZ, FELIPE

Unit#: BH00861890

Date: 09/12/17

(b)(7)(E)

Acct#:

Potassium (3.5 - 5.1 mmol/L)		4.2
Chloride (95 - 105 mmol/L)		102
Carbon Dioxide (21 - 32 mmol/L)		24
Anion Gap (4.0 - 15.0 CAP calc)		7.0
BUN (7 - 18 MG/DL)		67 H
Creatinine (0.55 - 1.30 MG/DL)		1.36 H
Glomerular Filtr Rate (>60 estGFR)		55 L
Glucose (70 - 110 MG/DL)	132 H	
Calcium (8.5 - 10.1 MG/DL)		7.8 L
Total Bilirubin (0.00 - 1.00 MG/DL)		6.56 H
Direct Bilirubin (0.00 - 0.30 MG/DL)		3.35 H
Indirect Bilirubin (0.2 - 1.3 MG/DL)	3.21 H	
AST (15 - 37 Unit/L)		81 H
ALT (12 - 78 Unit/L)		49
Total Alk Phosphatase (45 - 117 Unit/L)		107
Total Protein (6.4 - 8.2 G/DL)		5.4 L
Albumin (3.4 - 5.0 G/DL)		2.9 L
Albumin/Globulin Ratio (1.2 - 2.2 RATIO)		1.2
Specimen Appearance (1 NORMAL Index/DL)	3 SMALL	5-10 MG
Specimen Hemolysis (1 NORMAL Index/DL)	2 TRACE	10-25 MG

Laboratory Tests

	09/12 1200
Coagulation	
PT (9.4 - 12.5 SECONDS)	17.3 H
INR (0.85 - 1.11 INR Unit)	1.52 H
PTT (Dade) (24 - 37.7 SECONDS)	29.4

Laboratory Tests

	09/12 1200
Hematology	
WBC (4.1 - 12.1 k/mm3)	15.1 H
RBC (3.8 - 5.5 M/mm3)	3.50 L
Hgb (10.6 - 15.8 G/DL)	11.2
Hct (36.0 - 47.4 %)	30.1 L
MCV (80.1 - 101.1 fL)	86.0
MCH (25.3 - 35.3 pg)	32.0
MCHC (32.7 - 35.1 G/DL)	37.2 H
RDW (12.2 - 16.4 %)	17.2 H
Plt Count (155 - 337 K/mm3)	27 *L
MPV (7.6 - 10.4 fL)	10.3

Patient: RUIZ, FELIPE
 Unit#: BH00861890
 Date: 09/12/17

Acct#:

(b)(7)(E)

Gran % (37.8 - 82.6 %)		65.8
Lymph % (Auto) (14.1 - 45.4 %)		12.1 L
Mono % (Auto) (2.5 - 11.7 %)		12.7 H
Eos % (Auto) (0.0 - 6.2 %)		1.7
Baso % (Auto) (0.0 - 2.6 %)	0.5	
Gran # (2.0 - 13.7 K/mm3)		9.95 H
Lymph # (Auto) (0.6 - 3.8 K/mm3)		1.82
Mono # (Auto) (0.11 - 0.59 K/mm3)		1.91 H
Eos # (Auto) (0.0 - 0.4 K/mm3)		0.25
Baso # (Auto) (0.0 - 0.1 K/mm3)		0.08
Add Manual Diff (CRITERIA DIFF/SCN)	MAN DIFF INDICATED	
Total Counted (100 #CELLS)		100
Immature Gran % (0.0 - 2.0 %)		7.2 H
Seg Neutrophils % (40 - 75 %)		73
Lymphocytes % (Manual) (12.6 - 43.5 %)		12 L
Monocytes % (Manual) (4.2 - 12.7 %)		14 H
Eosinophils % (Manual) (0.0 - 5.2 %)		1
Nucleated RBC % (0.0 - 1.0 /100WBC%)		1.7 H
Nucleated RBCs # (0.00 - 0.05 K/mm3)		0.25 H
Toxic Granulation (NONE ON SCAN)	SLIGHT	
Platelet Estimate (ADEQUATE ON SCAN)	MRK DECR L	
Plt Morphology Comment (NORMAL PLTS ON SCAN)	LARGE RARE	
Polychromasia (NONE ON SCAN)	SLIGHT	
Hypochromasia (NONE ON SCAN)	SLIGHT	
Poikilocytosis (NONE ON SCAN)	SLIGHT	
Anisocytosis (NONE ON SCAN)	SLIGHT	
Ovalocytes (NONE ON SCAN)	FEW	
Acanthocytes (Spur) (NONE ON SCAN)	RARE	
Schistocytes (NONE ON SCAN)	RARE	

Diagnosis, Assessment & Plan

Free Text A&P:

GI Bleed: management per GI
 hypotension : better.

RPT #: 0912-0575
 END OF REPORT

Patient: RUIZ, FELIPE
 Unit#: BH00861890
 Date: 09/12/17

Acct#:

(b)(7)(E)

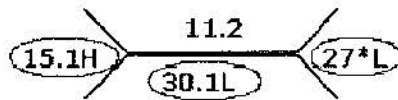
Nicardipine/Sodium Chloride 250 ML .STK-MED ONE IV (DC)

General appearance: alert, awake
Head/eyes: normocephalic, PERRL, EOML, clear cornea
Neck: full range of motion, non-tender, normal thyroid, supple/no meningismus, no bruit/NL carotids, no JVD, no lymphadenopathy
Cardiovascular: regular rate & rhythm
Respiratory/chest: decreased breath sounds
Abdomen: soft, non-tender, no distention, no guarding, no mass/organomegaly, no rebound
Extremities: moves all, normal capillary refill, no edema
Musculoskeletal: full range of motion, normal inspection

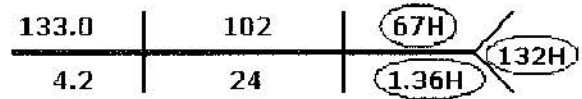
Results

Findings/Data:
 Laboratory Tests

09/12/17 1200:



09/12/17 1155:



Laboratory Tests

	09/12 1530	09/12 1530	09/12 1530
Chemistry			
Ammonia (11.0 - 32.0 mcMOL/L)			90.0 *H
CK-MB (CK-2) (1.0 - 3.6 NG/ML)	4.9 H		
Troponin I (0.000 - 0.045 NG/ML)	0.270 *H		
B-Natriuretic Peptide (0.00 - 100.00 PG/ML)		226.59 H	

	09/12 1155
Chemistry	
Sodium (133 - 144 mmol/L)	133.0

CONROE MEDICAL CENTER (COCCR)
Pulmonology Progress Note
REPORT#: 0912-0575 REPORT STATUS: Draft
DATE: 09/12/17 TIME: 1714

PATIENT: RUIZ, FELIPE
ACCOUNT#: (b)(7)(E)
DOB: 06/26/66 AGE: 51 SEX: M
ADM DT: 09/12/17
UNIT #: BH00861890
ROOM/BED: B.ICU18-W
ATTEND: (b)(6); (b)(7)(C)
AUTHOR: (b)(6); (b)(7)(C)

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Chief Complaint:
RFC: GI bleed/ICu management.

Objective

Physical Exam

VS/I&O:
Last Documented:

	Result	Date Time
Temp	98.3	09/12 1600
Pulse Ox	100	09/12 1447
O2 Flow Rate	2	09/12 1447
B/P	117/58	09/12 1400
Pulse	88	09/12 1400
Resp	19	09/12 1400

Medications:

Active Meds + DC'd Last 24 Hrs
Folic Acid 1 MG DAILY PO
Lactulose 30 ML BID PO (CKD)
Pantoprazole 40 MG Q12HR IV
Trazodone HCl 50 MG BEDTIME PO
Metoprolol Succinate 12.5 MG DAILY PO
Sertraline HCl 100 MG DAILY PO
Sodium Chloride 250 ML ASDIR IV
Labetalol HCl 10 MG Q4H PRN PRN IV
Levofloxacin 100 ML Q24H IV
Morphine Sulfate 1 MG Q4H PRN PRN IV
Ondansetron HCl 4 MG Q4H PRN PRN IV
Sodium Chloride 250 ML ASDIR PRN IV
Sodium Chloride 10 ML ASDIR IV
Sodium Chloride 1,000 ML Q13H20M IV
Lisinopril 20 MG DAILY PO (DC)
Nicardipine/Sodium Chloride 250 ML ASDIR IV

Specimen Inquiry Report

Conroe Regional Medical Center, Conroe TX

*** CONFIDENTIAL ***

Med. Director: (b)(6), (b)(7)(C)

CAP#21190-01

PATIENT: RUIZ, FELIPE

ACCT# (b)(7)(E)

LOC: B ICU4

U#: BH00861890

FD: (b)(6), (b)(7)(C) OD: ASSAL

AGE/SX: 51/M

ROOM: B ICU18

REG: 09/12/17

RESDR: (b)(6), (b)(7)(C)

MD ANSNA

STATUS: ADM IN

BED: W

DIS:

0912:CR:S00025R COMP, Coll: 09/12/17-1530 Recd: 09/12/17-1619 (R#07673575)

Test	Result	Flag	Reference	Site Verified
<u>HEPACUTE</u>				
> HAVMAE	NonReactive		Nonreactive SCREEN	09/12/17-1750
> HBSAG	NEG-NONREAC		Nonreactive SCREEN	09/12/17-1750
> HB CORE IGM	NonReactive		Nonreactive SCREEN	09/12/17-1750
> HCVAB	NR		Nonreactive SCREEN	09/12/17-1750

Name: RUIZ, FELIPE

Age/Sex: 51/M

Acct#

(b)(7)(E)

Unit#BH00861890

CONROE MEDICAL CENTER (COCCR)

Clinical Note

REPORT#: 0912-0490 REPORT STATUS: Signed

DATE: 09/12/17 TIME: 1522

PATIENT: RUIZ, FELIPE

ACCOUNT#: (b)(7)(E)

DOB: 06/26/66 AGE: 51

SEX: M

ADM DT: 09/12/17

UNIT #: BH00861890

ROOM/BED: B. ICU18-W

ATTEND: (b)(6); (b)(7)(C)

AUTHOR:

* ALL edits or amendments must be made on the electronic/computer document *

****See Addendum****

Clinical Note

Note:

2035335

Electronically Signed by (b)(6); (b)(7)(C) on 09/12/17 at 1522

Addendum 1: 09/12/17 1524 by (b)(6); (b)(7)(C)

2035363

Electronically Signed by (b)(6); (b)(7)(C) on 09/12/17 at 1525

RPT #: 0912-0490

END OF REPORT

FAX: (b)(6); (b)(7)(C)
FAX: [redacted]

936-585-4657 Campus: C St: ADM
936-585-4657

Patient Name: RUIZ, FELIPE

Unit No: BHC0861890

EXAMS:
C20697794 XR CHEST 1 V

CPT CODE:
71010

CXR

Location: T 18

Chest x-ray exam, AP frontal projection, 9/12/2017

CLINICAL HISTORY: Leukocytosis, ICU patient.

Comparison exams: None of the chest.

Elevation the right hemidiaphragm difficult to assess in terms of age given lack of prior exams. Probable scarring versus atelectatic changes mainly at the right lung base. No active CHF. Overlying lines obscure detail. No findings of high concern for pneumonia

** Electronically Signed by (b)(6); (b)(7)(C)

** on 09/12/2017 at 1726 **

Reported and signed by: (b)(6); (b)(7)(C)

CC: (b)(6); (b)(7)(C)

Dictated Date/Time: 09/12/2017 (1726)

Technologist: (b)(6); (b)(7)(C)

Transcribed Date/Time: 09/12/2017 (1726) By: (b)(6); (b)(7)(C)

Orig Print D/T: S: 09/12/2017 (1729)

CONROE MED CTR IN/OBS
MEDICAL IMAGING
504 MEDICAL CENTER BLVD
CONROE, TEXAS 77304
PHONE #: 936-539-7026
FAX #: 936-539-7681

NAME: RUIZ, FELIPE
PHYS: (b)(6); (b)(7)(C)
DOB: 06/26/1966 AGE: 51 SEX: M
ACCT N: (b)(7)(E) LOC: B.ICU18 W
EXAM DATE: 09/12/2017 STATUS: ADM IN
RAD NO: DC Dt:

PAGE 1

Signed Report



To: 1st A-nobody

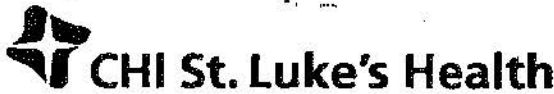
Fax: 919369678846

From: CHKR

Phone

Pages: 45 (including banner)

IMNET/EPRS fax request.



MEMORANDUM OF TRANSFER

0300267948 GOVT
ALMAZON RUIZ, FELIPE
9519 ZAHEER, SYED
ED 09/11/2017
DOB: 06/26/1966 51Y M S

- Lufkin
Livingston
San Augustine

SECTION A (To Be Filled Out At Transferring Hospital)

1. Name of Hospital: HI St. Luke's Health Memorial Livingston
Address: 1717 Highway 59 Loop N Livingston, Texas 77351
Phone Number: ()
2. Patient Information (if known)
Patient's Full name: Felipe Almazon Ruiz
Address: 3400 FM 350 South Livingston, TX 77351
Phone Number: ()
Sex: M F Age: 51
National origin: Mexico Race: Hispanic
Religion:
Physical Handicaps:
3. Next of Kin information (if known)
Next of Kin:
Address:
Phone Number: ()
4. Date of Arrival: 9/11/17 Time: 2:02
5. Initial contact with receiving hospital:
Date: 9/12/17 Time: 0:39
Name of (b)(6); (b)(7)(C) hospital:
6. Accepting physician secured by transferring physician:
Date: 9/12/17 Time: 2:40
Name of accepting physician: (b)(6); (b)(7)(C)
Address: 509 Medical Center Blvd Conroe, TX 77309
Phone Number: (936) 539-1111
7. Transferring physician's signature or signature of hospital staff acting under physician's orders:
Address: 1717 Highway 59 Loop N Livingston, Texas 77351
Phone Number: ()

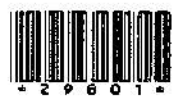
8. I further have determined that the patient would benefit from transfer to another health care facility due to the following reasoning:
Specialty Care for patient's condition not available at this institution
Hospital bed accommodations at this facility not available
Patient and/or family request
Patient would benefit from higher level of clinical care
I further have determined the risks and benefits of transfer and have explained these to the patient. These are as follows:
Risks: MVC, death, physical disability
Benefits: Higher level of care gastroenterology
9. Accepting hospital secured by transferring hospital:
Date: 9/12/17 Time: 09:40
Name of accepting hospital administration person: Mike Lechter
10. Transferring hospital administration signature:
Title: ACC FILE
11. Type of vehicle, company used, equipment and personnel in attendance:
Texan EMS ground
octreotide amp / IV accos
cardiac 102
12. Name of Receiving Hospital: Conroe Regional
Address: 509 Medical Center Blvd Conroe TX 77309
Phone Number: (936) 539-1111
13. Diagnosis: upper GI bleed
14. Attachments:
X-Ray X MD Progress Notes X
Lab Reports X Nurses Progress Notes X
H & P X Medication Record X
Other:

PHYSICIAN CERTIFICATION: Based upon the information available at the time of the transfer, the medical benefits reasonable expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks of the (b)(6); (b)(7)(C) to the unborn child. The patient has been examined and is determined to be:
Stable Unstable Physician Signature:
PATIENT CERTIFICATION: I, the undersigned, hereinafter referred to as the patient, acknowledge that the physician named above has explained to me the risks and benefits of a transfer to another medical facility. I further acknowledge that I have an emergency medical condition on which has/has not been stabilized and that the medical benefits of the transfer outweigh the risks. I herewith consent to the release of all appropriate medical records available at the time of transfer, to the receiving hospital.
Patient or (b)(6); (b)(7)(C) Date/Time 9/12/17
Witness: Date/Time 08:06

SECTION B (To Be Filled Out At Receiving Hospital)

1. Name of Hospital:
Address:
Phone Number: ()
2. Date of Arrival:
Time:
3. Hospital Administration signature:
Title:

4. Receiving physician assuming patient responsibility:
Date: Time:
Receiving physician's signature:
Address:
Phone Number: ()
5. If response to transfer request was delayed beyond thirty (30) minutes, document the reason(s) for the delay, including any time extensions agreed to by transferring hospital. Use additional sheets, if necessary.



FINAL (SIGNED)



MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient: ALMAZON RUIZ, FELIPE	Sex: Male	DOS: 09/11/2017 23:20	MR#: 0010282353
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Age: 51Y	DOB: 06/26/1966	Room: RM4	Bed: A	Visit #: 0300267948
--------------------	---------------------------	---------------------	------------------	-------------------------------

Created By: (b)(6); (b)(7)(C)	Creation Date: 09/11/2017 23:20
---	---

Physician date / time: 09/11/2017 10:06 PM On arrival EMS arrival

Informant: patient ~~spouse~~ ~~paramedics~~ witness:

Exam limited by: ~~unconsciousness~~ ~~mental impairment~~ ~~uncooperativeness~~ ~~intoxication~~
~~communication barrier~~

History limited by: ~~unconsciousness~~ ~~mental impairment~~ ~~uncooperativeness~~ ~~intoxication~~
~~communication barrier~~

Transfer from: See transfer record

HPI Reviewed Updated

Complaint: ~~abdominal pain~~ vomiting ~~diarrhea~~ ~~flank pain~~ R L

Onset: 1 min hrs days ago Duration: 1 min hrs days

gradual onset sudden onset waxing waning
persistent worse since:

Timing: still present gone now better
constant intermittent episodes lasting:

Context: ~~travel out of country~~ ~~bad food~~ ~~recent trauma~~

Comments: 51 Year old male, with a PMHx of Hep C, presents to the ED with a complaint of vomiting blood. The patient reports that he has vomited blood about 3 times. He states that he has abdominal pain at a 7/10. The patient notes that he also has blood in his stool. The patient denies all other complaints.

Severity: pain max: 0 1 2 3 4 5 6 7 8 9 10 Scale: Numeric Wong Baker ©
pain currently: 0 1 2 3 4 5 6 7 8 9 10 Scale: Numeric Wong Baker ©

Documentation Cont. Next Page

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



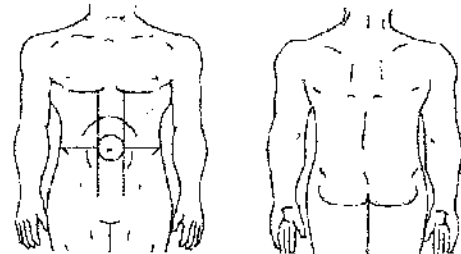
MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353

Quality: pain ~~aching~~ ~~dull~~
~~burning~~ ~~cramping~~ ~~sharp~~
~~stabbing~~ ~~fullness~~

Location:



Migration (show migration: m)

Associated Symptoms:

~~fever~~ ~~chills~~ ~~nausea~~
vomiting x 3
bloody ~~blood streaks~~ ~~coffee grounds~~
~~diarrhea~~ x
blood streaks ~~grossly bloody~~ ~~mucous~~
~~sweating~~ ~~loss of appetite~~ ~~chest pain~~ ~~testicular pain~~ ~~back pain~~ ~~neck pain~~

Exacerbated by: ~~supine~~ ~~upright position~~ ~~movements~~ ~~walking~~ ~~cough~~ ~~deep breaths~~
~~food~~ nothing

Relieved by: ~~supine~~ ~~upright position~~ ~~remaining still~~ ~~antacids~~ ~~food~~ nothing

Similar symptoms previously:

Recently: ~~seen~~ ~~treated by doctor~~ ~~hospitalized~~

ROS

Reviewed Updated

CONST recent: ~~illness~~ ~~injury~~

GI ~~constipation~~ stools: ~~black~~ bloody

Comments: bloody stools per patient.

CVS ~~palpitations~~

RESP ~~shortness of breath~~ ~~cough~~ ~~hurts to breathe~~

GU urine: ~~bloody~~ ~~dark~~ ~~problems urinating~~ LMP date: ~~pregnant~~ ~~post-menopausal~~

MUSC ~~joint pain~~

SKIN ~~rash~~

LYMPH ~~swollen glands~~ ~~ankle swelling~~ ~~R~~ ~~L~~

EYES ~~problems with vision~~

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353

ENT ~~sore throat~~

NEURO ~~headache~~ ~~dizziness~~ ~~light-headedness~~

PSYCH ~~anxiety~~ ~~depression~~

except as marked positive, all systems above reviewed and found negative

HISTORY

Reviewed Updated

~~No chronic diseases~~

Cardiac disease: Afib CAD CHF MI

Diabetes: Type 1 Type 2 diet oral insulin

Hypertension

Peptic ulcer

Gall stones

Kidney stones

Bladder infection

Kidney infection

Ischemic bowel risk factors: valvular disease elderly low BP recent MI

Pancreatitis

GERD

Diverticulitis

Abdominal aneurysm

CVA TIA: deficit: R L

Ectopic pregnancy

Fecal impaction

Hepatitis c

Hyperlipidemia

Intestinal obstruction

Circle positives ~~strikethrough negatives~~ unmarked = not applicable

FINAL (SIGNED)



MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient: ALMAZON RUIZ, FELIPE	Sex: Male	DOS: 09/11/2017 23:20	MR#: 0010282353
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Ovarian: cyst(s) fibroids

Pelvic infection: STD

Old records reviewed / summary

Surgeries / Procedures: none appendectomy cholecystectomy endoscopy upper lower
 hernia repair R L

cardiac bypass	cardiac stent	hysterectomy	BTL	C-section	tonsillectomy
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Full Problem List Reviewed Updated

Upper GI bleed (2017)

Allergies Reviewed Updated

No Known Allergies

Home Medications Reviewed Updated

Immunizations Reviewed Updated

SOCIAL HISTORY Reviewed Updated

Tobacco Use

Never smoker

None Reported : TOBACCO HISTORY Last Documented By (b)(6), (b)(7)(C) 09/12/2017 01:58

Alcohol Use

Recreational Drug Use

FAMILY HISTORY Reviewed Updated

gall stones ovarian cysts CAD ulcer kidney stones aortic aneurysm

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



CHI St. Luke's Health

MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353

VITAL SIGNS

 Reviewed Updated

Last Set of Vitals: Interpretation: normal hypoxic

BP: 160/103 09/12/2017 02:31
 Pulse: 94 09/12/2017 01:10
 Temp: 98.1 F 09/11/2017 21:36
 Resp: 18 09/11/2017 21:36
 O2 Sat: 99.0% 09/11/2017 21:36
 Additional Vitals:

PHYSICAL EXAM

 Nursing assessment reviewed

CONST

no acute distress distress: mild moderate severe
alert anxious lethargic

Comments: Patient is alert and in no acute distress on exam.

EYES

inspection normal scleral icterus pale conjunctivae
 EOM palsy R L anisocoria R L

Comments: Normal on exam.

ENT

normal inspection pharyngeal erythema
pharynx normal abnormal TM R L hearing deficit R L

Comments: Normal on exam.

NECK

normal inspection thyromegaly lymphadenopathy

Comments: Normal on exam.

RESP

no respiratory distress wheezes R L rales R L rhonchi R L

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FINAL (SIGNED)



CHI St. Luke's Health

MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient: ALMAZON RUIZ, FELIPE	Sex: Male	DOS: 09/11/2017 23:20	MR#: 0010282353
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breath sounds normal

Comments: Normal breath sounds on exam.

CVS

regular rate and rhythm

irregularly irregular rhythm tachycardia bradycardia

heart sounds normal

JVD present gallop: S3 S4

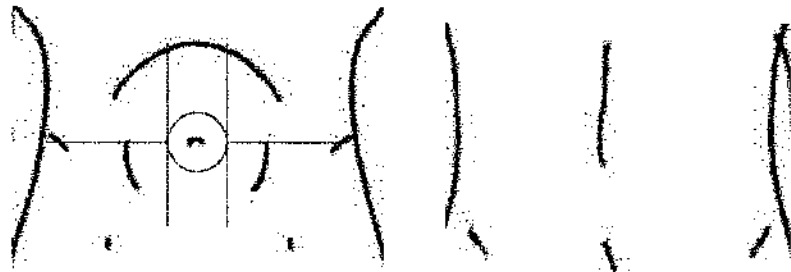
equal pulses / full

murmur: grade /6 systolic diastolic
decreased pulse(s): radial R L femoral R L
dorsalis pedis R L

Comments: Normal heart sounds on exam.

LEGEND

- T = Tenderness
- G = Guarding
- R = Rebound
- m = Mild
- mod = Moderate
- sv = Severe



ABD

soft, non-tender

rigid distended
tenderness guarding rebound generalized RUQ LUQ RLQ LLQ

no organomegaly

hepatomegaly splenomegaly

normal bowel sounds

abnormal bowel sounds: increased decreased absent tympanic

no abdominal bruit

prominent aortic pulsation

no pulsatile mass

McBurney's point tenderness psoas Rovsing's sign obturator sign
mass:

Comments: No abdominal tenderness on exam.

GU

external inspection normal catheter present

PELVIC EXAM

normal external exam vaginal bleeding vaginal discharge
normal speculum exam cervical motion tenderness

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353

normal bimanual exam	adnexal tenderness	adnexal mass	R	L
	enlarged uterus	tender uterus		
MALE GENITAL				
normal inspection	testicular tenderness	R	L	testicular swelling
	inguinal tenderness	R	L	inguinal swelling
				R
				L
RECTAL				
non-tender	tenderness	fecal impaction		
heme negative stool	stool: heme positive	trace	black	bloody

BACK

normal inspection CVA tenderness R L

Comments: Normal on exam.

SKIN

color normal cyanosis diaphoresis pallor
no rash skin rash zoster-like
warm dry intact embolic lesions signs of IVDA
 pressure ulcer location:
 depth / stage: 1 2 3 4

Comments: Normal on exam.

EXTREMITIES

non tender calf tenderness R L
normal ROM Homan's sign R L
no pedal edema pedal edema R L

Comments: Normal on exam.

NEURO

oriented x4 disoriented to: person place time situation
CN's normal (2-12) weakness R L facial droop R L
motor normal speech abnormalities cognition abnormalities
sensation normal sensory loss R L

Comments: Patient is alert and oriented x 4 on exam.

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient: ALMAZON RUIZ, FELIPE	Sex: Male	DOS: 09/11/2017 23:20	MR#: 0010282353
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PSYCH

mood normal

depressed mood

affect normal

depressed affect

Comments: Normal on exam.

RESULTS Reviewed Updated

Laboratory

ED Laboratory Results						
Order	Test	Value	Reference Range	Comments	Status	Collection
AMYLASE SERUM	Amylase	112 H	(12-103 U/L)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	WBC	14.28 H	(4.80-10.80 10 ³ /ul)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	RBC	3.94 L	(4.70-6.10 10 ⁶ /ul)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	Hemoglobin	12.5 L	(14.0-18.0 gm/dl)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	Hematocrit	33.2 L	(42.0-50.0)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	MCV	84.3	(80.0-94.0 fL)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	MCH	31.7 H	(27.0-31.0 pg)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	MCHC	37.7 H	(33.0-37.0 gm/dl)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	RDW	16.0 H	(11.5-14.5)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	Platelet	18 LL	(130-400 10 ³ /ul)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	NE	72.4	(42.0-75.0)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	LY	7.8 L	(13.0-42.0)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	MO	11.9	(4.0-14.0)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	EO	0.9 L	(1.0-3.0)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	BA	0.6 L	(1.0-3.0)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	IG	6.4 H	(0.0-0.4)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	NRBC, Auto	1	(0-2 /100WBC)		Final Result	09/11/2017 23:29:00

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



CHI St. Luke's Health

MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:			
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353			
CBC PLATELET AUTO DIFF	Nucleated RBC	0	(0-2 /100WBC)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO DIFF	Neutrophils	10 L	(42-75)	Decreased platelets, NO Platelet clumping , few large platelets seen on peripheral blood smear.	Final Result	09/11/2017 23:29:00
CKMB	CKMB	7.49 HH	(0.00-2.36 ng/ml)	RESULT CALLED TO (b)(6); (b)(7)(C) (ER) AT 0003 THEN READ BACK //HH/	Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	Glucose	127 H	(75-110 mg/dl)		Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	BUN	85.0 H	(6.0-17.0 mg/dl)		Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	Creatinine	1.5 H	(0.4-1.2 mg/dl)		Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	Sodium	127 L	(137-145 mmol/l)		Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	Potassium	4.3	(3.5-5.0 mmol/l)		Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	Chloride	95 L	(98-107 mmol/l)		Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	CO2	22	(22-30 mmol/l)		Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	Calcium	8.6	(8.4-10.2 mg/dl)		Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	T Protein	6.5	(5.1-8.7 gm/dl)		Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	Albumin	3.3 L	(3.5-4.6 gm/dl)		Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	A/G Ratio	1.0 L	(1.1-2.2)		Final Result	09/11/2017 23:29:00

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:		
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353		
CMP COMPREHENSIVE METABOLIC PANEL	AST (SGOT)	102 H	(11-36 U/L)	Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	ALT (SGPT)	68 H	(11-40 U/L)	Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	Alkaline Phos	123 H	(47-114 U/L)	Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	Total Bilirubin	10.8 H	(0.2-1.2 mg/dl)	Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	Globulin	3.2	(2.3-3.5 gm/dl)	Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	Anion Gap	11		Final Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	Calcium, Corrected	9.2	(8.4-10.2 mg/dl)	Final Result	09/11/2017 23:29:00
				Various formulas exist for corrected serum calcium results, each yielding different values. This corrected result was based on the formula: Corrected Calcium = SerumCalcium + [0.8 * (4 - SerumAlbumin)]	
CPK	CPK	322 H	(30-135 U/L)	Final Result	09/11/2017 23:29:00
LIPASE SERUM	Lipase	367 H	(8-223 U/L)	Final Result	09/11/2017 23:29:00
PRO BNP B - NATRIURETIC PEPTIDE	Pro BNP(B-Peptide)	4850 HH	(0-125 pg/ml)	Final Result	09/11/2017 23:29:00
				RESULT CALLED TO (b)(6); (b)(7)(C) (ER) AT 0003 THEN READ BACK //HH/	
PROTIME PT INR	Protime	15.1 H	(9.0-11.8 seconds)	Final Result	09/11/2017 23:29:00

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient: ALMAZON RUIZ, FELIPE	Sex: Male	DOS: 09/11/2017 23:20	MR#: 0010282353
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PROTIME PT INR	INR	1.4 H	(0.9-1.1)	INR results are intended ONLY to monitor Oral Anticoagulant therapy in stabilized patients. The INR Therapeutic Range is 2.0 - 3.0 Patients with a mechanical heart, the INR Range is 2.5 - 3.5	Final Result	09/11/2017 23:29:00
PTT PARTIAL THROMBOPLASTIN TM	aPTT	22.1 L	(25.3-35.7 seconds)		Final Result	09/11/2017 23:29:00

Documentation Cont. Next Page

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



CHI St. Luke's Health

MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10. Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353

TROPONIN I QUANTITATIVE	Troponin-I	0.076 H	(0.000-0.034 ng/ml)	The 99th Percentile URL is 0.034 ng/mL. The Joint European Society of Cardiology/American College of Cardiology (ESC/ACC) and the National Academy of Clinical Biochemistry Standards of Laboratory Practices (NACB) recommends that the diagnosis of AMI includes the presence of clinical history suggestive of Acute Coronary Syndrome (ACS) and a maximum concentration of cardiac troponin exceeding the 99th percentile of a normal reference population [upper reference limit (URL)] on at least one occasion during the first 24 hours after the clinical event.	Final Result	09/11/2017 23:29:00
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Rhythm Strip

Rate: Rhythm: NSR

EKG

Circle positives ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353

Viewed by me Interpreted by me Discussed with cardiologist

Normal NAD normal intervals normal axis normal QRS normal ST/T

Rate rhythm: NSR sinus tach A-fib

EKG changed unchanged from:

Repeat EKG changed unchanged from:

X-Rays Done

KUB Upright abdomen 3-view CXR: PA/Lat AP

Viewed by me Interpreted by me Discussed with radiologist

Normal NAD normal bowel gas no free air no mass

No infiltrates normal heart size normal mediastinum

CT Scan Done

Abdomen Pelvis

Viewed by me Interpreted by me Discussed with radiologist

Normal NAD normal bowel gas no free air no mass

Ultrasound / FAST Exam

Abdomen Pelvis Heart / Pericardium

Viewed by me Interpreted by me Discussed with radiologist

Normal NAD

Pulse Ox

99 % Room Air O₂ L/min FiO₂ %

NC RB mask NRB mask other:

interpretation: normal hypoxic time:

PROCEDURES

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



CHI St. Luke's Health

MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353

Feeding Tube Insertion – Procedure Note

Time: "Time out" at:

Indication: dislodged malfunctioning
G-tube J-tube nasal feeding tube

Preparation: risks, benefits, alternatives explained:

to patient parent guardian

topical anesthesia used: lidocaine gel benzocaine spray

tube size:

Procedure: successful unsuccessful

performed by: me ED physician PA nurse

tube inserted into: abdominal stoma oropharynx nostril R L

no significant resistance met

confirmed placement: by aspiration by auscultation X-ray

Secured with: tape suture dressing

Complications: none bleeding vomiting

PROGRESS

Time 02:30 AM unchanged improved re-examined non-surgical

Comments: 09/12/2017 Patient placed on Octreotide drip due to Esophageal and GI bleed

Spoke with DR. Abas of Conroe regional concerning care and transfer of patient, patient was accepted.

PROGRESS

Time: unchanged improved re-examined

PLAN

Interventions:

EGDT for sepsis considered

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353

CP: EKG ASA

AMI: EKG ASA Thrombolytics PCI transfer

CAP: VS antibiotic(s) pathogen BC CXR CT transfer

Pregnancy: HCG US

Rh Negative Pregnancy: Rhogam

Treatment exclusions: refused not indicated contraindicated not available

Discussed with Dr:
 will see patient in: ED hospital office
 Additional history from: family caretaker paramedics other:
 Counseled patient family regarding: laboratory radiology results diagnosis
 need for follow-up:
 Rx given:
 Critical care time: (excluding separately billable procedures) 120 min
 Comments: 09/12/2017 Patient placed on Octreotide drip due to Esophageal and GI bleed

PLAN

Discussed with Dr:
 will see patient in: ED hospital office

Orders:

Order Date	Description	Frequency	Ordered By	Status
9/11/2017	Nurse Reminder to Enter Lab Orders for Protocol	PRN	(b)(6); (b)(7)(C)	Active
9/11/2017	AMYLASE SERUM	STAT		Dates Met
9/11/2017	CKMB	STAT		Dates Met
9/11/2017	CPK	STAT		Dates Met
9/11/2017	LIPASE SERUM	STAT		Dates Met
9/11/2017	CMP COMPREHENSIVE METABOLIC PANEL	STAT		Dates Met
9/11/2017	TROPONIN I QUANTITATIVE	Once		Dates Met
9/11/2017	PTT PARTIAL THROMBOPLASTIN TM	STAT		Dates Met
9/11/2017	PROTIME PT INR	STAT		Dates Met
9/11/2017	CBC PLATELET AUTO DIFF	STAT		Dates Met

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



CHI St. Luke's Health

MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353
9/11/2017	PRO BNP B - NATRIURETIC PEPTIDE	Once	(b)(6); (b)(7)(C)
9/11/2017	Insert Saline Lock	STAT	
9/11/2017	Obtain Consent for Procedure / Place in Chart	STAT	
9/11/2017	Transfusion Vital Signs per Protocol	STAT	
9/11/2017	TYPE AND SCREEN	STAT	
9/11/2017	CROSSMATCH X 2	STAT	
9/11/2017	Transfuse 2 units PRBCs	STAT	
9/11/2017	UA URINALYSIS WITH MICROSCOPY	Once	

CLINICAL IMPRESSION Initial visit unless marked: subsequent sequelae

CV

Acute MI: STEMI NSTEMI anterior inferior lateral posterior
 Angina: stable unstable
 Aorta dissection: abdomen thoracic
 Aortic aneurysm: abdomen thoracic with rupture
 Ischemic chest pain
 Ischemic colitis
 Mesenteric ischemia: acute chronic

GI

Appendicitis: acute chronic with peritonitis: general local
 Bowel obstruction
 Clostridium difficile enterocolitis
 Constipation
 Crohn's disease: small bowel large bowel with: abscess bleeding fistula obstruction
 Diverticulitis: small bowel large bowel with: abscess bleeding perforation
 Fecal impaction
 Gastritis: acute chronic alcoholic with bleeding
 Gastroenteritis: infectious viral
 GERD: with esophagitis

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353

Irritable bowel: with diarrhea

Peptic ulcer disease: acute chronic with: hemorrhage perforation

Perforated intestine

Ulcerative colitis: involving: rectum sigmoid colon
with: abscess bleeding fistula obstruction

Volvulus

GU

Ovarian cyst: follicular simple

PID: acute chronic GC chlamydia

Pregnancy: 1st 2nd 3rd trimester + pregnancy test ectopic-tubal
labor: preterm term false < 37 wk > 37 wk

Pyelonephritis: acute chronic

Torsion: testicular R L ovarian R L

Ureterolithiasis: with gout

UTI: cystitis: acute chronic with hematuria

LIVER / GB / PANCREAS

Biliary colic: with gallstones

Cholecystitis: acute chronic with: gallstones obstruction

Hepatitis: acute chronic viral: A B C alcoholic drug induced:

Pancreatitis: acute chronic alcoholic biliary idiopathic

OTHER

Dehydration

Peritonitis, acute

Pneumonia: aspiration atypical bronchopneumonia interstitial lobar
viral: RSV influenza: A B bacterial:

Sepsis, severe: with shock

SIRS

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353

SIGN / SYMPTOMS

Abdominal pain: RUQ LUQ RLQ LLQ
 acute abdomen generalized with: rebound tenderness

Fever

Flank pain

Nausea

Vomiting

Diarrhea

Comments: Upper GI bleed

Current Problems Reviewed Updated

Upper GI bleed (2017)

DISPOSITION

Decision made at: 02:35 AM Left department at:

To: Home Transfer Admit Morgue
 Nursing Home Police Funeral Home Medical Examiner

Present on arrival: pressure ulcer UTI

patient condition: unchanged improved stable serious critical deceased
 ambulatory active drinking fluid eating pain controlled

Care transferred to Dr. Abas time: 05:15 AM

Basis For Discharge Decision:

patient exam: stable improved unchanged
 tenderness migratory no rebound no rigidity

test results: no abnormal no serious abnormal min abnormal mod abnormal

social support: adequate good excellent

follow up: available arranged discussed with physician

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353

Basis For Admit Decision:

need for: further evaluation additional testing monitoring telemetry
 pain control IV hydration IV medication IV antibiotics
 culture results surgery / intensive care

TRANSFER OF CARE

Relinquishing Scribe: Cheyenne Cooke	Report given to Assuming Scribe: Haven McCain
Relinquishing Mid-Level:	Report given to Assuming Mid-Level:
Relinquishing Mid-Level:	Report given to Assuming Physician:
Relinquishing Physician:	Report given to Assuming Physician:

Brief history:

Items pending that need to be checked and documented:

- Labs:
- X-Ray results:
- Pain control:
- CT results:
- MRI results:
- US results:
- Procedure(s):
- Other:

Physician / consult arrival:

Tentative impression of patient:

admit discharge transfer

Pending results:

Circle positives strikethrough ~~negatives~~ unmarked = not applicable

FINAL (SIGNED)



CHI St. Luke's Health

MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient: ALMAZON RUIZ, FELIPE	Sex: Male	DOS: 09/11/2017 23:20	MR#: 0010282353
---	---------------------	---------------------------------	---------------------------

TRANSFERRING SIGNATURE

Transferring Mid-Level signing out:

Signature

Date/Time

Transferring Physician signing out

Signature

Date/Time

SIGNATURE

By signing my name below, (b)(6); (b)(7)(C), I attest that this documentation has been prepared under the direction and in the presence of

(b)(6); (b)(7)(C)

Electronically signed: (b)(6); (b)(7)(C)

Date: 09/12/2017 Time: 02:35 AM

(b)(6); (b)(7)(C)

09/12/2017 05:17

Mid-level Signature OR Scribe Signature

Date/Time

Emergency Physician Attestation

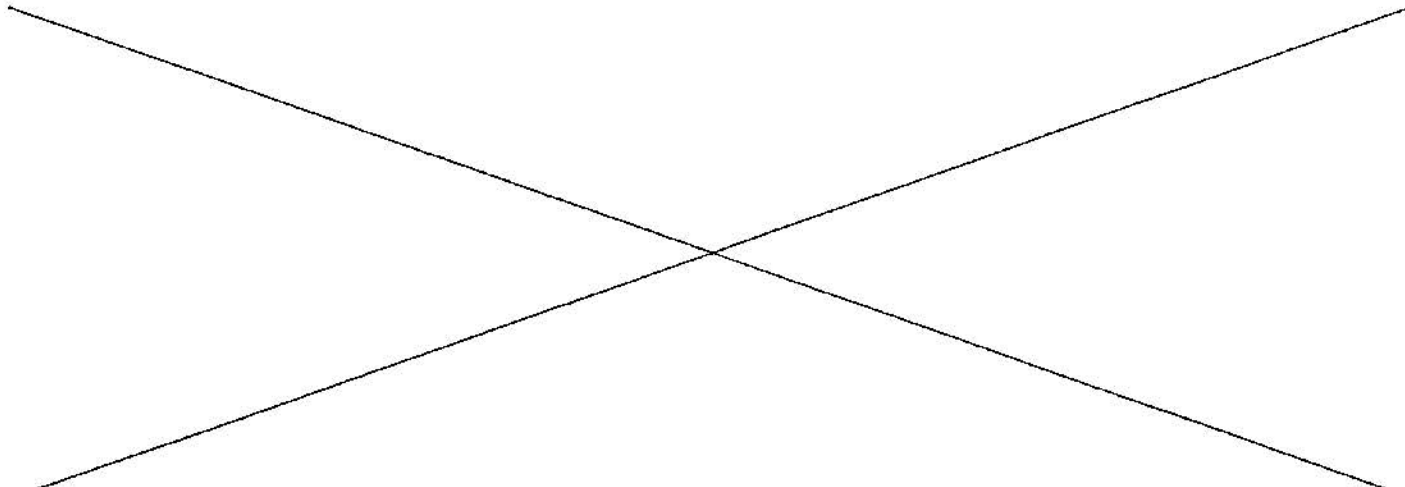
This scribe's documentation has been prepared under my direction and personally reviewed by me in its entirety. I confirm that the note accurately reflects all work, treatment, procedures, and medical decision making performed by me.

(b)(6); (b)(7)(C)

es have been reviewed and completed

09/12/2017 05:18

Date/Time



Circle positives strikethrough ~~negatives~~ unmarked = not applicable

Printed: 09/11/2017 21:36:16

**MMC LIVINGSTON
LIV ED Triage Report**



Page 1 of 1

Patient: ALMAZON RUIZ, FELIPE

Visit ID: 0300267948

Age: 51Y DOB:08/28/1966 Sex: M Acuity: 3

Med Rec: 0010282353

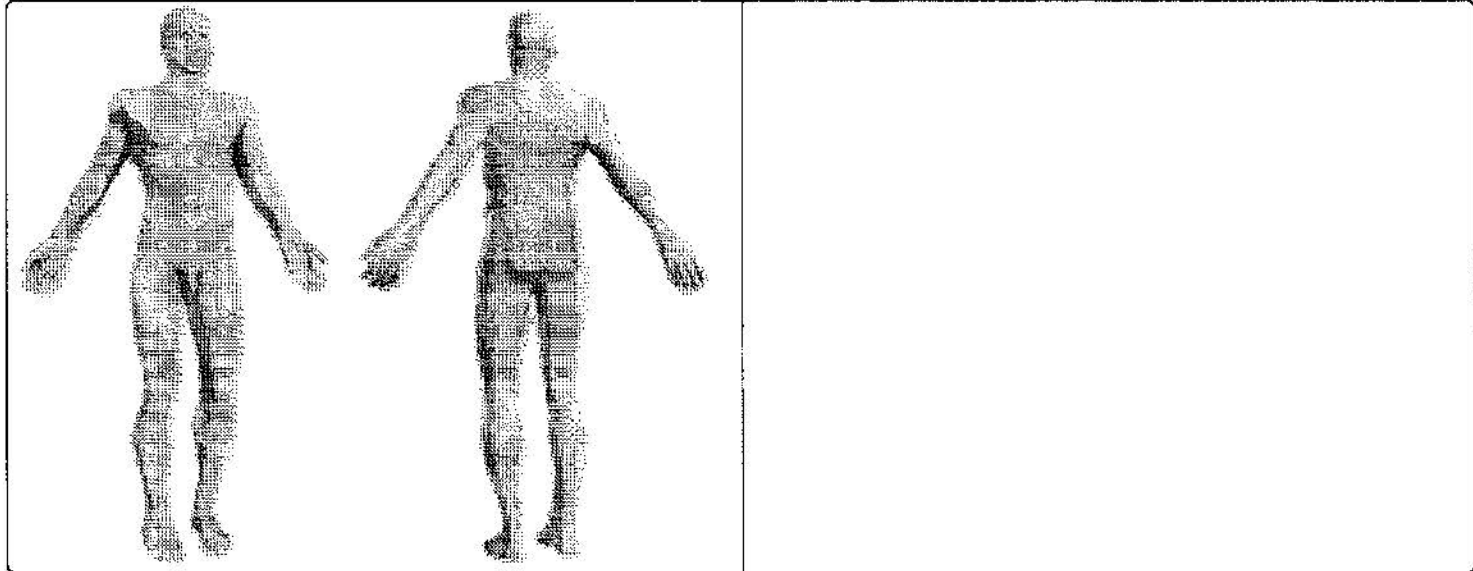
Chief Complaint: Hemoptysis		Onset: 2 days	Head Circum.:
Triage D/T: 09/11/2017 21:25	Room/Bed:	Radio Call: N	Infection Control:
Arrival D/T: 09/11/2017 21:02	Arrived from: Forensic Facility	Pre Hospital Care: [None entered]	
Mode of Arrival: Law Enforcement	Accompanied by: Other		Screening: *Domestic Violence, *TB, Out US Last 30 Days NC
Informant: Self	Consent to Treat?:		Suicide Risk: Screened - No Suicide Risk
			Pregnant?: LMP:

Patient Narrative:
 by radiology and chest x-ray: no vomiting up blood and abd pain ; pt came here from mtc detention center; came here from center in florida.

(b)(6); (b)(7)(C)

Stroke Assessment Last Known Well:		D/T		D/T	
NPO since:	Last Intake Solid:		Last Intake Liquid:		
BP	Temperature	Pulse	Respirations	SpO ₂	FSBS
149/97 mmHg	98.1 F	99 bpm	18	98% O ₂ L/m	15
Site: Arm, Upper Lt	Site: Forehead	Site:	Qly:	O ₂ Del:	M - 6
Pos:		Qly:			V - 5
Type:		Type:			E - 4
					Height
					61 in
					Weight
					77.13 kg

Pain Assessment	Score: 7/10	Scale: 7, Numeric Scale	Location: abd
Character: stabbing	Non Verbal Signs:		
Distribution:	Intensified By:		
Radiation:	Relieved By:		
Duration:	Goal:		



Dr: (Unassigned) Electronically Signed By: (b)(6); (b)(7)(C) Dt Signed: 09/11/2017 21:36:10
 PCP: NONE, NONE 2020-ICLI-00006 4575

CHI ST. LUKE'S HEALTH - LIVINGSTON
 LABORATORY - CLIA # 45D0697930
 1717 HIGHWAY 59 BYPASS
 LIVINGSTON, TEXAS 77351
 PH: (936) 329-8589

=====

PATIENT: ALMAZON RUIZ, FELIPE MR #: V0010282353
 DOB: 06/26/1966
 SEX: M (b)(7)(E) LOC: ER LIVINGSTON
 ENCOUNTER #: (b)(7)(E)
 ATTD. PHYSICIAN: (b)(6); (b)(7)(C) ADMITTED: 09/11/2017

=====

HEMATOLOGY

Collected	09/11/2017 23:29 ¹	Reference	Units
Ord Physician	ZAHEER, SYED J, MD		
WBC	14.28 H	4.80-10.80	10 ³ /ul
RBC	3.94 L	4.70-6.10	10 ⁶ /ul
Hemoglobin	12.5 L	14.0-18.0	gm/dl
Hematocrit	33.2 L	42.0-50.0	%
MCV	84.3	80.0-94.0	fL
MCH	31.7 H	27.0-31.0	pg
MCHC	37.7 H	33.0-37.0	gm/dl
RDW	16.0 H	11.5-14.5	%
Platelet	18 LP	130-400	10 ³ /ul
MPV	Not Measured ²	7.4-10.4	fL
NE%	72.4	42.0-75.0	%
LY%	7.8 L	13.0-42.0	%
MO%	11.9	4.0-14.0	%
EO%	0.9 L	1.0-3.0	%
BA%	0.6 L	1.0-3.0	%
IG%	6.4 H	0.0-0.4	%
NRBC, Auto	1	0-2	1 ⁰⁰ WBC
Nucleated RBC	0	0-2	1 ⁰⁰ WBC

Manual
Differentials

¹AUTO DIFF
 Critical values were called to (b)(6); (b)(7)(C) on 09/12/2017 00:46 AM. Results were read back by (b)(6); (b)(7)(C)

²MPV NOT MEASURED WHEN INSTRUMENT HAS SUPPRESSED OR UNREPORTABLE RESULT.
 THIS WILL MOST OFTEN HAPPEN WITH THE MPV WHEN THERE IS AN ABNORMAL PLATELET
 DISTRIBUTION DUE TO A CRITICAL LOW VALUE OR PLATELET CLUMPING.

=====

ALMAZON RUIZ, FELIPE PRINTED: 09/12/2017 18:43
 ER LIVINGSTON (b)(6); (b)(7)(C) REPORT: Final Chart Livingston
 (b)(6); (b)(7)(C) PAGE: 1 OF 8

CHI ST. LUKE'S HEALTH - LIVINGSTON
 LABORATORY - CLIA # 45D0697930
 1717 HIGHWAY 59 BYPASS
 LIVINGSTON, TEXAS 77351
 PH: (936) 329-8589

PATIENT: ALMAZON RUIZ, FELIPE

MR #: V0010282353

DOB: 06/26/1966

SEX: M

LOC: ER LIVINGSTON

ENCOUNTER # (b)(7)(E)

ATTD PHYSICIAN (b)(7)(E)

ADMITTED: 09/11/2017

Collected	09/11/2017 23:29 ³	Reference	Units
Ord Physician	(b)(6); (b)(7)(C)		
Neutrophils	TU L	42-75	%
Nucleated RBC	0	0-2	/100WBC
Platelet Morphology	Decreased platelets, NO Platelet clumping, few large platelets seen on peripheral blood smear.		

³AUTO DIFF

(b)(6); (b)(7)(C)

Critical values were called to

45 by FS30723 on 09/12/2017 00:46 AM. Results were read back

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

ALMAZON RUIZ, FELIPE

PRINTED: 09/12/2017 18:43

ER LIVINGSTON

REPORT: Final Chart Livingston

PAGE: 2 OF 8

(b)(6); (b)(7)(C)

CHI ST. LUKE'S HEALTH - LIVINGSTON
LABORATORY - CLIA # 45D0697930
1717 HIGHWAY 59 BYPASS
LIVINGSTON, TEXAS 77351
PH: (936) 329-8589

PATIENT: ALMAZON RUIZ, FELIPE

MR #: V0010282353

DOB: 06/26/1966

SEX: M

LOC: ER LIVINGSTON

ENCOUNTER # (b)(7)(E)

ATTD. PHYSICIAN: (b)(6), (b)(7)(C)

ADMITTED: 09/11/2017

COAGULATION

	Test		Units	Reference	(b)(6); (b)(7)(C)
09/11/2017 23:29	Protime	15.1	H seconds	9.0-11.8	
	INR	1.4*	H	0.9-1.1	
	aPTT	22.1	L seconds	25.3-35.7	

*INR results are intended ONLY to monitor Oral Anticoagulant therapy in stabilized patients. The INR Therapeutic Range is 2.0 - 3.0 Patients with a mechanical heart, the INR Range is 2.5 - 3.5

ALMAZON RUIZ, FELIPE
ER LIVINGSTON

REPORT: Final Chart Livingston

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(b)(6); (b)(7)(C)

PAGE: 3 OF 8

CHI ST. LUKE'S HEALTH - LIVINGSTON
 LABORATORY - CLIA # 45D0697930
 1717 HIGHWAY 59 BYPASS
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 PH: (936) 329-8589

PATIENT: ALMAZON RUIZ, FELIPE

MR #: V0010282353

DOB: 06/26/1966

SEX: M

(b)(7)(E)

LOC: ER LIVINGSTON

ENCOUNTER #:

ATTD. PHYSICIAN: (b)(6); (b)(7)(C)

ADMITTED: 09/11/2017

CHEMISTRY

Collected	09/11/2017	Reference	Units
Ord Physician	(b)(6); (b)(7)(C)		
Sodium	127 L	137-145	mmol/l
Potassium	4.3	3.5-5.0	mmol/l
Chloride	95 L	98-107	mmol/l
CO2	22	22-30	mmol/l
Glucose	127 H	75-110	mg/dl
BUN	85.0 H	6.0-17.0	mg/dl
Creatinine	1.5 H	0.4-1.2	mg/dl
T Protein	6.5	5.1-6.7	gm/dl
Albumin	3.3 L	3.5-4.6	gm/dl
Globulin	3.2	2.3-3.5	gm/dl
A/G Ratio	1.0 L	1.1-2.2	%
Calcium	8.6	8.4-10.2	mg/dl
Calcium, Corrected	9.2*	8.4-10.2	mg/dl
Total Bilirubin	10.8 H	0.2-1.2	mg/dl
AST (SGOT)	102 H	11-36	U/L
ALT (SGPT)	68 H	13-40	U/L
Alkaline Phos	123 H	47-114	U/L

*Various formulas exist for corrected serum calcium results, each yielding different values. This corrected result was based on the formula: Corrected Calcium = SerumCalcium + [0.8 * (4 - SerumAlbumin)]

ALMAZON RUIZ, FELIPE
 ER LIVINGSTON

REPORT: Final Chart Livingston

PRINTED: 09/12/2017 18:43

PAGE: 4 OF 8

CHI ST. LUKE'S HEALTH - LIVINGSTON
LABORATORY - CLIA # 45D0697930
1717 HIGHWAY 59 BYPASS
LIVINGSTON, TEXAS 77351
PH: (936) 329-8589

PATIENT: ALMAZON RUIZ, FELIPE

MR #: V0010282353

DOB: 06/26/1966

SEX: M

(b)(7)(E)

LOC: ER LIVINGSTON

ENCOUNTER #:

ATTD. PHYSICIAN (b)(6); (b)(7)(C)

ADMITTED: 09/11/2017

Collected	09/11/2017 23:29	Reference	Units
Ord Physician	(b)(6); (b)(7)(C)		
Amylase	112 H	12-103	U/L
Lipase	367 H	8-223	U/L
EGFR if African American	>60		mL/min/1.73m ² 2
EGFR if Non-African American	52 ^a		mL/min/1.73m ² 2

CARDIAC SECTION

^aEstimated Glomerular Filtration Rate (eGFR) Reference Intervals
Decision Points for 18 years and older and average body mass:

- >= 60 Does not exclude kidney disease.
- 30 - 59 Suggests moderate chronic kidney disease and indicates the need for further investigation including assessment of proteinuria and cardiovascular factors.
- < 30 Usually indicates a need for referral for assessment and management of chronic kidney failure.

ALMAZON RUIZ, FELIPE
ER LIVINGSTON

REPORT: Final Chart Livingston

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PAGE: 5 OF 8

(b)(6); (b)(7)(C)

CHI ST. LUKE'S HEALTH - LIVINGSTON
LABORATORY - CLIA # 45D0697930
1717 HIGHWAY 59 BYPASS
LIVINGSTON, TEXAS 77351
PH: (936) 329-8589

PATIENT: ALMAZON RUIZ, FELIPE

MR #: V0010282353

DOB: 06/26/1966

SEX: M

LDC: ER LIVINGSTON

ENCOUNTER #: (b)(7)(E)

ATTD. PHYSICIAN: (b)(6); (b)(7)(C)

ADMITTED: 09/11/2017

Collected	09/11/2017 23:29 ⁷	Reference	Units
Ord Physician	ZAHEER, SYED J, MD		
CKMB	7.49^a HP	0.00-2.36	ng/ml
Troponin-I	0.076 ^a H	0.000-0.034	ng/ml
CPK	322 H	30-135	U/L

**SPECIAL
CHEMISTRY**

⁷Critical values were called to (b)(6); (b)(7)(C) by HF 132001 on 09/12/2017 00:03 AM. Results were read back by (b)(6); (b)(7)(C)
^aRESULT CALLED TO (b)(6); (b)(7)(C) (ER) AT 0003 THEN READ BACK /HH/
^{*}The 99th Percentile URL is 0.034 ng/mL.

The Joint European Society of Cardiology/American College of Cardiology (ESC/ACC) and the National Academy of Clinical Biochemistry Standards of Laboratory Practices (NACB) recommends that the diagnosis of AMI includes the presence of clinical history suggestive of Acute Coronary Syndrome (ACS) and a maximum concentration of cardiac troponin exceeding the 99th percentile of a normal reference population [upper reference limit (URL)] on at least one occasion during the first 24 hours after the clinical event.

ALMAZON RUIZ, FELIPE
ER LIVINGSTON

REPORT: Final Chart Livingston

PRINTED: 09/12/2017 18:43

PAGE: 6 OF 8

(b)(6); (b)(7)(C)

CHI ST. LUKE'S HEALTH - LIVINGSTON
 LABORATORY - CLIA # 45D0697930
 1717 HIGHWAY 59 BYPASS
 LIVINGSTON, TEXAS 77351
 PH: (936) 329-8589

PATIENT: ALMAZON RUIZ, FELIPE

MR #: V0010282353

DOB: 06/26/1966

SEX: M

LOC: ER LIVINGSTON

ENCOUNTER # (b)(7)(E)

ATTD. PHYSICIAN (b)(6); (b)(7)(C)

ADMITTED: 09/11/2017

Collected	09/11/2017 22:28 ¹⁰	Reference	Units
Ord Physician	(b)(6); (b)(7)(C)		
Pro-BNP(B-Peptide)	4850 HP	0-125	pg/ml

¹⁰Critical values were called by (b)(6); (b)(7)(C) by I-1132001 on 09/12/2017 00:03 AM. Results were read back by (b)(6); (b)(7)(C)
¹¹RESULT CALLED TO (b)(6); (b)(7)(C) (ER) AT 0003 THEN READ BACK //HH/

ALMAZON RUIZ, FELIPE

PRINTED: 09/12/2017 18:43

(b)(6); (b)(7)(C)

REPORT: Final Chart Livingston

PAGE: 7 OF 8

CHI ST. LUKE'S HEALTH - LIVINGSTON
LABORATORY - CLIA # 45D0697930
1717 HIGHWAY 59 BYPASS
LIVINGSTON, TEXAS 77351
PH: (936) 329-8589

PATIENT: ALMAZON RUIZ, FELIPE

MR #: V0010282353

DOB: 06/26/1966

SEX: M

LDC: ER LIVINGSTON

ENCOUNTER #: (b)(7)(E)

ATTD. PHYSICIAN: (b)(6); (b)(7)(C)

ADMITTED: 09/11/2017

BLOOD BANK TESTS

Test	Analyte	Result	Ord Physician
09/11/2017 23:29	TYPE & SCREEN	ABO Blood Type Rh Antibody Screen	(b)(6); (b)(7)(C)
		Positive Negative	
09/11/2017 22:13	CROSSMATCH x 2	Crossmatch Completed: Compatible	

ALMAZON RUIZ, FELIPE

ER LIVINGSTON

(b)(6); (b)(7)(C)

REPORT: Final Chart Livingston

PRINTED: 09/12/2017 18:43

PAGE: 8 OF 8



CHI St. Luke's Health

Lufkin • Livingston • San Augustine
Memorial Specialty

BLOOD BANK TRANSFUSION RECORD

ATTN

0300267948 SPAI
ALMAZON RUIZ, FELIPE

ED 09/11/2017 0010282353
DOB: 06/26/1966 51Y M


Patient ABO/Rh: O POSITIVE

Donor ABO/Rh: O POSITIVE

Product: LR - PPHC

Donor Unit W0446 17 361217

Crossmatch Interpretation: COMPATIBLE

Blood Band #: 

Antibody Screen: NEGATIVE

Segment #: E5204141A

Expiry Date: 10-21-17

Unit #: 192

Tech (b)(6); (b)(7)(C)

Date/Time: 9/17/17 0730

TRANSFUSERS MUST SIGN

I certify that prior to transfusion we have verified the identity of this unit and its intended recipient and have checked each item in the presence of the recipient.

Date _____ Time _____

Date _____ Time _____





CHI St. Luke's Health

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Memorial Specialty


BLOOD BANK TRANSFUSION RECORD

0300267948 SPAI
ALMAZON RUIZ, FELIPE
EO 09/11/2017 0010282353
DOB: 06/26/1966 51Y M

Patient ABO/Rh: O POSITIVE
 Donor ABO/Rh: O POSITIVE
 Product: UR-PLATE
 Donor Unit: W0446 17 361220
 Crossmatch Interpretation: COMPATIBLE

Tech ID: (b)(6); (b)(7)(C)

Date/Time: 9/12/17 0120

Blood Band #: 

Antibody Screen: NEGATIVE
 Segment #: E5204109A
 Expiry Date: 10-21-17
 Unit #: 2082

TRANSFUSERS MUST SIGN

certify that prior to transfusion we have verified the identity of this unit and its intended recipient and have checked each item in the presence of the recipient

Date _____ Time _____

Date _____ Time _____





BLOOD BANK TRANSFUSION RECORD

Lufkin • Livingston • San Augustine
Memorial Specialty

ATTN

0300267948 SPAI
ALMAZON RUIZ, FELIPE

ED 09/11/2017 0010282353
DOB: 06/26/1966 51Y M

Patient ABO/Rh: O POSITIVE

Donor ABO/Rh: O POSITIVE

Product: UR-PPHC

Donor Unit W0446 17 361217

Crossmatch Interpretation: COMPATIBLE

RELEASED

also 1/17

Blood Band #:

Antibody Screen: NEGATIVE

Segment #: E5204141A

Expiry Date: 10-21-17

Unit #: 1022

Tech ID: (b)(6); (b)(7)(C)

Date/Time: 9/12/17 0130

TRANSFUSERS MUST SIGN

We certify that prior to transfusion we have verified the identity of this unit and its intended recipient and have checked each item in the presence of the recipient.

X _____ Date _____ Time _____

X _____ Date _____ Time _____



REV. (01/30/15) KWIK COPY PRINTING



BLOOD BANK TRANSFUSION RECORD

Lufkin • Livingston • San Augustine
Memorial Specialty

RE

0300267948 SPAI
ALMAZON RUIZ, FELIPE

ED 09/11/2017 0010282353
DOB: 06/26/1966 51Y M

Patient ABO/Rh: O POSITIVE

Donor ABO/Rh: O POSITIVE

Product: UR-PPHC

Donor Unit W0446 17 361220

Crossmatch Interpretation: COMPATIBLE

RELEASED

9/13/17

Blood Band #:

Antibody Screen: NEGATIVE

Segment #: E5204109A

Expiry Date: 10-21-17

Unit #: 2082

Tech ID: (b)(6); (b)(7)(C)

Date/Time: 9/12/17 0130

TRANSFUSERS MUST SIGN

We certify that prior to transfusion we have verified the identity of this unit and its intended recipient and have checked each item in the presence of the recipient.

X _____ Date _____ Time _____

X _____ Date _____ Time _____



MMC LIVINGSTON
Ambulatory Assessment/History Report
09/11/2017 21:02 Through 09/14/2017 04:01

Patient Name: **ALMAZON RUIZ, FELIPE**
 Visit ID: **0300267948** MR Number: **0010282353** DOB: **06/26/1966**
 Admitted: **09/11/2017 21:02** Attending: **(b)(6); (b)(7)(C)**

Assessment Date	(b)(6); (b)(7)(C)							Entry Date
Vitals	Entered By:	(b)(6); (b)(7)(C)						
	Pt. Location:	UNKNOWN_LOCATION UNKNOWN_BED						
	Temp	Pulse	Resp	BP	O2 %	Ht	Wt	
09/11/2017 21:36	98.1 F	99	18	149/97	99.0%	61.00 in	77.13 kgs	09/11/2017 21:36
	Forehead		Arm, Upper Lt					

Vitals	Entered By:	(b)(6); (b)(7)(C)						
	Pt. Location:	LIV EMERGENCY DEPARTMENT RM-04-A						
	Temp	Pulse	Resp	BP	O2 %	Ht	Wt	
09/12/2017 00:46								09/12/2017 00:50

Assessment Date	Entry Date

	IV Medication:	(b)(6); (b)(7)(C)					
	Entered By:	(b)(6); (b)(7)(C)					
	Pt. Location:	LIV EMERGENCY DEPARTMENT RM-04-A					
09/12/2017 00:49	Site:	Jugular, Left					09/12/2017 00:49
	Started by:	(b)(6); (b)(7)(C)					
09/12/2017 03:04	Fluid:	octreotide 25mcg	120	25			09/12/2017 03:04
	Started by:	(b)(6); (b)(7)(C)					
	Fluid:	NSS	1000	150			09/12/2017 03:04
	Started by:	(b)(6); (b)(7)(C)					

MMC LIVINGSTON
Daily Focus Assessment Report
 09/11/2017 21:02 Through 09/14/2017 04:01

Patient Name: **ALMAZON RUIZ, FELIPE**
 Visit ID: **0300267948** MR Number: **0010282353** DOB: **06/26/1968**
 Admitted: **09/11/2017 21:02** Attending: (b)(6); (b)(7)(C)

Assessment Date	Entry Date
Actions Entered By: (b)(6); (b)(7)(C) Pt. Location: LIV EMERGENCY DEPARTMENT RM-04-A	

09/12/2017 00:47	Critical Value - Name: Platlets	09/12/2017 00:47
	Critical Value - Result: 18000	09/12/2017 00:47
	Critical Value - Date/Time Received: 09/12/2017 00:48	09/12/2017 00:47
	Critical Value - Name of MD: (b)(6);	09/12/2017 00:47
	Notified:	
	Critical Value - Date/Time MD: 09/12/2017 00:48	09/12/2017 00:47
	Notified:	
	Critical Value - Comments/Orders: No new orders	09/12/2017 00:47
	Received:	
	Rounding Action: Pt Visually Checked	09/12/2017 00:47
	No change from previous assessment by this clinician	

Assessment Date	Entry Date
ED Med Time(s) Entered By: (b)(6); (b)(7)(C) Pt. Location: LIV EMERGENCY DEPARTMENT RM-04-A	

09/12/2017 02:15	Pain Assessment	Pain Location: abd	09/12/2017 03:02
		Pain Scale: Numeric	
		Pain Score: 5/10	
		Pain Goal: acceptable pain reduction	
09/12/2017 02:15	Name Of IV Push Med Given	octreotide	09/12/2017 03:02
	Dose	25mog	09/12/2017 03:02
	Time IV Push Med Given	09/12/2017 02:15	09/12/2017 03:02
	Response	No ADR	09/12/2017 03:02

Assessment Date	Entry Date
Rounding Entered By: (b)(6); (b)(7)(C) Pt. Location: LIV EMERGENCY DEPARTMENT RM-04-A	

09/12/2017 02:33	Rounding Action	Will continue to monitor patient for complaints or changes in status. Personal needs met Other	09/12/2017 02:33
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MMC LIVINGSTON
Daily Focus Assessment Report
 09/11/2017 21:02 Through 09/14/2017 04:01

Patient Name: **ALMAZON RUIZ, FELIPE**
 Visit ID: **0300267948** MR Number: **0010282353** DOB: **06/26/1966**
 Admitted: **09/11/2017 21:02** Attending: (b)(6); (b)(7)(C)

Assessment Date	Entry Date
Rounding (b)(6); (b)(7)(C) Entered By: (b)(6); (b)(7)(C) Pt. Location: LIV EMERGENCY DEPARTMENT RM-04-A	

09/12/2017 02:33 **Group Note: Assisted to BR by guards with wheelchair. Dizzy when standing. NSR on monitor** 09/12/2017 02:35

Rounding Status No change from previous assessment by this clinician 09/12/2017 02:33
 Pt resting, no complaints voiced at this time
 Pt. denies any complaints at this time.

Assessment Date	Entry Date
Rounding Entered By: (b)(6); (b)(7)(C) Pt. Location: LIV EMERGENCY DEPARTMENT RM-04-A	

09/12/2017 02:35 Rounding Action Other 09/12/2017 02:35
Group Note: IV attempted x3. EJT (b)(6); (b)(7)(C) 09/12/2017 02:36
 Rounding Status Pt resting, no complaints voiced at this time 09/12/2017 02:35
 Pt. denies any complaints at this time.

Assessment Date	Entry Date
Rounding Entered By: (b)(6); (b)(7)(C) Pt. Location: LIV EMERGENCY DEPARTMENT RM-04-A	

09/12/2017 03:30 Rounding Action Will continue to monitor patient for complaints or changes in status. 09/12/2017 06:18
 Rounding Status No change from previous assessment by this clinician 09/12/2017 06:18
 Pt resting, no complaints voiced at this time
 Pt. denies any complaints at this time.

MMC LIVINGSTON
Daily Focus Assessment Report
09/11/2017 21:02 Through 09/14/2017 04:01

Patient Name: **ALMAZON RUIZ, FELIPE**
 Visit ID: **0300267948** MR Number: **0010282353** DOB: **08/26/1988**
 Admitted: **09/11/2017 21:02** Attending: **(b)(6); (b)(7)(C)**

Assessment Date	Entry Date
Rounding Entered By: (b)(6); (b)(7)(C) Pt. Location: LIV EMERGENCY DEPARTMENT RM-04-A	

09/12/2017 05:57	Rounding Action	Will continue to monitor patient for complaints or changes in status. Personal needs met	09/12/2017 05:57
	Rounding Status	No change from previous assessment by this clinician Pt resting, no complaints voiced at this time Pt. denies any complaints at this time.	09/12/2017 05:57

MMC LIVINGSTON

Discharge Assessment/Summary Report

09/11/2017 21:02 through 09/14/2017 04:01

Patient Name: ALMAZON RUIZ, FELIPE

Visit ID: 0300267946

MR Number: 0010287777

DOB: 06/26/1966

Discharged: 09/12/2017 07:00

Attending: (b)(6); (b)(7)(C)

Allergies

Allergy Date

No Known Allergies

09/11/2017

Last Documented by: B (b)(6); (b)(7)(C) on 09/11/2017 21:35

Vitals

Entered By: B (b)(6); (b)(7)(C)

Entry Date

Pt. Location: UNKNOWN_LOCATION UNKNOWN_BED

Temp Pulse Resp BP O2 % Ht Wt

09/11/2017 21:36 98.1 F 16 99.0% 61.00 In 77.13 kgs 09/11/2017 21:36
Forehead

Vitals

Entered By: (b)(6); (b)(7)(C)

Entry Date

Pt. Location: LIV EMERGENCY DEPARTMENT RM-04-A

Temp Pulse Resp BP O2 % Ht Wt

09/12/2017 00:49 91 09/12/2017 02:37

09/12/2017 04:10

142/109

09/12/2017 05:58

Arm, Upper Lt

Assessment Date

Transfer Entered By: (b)(6); (b)(7)(C)

Entry Date

Pt. Location: LIV EMERGENCY DEPARTMENT RM-04-A

09/12/2017 06:45 Admit to: ICU 09/12/2017 06:55
Other

09/12/2017 06:45 Group Note: 17 09/12/2017 08:56

09/12/2017 06:45 Transported With: Oxygen 09/12/2017 06:55
Cardiac / Apnea Monitor
TR/DC with IV line intact
Other

09/12/2017 06:45 Group Note: Octreotide infusion 09/12/2017 06:56

09/12/2017 06:45 Report Given To Loretta 09/12/2017 06:55

Report Given On Current
IV Therapy
Vital Signs
Fall Precautions

Transfer to Another Facility Yes
Notified of Discharge/Transfer Other

09/12/2017 06:45 Group Note: MTC guards 09/12/2017 06:57

09/12/2017 06:45 MOT Completed Yes 09/12/2017 06:55

Receiving Physician Abbass
Receiving Facility Conroe Regional

MMC LIVINGSTON

IV Site and Fluid Report

09/11/2017 21:02 Through 09/14/2017 04:01

Patient Name: ALMAZON RUIZ, FELIPE

Visit ID: 0300267948

MR Number: 0010282353

DOB: 06/26/1966

Admitted: 09/11/2017 21:02

Attending: (b)(6); (b)(7)(C)

IV Site: Jugular, Left
 Started 09/12/2017 00:49 By gelb

Pt Location: LIV EMERGENCY DEPARTMENT RM-04-A

Type: Venous

Entered Date: 09/12/2017 00:49

Catheter Sz: 18 ga

Position Modifier:

Catheter Length:

Unsuccessful Attempts:

Lumens No.:

Note:

Added By: (b)(6); (b)(7)(C) On 09/12/2017 00:49

Pt Location: LIV EMERGENCY DEPARTMENT RM-04-A

IV Site Started By: (b)(6); (b)(7)(C) On 09/12/2017 00:49

IV Site: Jugular, Left

IV Type: Venous

Catheter Sz: 18 ga

Fluid: NSS
 Entry For Date 09/12/2017 03:04 By gelb

Pt Location: LIV EMERGENCY DEPARTMENT RM-04-A

Fluid Started By: (b)(6); (b)(7)(C)

Fluid Started Date: 09/12/2017 03:04

Lumen Used:

Entered Date: 09/12/2017 03:04

Rate: 150 ml/hr

IV Pump: y

Starting Volume: 1000 ml

Volume Infused:

Bag No.:

Bag Complete Date:

Added By: (b)(6); (b)(7)(C) On 09/12/2017 03:04

Entry For Date: 09/12/2017 03:04

Fluid: NSS

Pt Location: LIV EMERGENCY DEPARTMENT RM-04-A

IV Site: Jugular, Left

Fluid Started By: (b)(6); (b)(7)(C) On 09/12/2017 03:04

Starting Volume: 1000

Rate: 150 ml/hr

IV Pump: y

Fluid: octreotide 25mcg
 Entry For Date 09/12/2017 03:04 By gelb

Pt Location: LIV EMERGENCY DEPARTMENT RM-04-A

Fluid Started By: (b)(6); (b)(7)(C)

Fluid Started Date: 09/12/2017 03:04

Lumen Used:

Entered Date: 09/12/2017 03:04

Rate: 25 mcg/hr

IV Pump: y

Starting Volume: 120 ml

Volume Infused:

Bag No.:

Bag Complete Date:

MMC LIVINGSTON

IV Site and Fluid Report

09/11/2017 21:02 Through 09/14/2017 04:01

Patient Name: ALMAZON RUIZ, FELIPE

Visit ID: 0300267948

MR Number: 0010282353

DOB: 06/26/1966

Admitted: 09/11/2017 21:02

Attending: SYED ZAHEER

Fluid: octreotide 25mcg
Entry For Date 09/12/2017 03:04 By gelb

Pt Location: LIV EMERGENCY DEPARTMENT RM-04-A

Fluid Started By: (b)(6); (b)(7)(C)

Fluid Started Date: 09/12/2017 03:04

Lumen Used:

Entered Date: 09/12/2017 03:04

Rate: 25 mcg/hr

IV Pump: y

Starting Volume: 120 ml

Volume Infused:

Bag No.:

Bag Complete Date:

(b)(6); (b)(7)(C)

Added By: On 09/12/2017 03:04

Entry For Date: 09/12/2017 03:04

Fluid: octreotide 25mcg

Pt Location: LIV EMERGENCY DEPARTMENT RM-04-A

IV Site: Jugular Left

Fluid Started By: (b)(6); (b)(7)(C) RN On 09/12/2017 03:04

Starting Volume: 120

Rate: 25 mcg/hr

IV Pump: y

MMC LIVINGSTON

IV Assessment Report

09/11/2017 21:02 Through 09/14/2017 04:01

Patient Name: ALMAZON RUIZ, FELIPE

Visit ID: 0300267948

MR Number: 0010282353

DOB: 06/26/1966

Admitted: 09/11/2017 21:02

Attending: (b)(6); (b)(7)(C)

Assessment Date	IV Site: <i>Jugular, Left</i>
	Entered By: (b)(6); (b)(7)(C)

Catheter Sz: 18 ga

Entered Date: 09/12/2017 00:49

IV Site Started By: (b)(6); (b)(7)(C)

Site Started Date: 09/12/2017 00:49

Type: Venous

Site Discontinued Date:

No. of Lumens:

Note:

No. Unsuccessful Attempts:

Pt. Location: LIV EMERGENCY DEPARTMENT RM-04-A

09/14/2017 04:02

NOTE: All strikeouts were executed by person making original entry.

Page 1 of 1

MMC LIVINGSTON			
Vital Sign Report			
09/11/2017 21:02 Through 09/14/2017 04:01			
Patient Name: ALMAZON RUIZ, FELIPE		Med Rec No: 0010282353	
Visit Id: 0300267948		Admitted: 09/11/2017 21:02	
Birth Date: 08/26/1968		Discharged: 09/12/2017 07:00	
Attend Phys: (b)(6); (b)(7)(C)			

	Assess Date/Time:	Assess Date/Time:	Assess Date/Time:	Assess Date/Time:	Assess Date/Time:	Assess Date/Time:
Vital Type	09/11/2017 21:36	09/12/2017 00:29	09/12/2017 00:31	09/12/2017 00:34	09/12/2017 00:37	09/12/2017 00:40
	Bed: UNKNOWN_BE	Bed: RM-04-A	Bed: RM-04-A	Bed: RM-04-A	Bed: RM-04-A	Bed: RM-04-A

The cells below display the Vital Signs, Notes, Documenter, Co-signer (if applicable), and Date/Time entered.

Temp	98.1 F Forehead 09/11/2017 21:36 By: brwr					
Pulse	99 09/11/2017 21:36 By: brwr	H 103 09/12/2017 00:50 By: gelb	91 09/12/2017 00:50 By: gelb	89 09/12/2017 00:50 By: gelb	92 09/12/2017 00:50 By: gelb	
BP	149/97 Arm, Upper Lt 09/11/2017 21:36 By: brwr	142/104 Arm, Upper Lt 09/12/2017 00:50 By: gelb	161/109 Arm, Upper Lt 09/12/2017 00:50 By: gelb	162/98 Arm, Upper Lt 09/12/2017 00:50 By: gelb	162/94 Arm, Upper Lt 09/12/2017 00:50 By: gelb	158/95 Arm, Upper Lt 09/12/2017 00:50 By: gelb
Resp	16 09/11/2017 21:36 By: brwr					
Wt	77.13 kgs 09/11/2017 21:36 By: brwr					
Ht	61.00 in 09/11/2017 21:36 By: brwr					
BMI*	32.5					
BP, Mean		117 Arm Upper Lt 09/12/2017 00:50 By: gelb	124 Arm, Upper Lt 09/12/2017 00:50 By: gelb	124 Arm, Upper Lt 09/12/2017 00:50 By: gelb	120 Arm, Upper Lt 09/12/2017 00:50 By: gelb	116 Arm, Upper Lt 09/12/2017 00:50 By: gelb
BSA*	1.76					
O2 Sat%, PulseOx	99.0% 09/11/2017 21:36 By: brwr					
* = calculation						

Continued On Next Page...

MMC LIVINGSTON

Vital Sign Report

09/11/2017 21:02 Through 09/14/2017 04:01

Patient Name: **ALMAZON RUIZ, FELIPE**

Visit Id: **0300267948**

Med Rec No: **0010282353**

Birth Date: **06/26/1986**

Admitted: **09/11/2017 21:02**

Attend Phys: (b)(6); (b)(7)(C)

Discharged: **09/12/2017 07:00**

Vital Type	Assess Date/Time: 09/12/2017 00:43 Bed: RM-04-A	Assess Date/Time: 09/12/2017 00:46 Bed: RM-04-A	Assess Date/Time: 09/12/2017 00:49 Bed: RM-04-A	Assess Date/Time: 09/12/2017 00:52 Bed: RM-04-A	Assess Date/Time: 09/12/2017 00:55 Bed: RM-04-A	Assess Date/Time: 09/12/2017 00:58 Bed: RM-04-A
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The cells below display the Vital Signs, Notes, Documenter, Co-signer (if applicable), and Date/Time entered.

Pulse	94 09/12/2017 00:50 By: gelb	97 09/12/2017 00:50 By: gelb	91 09/12/2017 02:37 By: gelb	88 09/12/2017 02:37 By: gelb	91 09/12/2017 02:37 By: gelb	95 09/12/2017 02:37 By: gelb
BP	158/102 Arm, Upper Lt 09/12/2017 00:50 By: gelb	156/105 Arm, Upper Lt 09/12/2017 00:50 By: gelb	157/96 Arm, Upper Lt 09/12/2017 02:37 By: gelb	155/94 Arm, Upper Lt 09/12/2017 02:37 By: gelb	149/101 Arm, Upper Lt 09/12/2017 02:37 By: gelb	167/105 Arm, Upper Lt 09/12/2017 02:37 By: gelb
BP, Mean	119 Arm, Upper Lt 09/12/2017 00:50 By: gelb	130 Arm, Upper Lt 09/12/2017 00:50 By: gelb	110 Arm, Upper Lt 09/12/2017 02:37 By: gelb	118 Arm, Upper Lt 09/12/2017 02:37 By: gelb	120 Arm, Upper Lt 09/12/2017 02:37 By: gelb	131 Arm, Upper Lt 09/12/2017 02:37 By: gelb

* = calculation

Vital Type	Assess Date/Time: 09/12/2017 01:01 Bed: RM-04-A	Assess Date/Time: 09/12/2017 01:04 Bed: RM-04-A	Assess Date/Time: 09/12/2017 01:07 Bed: RM-04-A	Assess Date/Time: 09/12/2017 01:10 Bed: RM-04-A	Assess Date/Time: 09/12/2017 02:16 Bed: RM-04-A	Assess Date/Time: 09/12/2017 02:31 Bed: RM-04-A
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The cells below display the Vital Signs, Notes, Documenter, Co-signer (if applicable), and Date/Time entered.

Pulse	91 09/12/2017 02:37 By: gelb	80 09/12/2017 02:37 By: gelb	90 09/12/2017 02:37 By: gelb	94 09/12/2017 02:37 By: gelb		
BP	162/97 Arm, Upper Lt 09/12/2017 02:37 By: gelb	156/100 Arm, Upper Lt 09/12/2017 02:37 By: gelb	146/97 Arm, Upper Lt 09/12/2017 02:37 By: gelb	160/107 Arm, Upper Lt 09/12/2017 02:37 By: gelb	153/99 Arm, Upper Lt 09/12/2017 02:36 By: gelb	160/103 Arm, Upper Lt 09/12/2017 02:36 By: gelb
BP, Mean	117 Arm, Upper Lt 09/12/2017 02:37 By: gelb	112 Arm, Upper Lt 09/12/2017 02:37 By: gelb	113 Arm, Upper Lt 09/12/2017 02:37 By: gelb	125 Arm, Upper Lt 09/12/2017 02:37 By: gelb	117 Arm, Upper Lt 09/12/2017 02:36 By: gelb	126 Arm, Upper Lt 09/12/2017 02:36 By: gelb

* = calculation

Continued On Next Page...

MMC LIVINGSTON

Vital Sign Report

09/11/2017 21:02 Through 09/14/2017 04:01

Patient Name: ALMAZON RUIZ, FELIPE

Visit Id: 0300267948

Med Rec No: 0010282353

Birth Date: 06/26/1966

Admitted: 09/11/2017 21:02

Attend Phys: (b)(6); (b)(7)(C)

Discharged: 09/12/2017 07:00

	Assess Date/Time: 09/12/2017 04:10	Assess Date/Time: 09/12/2017 04:40	Assess Date/Time: 09/12/2017 05:10	Assess Date/Time: 09/12/2017 05:40
Vital Type	Bed: RM-04-A	Bed: RM-04-A	Bed: RM-04-A	Bed: RM-04-A

The cells below display the Vital Signs, Notes, Documenter, Co-signer (if applicable), and Date/Time entered.

BP	142/109 Arm, Upper Lt 09/12/2017 05:58 By: gelb	145/104 Arm, Upper Lt 09/12/2017 05:58 By: gelb	145/96 Arm, Upper Lt 09/12/2017 05:58 By: gelb	152/101 Arm, Upper Lt 09/12/2017 05:58 By: gelb
BP, Mean	122 Arm, Upper Lt 09/12/2017 05:58 By: gelb	121 Arm, Upper Lt 09/12/2017 05:58 By: gelb	114 Arm, Upper Lt 09/12/2017 05:58 By: gelb	116 Arm, Upper Lt 09/12/2017 05:58 By: gelb

* = calculation

Sta (b)(6); (b)(7)(C)

brw

gelt



ATTN :

(b)(6); (b)(7)(C)

From : TEXAN EMS

(b)(7)(E)

Subject: EMS Patient Care Report

Fax/Print Date: 09/18/2017

To: Conroe Regional (Fax:)

From: TEXAN EMS LLC (Phone: 0)

Fax Confidentiality Notice: The information contained in this faxed patient report is private and confidential. It may contain Protected Health Information (PHI) deemed confidential by HIPAA regulations. It is intended only for the use of Conroe Regional, and the privileges are not waived by virtue of this information having been directly printed or sent by fax. Any use, dissemination, distribution or copying of the information contained in this communication is strictly prohibited by anyone except Conroe Regional. If you have received this fax in error, please notify TEXAN EMS LLC by calling 0 and immediately destroy this fax/print-out.

Run#: TE22002

Medical Record#:

Call Date: 09/12/2017

Call received:	05:45:52	Dispatched:	06:45:53	En Route:	06:45:54
Arrival at scene:	05:45:56	Patient Contact:	06:45:57	Departure from Scene:	06:45:58
Arrival at destination:	08:13:43	Return to service:	08:13:47		

Dispatch As/Chief Complaint: **Other means of transport contradicted**

Medical History

Current Medication: no list presented

Allergies: NKDA

Pertinent Past History: HTN

Patient Information

Last Name: Alamazon Ruiz	Address: 3400 FM 350 S.
First Name: Felipe Middle Initial:	City: LIVINGSTON State: TX Zip: 77351
DOB: 05/26/1966 Weight (lb): Height (ft):	County: POLK Phone: 9369678000
Physician Name: none	

Next of Kin

Name:	Phone:
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Origin

Facility: CHI St. Lukes of East Texas	City: LIVINGSTON Zip: 77351
Street Address: 1717 Hwy 59 Bypass	County: POLK Phone #: 936-327-8500

Patient Assessment

Suspected Illnesses: Abdominal pain/problems	Amputations:
Skin: Normal	Extremities:
Abdominal: Normal	Decubitus To:
Breathing: Clear L+R	Site of Pain: Pain Scale:
EKG Revealed: NSR (07:04:55)	Patient Has In Place: IV octreotide drip 25mcg/hr, O2 4lpm via NC, EKG

Neurological

Level: A+OX4
 Glasgow Coma Scale: 15 (Motor Resp.: 6 Verbal Resp.: 5 Eye Opening: 4)

(b)(7)(E)

Vital Signs & Interventions

Interventions: Assessment, Cardiac monitoring, IV fluids, IV medication, Oxygen

Vitals

BP	Pulse	Resp	SpO2	+O2	EtcO2	Time
151/87	87	20	100	Y		06:49:28
150/90	92	20	99	Y		08:13:35

Meds Administration

Meds	Dose	Unit	Route	Time
octreotide	25/m	mcg	IV	06:50:26

IV/IO

Fluid	Cath.	Adm.	Flow	Site	Time
NS	20	10 D	TKO	L. EJ	06:50:45

CPAP Pressure: Oxygen (LPM): 4 Oxygen Via: Nasal Cannula Airway: Size: Tube Depth:

Narrative

Narrative: Med 2 manned by EM (b)(6); (b)(7)(C) responded to CHI St. Lukes of East Texas on 1717 Hwy 59 Bypass, LIVINGSTON for a 51 year old Male requiring transport to Conroe Regional on 504 Medical Center Blvd, CONROE for bx of upper GI bleed noticed when pt began vomiting blood @ 12 hrs ago. At the Hospital - ER, patient was found ambulatory. Patient ambulated to EMS stretcher and secured with 3 straps, rails raised for safety and placed in semi-fowlers position for comfort. V/S: ((06:49:28) BP: 151/87, Pulse: 87, Resp: 20, SpO2: 100, EtcO2:). Skin: Normal. Blood Glucose: N/A. Pupils: Assessed with No Abnormalities. EKG: (07:04:55) NSR. Primary Assessment: [Pt has no complaints. Pt receiving O2 2lpm via NC. EKG reveals NSR.C]. Secondary Assessment: HEENT: Head: Assessed with No Abnormalities. Ears: Assessed with No Abnormalities. Throat: Assessed with No Abnormalities. Chest: Assessed with No Abnormalities. BBS: Clear L+R. ABD: Normal. Pelvis: Assessed with No Abnormalities. Back: Assessed with No Abnormalities. PMS: no abnormalities noted Patient requires EMS transport due to: IV meds en route. O2 en route. EKG en route. Patient Allergies: NKDA - Current Medication: no list presented - Medical Doctor: none Patient has in place: IV octreotide drip 25mcg/hr, O2 4lpm via NC, EKG Upon arrival to Hospital - ER, patient ambulated to chair. Patient care released to [RNe]. Med 2 returned to service without incident. END REPORT.

Unit ID: Med 2

Medic Name

(b)(6); (b)(7)(C)

Driver Name

(b)(6); (b)(7)(C)

Report Ends.

From: (b)(6); (b)(7)(C)
Sent: 21 Sep 2017 16:57:36 -0400
To: (b)(6); (b)(7)(C)
Subject: RE: Transportation of Deceased body

The original PCTW had a total of 5 death certificates noted and quoted.

It was approved that way. The reason it got my attention is the mortuary said we had a \$9.00 surplus funds compared to the original quote. When I reviewed the PCTW, I just wanted to make sure there was no clerical error. The check amount issued was correct and includes a total of 5 certificates.

They should be available in 2-5 days.

(b)(6); (b)(7)(C)

SDDO
Montgomery County Detention Center
Conroe, Texas

From: (b)(6); (b)(7)(C)
Date: Thursday, Sep 21, 2017, 3:18 PM
To: (b)(6); (b)(7)(C)
Subject: FW: Transportation of Deceased body

FYI

From: (b)(6); (b)(7)(C)
Sent: Tuesday, September 19, 2017 2:01 PM

To: (b)(6); (b)(7)(C)
Subject: RE: Transportation of Deceased body

(b)(6);
(b)(7)(C)

Please update the PCTW for 5 death certificates and return to me for approval.

Thanks!

From: (b)(6); (b)(7)(C)
Sent: Tuesday, September 10, 2017 1:52 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Transportation of Deceased body

Attached is PCTW for transportation of the deceased individual from Montgomery County to IAH onwards to MIA.

Two observations:

(b)(5)

(b)(6); (b)(7)(C)

Mission Support Specialist
Department of Homeland Security
Immigration and Customs Enforcement
Office of Enforcement and Removal Operations
3400 FM 350 South, Livingston, TX 77351
Desk: 936-967 (b)(6); (b)(7)(C)
Fax: 936-967-1840

	Current Unit Pop	Beds Available
Pod 4	64	-4

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 4	ASSIGNED:
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	LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
1	(b)(6); (b)(7)(C)						
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32	ALMAZAN RUIZ	FELIPE	028866428	MEXIC	07/12/2017 17:00	MH	P4-32
33	(b)(6); (b)(7)(C)						
34							
35							

	Current Unit Pop	Beds Available
Pod 6	39	21

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 6	ASSIGNED:
--------------------	------------------

	LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
1	(b)(6); (b)(7)(C)						
2							
3							
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34	ALMAZAN RUIZ	FELIPE	028866428	MEXIC	07/12/2017 17:00	MH	P6-34
35	(b)(6); (b)(7)(C)						

	Current Unit Pop	Beds Available
Pod 6	50	10

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 6	ASSIGNED:
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	LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
(b)(6); (b)(7)(C)							
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34	ALMAZAN RUIZ	FELIPE	028866428	MEXIC	07/12/2017 17:00	MH	P6-34
34	(b)(6); (b)(7)(C)						

	Current Unit Pop	Beds Available
Pod 6	51	9

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 6	ASSIGNED:
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	LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
1	(b)(6); (b)(7)(C)						
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34	ALMAZAN RUIZ	FELIPE	028866428	MEXIC	07/12/2017 17:00	MH	P6-34
35	(b)(6); (b)(7)(C)						

	Current Unit Pop	Beds Available
Pod 6	57	3

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 6	ASSIGNED:
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	LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
1	(b)(6); (b)(7)(C)						
2							
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34	ALMAZAN RUIZ	FELIPE	028866428	MEXIC	07/12/2017 17:00	MH	P6-34
35	(b)(6); (b)(7)(C)						

	Current Unit Pop	Beds Available
Pod 6	47	13

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 6	ASSIGNED:
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LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
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1	(b)(6); (b)(7)(C)					
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34	ALMAZAN RUIZ	FELIPE	028866428	MEXIC	07/12/2017 17:00	MH	P6-34
35							

	Current Unit Pop	Beds Available
Pod 6	47	13

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 6	ASSIGNED:
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LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
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(b)(6); (b)(7)(C)						
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34	ALMAZAN RUIZ	FELIPE	028866428	MEXIC	07/12/2017 17:00	MH P6-34
35						

	Current Unit Pop	Beds Available
Pod 6	59	1

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 6	ASSIGNED:
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	LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
1	(b)(6); (b)(7)(C)						
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33							
34	ALMAZAN RUIZ	FELIPE	028866428	MEXIC	07/12/2017 17:00	MH	P6-34
35							

	Current Unit Pop	Beds Available
Pod 5	60	0

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 5	ASSIGNED:
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	LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
1	(b)(6); (b)(7)(C)						
2							
3							
4	ALMAZAN-RUIZ	FELIPE	028866428	MEXIC	7/12/2017 1700	MH	P5-04
5	(b)(6); (b)(7)(C)						
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	Current Unit Pop	Beds Available
Pod 5	56	4

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 5	ASSIGNED:
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	LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
1	JUAN PABLO	PABLO	005245996	GUATE	07/05/2017 00:00	MH	P5-01
2	(b)(6); (b)(7)(C)						
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32	ALMAZAN-RUIZ	FELIPE	028866428	MEXIC	7/12/2017 1700	MH	P5-32
33	(b)(6); (b)(7)(C)						
34							

	Current Unit Pop	Beds Available
Pod 5	62	-2

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 5	ASSIGNED:
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	LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
1	(b)(6); (b)(7)(C)						
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32	ALMAZAN-RUIZ	FELIPE	028866428	MEXIC	7/12/2017 1700	MH	P5-32
33	(b)(6); (b)(7)(C)						
34							

	Current Unit Pop	Beds Available
Pod 5	64	-4

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 5	ASSIGNED:
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	LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
1	(b)(6); (b)(7)(C)						
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32	ALMAZAN RUIZ	FELIPE	028866428	MEXIC	07/12/2017 17:00	MH	P5-32
33	(b)(6); (b)(7)(C)						
34							

	Current Unit Pop	Beds Available
Pod 4	68	-8

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 4	ASSIGNED:
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	LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
1	(b)(6); (b)(7)(C)						
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32	ALMAZAN RUIZ	FELIPE	028866428	MEXIC	07/12/2017 17:00	MH	P4-32
33	(b)(6); (b)(7)(C)						
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	Current Unit Pop	Beds Available
Pod 4	68	-8

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 4	ASSIGNED:
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	LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
1	(b)(6); (b)(7)(C)						
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32	ALMAZAN RUIZ	FELIPE	028866428	MEXIC	07/12/2017 17:00	MH	P4-32
33	(b)(6); (b)(7)(C)						
34							
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	Current Unit Pop	Beds Available
Pod 4	50	10

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 4	ASSIGNED:
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LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
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1	(b)(6); (b)(7)(C)					
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32	ALMAZAN RUIZ	FELIPE	028866428	MEXIC	07/12/2017 17:00	MH P4-32
33	(b)(6); (b)(7)(C)					
34						
35						

	Current Unit Pop	Beds Available
Pod 4	62	-2

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 4	ASSIGNED:
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LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
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1	(b)(6); (b)(7)(C)					
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32	ALMAZAN RUIZ	FELIPE	028866428	MEXIC	07/12/2017 17:00	MH P4-32
33	(b)(6); (b)(7)(C)					
34						
35						

	Current Unit Pop	Beds Available
Pod 4	50	10

KROME SPC	DAY: Friday	DATE: 10/27/2017
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POST: Pod 4	ASSIGNED:
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	LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
1	(b)(6); (b)(7)(C)						
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32	ALMAZAN RUIZ	FELIPE	028866428	MEXIC	07/12/2017 17:00	MH	P4-32
33	(b)(6); (b)(7)(C)						
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35							

	Current Unit Pop	Beds Available
Pod 4	59	1

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 4	ASSIGNED:
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	LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
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1	(b)(6); (b)(7)(C)						
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32	ALMAZAN RUIZ	FELIPE	028866428	MEXIC	07/12/2017 17:00	MH	P4-32

33	(b)(6); (b)(7)(C)						
34							
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	Current Unit Pop	Beds Available
Pod 4	60	0

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 4	ASSIGNED:
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LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
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1	(b)(6); (b)(7)(C)					
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32	ALMAZAN RUIZ	FELIPE	028866428	MEXIC	07/12/2017 17:00	MH P4-32
33	(b)(6); (b)(7)(C)					
34						
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	Current Unit Pop	Beds Available
Pod 4	74	-14

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 4	ASSIGNED:
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	LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
1	(b)(6); (b)(7)(C)						
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32	ALMAZAN RUIZ	FELIPE	028866428	MEXIC	07/12/2017 17:00	MH	P4-32
33	(b)(6); (b)(7)(C)						
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	Current Unit Pop	Beds Available
Pod 4	75	-15

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 4	ASSIGNED:
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LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
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1	(b)(6); (b)(7)(C)					
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32	ALMAZAN RUIZ	FELIPE	028866428	MEXIC	07/12/2017 17:00	MH	P4-32
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33	(b)(6); (b)(7)(C)						
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34							
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35							
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	Current Unit Pop	Beds Available
Pod 4	70	-10

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 4	ASSIGNED:
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LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
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1	(b)(6); (b)(7)(C)					
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32	ALMAZAN RUIZ	FELIPE	028866428	MEXIC	07/12/2017 17:00	MH P4-32
33	(b)(6); (b)(7)(C)					
34						
35						

	Current Unit Pop	Beds Available
Pod 4	65	-5

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 4	ASSIGNED:
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	LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
2	(b)(6); (b)(7)(C)						
3	(b)(6); (b)(7)(C)						
4	(b)(6); (b)(7)(C)						
5	(b)(6); (b)(7)(C)						
6	(b)(6); (b)(7)(C)						
7	(b)(6); (b)(7)(C)						
8	(b)(6); (b)(7)(C)						
9	(b)(6); (b)(7)(C)						
10	(b)(6); (b)(7)(C)						
11	(b)(6); (b)(7)(C)						
12	(b)(6); (b)(7)(C)						
13	(b)(6); (b)(7)(C)						
14	(b)(6); (b)(7)(C)						
15	(b)(6); (b)(7)(C)						
16	(b)(6); (b)(7)(C)						
17	(b)(6); (b)(7)(C)						
18	(b)(6); (b)(7)(C)						
19	(b)(6); (b)(7)(C)						
20	(b)(6); (b)(7)(C)						
21	(b)(6); (b)(7)(C)						
22	(b)(6); (b)(7)(C)						
23	(b)(6); (b)(7)(C)						
24	(b)(6); (b)(7)(C)						
25	(b)(6); (b)(7)(C)						
26	(b)(6); (b)(7)(C)						
27	(b)(6); (b)(7)(C)						
28	(b)(6); (b)(7)(C)						
29	(b)(6); (b)(7)(C)						
30	(b)(6); (b)(7)(C)						
31	(b)(6); (b)(7)(C)						
32	ALMAZAN RUIZ	FELIPE	028866428	MEXIC	07/12/2017 17:00	MH	P4-32
33	(b)(6); (b)(7)(C)						
34	(b)(6); (b)(7)(C)						
35	(b)(6); (b)(7)(C)						

	Current Unit Pop	Beds Available
Pod 4	66	-6

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 4	ASSIGNED:
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	LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
1	(b)(6); (b)(7)(C)						
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32	ALMAZAN RUIZ	FELIPE	028866428	MEXIC	07/12/2017 17:00	MH	P4-32
33	(b)(6); (b)(7)(C)						
34							
35							

	Current Unit Pop	Beds Available
Pod 4	66	-6

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 4	ASSIGNED:
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LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
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1	(b)(6); (b)(7)(C)					
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32	ALMAZAN RUIZ	FELIPE	028866428	MEXIC	07/12/2017 17:00	MH P4-32

33	(b)(6); (b)(7)(C)					
34						
35						

	Current Unit Pop	Beds Available
Pod 4	62	-2

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 4	ASSIGNED:
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	LAST NAME	FIRST NAME	ALIEN #	COUNTRY	Book-in Date	DET-CLASS	HOUSING ASSIGNMENT
1	(b)(6); (b)(7)(C)						
2							
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4							
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	Current Unit Pop	Beds Available
Pod 4	60	0

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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	Current Unit Pop	Beds Available
Pod 4	60	0

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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	Current Unit Pop	Beds Available
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KROME SPC	DAY:	Friday	DATE:	10/27/2017
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	Current Unit Pop	Beds Available
Pod 4	63	-3

KROME SPC	DAY:	Friday	DATE:	10/27/2017
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POST: Pod 4	ASSIGNED:
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 US Department of Homeland Security US Immigration and Customs Enforcement Krome Service Processing Center	Policy Number KRO/17.4.3	Pages 29
Related Standards/Information ACA 4-ALDF-2A-15, 4C-01 THROUGH 4C-31, 4C-34 THROUGH 4C-41, 4D-01 THROUGH 4D-21, 4D-23 THROUGH 4D-28, 2A-45, 7D-25, Post Orders, PBNDS (Detention Standards) (Medical Care), IHSC Policies and Procedures Manual	Subject Medical Care	

I. PURPOSE

To outline the medical services available to detainees housed at the Krome Service Processing Center (SPC).

II. EXPECTED PRACTICES

A. General

The Krome SPC shall directly or contractually provide its detainee population with the following:

1. Initial medical, mental health and dental screening;
2. Medically necessary and appropriate medical, dental and mental health care and pharmaceutical services;
3. Comprehensive, routine and preventive health care, as medically indicated;
4. Emergency care;
5. Specialty health care;
6. Timely responses to medical complaints; and
7. Hospitalization as needed within the local community.
8. Staff or professional language services necessary for detainees with limited English proficiency (LEP) during any medical or mental health appointment, sick call, treatment, or consultation.

**Medical facilities within the detention facility shall achieve and maintain current accreditation with the National Commission on Correctional Health Care (NCCCHC), and shall maintain compliance with those standards.

B. Designation of Authority

A designated health services administrator (HSA) shall have overall responsibility for health care services pursuant to a written agreement, contract or job description. The HSA is a physician or health care professional and shall be identified to detainees. The designated clinical medical authority (CMA) at the Krome SPC shall have overall responsibility for medical clinical care pursuant to a written agreement, contract or job description. The CMA shall be a medical doctor (MD) or doctor of osteopathy (DO).

The CMA may designate a clinically trained professional to have medical decision making authority in the event that the CMA is unavailable.

When the HSA is other than a physician, final clinical judgment shall rest with the Krome SPC's designated CMA. In no event shall clinical decisions be made by non-clinicians.

The HSA shall be authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program. The CMA together with the HSA establishes the processes and procedures necessary to meet the medical standards outlined herein.

The Krome SPC shall provide medical staff and sufficient support personnel to meet these standards. A staffing plan will be reviewed at least annually which identifies the positions needed to perform the required services.

Health care personnel perform duties within their scope of practice for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders.

The Assistant Field Office Director (AFOD), in collaboration with the CMA and HSA, negotiates and maintains arrangements with nearby medical facilities or health care providers to provide required health care not available within the Krome SPC, as well as identifying custodial officers to transport and remain with detainees for the duration of any off-site treatment or hospital admission.

C. Communicable Disease and Infection Control

1. General

The Krome SPC shall have written plans that address the management of infectious and communicable diseases, including screening, prevention, education, identification, monitoring and surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated) and reporting to local, state and federal agencies.

Plans shall include:

- a. Coordination with local public health authorities;
- b. Ongoing education for staff and detainees;
- c. Control, treatment and prevention strategies;
- d. Protection of detainee confidentiality;
- e. Media relations, in coordination with the local Public Affairs Officer (PAO);
- f. Procedures for the identification, surveillance, immunization, follow-up and isolation of patients;
- g. hand hygiene

- h. Management of infectious diseases and reporting them to local and/or state health departments in accordance with established guidelines and applicable laws; and
- i. Management of bio-hazardous waste and decontamination of medical and dental equipment that complies with applicable laws and policy “Environmental Health and Safety.”

The Krome SPC shall comply with current and future plans implemented by federal, state or local authorities addressing specific public health issues including communicable disease reporting requirements. Infectious and communicable disease control activities shall be reviewed and discussed in the quarterly administrative meetings as described in Section V. DD of this detention policy. Designated medical staff shall report to the ICE Health Service Corps (IHSC) Public Health, Safety, and Preparedness Unit all detainees diagnosed with a communicable disease of public health significance.

2. Tuberculosis (TB) Management

As indicated in this policy below in the section “J. Medical and Mental Screening of New Arrivals,” screening for TB is initiated at intake and in accordance with Center for Disease Control and Prevention (CDC) guidelines.

All new arrivals shall receive TB screening within 12 hours of intake and in accordance with CDC guidelines (www.cdc.gov/tb). For detainees that have been in continuous law enforcement custody, symptom screening plus documented TB screening within one year of arrival may be accepted for intake screening purposes.

Annual or periodic TB testing shall be implemented in accordance with CDC guidelines; annual TB screening method should be appropriately selected with consideration given to the initial screening method conducted or documented during intake.

Detainees with symptoms suggestive of TB, or with suspected or confirmed active TB disease based on clinical and/or laboratory findings, shall be placed in a functional airborne infection isolation room with negative pressure ventilation and be promptly evaluated for TB disease. Patients with suspected active TB shall remain in airborne infection isolation until determined by a qualified provider to be noncontagious in accordance with CDC guidelines.

For all patients with confirmed and suspected active tuberculosis, designated medical staff shall:

- a. Report all cases to local and/or state health departments within one working day of meeting reporting criteria and in accordance with established guidelines and applicable laws, identified by the custodial agency and the detainee’s identifying number of that agency (ICE detainees are reported as being in ICE custody and are identified by their alien numbers).

- b. Report all detainees with suspected or confirmed TB to the ICE Health Service Corps (IHSC), Public Health, Safety, and Preparedness Unit within one working day of initial identification with suspected or confirmed TB disease.

Reporting shall include names, aliases, date of birth, alien number, case status/classification, available diagnostic and lab results, treatment status (including drugs and dosages), treatment start date, a summary case report, and a point of contact and telephone number for follow-up.

- c. Promptly report any movement of TB patients, including hospitalizations, facility transfers, releases, or removals/deportations to the local and/or state health department and the IHSC Public Health, Safety, and Preparedness Unit.

When treatment is indicated, multi-drug, anti-TB therapy shall be administered using directly observed therapy (DOT) in accordance with American Thoracic Society (ATS) and CDC guidelines. For patients with drug-resistant or multidrug-resistant TB, the state or local health department shall be consulted to establish a customized treatment regimen and treatment plan. Patients receiving anti-TB therapy shall be provided with a 15 day supply of medications and appropriate education when transferred, released or deported, in an effort to prevent interruptions in treatment until care is continued in another location.

Treatment for latent TB infection (LTBI) shall not be initiated unless active TB disease is ruled out.

Designated medical staff shall coordinate with the IHSC Epidemiology Unit and the local and/or state health department to facilitate an international referral and continuity of therapy.

Designated medical staff shall collaborate with the local and/or state health department on tuberculosis and other communicable diseases of public health significance.

3. Significant Communicable Disease

Designated medical staff shall notify the IHSC Public Health, Safety, and Preparedness Unit of any ICE detainee with a significant communicable disease and of any contact or outbreak investigations involving ICE detainees exposed to a significant communicable disease without known immunity. Significant communicable diseases include, but are not limited to, varicella (chicken pox), measles, mumps, pertussis (whooping cough), and typhoid.

4. Bloodborne Pathogens

Infection control awareness shall be communicated on a regular basis to correctional and medical staff, as well as detainees. Detainees exposed to potentially infectious

body fluids (e.g., through needle sticks or bites) shall be afforded immediate medical assistance, and the incident shall be reported as soon as possible to the clinical director or designee and documented in the medical file. All detainees shall be assumed to be infectious for bloodborne pathogens, and standard precautions are to be used at all times when caring for all detainees.

The Krome SPC shall establish a written plan to address exposure to bloodborne pathogens; the management of hepatitis A, B, and C; and the management of HIV infection, including reporting.

a. Hepatitis

A detainee may request hepatitis testing at any time during detention.

b. HIV

A detainee may request HIV testing at any time during detention. Persons who must feed, escort, directly supervise, interview or conduct routine office work with HIV patients are not considered at risk of infection. However, persons regularly exposed to blood are at risk. Facilities shall develop a written plan to ensure the highest degree of confidentiality regarding HIV status and medical condition. Staff training must emphasize the need for confidentiality, and procedures must be in place to limit access to health records to only authorized individuals and only when necessary.

The accurate diagnosis and medical management of HIV infection among detainees shall be promoted. An HIV diagnosis may be made only by a licensed health care provider, based on a medical history, current clinical evaluation of signs and symptoms and laboratory studies.

c. Clinical Evaluation and Management

Medical personnel shall provide all detainees diagnosed with HIV/AIDS medical care consistent with national recommendations and guidelines disseminated through the U.S. Department of Health and Human Services, the CDC, and the Infectious Diseases Society of America. Medical and pharmacy personnel shall ensure that all Food and Drug Administration (FDA) medications currently approved for the treatment of HIV/AIDS are accessible. Medical and pharmacy personnel shall develop and implement distribution procedures to ensure timely and confidential access to medications.

Many of these guidelines are available through the following links:

- <http://aidsinfo.nih.gov/Guidelines/default.aspx>
- <http://www.cdc.gov/hiv/resources/guidelines/index.htm#treatment>
- <http://www.idsociety.org/Content.aspx?id=9088>

Medical and pharmacy personnel shall ensure the Krome SPC maintains access to adequate supplies of FDA-approved medications for the treatment of HIV/AIDS

to ensure newly admitted detainees shall be able to continue with their treatments without interruption. Upon release, detainees currently receiving highly active antiretroviral therapy and other drugs shall receive up to a 30day supply of their medications as medically appropriate.

When current symptoms are suggestive of HIV infection, the following procedures shall be implemented.

1. Clinical evaluation shall determine the medical need for isolation. Detainees with HIV shall not be separated from the general population, either pending a test result or after a test report, unless clinical evaluation reveals a medical need for isolation. Segregation of HIV-positive detainees is not necessary for public health purposes.
2. Following a clinical evaluation, if a detainee manifests symptoms requiring treatment beyond the Krome SPC's capability, the provider shall recommend the detainee's transfer to a local hospital or other appropriate facility for further medical testing, final diagnosis and acute treatment as needed, consistent with local operating procedures.
3. Any detainee with active tuberculosis shall also be evaluated for possible HIV infection.
4. New HIV-positive diagnoses must be reported to government bodies according to state and local laws and requirements; the HSA is responsible for ensuring that all applicable state requirements are met.

The "Standard Precautions" section of policy "Environmental Health and Safety" provides more detailed information.

D. Notifying Detainees about Health Care Services

In accordance with policy "Detainee Handbook," the Krome SPC shall provide each detainee, upon admittance, a copy of the detainee handbook and local supplement, in which procedures for access to health care services are explained.

Health care practitioners should explain any rules about mandatory reporting and other limits to confidentiality in their interactions with detainees. Informed consent shall be obtained prior to providing treatment (absent medical emergencies). Consent forms and refusals shall be documented and placed in the detainee's medical file.

In accordance with the section on Orientation in policy "Admission and Release," access to health care services, the sick call and medical grievance processes shall be included in the orientation curriculum for newly admitted detainees.

E. Translation and Language Access for Detainees with Limited English Proficiency

The Krome SPC shall provide appropriate interpretation and language services for LEP detainees related to medical and mental health care. Where appropriate staff

interpretation is not available, facilities will make use of professional interpretation services. Detainees shall not be used for interpretation services during any medical or mental health service. Interpretation and translation services by other detainees shall only be provided in an emergency medical situation.

The Krome SPC shall post signs in medical intake areas in English, Spanish, and languages spoken by other significant segments of the facility's detainee population listing what language assistance is available during any medical or mental health treatment, diagnostic test, or evaluation.

F. Facilities

1. Examination and Treatment Area

Adequate space and equipment shall be furnished in the Krome SPC so that all detainees may be provided basic health examinations and treatment in private while ensuring safety.

A holding/waiting area shall be located in the medical facility under the direct supervision of custodial officers. A detainee toilet and drinking fountain shall be accessible from the holding/waiting area.

2. Medical Records

Medical records shall be kept separate from detainee detention records and stored in a securely locked area within the medical unit.

3. Medical Housing

In the Krome SPC, the Medical Housing Unit (MHU) shall be separate from other housing areas; in the MHU detainees are admitted for health observation and care under the supervision and direction of health care personnel; consideration shall be given to the detainee's age, gender, medical requirements and custody classification and the following minimum standards shall be met:

a. Care

1. Physician at the Krome SPC or on call 24 hours per day;
2. Qualified health care personnel on duty 24 hours per day when patients are present;
3. Staff members within sight or sound of all patients;
4. Maintenance of a separate medical housing record distinct from the complete medical record; and
5. Compliance with all established guidelines and applicable laws.

Detainees in medical housing shall have access to other services such as telephone, legal access and materials, consistent with their medical conditions.

Prior to placing a mentally ill detainee in medical housing, a determination shall be made by a medical or mental health professional that placement in medical housing is medically necessary.

b. Wash Basins, Bathing Facilities and Toilets

1. Detainees shall have access to operable washbasins with hot and cold running water at a minimum ratio of 1 for every 12 detainees, unless state or local building codes specify a different ratio.
2. Sufficient bathing facilities shall be provided to allow detainees to bathe daily, and sufficient bathing facilities shall be physically accessible for detainees with disabilities, as required by the applicable accessibility policy. Water shall be thermostatically controlled to temperatures ranging from 100 F to 120 F degrees.
3. Detainees shall have access to operable toilets and hand-washing facilities 24 hours per day and shall be permitted to use toilet facilities without staff assistance. Unless state or local building or health codes specify otherwise:
 - a. Toilets shall be provided at a minimum ratio of 1 to every 12 detainees in male facilities, and
 - b. All housing units with three or more detainees shall have a minimum of two toilets.

G. Pharmaceutical Management

The Krome SPC, through IHSC, shall have and comply with written policy and procedures for the management of pharmaceuticals, to include:

1. A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources;
2. Identification of a method for promptly approving and obtaining medicines not on the formulary;
3. Prescription practices, including requirements that medications are prescribed only when clinically indicated, and that prescriptions are reviewed before being renewed;
4. Procurement, receipt, distribution, storage, dispensing, administration and disposal of medications;
5. Secure storage and disposal and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles;
6. Medicine administration error reports to be kept for all administration errors;
7. All staff responsible for administering or having access to pharmaceuticals to be trained on medication management before beginning duty;

8. All pharmaceuticals to be stored in a secure area with the following features:
 - a. A secure perimeter;
 - b. Access limited to authorized medical staff (never detainees);
 - c. Solid walls from floor to ceiling and a solid ceiling;
 - d. A solid core entrance door with a high security lock (with no other access); and
 - e. A secure medication storage area;
9. Administration and management in accordance with state and federal law;
10. Supervision by properly licensed personnel;
11. Administration of medications by properly licensed, credentialed, trained personnel under the supervision of the health services administrator (HSA), clinical medical authority (CMA), both; and
12. Documentation of accountability for administering or distributing medications in a timely manner, and according to licensed provider orders.

H. Nonprescription Medications

The AFOD and HSA shall jointly approve any nonprescription medications that are available to detainees outside of health services (e.g., sold in commissary, distributed by housing officers, etc.), and shall jointly review the list, on an annual basis at a minimum.

I. Medical Personnel

All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. Copies of the documents must be maintained on site and readily available for review. A restricted license does not meet this requirement.

J. Medical and Mental Health Screening of New Arrivals

As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care provider or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute or emergent medical conditions. Any detainee responding in the affirmative shall be sent for evaluation to a qualified, licensed health care provider as quickly as possible, but in no later than two working days. Detainees who appear upon arrival to raise urgent medical or mental health concerns shall receive priority in the intake screening process. For intrasystem transfers, a qualified health care professional will review each incoming detainee's health record or health summary within 12 hours of arrival, to ensure continuity of care.

For LEP individuals, interpretation for the screening will be conducted by the Krome SPC staff with appropriate language capabilities or through professional interpretation services, as described in Section E of this policy ("Translation and Language Access for Detainees with Limited English Proficiency").

The screening shall inquire into the following:

1. Any past history of serious infectious or communicable illness, and any treatment or symptoms;
2. History of physical and mental illness;
3. Pain assessment;
4. Current and past medication;
5. Allergies;
6. Past surgical procedures;
7. Symptoms of active TB or previous TB treatment;
8. Dental care history;
9. Use of alcohol, tobacco and other drugs, including an assessment for risk of potential withdrawal;
10. Possibility of pregnancy;
11. Other relevant health problems identified by the CMA responsible for screening inquiry;
12. Observation of behavior, including state of consciousness, mental status, appearance, conduct, tremor, sweating;
13. History of suicide attempts or current suicidal/homicidal ideation or intent;
14. Observation of body deformities and other physical abnormalities;
15. Inquire into a transgender detainee's gender self-identification and history of transition-related care, when a detainee self-identifies as transgender;
16. Past hospitalizations;
17. Chronic illness (including, but not limited to, hypertension and diabetes);
18. Dietary needs; and
19. Any history of physical or sexual victimization or perpetrated sexual abuse, and when the incident occurred.

Where there is a clinically significant finding as a result of the initial screening, an immediate referral shall be initiated and the detainee shall receive a health assessment no later than two working days from the initial screening.

Initial screenings shall be conducted in settings that respect detainees' privacy and include observation and interview questions related to the detainee's potential suicide risk and mental health. For further information, see policy "Significant Self-harm and Suicide Prevention and Intervention."

If, at any time during the screening process, there is an indication of need of, or a request for, mental health services, the HSA must be notified within 24 hours. The CMA, HSA or other qualified licensed health care provider shall ensure a full mental health evaluation, if indicated. Mental health evaluations must be conducted within the timeframes prescribed in "O. Mental Health Program" of this policy.

See "L. Comprehensive Health Assessment," and "N. Mental Health Program" below.

IHSC shall have policies and procedures in place to ensure documentation of the initial health screening and assessment.

The health intake screening shall be conducted using the In-Processing Health Screening Form (IHSC 794) or equivalent and shall be completed prior to the detainee's placement in a housing unit. The Intake Screening Form attached as Appendix 4.3.A mirrors form IHSC 795A and may be used by facilities to ensure compliance with screening requirements in this policy.

Upon completion of the In-Processing Health Screening form, Medical staff will assess priority for treatment (e.g. urgent, today or routine).

Limited-English proficient detainees and detainees who are hearing impaired shall be provided interpretation or translation services or other assistance as needed for medical care activities.

Language assistance may be provided by another medical staff member competent in the language or by a professional service, such as a telephone interpretation service.

K. Substance Dependence and Detoxification

All detainees shall be evaluated through an initial screening for use of and/or dependence on mood-and mind-altering substances, alcohol, opiates, hypnotics, sedatives, etc. Detainees who report the use of such substances shall be evaluated for their degree of reliance on and potential for withdrawal from the substance.

The CMA shall establish guidelines for evaluation and treatment of new arrivals that require detoxification.

Detainees experiencing severe or life-threatening intoxication or withdrawal shall be transferred immediately to an emergency department for evaluation.

Once evaluated, the detainee will be referred to an appropriate facility qualified to provide treatment and monitoring for withdrawal, or treated on-site if the Krome SPC is staffed with qualified personnel and equipment to provide appropriate care.

L. Privacy and Chaperones

1. Medical Privacy

Medical and mental health interviews, screenings, appraisals, examinations, procedures, and administration of medication shall be conducted in settings that respect detainees' privacy.

2. Same-Gender Providers and Chaperones

A detainee's request to see a health care provider of the same gender should be considered; when not feasible, a same-gender chaperone shall be provided.

When care is provided by a health care provider of the opposite gender, a detainee shall be provided a same-gender chaperone upon the detainee's request.

A same-gender chaperone shall be provided, even in the absence of a request by the detainee, when a medical encounter involves a physical examination of sensitive body parts, to include breast, genital, or rectal examinations, by a provider of the opposite gender.

Only medical personnel may serve as chaperones during medical encounters and examinations.

M. Comprehensive Health Assessment

IHSC shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition. Physical examinations shall be performed by a physician, physician assistant, nurse practitioner, RN (with documented training provided by a physician) or other health care practitioner as permitted by law.

Facility medical personnel are encouraged to use the form "Physical Examination/Health Appraisal" attached as Appendix 4.3.B when conducting the comprehensive health assessment.

If documentation exists of such a health assessment within the previous 90 days, IHSC upon review may determine that a new appraisal is not required.

The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment.

Detainees diagnosed with a communicable disease shall be isolated according to national standards of medical practice and procedures.

N. Medical/Psychiatric Alerts and Holds

Where a detainee has a serious medical or mental health condition or otherwise requires special or close medical care, medical staff shall complete a Medical/Psychiatric Alert form (IHSC-834) or equivalent, and file the form in the detainee's medical record. Where medical staff furthermore determine the condition to be serious enough to require medical clearance of the detainee prior to transfer or removal, medical staff shall also place a medical hold on the detainee using the Medical/Psychiatric Alert form (IHSC-834) or equivalent, which serves to prevent ICE from transferring or removing the detainee without the prior clearance of medical staff at the Krome SPC. The AFOD shall receive notice of all medical/psychiatric alerts or holds, and shall be responsible for

notifying designated staff of any medical alerts or holds placed on a detainee that is to be transferred.

Potential health conditions meriting the completion of a Medical/Psychiatric Alert form may include, but are not limited to:

- 1) Medical conditions requiring ongoing therapy, such as:
 - a. Active TB
 - b. Infectious diseases
 - c. Chronic conditions
- 2) Mental health conditions requiring ongoing therapy, such as:
 - a. Suicidal behavior or tendencies
- 3) Ongoing physical therapy
- 4) Pregnancy

O. Mental Health Program

1. Mental Health Services Required

The Krome SPC shall have an in-house or contractual mental health program, approved by the appropriate medical authority that provides:

- a. Intake screening Form IHSC 794 (or equivalent) for mental health problems;
- b. Referral as needed for evaluation, diagnosis, treatment and monitoring of mental illness by a competent mental health professional.
- c. Crisis intervention and management of acute mental health episodes;
- d. Transfer to licensed mental health facilities of detainees whose mental health needs exceed the capabilities of the Krome SPC; and
- e. A suicide prevention program.

2. Mental Health Provider

The term “mental health provider” includes psychiatrists, physicians, psychologists, clinical social workers and other appropriately licensed independent mental health practitioners

3. Mental Health Evaluation

Based on intake screening, the comprehensive health assessment, medical documentation, or subsequent observations by detention staff or medical personnel, any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary. If the

practitioner is not a mental health provider and further referral is necessary, the detainee will be evaluated by a mental health provider within the next business day.

Such evaluation and screenings shall include:

- a. Reason for referral;
- b. History of any mental health treatment or evaluation;
- c. History of illicit drug/alcohol use or abuse or treatment for such;
- d. History of suicide attempts;
- e. Current suicidal/homicidal ideation or intent;
- f. Current use of any medication;
- g. Estimate of current intellectual function;
- h. Mental health screening, to include prior history physical, sexual or emotional abuse;
- i. Impact of any pertinent physical condition, such as head trauma;
- j. Recommend actions for any appropriate treatment, including but not limited to the following:
 1. Remain in general population with psychotropic medication and counseling,
 2. "short-stay" unit or infirmary,
 3. Special Management Unit, or
 4. Community hospitalization; and
- k. Recommending and/or implementing a treatment plan, including recommendations concerning transfer, housing, voluntary work and other program participation.

4. Referrals and Treatment

Any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary. If the practitioner is not a mental health provider and further referral is necessary, the detainee will be evaluated by a mental health provider within the next business day.

The provider shall develop an overall treatment/management plan.

If the detainee's mental illness or developmental or intellectual disability needs exceeds the treatment capability of the Krome SPC, a referral for an outside mental health facility may be initiated.

Any detainee prescribed psychiatric medications must be regularly evaluated by a duly-licensed and appropriate medical professional, at least once a month, to ensure proper treatment and dosage;

5. Medical Isolation

The CMA may authorize medical isolation for a detainee who is at high risk for violent behavior because of a mental health condition. The CMA shall be responsible for the daily reassessment of the need for continued medical isolation to ensure the health and safety of the detainee.

Medical isolation shall not be used as a punitive measure.

6. Involuntary Administration of Psychotropic Medication

Involuntary administration of psychotropic medication to detainees shall comply with established guidelines and applicable laws, and shall be performed only pursuant to the specific, written and detailed authorization of a physician. Absent declared medical emergency, before psychotropic medication is involuntarily administered, it is required that the HSA contact ERO management, who shall then contact respective ICE Office of Chief Counsel to facilitate a request for a court order to involuntarily medicate the detainee.

Prior to involuntarily administering psychotropic medication, absent a declared medical emergency, the authorizing physician shall:

- a. Review the medical record of the detainee and conduct a medical examination;
- b. Specify the reasons for and duration of therapy, and whether the detainee has been asked if he/she would consent to such medication;
- c. Specify the medication to be administered, the dosage and the possible side effects of the medication;
- d. Document that less restrictive intervention options have been exercised without success;
- e. Detail how medication is to be administered;
- f. Monitor the detainee for adverse reactions and side effects; and
- g. Prepare treatment plans for less restrictive alternatives as soon as possible.

Also see the section on Informed Consent and Involuntary Treatment (Medical Care sections V and X) later in this detention policy.

P. Referrals for Sexual Abuse Victims or Abusers

If any security or medical intake screening or classification assessment indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate.

When a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two working days from the date of assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral.

For the purposes of this section, a “qualified medical practitioner” or “qualified mental health practitioner” means a health or mental health professional, respectively, who in addition to being qualified to evaluate and care for patients within the scope of his/her professional practice, has successfully completed specialized training for treating sexual abuse victims.

Q. Annual Health Examinations

Any detainee in ICE custody for more than one year continuously shall receive health examinations on an annual basis. Such examinations may occur more frequently for certain individuals, depending on their medical history and/or health conditions. Detainees shall have access to age- and gender-appropriate exams annually, including re-screening for TB.

R. Dental Treatment

An initial dental screening shall be performed within 14 days of the detainee’s arrival. The initial dental screening may be performed by a dentist or a properly trained qualified health provider.

1. Emergency dental treatment shall be provided for immediate relief of pain, trauma and acute oral infection.
2. Routine dental treatment may be provided to detainees in ICE custody for whom dental treatment is inaccessible for prolonged periods because of detention for over six months, including amalgam and composite restorations, prophylaxis, root canals, extractions, x-rays, the repair and adjustment of prosthetic appliances and other procedures required to maintain the detainee’s health. Dental exams and treatment shall be performed only by licensed dental personnel.

S. Sick Call

The Krome SPC has regularly scheduled times, known as sick call, when medical personnel are available to see detainees who have requested medical services. Sick call is conducted every day except Wednesdays.

Request slips are made freely available by detainee housing unit officers for detainees to request health care services on a daily basis. The request slips are made available in English, Creole and Spanish. The slip is completed by the detainee and must contain the detainee's name, full A-number, sex, age, country of nationality, and reason for requesting a medical visit. The slip will be dated and signed by the detainee. If necessary, detainees are provided with assistance in filling out the request slip, especially detainees that are illiterate or limited English speaking.

The IHSC will triage the detainees in their housing units to determine when the detainee will be seen. Appointments are then scheduled for all those who do not require same day

treatment. Sick call requests will be triaged by medical personnel within 24 hours, after a detainee submits the request.

All detainees, including those in Special Management Units, regardless of classification, will have access to sick call. In addition to sick call, if a detainee needs immediate medical attention, the officers notify the medical clinic of the name, alien number and the description of the complaint. Medical staff will then make the determination as to whether the detainee should report to the medical clinic.

Prior to the scheduled visits from the IHSC medical staff, the Special Housing Unit Officer shall go to each cell and have the detainees deposit sick call slips, if any, into the portable sick call slip inbox. This procedure will enforce the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, which protects the privacy of individually identifiable health information. IHSC medical staff will then collect all sick call slips accordingly.

T. Emergency Medical Services and First Aid

1. IHSC shall have a written emergency services plan for delivery of 24-hour emergency health care. This plan shall be prepared in consultation with the Krome SPC's CMA or the HSA, and must include the following:
 - a. An on-call physician, dentist and mental health professional, or designee, that are available 24 hours per day;
 - b. A list of telephone numbers for local ambulances and hospital services available to all staff;
 - c. An automatic external defibrillator (AED) shall be maintained for use at the Krome SPC and accessible to staff;
 - d. All detention and medical staff shall receive cardio pulmonary resuscitation (CPR, AED), and emergency first aid training annually;
 - e. Detention and health care personnel shall be trained annually to respond to health-related situations within four minutes; and
 - f. Security procedures that ensure the immediate transfer of detainees for emergency medical care.

2. The health services administrator ensures that medical staffs have training and competency in implementing the facility's emergency health care plan appropriate for each staff's scope of practice or position. The facility administrator ensures that non-medical staffs have appropriate training and competency in implementing the facility's emergency plan appropriate for each staff's position. Training and competency assessment shall include the following areas:
 - a. Recognizing of signs of potential health emergencies and the required responses;
 - b. Administering first aid, AED and cardiopulmonary resuscitation (CPR);
 - c. Obtaining emergency medical assistance through the Krome SPC plan and its required procedures;

- d. Recognizing signs and symptoms of mental illness and suicide risk; and
 - e. The Krome SPC's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated. The plan must provide for expedited entrance to and exit from the Krome SPC.
3. When a non-medical employee is unsure whether emergency care is required, he/she shall immediately notify medical personnel to make the determination.
 4. Medical and safety equipment shall be available and maintained, and staff shall be trained in proper use of the equipment.
 5. The AFOD, in consultation with the designee for environmental health and safety, determined the number, contents, and placement of first aid kits, and established protocols for monthly inspections of first aid kits.
 6. Victims of sexual abuse shall have timely access to emergency medical treatment and crisis intervention services in accordance with policy "Sexual Abuse and Assault, Prevention and Intervention."

U. Delivery of Medication

Distribution of medication (including over the counter) shall be performed in accordance with specific instructions and procedures established by the HSA in consultation with the CMA. Written records of all prescribed medication given to or refused by detainees shall be maintained.

1. IHSC will have medical staff on duty at the Krome SPC 24/7 to distribute all medication.
2. The Krome SPC shall maintain documentation of the training given any officer required to distribute medication, and the officer shall have available for reference the training syllabus or other guide or protocol provided by the health authority.
3. Detainees may not deliver or administer medications to other detainees.
4. All prescribed medications and medically necessary treatments shall be provided to detainees on schedule and without interruption, absent exigent circumstances.
5. Detainees who arrive at the Krome SPC with prescribed medications or who report being on such medications, shall be evaluated by a qualified health care professional as soon as possible, but not later than 24 hours after arrival, and provisions shall be made to secure medically necessary medications.
6. Detainees shall not be charged for any medical services to include pharmaceuticals dispensed by medical personnel.

V. Health Education and Wellness Information

Qualified health care personnel shall provide detainees health education and wellness information on topics including, but not limited to, the following:

1. Dangers of self-medication;

2. Personal and hand hygiene and dental care;
3. Prevention of communicable diseases;
4. Smoking cessation;
5. Self-care for chronic conditions; and
6. Benefits of physical fitness.

W. Special Needs and Close Medical Supervision

Consistent with policy "Disability Identification, Assessment, and Accommodation" and the IHSC Detainee Covered Services Package, detainees will be provided medical prosthetic devices or other impairment aids, such as eyeglasses, hearing aids, or wheelchairs.

When a detainee requires close medical supervision, including chronic and convalescent care, a written treatment plan, including access to health care and other care and supervision personnel, shall be developed and approved by the appropriate qualified licensed health care provider, in consultation with the patient, with periodic review. Likewise, staff responsible for such matters as housing and program assignments and disciplinary measures shall consult with the responsible qualified licensed health care provider or HSA.

Exercise areas shall be available to meet exercise and physical therapy requirements of individual detainee treatment plans.

Transgender detainees who were already receiving hormone therapy when taken into ICE custody shall have continued access. All transgender detainees shall have access to mental health care, and other transgender-related health care and medication based on medical need. Treatment shall follow accepted guidelines regarding medically necessary transition-related care.

X. Notifications of Detainees with Serious Illness and Other Specified Conditions

The facility administrator and clinical medical authority shall ensure that the Field Office Director is notified as soon as practicable of any detainee housed at the facility who is determined to have a serious physical or mental illness or to be pregnant, or have medical complications related to advanced age, but no later than 72 hours after such determination. The written notification shall become part of the detainee's health record file.

1. Serious Physical Illness

For purposes of this subsection only, the following non-exhaustive categories of medical conditions may be considered to constitute serious physical illness:

- Any terminal illness;
- Active cancer, including but not limited to aliens undergoing chemotherapy;

- Acquired Immuno- Deficiency Syndrome (AIDS) or diagnosed HIV-positive conditions requiring medication;
- Multi-drug-resistant (MDR) or extensively drug-resistant (XDR) tuberculosis disease;
- Any condition that requires dialysis;
- Any condition that requires tube-feedings, mechanical ventilation, an implanted cardiac device, or an oxygen tank;
- Any chronic deteriorating condition requiring multiple medications, to include progressive immune-suppressive conditions;
- Any active condition that has caused repeated loss of consciousness;
- Any condition that requires an imminent medical procedure or other medical intervention to prevent deterioration;
- Any condition or infirmity that requires continuous or near-continuous medical care, such as those who are bedbound or incapable of caring for themselves; or any ongoing or recurrent conditions that have required a recent or prolonged hospitalization, typically for greater than 14 days, or a recent and prolonged stay in the medical clinic of a detention or correctional facility, typically for greater than 30 days;
- Conditions requiring frequent care that is beyond the medical capabilities of detention facilities where the alien may be housed;
- Any condition that would preclude the alien from being housed, typically for greater than 30 days, in a non-restrictive setting (such as a general population housing unit, as opposed to a special management unit or a medical clinic); or
- Any other physical illness determined to be serious by facility medical personnel or by IHSC.

2. Serious Mental Illness

For the purposes of this section, the following non-exhaustive categories of conditions should be considered to constitute a serious mental illness:

(a) Conditions that a qualified medical provider has determined to meet the criteria for a “serious mental disorder or condition” pursuant to applicable ICE policies, including:

- A mental disorder that is causing serious limitations in communication, memory, or general mental and/or intellectual functioning (e.g. communicating, conducting activities of daily life, social skills); or a severe medical condition(s) (e.g. traumatic brain injury or dementia) that is significantly impairing mental function; or
- One or more of the following active psychiatric symptoms and/or behavior: severe disorganization, active hallucinations or delusions, mania, catatonia, severe depressive symptoms, suicidal ideation and/or behavior, marked anxiety of impulsivity.
- Significant symptoms of one of the following:

Psychosis or Psychotic Disorder;

- Bipolar Disorder;
 - Schizophrenia or Schizoaffective Disorder;
 - Major Depressive Disorder with Psychotic Features;
 - Dementia and/or a Neurocognitive Disorder; or
 - Intellectual Development Disorder (moderate, severe, or profound).
- b) Any ongoing or recurrent conditions that have required a recent or prolonged hospitalization, typically for greater than 14 days, or a recent and prolonged stay in the medical clinic of a detention or correctional facility, typically for greater than 30 days;
- c) Any condition that would preclude the alien from being housed, typically for greater than 30 days, in a non-restrictive setting (such as a general population housing unit, as opposed to a special management unit or a medical clinic);
- d) Any other mental illness determined to be serious by IHSC.

3. Pregnancy

The notification requirement in this section applies to all women who have been medically certified as pregnant, regardless of the stage of the pregnancy.

Y. Restraints

Restraints for medical or mental health purposes may be authorized only by the Krome SPC CMA or designee, after determining that less restrictive measures are not appropriate. In the absence of the CMA, qualified medical personnel may apply restraints upon declaring a medical emergency. Within one-hour of initiation of emergency restraints or seclusion, qualified medical staff shall notify and obtain an order from the CMA or designee.

- a. The Krome SPC shall have written procedures that specify:
1. The conditions under which restraints may be applied;
 2. The types of restraints to be used;
 3. The proper use, application and medical monitoring of restraints;
 4. Requirements for documentation, including efforts to use less restrictive alternatives; and
 5. After-incident review.

The use of restraints requires documented approval and guidance from the CMA. Record-keeping and reporting requirements regarding the medical approval to use restraints shall be consistent with other provisions within these standards, including documentation in the detainee's A-file, detention and medical file.

Z. Continuity of Care

The HSA must ensure that a plan is developed that provides for continuity of medical care in the event of a change in detention placement or status.

The detainee's medical needs shall be taken into account prior to any transfer of the detainee to another facility. Alternatives to transfer shall be considered, taking into account the disruption that a transfer will cause to a detainee receiving medical care. Upon transfer to another facility, the medical provider shall prepare and provide a Medical Transfer Summary as required by "C. Responsibilities of the Health Care Provider at the Sending Facility," found in policy "Detainee Transfers." In addition, the medical provider shall ensure that at least 7 day (or, in the case of TB medications, 15 day and in the case of HIV/AIDS medications, 30 day) supply of medication shall accompany the detainee as ordered by the prescribing authority.

Upon removal or release from ICE custody, the detainee shall receive up to a 30 day supply of medication as ordered by the prescribing authority and a detailed medical care summary as described in "BB. Medical Records" of this policy. If a detainee is on prescribed narcotics, the clinical health authority shall make a determination regarding continuation, based on assessment of the detainee. The HSA must ensure that a continuity of treatment care plan is developed and a written copy provided to the detainee prior to removal.

AA. Informed Consent and Involuntary Treatment

Involuntary treatment is a decision made only by medical staff under strict legal restrictions. When a detainee refuses medical treatment, and the licensed healthcare provider determines that a medical emergency exists, the physician may authorize involuntary medical treatment. Prior to any contemplated action involving non-emergent involuntary medical treatment, respective ICE Office of Chief Counsel shall be consulted.

1. Upon admission at the facility, documented informed consent shall be obtained for the provision of health care services.
2. All examinations, treatments, and procedures are governed by informed consent practices applicable in the jurisdiction.
3. A separate documented informed consent is required for invasive procedures, including surgeries, invasive diagnostic tests, and dental extractions.
4. Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects, shall be obtained.
5. If a consent form is not available in a language the detainee understands, professional interpretation services will be provided as described in Section E ("Translation and Language Access for Detainees with Limited English Proficiency") and documented on the form.
6. If a detainee refuses treatment and the CMA or designee determines that treatment is necessary, ICE/ERO shall be consulted in determining whether involuntary treatment shall be pursued.
7. If the detainee refuses to consent to treatment, medical staff shall make reasonable efforts to explain to the detainee the necessity for and propriety of the recommended treatment.

8. Medical staff shall ensure that the detainee's questions regarding the treatment are answered by appropriate medical personnel.
9. Medical Staff shall explain the medical risks if treatment is declined and shall document their treatment efforts and refusal of treatment in the detainee's medical record. Detainees will be asked to sign a translated form that indicates that they have refused treatment.
10. The clinical medical authority and AFOD shall look into refusals of treatment to ensure that such refusals are not the result of miscommunication or misunderstanding.
11. The Krome SPC should make efforts to involve trusted individuals such as clergy or family members should a detainee refuse treatment.
12. A detainee who refuses examination or treatment may be segregated from the general population when such segregation is determined medically necessary by the CMA. Segregation shall only be for medical reasons that are documented in the medical record, and may not be used for punitive purposes. Such segregation shall only occur after a determination by a component mental health professional has taken place that shows the segregation shall not adversely affect the detainee's mental health.
13. In the event of a hunger strike, see policy "4.2 Hunger Strikes."

Policy "Terminal Illness, Advance Directives and Death" provides details regarding living wills and advance directives, organ donations and do not resuscitate (DNR) orders.

BB. Medical Records

1. Health Record File

The HSA shall maintain a complete health record on each detainee that is:

- a. Organized uniformly in accordance with appropriate accrediting body standards;
- b. Available to all practitioners and used by them for health care documentation; and
- c. Properly maintained and safeguarded in a securely locked area within the medical unit.

2. Confidentiality and Release of Medical Records

All medical providers, as well as detention officers and staff shall protect the privacy of detainees' medical information in accordance with established guidelines and applicable laws. These protections apply, not only to records maintained on paper, but also to electronic records where they are used. Staff training must emphasize the need for confidentiality and procedures must be in place to limit access to health records to only authorized individuals and only when necessary.

Information about a detainee's health status and a detainee's health record is confidential, and the active medical record shall be maintained separately from other

detention records and be accessible in accordance with applicable laws and regulations.

The HSA shall provide the AFOD and designated staff information that is necessary as follows:

- a. To preserve the health and safety of the detainee, other detainees, staff or any other person;
- b. For administrative and detention decisions such as housing, voluntary work assignments, security and transport; or
- c. For management purposes such as audits and inspections.

When information is covered by the Privacy Act, specific legal restrictions govern the release of medical information or records.

Detainees who indicate they wish to obtain copies of their medical records shall be provided with the appropriate request form. ICE/ERO, or the AFOD, shall provide limited-English proficient detainees and detainees who are hearing impaired with interpretation or translation services or other assistance as needed to make the written request, and shall assist in transmitting the request to the facility HSA.

Upon his request, while in detention, a detainee or his designated representative shall receive information from their medical records. Copies of health records shall be released by the HSA directly to a detainee or their designee, at no cost to the detainee, within a reasonable timeframe after receipt by the HSA of a written authorization from the detainee.

A written request may serve as authorization for the release of health information, as long as it includes the following information, and meets any other requirements of the HSA:

- a. Address of the facility to release the information;
- b. Name of the individual or institution to receive the information;
- c. Detainee's full name, A-number, date of birth and nationality;
- d. Specific information to be released with inclusive dates of treatment; and
- e. Detainee's signature and date.

Following the release of health information, the written authorization shall be retained in the health record.

Detainees are to be informed that if they are released or removed from custody prior to laboratory results being evaluated, the results shall be made available by contacting the Krome SPC and providing a release of information consent.

3. Inactive Health Record Files

Inactive health record files shall be retained as permanent records in compliance with locally established procedures and the legal requirements of the jurisdiction.

4. Transfer and Release of Detainees

ICE/ERO and the HSA shall be notified when detainees are to be transferred or released. Detainees shall be transferred, released or removed, with proper medication to ensure continuity of care throughout the transfer and subsequent intake process, release or removal (see “W. Continuity of Care,” above). Those detainees who are currently placed in a medical hold status must be evaluated and cleared by a licensed independent practitioner (LIP) prior to transfer or removal. In addition, the CMA or designee must inform the AFOD in writing if the detainee’s medical or psychiatric condition requires a medical escort during removal or transfer.

a. Notification of Medical/Psychiatric Alerts or Holds

Upon receiving notification that a detainee is to be transferred, appropriate medical staff at the sending facility shall notify the AFOD of any medical/psychiatric alerts or holds that have been assigned to the detainee, as reflected in the detainee’s medical records. The AFOD shall be responsible for providing notice to designated staff of any medical alerts or holds placed on a detainee that is to be transferred.

b. Notification of Transfers, Releases and Removals

The HSA shall be given advance notice by ICE/ERO prior to the release, transfer or removal of a detainee, so that medical staff may determine and provide for any medical needs associated with the transfer, release or removal.

c. Transfer of Medical Information

1. When a detainee is transferred to another detention facility, the Krome SPC shall ensure that a Medical Transfer Summary accompanies the detainee, as required in “C. Responsibilities of the Health Care Provider at the Sending Facility” found in policy “Detainee Transfers.” Upon request of the receiving facility, the sending facility shall transmit a copy of the full medical record within 5 business days, and sooner than that if determined by the receiving facility to be a medically urgent matter.
2. Upon removal or release from ICE custody, the detainee shall be provided medication, referrals to community-based providers as medically appropriate, and a detailed medical care summary. This summary should include instructions that the detainee can understand and health history that would be meaningful to future medical providers. The summary shall include, at a minimum, the following items:
 - a. patient identification;
 - b. tuberculosis (TB) screening results (including results date) and current TB status if TB disease is suspected or confirmed;

- c. current mental, dental, and physical health status, including all significant health issues, and highlighting any potential unstable issues or conditions which require urgent follow-up;
- d. current medications, with instructions for dose, frequency, etc., with specific instructions for medications that must be administered en route;
- e. any past hospitalizations or major surgical procedures;
- f. recent test results, as appropriate;
- g. known allergies;
- h. any pending medical or mental health evaluations, tests, procedures, or treatments for a serious medical condition scheduled for the detainee at the sending facility. In the case of patients with communicable disease and/or other serious medical needs, detainees being released from ICE custody are given a list of community resources, at a minimum;
- i. copies of any relevant documents as appropriate;
- j. printed instructions on how to obtain the complete medical record; and
- k. the name and contact information of the transferring medical official.

The IHSC Form 849 or equivalent, or the Medical Transfer Summary attached as Appendix 4.3.C, which mirrors IHSC Form 849, may be used by facilities to ensure compliance with these standards.

CC. Terminal Illness or Death of a Detainee

Procedures to be followed in the event of a detainee’s terminal illness or death are in policy “Terminal Illness, Advance Directives and Death.” The policy also addresses detainee organ donations.

DD. Medical Experimentation

Detainees shall not participate in medical, pharmaceutical or cosmetic research while under the care of ICE.

This stipulation does not preclude the use of approved clinical trials that may be warranted for a specific inmate’s diagnosis or treatment when recommended and approved by the clinical medical director. Such measures require documented informed consent.

EE. Administration of the Medical Department

1. Quarterly Administrative Meetings

The HSA shall convene a meeting quarterly at minimum, and include other facility and medical staff as appropriate. The meeting agenda shall include, at minimum, the following:

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Int

- a. An account of the effectiveness of the Krome SPC's health care program;
- b. Discussions of health environment factors that may need improvement;
- c. Review and discussion of communicable disease and infectious control activities;
- d. Changes effected since the previous meetings; and
- e. Recommended corrective actions, as necessary.

Minutes of each meeting shall be recorded and kept on file.

2. Health Care Internal Review and Quality Assurance

The HSA shall implement a system of internal review and quality assurance. The system shall include:

- a. Participation in a multidisciplinary quality improvement committee;
- b. Collection, trending and analysis of data along with planning, interventions and reassessments;
- c. Evaluation of defined data;
- d. Analysis of the need for ongoing education and training;
- e. On-site monitoring of health service outcomes on a regular basis through the following measures:
 1. Chart reviews by the responsible physician or his/her designee, including investigation of complaints and quality of health records;
 2. Review of practices for prescribing and administering medication;
 3. Systematic investigation of complaints and grievances;
 4. Monitoring of corrective action plans;
 5. Reviewing all deaths, suicide attempts and illness outbreaks;
 6. Developing and implementing corrective-action plans to address and resolve identified problems and concerns;
 7. Reevaluating problems or concerns, to determine whether the corrective measures have achieved and sustained the desired results;
 8. Incorporating findings of internal review activities into the organization's educational and training activities;
 9. Maintaining appropriate records of internal review activities; and
 10. Ensuring records of internal review activities comply with legal requirements on confidentiality of records.

3. Peer Review

The HSA shall implement an intra-organizational, external peer review program for all independently licensed medical professionals. Reviews shall be conducted at least annually.

FF.Examinations by Independent Medical Service Providers and Experts

On occasion, medical and/or mental health examinations by a practitioner or expert not associated with ICE or the Krome SPC may provide a detainee with information useful in administrative proceedings.

If a detainee seeks an independent medical or mental health examination, the detainee or his/her legal representative shall submit to the FOD a written request that details the reasons for such an examination. Ordinarily, the FOD shall approve the request for independent examination, as long as such examination shall not present an unreasonable security risk. Requests for independent examinations shall be responded to as quickly as practicable. If a request is denied, the FOD shall advise the requester in writing of the rationale.

Neither ICE/ERO nor the Krome SPC shall assume any costs of the examination, which will be at the detainee's expense. The Krome SPC shall provide a location for the examination but no medical equipment or supplies and the examination must be arranged and conducted in a manner consistent with maintaining the security and good order of the Krome SPC.

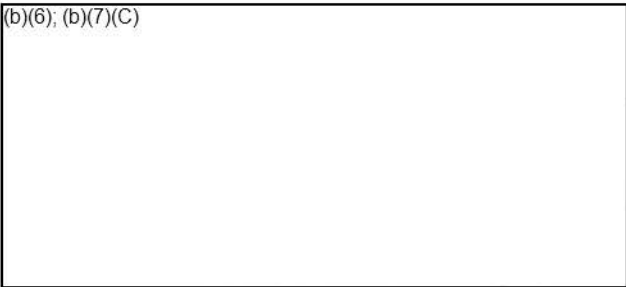
GG. Tele-Health Systems

The Krome SPC shall be operating at the optimal level, when equipped with appropriate technology and adequate space, and when able to provide for the use of services of the ICE Tele-Health Systems, inclusive of tele-radiology (ITSP), tele-psychiatry and tele-medicine.

1. The cost of the equipment, equipment maintenance, staff training and credentialing (as outlined in the contract), arrangements for x-ray interpretation and administration by a credentialed radiologist; and data transmission to and from the Krome SPC, shall be provided by the facility and charged directly to ICE.
2. The AFOD shall coordinate with the ITSP to ensure adequate space is provided for the equipment, connectivity is available, and electrical services are installed.
3. Immediate 24-hour access, seven days a week, to equipment for service and maintenance by ITSP technicians shall be granted.
4. A qualified tele-health coordinator shall be appointed and available for training by the ITSP. Qualified, licensed and credentialed medical staff shall be available to provide tele-health services as guided by state and federal requirements and restrictions.

Approval of Policy

(b)(6); (b)(7)(C)



Assistant Field Office Director/OIC

FEB 27 2017

Date



Detainee Housing Unit Building 14A Yard

Assume Post

- Read and sign post orders and General Post Orders.
- Receive a thorough briefing from the previous officer. Briefing should include any pertinent information that would affect the post.
- Ensure that your communication radio is in good working order with a fully charged battery.
- Prior to the outgoing officer exiting the post, examine the overall cleanliness of the unit.
- Inventory all equipment.
- Make official entry in the logbook stating you have accepted the post, and assume all responsibilities that go with the post. Review past entries in the Housing Unit logbook.
- Conduct a security and sanitation check of the yard prior to relieving the outgoing officer; ensure that contraband and prohibited items are not present; notate all discrepancies in the logbook and submit the appropriate work order when applicable.

Duties and Responsibilities

- Maintain care, custody and control of detainees housed in the Housing Unit.
- Maintain surveillance of detainees in the building 14A yard.
- Perform a thorough contraband search of the building 14A yard prior to, and after detainees occupy the area.
- Do not allow detainees to tamper with the fence.
- At no time should detainees be left unattended in the building 14A yard.
- Ensure that the yard is free of contraband, trash, and debris.
- Assist the desk officer in ensuring that all detainees are accounted for prior to them exiting the building for any reason, and upon their return.
- All detainees will be awakened at 0500 hrs.
- All detainee beds will be made neatly and in an orderly fashion no later than 0700 hrs. daily.
- All dormitories will be clean and free of trash and debris no later than 0800 hrs. daily.
- Dormitories must be maintained in a sanitary manner at all times.
- Make frequent but irregular patrols of the unit.
- Ensure that all detainees are searched upon exiting and returning to the dormitory for any reason.
- A visual check will be made of each detainee's wristband every time they are pat searched upon enter their housing units. This check will verify; Correct detainee, good physical shape of the wristband; is it stretched, is the print in good shape, is it faded, and is the plastic clasp still on.
- A Detainee with a wristband in poor condition or loose will be sent immediately to processing for a replacement.
- Perform a minimum of five random searches of detainees in the unit, and their personal areas, in an effort to maintain the safety and security of the facility (individual shakedown).
- Do not perform shakedowns after "lights out", except in emergency situations or when authorized by a supervisor.



Duties and Responsibilities- continued

- Log in the contraband logbook the detainee's name, A#, findings, exact location where contraband was found, type(s) of contraband and your name.
- Maintain and update the housing unit bed sheet.
- Ensure that all doors are functional (open and close securely).
- Ensure that all detainees are offered meals during the regularly scheduled meal.
- Ensure that the established housing unit guidelines are being enforced.
- During normal operating situations, unit doors are to remain secured.
- Ensure that detainees are escorted in one line and in one tight group. Do not allow detainees to stray apart in an out of control manner. A count of detainees will be conducted at the beginning and at the end of each escort to ensure accountability.
- Ensure that detainees who are being moved or released from the unit have the following in their possession 1 towel, all issued uniforms and linen.
- When patrolling, constantly be on alert for suspicious activities. Look for contraband and anything out of the ordinary. Patrols must never become regular and routine. If detainees can anticipate your activities, then they can plan prohibited activities accordingly.
- At any time if a female enters a housing unit or any area in which a detainee is likely to be showering, performing bodily functions or changing clothes the officer is required to announce to the detainees "Female on Deck"
- **Do not vacate the post unless properly relieved.**

Note: Officers will conduct and annotate in the logbook a Security, Safety and Sanitation check every 45 minutes to an hour at irregular times (24 hours a day).

To ensure the Officer's safety, watch calls will be conducted between the hours of 1800 and 0600 every half hour by notifying the control post by telephone or radio. Annotate in the logbook that a watch call was conducted.

Recurring Duties

- Rounds are to be conducted throughout the entire shift ensuring that beds are made properly; common areas and living are clean and neat, etc.
- During patrols of the unit, ensure that the rear exit doors are secured, by depressing the locking bar.
- Note any movement of detainees from the unit in the logbook with the last name, first name, complete alien number, country and destination.
- Replenish hygiene supplies as needed. Maintain accountability of items issued (i.e. board games, pencils, etc.).

Cleaning Supplies and Equipment

- Cleaning supplies and equipment will be inventoried before and after use and logged in on the proper inventory sheet.
- Officers will verify that detainee(s) are volunteer workers prior to issuing any supplies.
- Officers will ensure that the proper notation is made on the pay roster form once volunteer detainee workers have completed their assigned work.



Sanitizing Mattresses

- The mattress and bed frame will be wiped down with sanitize wipes once vacated.
- Ensure that the detainee worker is wearing gloves when cleaning these items.

Televisions

- Television hours will be determined by the posted schedule.
- Detainees are not allowed to have possession of the TV remote control.
- Televisions will be turned off during official counts, cleaning of housing areas, and when it will interfere with daily facility operations.
- Volume of television shall be kept at a reasonable level, so as not to disturb other detainees or daily facility operations.

1ST Shift Detainee Telephone System Operational Checks

- The 1st Shift 14 Alpha Yard Officer is responsible for ensuring on a nightly basis that detainee telephone systems are operational.
- All detainee telephones assigned to the housing unit will be checked before the 0200 scheduled count by utilizing the free call platform.
- Ensuring there is a dial tone is only part of what is required:
 1. Press 1 for English, or press 2 for Spanish
 2. Enter the Pin Number assigned followed by the # key
 3. Dial 6 for Pro-Bono
 4. Once connected to the platform:
 5. Enter any Speed Dial number from the Pro-Bono list provided to the detainees above the Telephones followed by the # Key.
 6. Stay on the line and listen to the Pro-Bono provider
 7. If all telephones are working properly, an entry will be made in the unit logbook identifying that the Telephone System is operational.
 8. If any problems are identified, an entry will be made in the unit logbook identifying which Telephone is not operational followed by a Facility Work Order submitted to the supervisor.
 9. Supervisors will ensure work orders are forwarded to the maintenance department.

Haircuts

- Haircuts will be determined by the posted schedule.

Recreation

- Recreation will be determined by the posted schedule.

Religious Services

- When advised, the housing unit officer will make an announcement for the detainees to prepare for religious services. The announcement will include which religious service is being provided and the officer will log the announcement in the log book.

Law Library Schedule

- Law Library hours will be determined by the posted schedule.



Chronological Activities:

- 0200 Camp closes for detainee population count
- 0400 Insulin shots (until completed)
- 0500 Lights on in the detainee dormitories (wake up time)
Camp closes for detainee population count
- 0530 Cafeteria workers report to the cafeteria
- 0545 Detainee breakfast begins
- 0600 Televisions turned on
Normal telephone access begins
Commence clean-up procedure (continues upon return from cafeteria)
Medication is issued in IHSC
- 0700 Law Library (0700-1130/ see schedule)
- 0745 Outdoor recreation begins (until 11:00/see schedule)
- 0800 Medical Triage & medical appointments
Unit inspections begins
Weekend/Holiday Visitation (until 1530 / see schedule)
- 0830 Barbershop open (0830-1100 M-F / see schedule)
- 0900 EOIR court sessions begin
- 1020 Detainee lunch begins /Commissary
- 1100 KTU / MHU Barbershop begins (until 1230)
- 1130 Outdoor recreation begins (until 1715/see schedule)
- 1150 Law Library (1150-1915/ see schedule)
- 1300 Camp closes for detainee population count
Medication is issued in IHSC
Barbershop open (After population count-1600 M-F / see schedule)
- 1400 Leisure Library (1400-1445 Fridays / see schedule)
- 1530 Leisure Library (1530-1615 Wednesdays / see schedule)
- 1630 Detainee dinner begins / Commissary
- 1645 Leisure Library (1645-1720 Mondays / see schedule)
- 1800 Weekday visitation (until 2200 / see schedule)
- 1900 Religious Services (see schedule)
- 2000 Medication is issued in IHSC
- 2100 Camp closes for detainee population count (face to photo)
- 2230 Issue razors (until 2250)
- 2300 All razors returned
Normal telephone access ends
Televisions turned off (Sunday – Thursday)
- 2330 Lights out in the dormitories (Sunday – Thursday)
- 0030 Televisions turned off / lights out in dormitories (Friday – Saturday)



Detainee Living Area

- Detainee(s) are responsible for keeping their living area neat and orderly.
- Towels and laundry bags are the only items allowed hanging from the beds.
- No pictures are allowed hanging from the walls or beds.
- Only authorized amounts of linen and clothing.
- No washing clothes in the housing units.

Officer's Station

- The officer's station will be kept clean and neat with no detainees being inside it at any time, for any reason.
- Detainees shall not loiter around the officer's station, take things from it or view any written material that is on or around the area.

Hours:

- The Bldg. 14A Yard Officer will be manned 24 hours a day, seven days a week.

Tools

- Any maintenance and/or contract worker entering the housing unit will provide the housing unit officer with a tool inventory list before commencing work in the area. The officer will verify that all tools present are listed on the tool inventory list.
- Upon completion of work, the housing unit officer will account for all tools listed on the tool inventory list with the worker before he/she exits the unit.

Post Closure

- In the event that the post is closed due to no Detainee population, you are to report to your immediate supervisor to assist with camp operations.

*** These post orders are to be used as a guide for the successful completion of your duties. It is not expected that these post orders will cover every conceivable situation that you may be confronted with while performing your assigned duties. However, you are expected to exercise good judgment and good sense in the application of these orders. Your duties are not necessarily limited to those described herein, and may be amended orally or in writing when deemed appropriate.

Approved: (b)(6); (b)(7)(C) _____ Date: MAY 23 2017

Assistant Field Director/OIC

AFOD/OIC concurs: (b)(6); (b)(7)(C)
Date: MAY 23 2017



Hospital Detail

Assume Post

- Read and sign post orders and General Post Orders.
- Receive a thorough briefing from the previous officer. The briefing should include any pertinent information that would affect the hospital post. Review past entries in the hospital detail logbook.
- Make official entry in the logbook stating you have accepted the post, and assume all responsibilities that go with the post.
- Inventory all equipment and notate the results in the logbook.
- Conduct a security check and sanitation check of the area prior to relieving the outgoing officer. Notate all discrepancies in the logbook.
- Ensure that proper restraints are available, one (1) handcuff, and one (1) leg iron, one (1) belly chain and one (1) handcuff key.
- Conduct a thorough search of the hospital room to ensure that no dangerous contraband exists.

Duties and Responsibilities

- Maintain care, custody and control of detainee(s) in the hospital.
- Rooms must be maintained in a sanitary manner at all times.
- Perform security, safety and sanitation inspections of detainee(s) in the room, and their personal areas in an effort to maintain the safety and security of the hospital room. Log the detainee's name, A # and results.
- Ensure that all detainees are offered meals during the regularly scheduled meal.
- Ensure that the established hospital guidelines are enforced.
- Friends, family and civilian visitation is not allowed unless authorized by the AFOD of Krome SPC.
- Officers will be posted inside the hospital room when possible.
- If conditions exist that prohibit officers from remaining in the room with the detainee, the officer will be positioned in a manner that enables visual contact with the detainee(s). Ensure that the supervisor is aware of this situation.
- **Notify the Control Center once every hour to report a security check and the results or as needed to update the status or location of the detainee.**
- All detainees shall be restrained with leg irons and/or handcuffs at all times. If a medical condition warrants not using restraints, the ICE SDDO and Shift Captain shall be notified immediately and a logbook entry will be noted. Note: Leg irons and/or hand cuffs shall not be removed until a decision is made by the ICE SDDO or above; unless there is an immediate danger to the detainee.
- As soon as reasonable the detainee shall be restrained with leg irons and/or handcuffs attached to non- anchored or non-fixed beds (ex. hospital rolling bed).
- If the bed is anchored or fixed, utilization of leg irons and/or handcuffs shall be applied to the detainee only.

AFOD/OIC concurs
Date:

(b)(6); (b)(7)(C)

3/7/2017

Page 1 of 4



Duties and Responsibilities-continued

- If the detainee requires using the restroom, utilization of leg irons and/or handcuffs shall be applied to the detainee. Precautions should be taken not to worsen the detainee's medical condition.
- Ensure the integrity of the restraints at the completion of the detainee using the restroom and at all security checks.
- If a detainee is moved from his/her location, the officer must notify a supervisor at Krome SPC of the movement and log it in the logbook. The officer will escort the detainee to the new location.
- **Do not vacate the post unless properly relieved.**
- All incidents, room changes, etc.... shall be reported to the following departments at Krome SPC:
 1. Control room at 305-207-2153 (b)(6); (b)(7)(C)
 2. Shift Supervisor at 305-2 (b)(6)
 3. Transportation Supervisor at 305-207-2183 FAX #: 305-207-2192
- The following supporting documentation must be immediately forwarded to the Transportation Supervisor utilizing the hospital fax machine before departing your post assignment or prior to your next scheduled shift:
 1. Log pertinent information in the logbook.(do not fax)
 2. Memorandum
 3. Incident Report
 4. Use Of Force Form
 5. Photos if camera is available.

Conduct security inspections. Constantly be on alert for suspicious activities. Look for contraband and anything out of the ordinary. Security inspections must never become regular and routine. If detainees can anticipate your activities, then they can plan prohibited activities accordingly.

Hospital Packs

- When assigned to assume duties on a hospital post detail, the officer will checkout the required "hospital pack" located in the Transportation Supervisor's office prior to leaving the facility.
- Ensure that you have proper accountability of all items/equipment inside the bag prior to departure. Each pack contains: one (1) logbook, one (1) post order, one (1) handcuff, one (1) leg iron, one (1) belly chain and one (1) handcuff key. Notate all items/equipment in the hospital detail logbook upon assuming the post.
- When the detail is completed, the officer will return all equipment in the pack to the Transportation Supervisor's office.

AFOD/OIC concurs:
Date:

(b)(6);
(b)(7)(C)

3/7/2017



Hospital Telephone Calls

- Detainees must submit a Detainee Request Form to make all telephone calls.
- The Officer on duty will check with the Medical Staff to ensure that there are no issues with the telephone call.
- Detainee Request Forms will be forwarded to ICE for final approval.
- Annotate in the Unit Logbook any request forms that are approved or denied.
- All requests must include name of person being called, telephone number, date and time the call will be placed.
- The Officer on duty will dial the telephone number requested by the detainee.
- The Officer on duty will verbally verify (to the greatest extent possible) the identity of the person the detainee is trying to call.
- After verification, the officer on duty will give the telephone to the detainee.
- Telephone access will be from 8:00 am to 11:00 pm.
- **ALL PHONE CALLS WILL BE LOGGED IN THE LOGBOOK.**
- If during the duration of the telephone call, order and/or safety are jeopardized, the telephone call will be **TERMINATED IMMEDIATELY.**

Confidentiality

- Any information overheard or otherwise obtained pertaining to a patient's medical or personal status will be kept confidential and in no case released, discussed or repeated.
- Medical records are not to be handled or read by the officer assigned to the hospital detail.

Use of Firearms/Weapons (Armed Post)

- Armed personnel are required to carry their issued weapon while performing the hospital detail if permitted by the hospital in accordance with hospital regulations. The handgun shall be carried in a service-approved holster attached to your duty belt with all magazines full to capacity at all times.
- Each Armed officer who is authorized to carry a firearm is responsible for normal cleaning and preventive maintenance of the firearms they use. Maintenance should only be done in accordance with the instructions provided by the National Firearms Unit or as described in the operator manuals for that particular firearm.
- **Discharge of firearms will not be authorized in the apprehension of an escapee, unless there is an immediate threat of imminent physical danger to yourself or another individual.**

You are to be thoroughly familiar and knowledgeable with regards to the policy on the use of firearms and under what conditions you may use deadly force; refer to the (Interim) ICE Firearms and Use of Force Policies.

DEADLY FORCE MAY BE USED WHEN THE OFFICER HAS A REASONABLE BELIEF THAT THERE IS IMMINENT DANGER OF DEATH OR SERIOUS INJURY TO THE OFFICER OR ANOTHER PERSON.

(b)(6), (b)(7)(C)

AFOD/OIC
Date:

3/7/2017

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Medical Emergency Situations:

- Assess the detainee or staff member's responsiveness.
- Utilize hospital telephone or speaker to call hospital staff with location.
- Provide assistance to the detainee and/or staff member until medical personnel arrive.
- Inform the supervisor immediately of the emergency situation.
- Document incident, time, detainees, staff involved (including responding staff) as soon as possible.

Hostage Situation

- In the case of a hostage situation, any involved employee is without authority, regardless of rank. At no time will the hostage-taker be allowed out of the facility. You will not obey the demands made by the hostage-taker or the orders from the hostage, who may be under duress.

Hours:

The Hospital Detail Officer, when utilized, will be manned 24 hours a day, seven days a week.

Post Closure

- In the event that the post is closed due to no Detainee population, you are to report to your immediate supervisor to assist with camp operations.

*** These post orders are to be used as a guide for the successful completion of your duties. It is not expected that these post orders will cover every conceivable situation that you may be confronted with while performing your assigned duties. However, you are expected to exercise good judgment and good sense in the application of these orders. Your duties are not necessarily limited to those described herein, and may be amended orally or in writing when deemed appropriate.

Approved By: (b)(6); (b)(7)(C) Date: 3/7/2017
Assistant Field Director/OIC

AFOD/OIC coq (b)(6); (b)(7)(C)
Date: 3/7/2017



ICE Health Service Corps Medical Housing Unit Desk Officer

Assume Post

- Read and sign post orders and General Post Orders.
- Receive a thorough briefing from the previous officer. Briefing should include any pertinent information that would affect the Medical Housing Unit. Review past entries in the IHSC Medical Housing Unit logbook.
- Make official entry in the logbook stating you have accepted the post, and assume all responsibilities that go with the post.
- Conduct a security check and sanitation check of the area prior to relieving the outgoing officer. Notate all discrepancies in the logbook and submit the appropriate repair order when applicable.
- Check keys and locks for accountability and proper operation.
- Inventory all equipment and notate the results in the logbook.
- Ensure that your communication radio is in good working order with a fully charged battery.
- Review and maintain organization of the detainee bed card (3x5) book and confirm the head count; ensure that a bed card is present for each detainee in the unit.

Duties and Responsibilities

- Maintain control and surveillance of the all Medical Housing Unit doors.
- Maintain the highest degree of security possible while conducting operations of the Control Panel.
- Monitor unit operations via CCTV; report unusual activity to a Supervisor.
- Maintain care, custody and control of detainees housed in the Short Stay Unit.
- Officers must treat the Medical Housing Unit as a hospital environment and must maintain a low conversational tone when speaking.
- Unit must be maintained in a sanitary manner at all times.
- Supervise any cleaning crew as necessary.
- Ensure that all detainee request forms are submitted to the supervisor prior to the end of the shift.
- Ensure that all cleaning supplies and equipment are inventoried and returned to the secure storage area after each use; replenish hygiene supplies as needed.
- Ensure that all detainees are searched upon entering and exiting the unit.
- A visual check will be made of each detainee's wristband every time they are pat searched upon enter their housing units. This check will verify; Correct detainee, good physical shape of the wristband; is it stretched, is the print in good shape, is it faded, and is the plastic clasp still on.
- A Detainee with a wristband in poor condition or loose will be sent immediately to processing for a replacement.
- Ensure that all doors are functional (open and close securely).
- During normal operating situations, unit doors are to remain secured.
- Ensure that all detainees are offered meals during the regularly scheduled meal.
- Record all refused or uneaten meals in the logbook.
- Report all refused and/or uneaten meals to shift supervisor immediately.



- Ensure that all detainees are offered a minimum of 1-hour recreation daily.
- Ensure that detainees who are being admitted or released from the unit have at a minimum, the following in their possession (1 towel, all issued linen, 2 complete uniforms to include T-shirt and shorts).
- The IHSC Medical Housing Rover Officer must escort detainees to the recreation yard before allowing the contract custodians access inside the detainee's assigned rooms. The detainees must remain outside in the recreation yard until the custodian has finished cleaning the detainee's room. **Do not remove detainees out of the Respiratory Isolation Rooms unless approved by the Clinical Director.**
- Ensure that all detainees are secured inside their assigned rooms when the contract custodians are cleaning the IHSC Medical Housing Unit's restrooms, hallways and any other areas outside of the detainee's assigned rooms.
- Detainees housed in the IHSC Medical Housing Unit who display violent or mentally disordered behavior shall be observed at least every fifteen minutes. Suicidal detainees shall be under continuous observation.
- Lights must be on in the Mental Health Unit rooms at all times.
- When patrolling, constantly be on alert for suspicious activities. Look for contraband and anything out of the ordinary. Patrols must never become regular and routine. If detainees can anticipate your activities, then they can plan prohibited activities accordingly.
- Ensure to notify nurse on duty of arriving detainee.
- Document in the log book the name of nurse notify.
- **Do not vacate the post unless properly relieved.**

PREA:

When a detainee is brought to medical due to a PREA allegation it will be documented in the logbook, who escorted the detainee, what time they arrived, who from the medical staff was notified and at what time the notification was made.

Note: Detainees housed in the IHSC Medical Housing Unit are not allowed to have medications in their possession unless the Clinical Director has approved it.

Note: Officers will conduct and annotate in the logbook a Security, Safety and Sanitation check every 45 minutes to an hour at irregular times (24 hours a day).

To ensure the Officer's safety, watch calls will be conducted between the hours of 1800 and 0600 every half hour by notifying the control post by telephone or radio. Annotate in the logbook that a watch call was conducted.

Recurring Duties

- Ensure that shakedowns are conducted in every cell except during the hours of 2200-0600 except in emergency situations or when authorized by a supervisor.
- Log all shakedowns in the unit contraband logbook.
- Annotate any movement of detainees from the unit in the logbook with name and complete alien number.
- Detainees shall be searched upon returning to the unit.
- Replenish hygiene supplies as needed.
- Maintain accountability of items issued out. (i.e. board games, pencils, etc.).



Suicide Watch Detail Room/ Observation Detail Room

- The Medical Housing Desk Officer will enter in the Medical Housing Unit logbook:
 1. The name of the Officer assigned to the detail.
 2. The room number assigned to the detail.
 3. Last name, first name, A# and country of the detainee.
- Annotate any pertinent information.
- When a detainee is medically cleared, ensure the Detainee is logged out of the Medical Housing Unit Logbook by annotating the date, time and the IHSC approving authority.
- The Medical Housing Unit Desk Officer will make a copy of the DIHS-835 form and forward it to the shift supervisor.

Mental Health Unit

- Lights must be on in the Mental Health Unit rooms at all times.
- Detainees housed in the IHSC Medical Housing Unit who display violent or mentally disordered behavior shall be observed at least every fifteen minutes. Suicidal detainees shall be under continuous observation.

Padded Cell

- At no time will the padded cell door be opened, or detainee be permitted outside the cell without having two officers present.
- Two officers should be present when the detainee is removed from the cell for any reason. A supervisor must be present when a known dangerous detainee has to be moved from the padded cell for any reason.
- Two officers will be present when staff has to enter the occupied padded cell; moreover, the detainee will be handcuffed behind the back when staff has to enter the padded cell.
- Detainees removed from the padded cell for any purpose will be, at a minimum, restrained behind his back.

Important Guidelines for the Respiratory Isolation Rooms

- All personnel who enter the anteroom or Respiratory Isolation Unit **MUST WEAR A MASK.**
- When a suspected TB patient leaves the Respiratory Isolation Unit, he **MUST WEAR A MASK BOTH INDOORS AND OUTDOORS.**
- A TB patient does not need to wear a mask inside the Respiratory Isolation Unit while the fan and/or Hepa filtration system is running.
- A suspected TB patient may be used to clean the anteroom and bathroom, but **MUST WEAR A MASK.**

Confidentiality

- Any information overheard or otherwise obtained pertaining to a patient's medical or personal status will be kept confidential and in no case released, discussed or repeated.
- Medical records are not to be handled or read by the officer assigned to the IHSC Medical Housing Unit.



Recreation

- Ensure that all detainees are offered a minimum of 1-hour of recreation daily, unless otherwise specified by the Clinical Director.

Law Library Schedule

- Law Library hours will be determined by the posted schedule.

Detainee Feeding

- Meal times are determined by the posted schedule.
- Ensure that all detainees receive their appropriate diets.

Detainee Living Area

- Detainee(s) are responsible for keeping their personal living areas neat and orderly.
- No pictures are allowed hanging from the walls or beds.
- Only authorized amounts of linen and clothing.
- No washing clothes in the Medical Housing Unit.

Officer's Station

- The officer's station will be kept clean and neat with no detainees being inside it at any time, for any reason.
- Detainees shall not loiter around the officer's station, take things from it or view any written material that is on or around the area.

Hours:

The Medical Housing Unit Desk Officer will be manned 24 hours a day, seven days a week.

Post Closure

- In the event that the post is closed due to no Detainee population, you are to report to your immediate supervisor to assist with camp operations.

*** These post orders are to be used as a guide for the successful completion of your duties. It is not expected that these post orders will cover every conceivable situation that you may be confronted with while performing your assigned duties. However, you are expected to exercise good judgment and good sense in the application of these orders. Your duties are not necessarily limited to those described herein, and may be amended orally or in writing when deemed appropriate.

Approved By: _____

(b)(6); (b)(7)(C)

Assistant Field Director/OIC

MAR 13 2017
Date: _____



ICE Health Service Corps Medical Housing Unit Rover 1 & 2

Assume Post

- Read and sign post orders and General Post Orders.
- Receive a thorough briefing from the previous officer. Briefing should include any pertinent information that would affect the Medical Housing Unit. Review past entries in the IHSC Medical Housing Unit logbook.
- Conduct a security check and sanitation check of the area prior to relieving the outgoing officer. Notate all discrepancies in the logbook and submit the appropriate repair order when applicable.
- Check keys and locks for accountability and proper operation.
- Inventory all equipment and notate the results in the logbook.
- Ensure that your communication radio is in good working order with a fully charged battery.
- Review and maintain the organization of detainee bed card (3x5) book and confirm the head count; ensure that a bed card is present for each detainee in the unit.
- The IHSC Medical Housing Rover 1 Officer is the designated officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency.

Duties and Responsibilities

- Maintain care, custody and control of detainees housed in the Medical Housing Unit.
- Assist IHSC Medical Housing Unit Desk Officer.
- Unit must be maintained in a sanitary manner at all times.
- Officers must treat the Medical Housing Unit as a hospital environment and must maintain a low conversational tone when speaking.
- Supervise any cleaning crew as necessary.
- Make frequent, but irregular patrols of the unit.
- Provide security to nursing/medical staff during laboratory procedures and medication administration.
- Ensure that all detainee request forms are submitted to the supervisor prior to the end of the shift.
- Ensure security flaps are utilized whenever viably possible for interaction with mental patients. (meals, drug administration, etc..)
- Ensure that all cleaning supplies and equipment are inventoried and returned to the secure storage area after each use; replenish hygiene supplies as needed.
- Ensure that all detainees are searched upon entering and exiting the unit.
- A visual check will be made of each detainee's wristband every time they are pat searched upon enter their housing units. This check will verify; Correct detainee, good physical shape of the wristband; is it stretched, is the print in good shape, is it faded, and is the plastic clasp still on.



Duties and Responsibilities - *continued*

- A detainee with a wristband in poor condition or loose will be sent immediately to processing for a replacement.
- Ensure that all doors and security flaps are functional (open and close securely).
- During normal operating situations, unit doors are to remain secured.
- Ensure that all detainees are offered meals during the regularly scheduled meal.
- Record all refused or uneaten meals in the logbook.
- Report all refused and /or uneaten meals to shift supervisor immediately.
- Ensure that all detainees are offered a minimum of 1-hour recreation daily, and escort those detainees to the recreation area.
- Ensure that detainees who are being admitted or released from the unit have at a minimum, the following in their possession (1 towel, all issued linen, 2 complete uniforms to include T-shirt and shorts).
- Escort detainees to the recreation yard before allowing the contract custodians access inside the detainee's assigned rooms. The detainees must remain outside in the recreation yard until the custodian has finished cleaning the detainee's room. **Do not remove detainees out of the Respiratory Isolation Rooms unless approved by the Clinical Director.**
- Detainees housed in the IHSC Medical Housing Unit who display violent or mentally disordered behavior shall be observed at least every fifteen minutes. Suicidal detainees shall be under continuous observation.
- Ensure that all detainees are secured inside their assigned rooms when the contract custodians are cleaning the IHSC Medical Housing unit's restrooms, hallways and any other areas outside of the detainee's assigned rooms.
- Check and ensure video camera is functional (battery, on/off power button, lens). Notate all results in the logbook. If repairs are needed, immediately notify the supervisor for corrective action.
- Maintain the laundry closet in a neat and orderly fashion.
- **Do not vacate the post unless properly relieved.**

Note- Detainees housed in the IHSC Medical Housing Unit are not allowed to have medications in their possession unless it was been approved by the Clinical Director.

When patrolling, constantly be on alert for suspicious activities. Look for contraband and anything out of the ordinary. Patrols must never become regular and routine. If detainees can anticipate your activities, then they can plan prohibited activities accordingly.

Note: Officers will conduct and annotate in the logbook a Security, Safety and Sanitation check every 45 minutes to an hour at irregular times (24 hours a day).

To ensure the Officer's safety, watch calls will be conducted between the hours of 1800 and 0600 every half hour by notifying the control post by telephone or radio. Annotate in the logbook that a watch call was conducted.

AFOD/OIC concurs: (b)(6);
(b)(7)(C)
 Date: **MAR 28 2017.**



Detainee Telephone Message Delivery

- Medical Housing Unit Rover 1 (1st Shift) will receive at extension 2202 or retrieve from voicemail non-specific and/or emergency detainee telephonic messages and delivery to the detainee.
- Medical Housing Unit Rover 2 (2nd and 3rd Shift) will receive at extension 2202 or retrieve from voicemail non-specific and/or emergency detainee telephonic messages and delivery to the detainee.
- Detainee telephonic messages are limited to emergency or non-specific (call home, call your job, etc.) notifications that exclude inquiries of case status, medical services, detention information, etc.
- Rover 2 must ensure that message boxes are checked hourly.
- Rover 2 must ensure that all messages are recorded in the Detainee Message Log book and a Detainee Message Form is completed.
- Rover 2 must ensure that messages are delivered by an Escort Officer.
- Rover 2 must ensure that detainee messages are delivered at a minimum of one time per shift. Ensure escorts return the Detainee Message Form to the Medical Housing Unit for filing and forward a copy to the Processing Officer 1 for inclusion in the Detention File.
- Detainee Message Form must be used to acknowledge receipt of message and upon completion must be filed in the Medical Housing Unit and a copy placed in the individuals detention file.
- Calls other than non-specific or emergencies will be directed to the appropriate department. I.e. Deportation, Medical Services, Detention and etc.
- All emergency calls will be delivered immediately to the Contract shift supervisor.
- **Contract shift supervisor must direct all sensitive emergency notifications (death, serious illness, etc.) immediately to the ICE SDDO on duty for further direction.**

Detainee Telephone Message Delivery Procedure

- Receive or retrieve call from two (2) mailboxes

1. Extension 2202

Voicemail Retrieval Instructions

- Lift Handset
- Dial 2300 OR Press "MESSAGE" Button on the set
- Enter your extension: 2202 PRESS #
- Enter Password: 22021 PRESS #

2. Detainee message system inbox

Voicemail Retrieval Instructions

- Lift Handset
- Dial 2300 OR Press "MESSAGE" Button on the set
- Enter your extension: 6424 PRESS #
- Enter Password: 64241 PRESS #



IDENTIFY IF IT'S AN EMERGENCY OR NON-SPECIFIC MESSAGE

Emergency Message

- Request name and contact information from caller
- Immediately forward call to shift supervisor for notification to ICE SDDO.
- Follow established procedure.
- Record information in Log book.

Non-Specific Message

- Request name and contact information from caller
- Request message
- Complete Detainee Message Slip
- Record information in Log book

Messages must be delivered at a minimum of once per shift

Recurring Duties

- Ensure that shakedowns are conducted in every cell except during the hours of 2200-0600 except in emergency situations or when authorized by a supervisor.
- Log all shakedowns in the unit contraband logbook.
- Annotate any movement of detainees from the unit in the logbook with name and complete alien number.
- Detainees shall be searched upon returning to the unit.
- Replenish hygiene supplies as needed.

Confidentiality

- Any information overheard or otherwise obtained pertaining to a patient's medical or personal status will be kept confidential and in no case released, discussed or repeated.
- Medical records are not to be handled or read by the officer assigned to the IHSC Medical Housing Unit.

Important Guidelines for the Respiratory Isolation Rooms

- All personnel who enter the anteroom or Respiratory Isolation Unit **MUST WEAR A MASK.**
- When a suspected TB patient leaves the Respiratory Isolation Unit, he **MUST WEAR A MASK BOTH INDOORS AND OUTDOORS.**
- A TB patient does not need to wear a mask inside the Respiratory Isolation Unit while the fan and/or Hepa filtration system is running.
- A suspected TB patient may be used to clean the anteroom and bathroom, but **MUST WEAR A MASK.**

Mental Health Unit

- Lights must be on in the Mental Health Unit rooms at all times.
- Detainees housed in the IHSC Medical Housing Unit who display violent or mentally disordered behavior shall be observed at least every fifteen minutes. Suicidal detainees shall be under continuous observation.
- Officers must utilize the security flap on the doors whenever possible. (Medication, food service, consultation, etc...)

AFOD/OIC concurs:
MAR 28 2017

(b)(6);
(b)(7)(C)



Padded Cell

- At no time will the padded cell door be opened, or detainee be permitted outside the cell without having (b)(7)(E) present.
(b)(7)(E) could be present when the detainee is removed from the cell for any reason. A supervisor must be present when a known dangerous detainee has to be moved from the padded cell for any reason.
- (b)(7)(E) will be present when staff has to enter the occupied padded cell; moreover, the detainee will be handcuffed behind the back when staff has to enter the padded cell.
- Detainees removed from the padded cell for any purpose will be, at a minimum, restrained behind his back.

Recreation

- Ensure that all detainees are offered a minimum of 1-hour of recreation daily, unless otherwise 233
- Detainees will adhere to a recreation schedule and will only be allowed outside at the designated times unless approved by the clinical director.

Religious Services

- When advised, the housing unit officer will make an announcement for the detainees to prepare for religious services. The announcement will include which religious service is being provided and the officer will log the announcement in the log book.

Law Library Schedule

- Law Library hours will be determined by the posted schedule.

Detainee Feeding

- Meal times are determined by the posted schedule.
- Medical Housing Unit rovers will distribute meals to individual detainees.
- Ensure that all detainees receive their appropriate diets.

Detainee Living Area

- Detainee(s) are responsible for keeping their personal living areas neat and orderly.
- No pictures are allowed hanging from the walls or beds.
- Only authorized amounts of linen and clothing.
- No washing clothes in the Medical Housing Unit.

Officer's Station

- The officer's station will be kept clean and neat with no detainees being inside it at any time, for any reason.
- Detainees shall not loiter around the officer's station, take things from it or view any written material that is on or around the area.

AFOD/OIC concurs:
Date:

MAR 28 2017

(b)(6); (b)(7)(C)



Hours:

- The Medical Housing Unit Rover (b)(7)(E) will be manned 24 hours, seven days a week.
- The Medical Housing Unit Rover (b)(7)(E) will be manned from 6:00AM to 10:00PM, seven days a week.

Post Closure

- In the event that the post is closed due to no Detainee population, you are to report to your immediate supervisor to assist with camp operations.

*** These post orders are to be used as a guide for the successful completion of your duties. It is not expected that these post orders will cover every conceivable situation that you may be confronted with while performing your assigned duties. However, you are expected to exercise good judgment and good sense in the application of these orders. Your duties are not necessarily limited to those described herein, and may be amended orally or in writing when deemed appropriate.

Approved By: (b)(6); (b)(7)(C) _____ Date: **MAR 28 2017,**

Assistant Field Director/OIC

AFOD/OIC concurs: _____
Date: **MAR 28 2017**

(b)(6); (b)(7)(C)

ANNUAL REVIEW

(b)(6); (b)(7)(C)

Health Services Administrator / Date

(b)(6); (b)(7)(C)

Unit Chief of Health Operations / Date

Krome

Krome Staffing Plan

Position	CTR	GS	PHS	CSL	Total
Admin Asst	1				1
AHSA			1		1
CD			1		1
Dental Asst		1			1
Dentist			1		1
HSA			1		1
LPN/LVN	3			1	4
MHP	2		3		5
MLP	1		3		4
MRT	1	3			4
Nurse Mgr			1		1
Pharm Tech	2				2
Pharmacist			1		1
Physician	1				1
Program Mgr			1		1
Psych RN	9				9
Psychiatrist	1				1
RN	10		8	3	21
RAD-TECH		1			1
Total	31	5	21	4	61

ANNUAL REVIEW

(b)(6); (b)(7)(C)

Health Services Administrator / Date

(b)(6); (b)(7)(C)

Unit Chief of Health Operations / Date

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Krome Staffing Plan

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MHP	2		3		5
MLP	1		3		4
MRT	1	3			4
Nurse Mgr			1		1
Pharm Tech	2				2
Pharmacist			1		1
Physician	1				1
Program Mgr			1		1
Psych RN	9				9
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RAD-TECH		1			1
Total	31	5	21	4	61

LOCAL OPERATING PROCEDURE

Emergency Response

LOP 8.10A

(REV: 09/16)

PURPOSE: To establish a standardized approach to respond to medical emergencies in the camp population.

I. Notification of Medical Emergencies

- A. ICE or AGS security will contact medical, at extension 2170, to notify medical of an emergency.
- B. The following information will be provided to medical
 - 1. Patient's Name and Alien Number
 - 2. Type of Emergency (Medical vs. Psychiatric)
 - 3. Patients Symptoms and Level of Consciousness
 - 4. Location of the Patient
- C. The officer receiving the medical emergency notification will announce the emergency over the intercom system and then physically locate and notify a medical provider

II. Response to Medical Emergencies (Providers must respond within 4 minutes)

- A. The medical staff notified of the medical emergency is responsible to ensure that an emergency team is deployed.
 - 1. Day Shift—Emergency Team #1 or #2 will deploy
 - 2. Evening Shift—the medical provider notified will deploy
 - 3. Night Shift—the medical provider notified will deploy
- B. The medical team responding will notify the security officer if additional back-up is needed (i.e. psychiatry, wheelchair, stretcher, etc).
- C. The trauma bag and AED will be brought to the scene of all emergency responses.
- D. Vital signs (blood pressure, pulse, and temperature) will be obtained on patients, upon arrival to the scene of the emergency.
- E. Medical providers responding will assess, diagnose and treat while on the scene.
- F. If the injured party is an ICE officer, security officer, visitor, student or IHSC staff, treatment is limited to preventative and/or emergency medical care. Medical treatment recommended by IHSC medical staff beyond the scope, identified above, will be referred to the community.

III. Transportation to the Medical Clinic

- A. If the medical condition of the patient permits the patient will be brought to the medical clinic by appropriate means (i.e. ambulatory, wheelchair, stretcher, or vehicle).
- B. The patient will be placed in the Urgent care room if on-going treatment is required.
- C. On day shift the following staff will have functional roles in the care of the emergency:
 - 1. Triage Nurse (or other designated emergency team member)

- a. Designate another provider to administer IV fluids, manage medications, obtain vital signs, perform clinical procedures as assigned
 - b. Designate a provider to document care (if no other staff is available he/she will perform this function)
 - c. Notify the physician of the emergency
 - d. Access the patient's medical record
 - e. Request any medications from the pharmacy
 - f. Contact 911 if necessary, notify the camp supervisor, assure the patient is transported with ICE security as an escort
2. Physician (NP/PA in physicians absence)
 - a. Supervise and direct all patient care activities during the emergency
 - b. Designate a NP/PA to assist
 - c. Refer the patient to an outside facility (if required) and complete the necessary forms

IV. Documentation

- A. Incident Report - will be completed on all emergency responses in the facility.
- B. Progress Note – care provided on emergency responses will be documented in “S.O.A.P” format in the electronic medical record (eMR) or on the SF-600, progress note.

Chapter 8

MEDICAL

January 2014 Update: Section 8.7- Health Evaluation of Detainees in Segregation, has been archived and replaced by new IHSC policy 03-06: Health Evaluation of Detainees in Special Management Units.

8.1. Medical Initial Screening. Medical in-processing health screening shall be performed on all detainees upon their arrival at an SPC unless ICE declares that the detainee is transient and will stay at an SPC for less than twenty-four (24) hours. Detainees will be screened within 12 hours of arrival at the facility in accordance with ICE Detention Standards. Transient detainees are not usually placed in the general population. If transient detainees are to be placed in general population, a medical in-processing health screening must be performed. Medical in-take screening is necessary to prevent newly-arrived detainees who pose a threat to their own or others' health or safety from being admitted to the general population and to get them immediate medical attention when necessary. Under special circumstances such as a mass influx, facilities where medical personnel are not available 24 hours per day and seven (7) days per week or upon special arrangement with the Division Director through the Medical Director, specially trained ICE or Security officers may do medical in-take health screenings. Form IHSC-794, In-Processing Health Screening, will be completed on all detainees, including juveniles (defined as those seventeen (17) years of age or younger), at the time of the ICE in-take. Health screening is performed by a medical provider or a specially trained officer.

- If screening is done by a specially trained officer, patients responding “yes” to any of the screening questions will be referred to the medical facility or off-site health care provider for medical care and/or follow-up.

8.1.1. Medical Recommendations for Placement. Recommendations are made for placement of a detainee in the camp setting based on the In-Processing Health Screening.

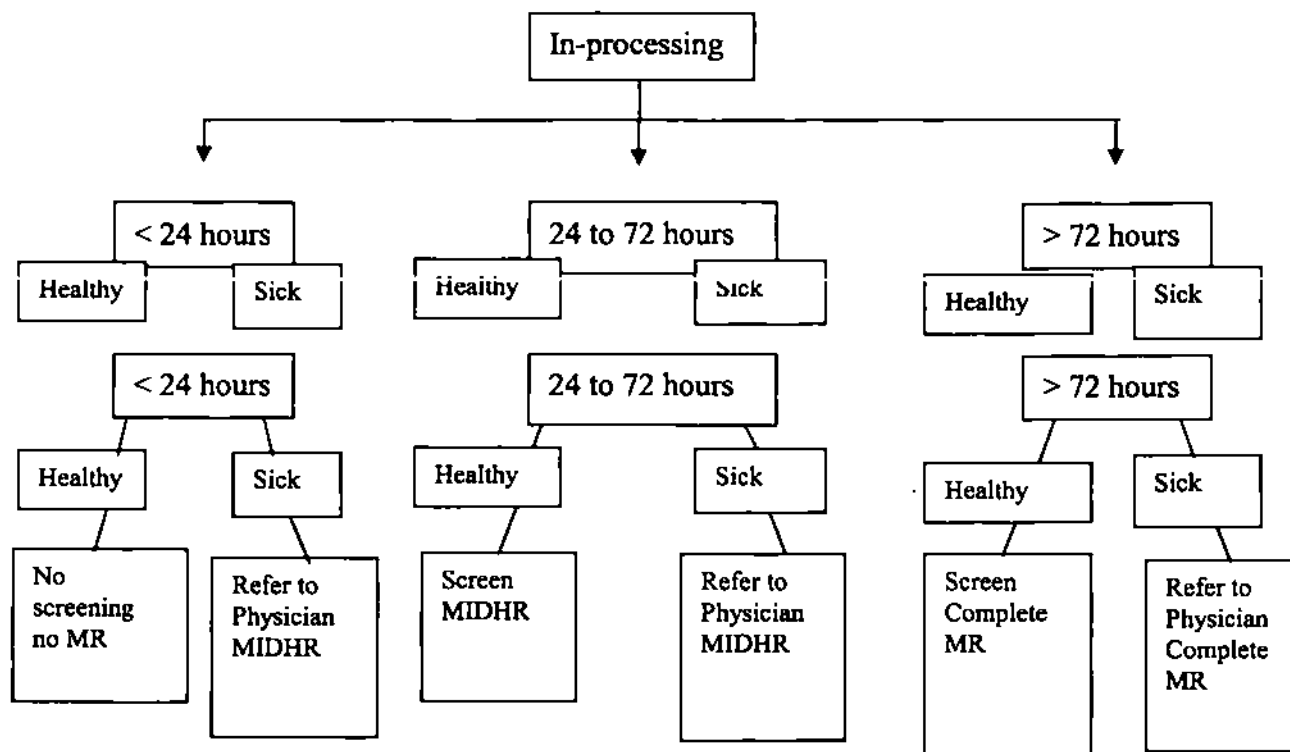
- General Population - detainees presenting with no symptoms of TB or any other infectious diseases.
- General Population with Referral to Medical Care – detainees with no symptoms of TB or infectious disease but who report that they have a chronic condition requiring further evaluation.
- Referral for Immediate Medical Care – detainees who present with urgent conditions that require immediate treatment.
- Isolation Until Medically Evaluated – detainees who present with signs and symptoms of TB or other infectious disease.

8.1.2. Initiation of the Medical Record. Official medical records are maintained to document all medical services that are delivered to detainees. Official medical records may be of two types:

- The ambulatory health record
- The abbreviated ambulatory health record IHSC-794 (Mass Influx)

The ambulatory health record is initiated for all detainees who are likely to remain in an ICE SPC for more than seventy two (72) hours. The IHSC-794 is initiated for detainees who are likely to remain in the SPC for more than 24 hours and less than 72 hours.

An official Medical Record will be generated upon completion of the intake screening process. In cases where there is no face-to-face contact with a member of the IHSC staff, the IHSC-794 will be filed and maintained in A# order. IHSC-794 forms, for detainees who leave the SPC prior to any face-to-face contact with a IHSC team member, will be retained in A# order in a single file folder. Information received from the ICE on detainees who have departed the SPC will be recorded at the bottom of the form. See Initial Medical Screening SOP 8.1.2 for a detailed description of this process.



8.2. History and Physical Examination. This section has been archived and replaced by new IHSC policy 03-07 History And Physical Examination, located on the Global Drive at Policies and Procedures In New Format- Disseminated to Sites\03-07 History and Physical Exam.pdf.

8.2.1. Documentation. This section has been archived and replaced by new IHSC policy 03-07 History And Physical Examination, located on the Global Drive at Policies and Procedures In New Format- Disseminated to Sites\03-07 History and Physical Exam.pdf.

8.2.1.1. Physical Examinations Conducted by Registered Nurses. This section has been archived and replaced by new IHSC policy 03-07 History And Physical Examination, located on the Global Drive at Policies and Procedures In New Format- Disseminated to Sites\03-07 History and Physical Exam.pdf.

8.2.2. Health History. This section has been archived and replaced by new IHSC policy 03-07 History And Physical Examination, located on the Global Drive at Policies and Procedures In New Format- Disseminated to Sites\03-07 History and Physical Exam.pdf.

8.2.3. Body Scars and Injuries. This section has been archived and replaced by new IHSC policy 03-07 History And Physical Examination, located on the Global Drive at Policies and Procedures In New Format- Disseminated to Sites\03-07 History and Physical Exam.pdf.

8.2.4. Pelvic Exams/PAP Smears. This section has been archived and replaced by new IHSC policy 03-07 History And Physical Examination, located on the Global Drive at Policies and Procedures In New Format- Disseminated to Sites\03-07 History and Physical Exam.pdf.

8.2.5. Pregnancy Screening and Prenatal/Postnatal Care. All female detainees will be questioned about the date of their last menstrual period, and if they are sexually active. All female detainees over the age of ten shall have a urine test for pregnancy at the time of intake, regardless of history of sexual activity. Females over the age of fifty five (55) need not be tested. Form IHSC-834 (Medical-Psych Alert Form) will be completed on all detainees who are pregnant. A copy of the IHSC-834 will be sent to the ICE. An original will remain in the medical record. The Clinical Director is responsible for assuring that all pregnant females are initially evaluated by an obstetrics specialist. Care may be provided throughout the pre and post-natal period by a member of the IHSC medical staff in consultation with an obstetric specialist.

The pregnant patient shall be seen on a monthly basis or as often as recommended by the obstetrics specialist. Pre-natal Flow Sheet IHSC 846 will be utilized. Care shall continue until the detainee is released from ICE custody.

8.3. Detection of Abuse and Neglect in Detainees. This section has been archived. The new IHSC policy, 03-01- Abuse and Neglect (Detainee), which is in the new policy format, can be found on the IHSC Global Drive at: [Policies and Procedures In New Format- Disseminated to Sites\03-01 Abuse and Neglect \(Detainees\).pdf](#); 7/2012- IHSC policy 03-01 Abuse and Neglect (Detainees), is replaced by new IHSC policy 03-01 Sexual or Physical Assault, Abuse and/or Neglect, located on the Global Drive at [..\Current DIHS Policy and Procedure Manual\Current DIHS Policy\Policies and Procedures In New Format- Disseminated to Sites\03-01 Assault Abuse and Neglect Final.pdf](#):

8.4 Detainee Medical Status. The detainee medical status form IHSC-841 is:

- A summary of a detainee's medical status
- Useful in determining completed and pending health services
- Used to track communications with ICE

Examples of communication include memos concerning kitchen clearance, letters requesting quick dispositions, letters responding to legal concerns, etc. Copies of communications are not included in the medical record. This form is not used for detainees who will be in the facility for less than forty eight (48) hours. Upon completion of the initial medical screening, the following will be documented: TB screening, RPRs (*if required*), complete history and physical including assessment of pain, mental health screening and dental screening, and the date, results and initials of the provider performing each function. Information from the IHSC-841 must be also recorded in the progress notes.

8.5. Health Services Request (Sick Call). Each facility shall have a mechanism that provides the detainee with an opportunity to request health care services. The process by which detainees request health services is through Sick Call. Sick Call will be offered during regular working hours Monday through Friday except federal holidays. For weekends and holidays, detainee requests for medical services are assessed by an appropriate provider who determines if the request qualifies as an emergency. All medical emergencies are immediately addressed by the appropriate level provider. The appropriate level provider is determined based on provider protocols. If the request is not determined to be an emergency, an appointment is made for the next regular working day. All detainee requests for health services are reviewed by an appropriate health care provider within 24 hours. The detainee may not necessarily receive the requested services within 24 hours if those services are not indicated.

8.5.1. Mechanisms of Health Services Request. Request for health care services (sick call) may be through the use of a standard sick call form, a verbal request to a medical provider, or by presenting at sick call triage in those facilities that perform this service in the housing units. Local operating procedures will define how each facility administers requests for health services and how privacy and confidentiality are maintained.

8.5.2. Appropriate Level Provider. Requests for medical services shall be evaluated by the appropriate level provider. Registered nurses may evaluate/triage patient requests for same day

medical services. If the registered nurse determines that the care may be rescheduled for a future date, the case must be discussed with the physician, a nurse practitioner, or physician assistant who will confirm that the treatment or evaluation may be scheduled in the future.

8.5.3. Documentation. Each medical facility will maintain a permanent record of sick call requests. The detainee name, alien number, date of request, chief complaint and date of service are to be included in the record. This sick call record will have a paper record maintained in a loose-leaf binder and stored at the facility indefinitely.

Documentation of health care provided in response to a detainee's request will be recorded in the progress note in the health record. Documentation must clearly indicate the visit was as a result of a sick call request. This shall be accomplished by utilizing a rubber stamp indicating "SICK CALL" on the health record. Entries need to include the date and military time the detainee was seen.

8.5.4. No shows/not seen. An entry in the medical record is required to document all cases where detainees are scheduled for medical services but are not seen by medical staff.

Examples:

X A detainee does not report for sick call/appointment after being summoned. Documentation must include but is not limited to the date and time(s) the detainee was called and did not respond and the signature of the individual who called for the detainee. A rubber stamp with this information can be used but must be signed as indicated above.

X Any situation/event in the facility that prevents seeing all the detainees who requested sick call or were called for appointment (i.e., lock down). Documentation must include the situation, date, time, and a signature.

8.6. Care of Chronic Conditions. This section has been archived. The new IHSC Chronic Care Policy (03-03- Care of Chronic Conditions), which is in the new policy format, can be found on the IHSC Global Drive at: [Policies and Procedures In New Format- Disseminated to Sites\03-03, Care of Chronic Conditions.pdf](#)

8.7. Health Evaluation of Detainees in Segregation. This section has been archived and replaced by IHSC policy 03-06: Health Evaluation of Detainees in Special Management Units.

8.8. Referrals to the IHSC Medical Referral Centers or other SPCs. Detainees requiring services beyond the capacity of the current housing facility but who do not require acute hospitalization services may be transferred to a more appropriate site. These include SPCs, contract medical facilities, or contract detention facilities.

Requests for patient transfers to any of the IHSC Medical Referral Centers or other SPCs will be routed through the appropriate Managed Care Coordinator (MCC). The MCC shall compile

necessary documentation, consult with IHSC Medical Director, and make a recommendation to the originating facility. The HSA or their designee will brief the OIC of any potential transfers. The authority to approve transfers rests with the Field Office Director (FOD), ICE Office, or the SPC OIC. See SOP 8.8.

8.9. Referrals to Off-Site Care. Detainees requiring health services that cannot be provided by the current housing facility but are included in the IHSC Medical/Dental Covered Services Package are referred to off-site consultants or health care facilities. All off-site care must be authorized. (Refer to SOP 8.9 Treatment Authorization Request).

8.9.1 Medical Claims. A Treatment Authorization Request (TAR) Form must be completed for all hospitalizations, emergency services and other reimbursable services. In emergency situations where the form cannot be filled out before the service is rendered, it should be completed and forwarded as soon as possible but no later than one business day from the date of service. Without this form, the medical claim may not be paid.

8.9.2. Referrals to Long Term Health Care Facilities. Detainees who have been housed in an off-site health care facility for more than 15 days will be evaluated (on day 15) for transfer to a SPC with a SSU or community long term care facility. When it is determined by the CD or the MCC that a detainee requires medical or mental health care for an extended period of time, the detainee will be referred to a long-term network facility. See Columbia Care Center SOP 8.9.2

8.9.3. Consultation Reports. After the off-site medical services have been completed, the consultant's report will be given to the CD or designee for review and signature. If the recommendations are acceptable, the CD will document any and all pertinent information including physician orders in the health record. At no time is a consultant, on-site or off-site, authorized to write in the IHSC health record.

8.10. Emergency Services. Each medical facility shall maintain an emergency cart containing all necessary medical supplies/equipment to offer urgent services in accordance with the level of care they provide.

8.10.1. Procedure for Ambulatory Facilities. The medical facility that offers only ambulatory care shall have Basic Life Support (BLS) capabilities in accordance with the American Heart Association Guidelines. Mock Code Blues will be performed on a quarterly basis through the Performance Improvement function.

8.10.1.1. Emergency Cart Contents. Emergency carts at medical facilities where only

ambulatory care is delivered must contain, at a minimum, the items listed on the HSD-51 and HSD-53.

The contents of the emergency cart will be checked on a monthly basis and after every use by the designated staff member. Items included on the **Urgency Room/Equipment Daily Check List** form IHSC 53 must be checked daily (including weekends and holidays). IHSC 53s must be kept in a binder for at least three years.

8.10.2.1. Emergency Cart Contents at IHSC Medical Referral Centers. Emergency carts in ambulatory and SSU care medical facilities must contain, at a minimum, the medications and equipment specified by the most current American Heart Association Guidelines. See SOP 8.10.1 Zoll 1600/2000 Semiautomatic External Defibrillator.

The contents of the emergency cart will be checked on a monthly basis and after every use by designated staff utilizing the **Emergency Cart Contents Check List** form IHSC 51.

The emergency cart medications will be checked on a monthly basis and after every use by the pharmacy staff, utilizing the **Emergency Cart Medication Check List** form IHSC 52.

8.11. HIV/AIDS. To the extent possible, the accurate diagnosis and medical management of HIV infection among detainees will be promoted. The diagnosis of AIDS is established only by a licensed physician based on a medical history, current clinical evaluation of signs and symptoms, and laboratory testing.

Routine mass testing for HIV infection will not be conducted. HIV testing will be performed only when clinically indicated, on an individual basis, or when requested by a detainee and deemed necessary by the medical provider.

If a provider determines that HIV testing is indicated based on clinical evaluation, the test may be performed only after pre-test counseling is completed

The results of the HIV test will be reviewed by the CD or designee. The detainee will receive post test counseling regardless of the results.

If a detainee is found to be HIV positive using the ELISA test, they will not be diagnosed with HIV infection until the ELISA test has been confirmed by a Western Blot or a comparable test. If the results of both the ELISA and Western Blot test confirm HIV seropositivity, post-test counseling will be provided. Whenever possible, such counseling should be given by a mental health professional in the native language of the detainee and whenever possible, will also be provided in writing in the native language. Both pre and post-counseling must be documented in the detainee's medical record.

Counseling must include, but is not limited to, the following:

- X Facts about the cause and progression of HIV infection
- X Treatment techniques
- X Effective measures to prevent transmission of infection to others

8.11.1. Specific, IHSC-approved guidelines for the management of HIV infection are included in the *Infectious Diseases Management Clinical Guidelines (most current version can be found on the Division web site)*.

8.11.2. Precautions. Standard (Universal) precautions are to be used at all times when caring for detainees. It should be assumed that all detainees are infectious for blood-borne pathogens. No additional special precautions are required for the care of HIV-positive detainees.

8.11.3. Staff Risk/Responsibility. Staff will not be excused from carrying out their regular duties and responsibilities with respect to detainees who are suspected or diagnosed as having HIV infection, unless the IHSC staff member is at high risk for infection because of compromised immune status (e.g. HIV infection or immunosuppressive therapy). If a IHSC staff member believes that he or she is at risk, they are responsible for discussing this issue with the supervisor. The employee's concerns will be evaluated by the Clinical Director and HSA who will adjust the individual's work responsibilities to lessen the risk to themselves or others.

8.11.4. Staff with HIV. Any IHSC staff member who is known to be HIV positive shall be managed according to the guidelines developed by the Office of Personnel Management and the Division of Commissioned Personnel. They will:

- X Be treated with the same considerations as employees who suffer from other serious illnesses
- X Be accorded all employee rights, such as leave, job restructuring, and flexible scheduling, including the right to strict medical confidentiality
- X Be expected to fulfill all obligations and responsibilities pursuant to their assignment which can be conducted safely and effectively, and which do not pose a special risk to the individual or to other persons
- X Be accommodated to the greatest extent possible with respect to daily work activities in response to the consequences of infection, consistent with meeting program goals and satisfying personal health needs.

8.11.5. Education. Each medical facility shall have an on-going education program that effectively communicates to IHSC staff the known facts about HIV infection and preventative measures.

The program will address the following about HIV:

- X Infectious agent

- XEffects of infection
- XModes of transmission
- XRecommended preventative methods
- XCurrent materials for review
- XUse of multi-media teaching aids
- XMental health aspects

Each medical facility will appoint a IHSC resource person responsible for the ongoing dissemination of current HIV information.

8.11.6. Confidentiality. Strict confidentiality procedures shall be followed concerning the health records of detainees with HIV and/or AIDS. Confidentiality with regard to HIV is the same as for any other medical condition.

8.12. Sexually Transmitted Disease Prevention, Treatment, and Control. Providers shall follow the current sexually transmitted disease (STD) prevention, treatment, and control guidelines established by the CDC. All on-site treatment provided to the detainee should be directly administered and supervised on a daily basis and appropriately documented in the health record. Upon identification of a detainee with an STD, the recent sexual partners should be identified, examined, and treated as though infected, to the extent possible.

To effectively implement this policy, the Clinical Director is responsible for ensuring the following:

- XThat any detainee for whom STD treatment is prescribed (including juveniles) receives it and that it is appropriately documented
- XThat all of the appropriate Federal/State/local reporting requirements are met
- XThat all information regarding appropriate follow-up (including upon release) is provided to the detainee and is documented in the health record

8.12.1. STD Screening. All detainees over the age of 15, *regardless of history of sexual activity*, will be screened for symptoms of STDs.

Detainees younger than 15, who are determined to be sexually active, will also be screened. STD screening will be completed within the first 14 days. RPR/VDRL tests will only be performed when clinically indicated.

8.13. Tuberculosis (TB) Control It is the policy of the IHSC that all IHSC medical facilities implement and monitor a tuberculosis control plan. The IHSC Tuberculosis Control Plan is described in the IHSC Infection Control Plan and includes the following priority areas:

:

- Symptom screening
- Tuberculin skin testing (TST)
- Screening with chest x-ray
- TB Control Protocols
- TB Screening
- Sputum Collection for Individuals with Suspect TB
- Airborne Infection Isolation (AII)
- Consultation and Specialized Services
- TB Laboratory Result Monitoring
- Treatment of Suspected Active TB
- Communication with Local Health Departments
- Transportation
- TB Surveillance
- TB Referrals and Continuity of Care
- TB Control Checklist and Risk Assessment
- Contact investigations for tuberculosis

TB control: In order to prevent the spread of *Mycobacteria tuberculosis* (TB), detainees with suspected or confirmed active TB disease will be immediately placed and remain in airborne infection isolation until no longer considered infectious. Referral to the proper health authorities will be made in accordance with state and local regulations.

Treatment: Tuberculosis will be appropriately and effectively evaluated by consultation with the IHSC Medical Director and local Clinical Director, and in coordination with state and local health department TB control programs.

Tuberculosis Referrals and Continuity of Care will be arranged in coordination with:

- state, or local public health authorities in the jurisdiction where the detainee is being treated
- TB referral programs (i.e., Cure TB, TB Net, or the U.S.-Mexico Binational TB Referral and Case Management Program)

TB Risk Assessment: All IHSC medical facilities will undertake a TB risk assessment at least annually in accordance with CDC guidelines for the control of tuberculosis in health care settings (see IHSC Infection Control Plan).

Education: Continuing education on tuberculosis will be given to the detainees and staff on an ongoing basis.

The following, policies, procedures and guidelines support the IHSC tuberculosis control program::

- IHSC Infection Control Plan
- IHSC Infectious Diseases Management Clinical Guidelines (most current version)
- Centers for Disease Control and Prevention and other national guidelines for tuberculosis treatment and control are available at:
http://www.cdc.gov/nchstp/tb/pubs/mmwrhtml/maj_guide.htm

8.14. Hunger Strike. The medical staff of IHSC shall assure medical management of detainees who either declare that they are on a hunger strike or are observed to be on a hunger strike. A hunger strike is defined as refraining from eating in excess of 72 hours. IHSC staff will initially and periodically counsel any detainee who is on a hunger strike as to the adverse effects of a prolonged hunger strike and to promote resumption of normal eating. Hunger strikes in contract facilities will be monitored and tracked through the Managed Care Coordinators. Hunger strikes in SPCs are to be reported to the Executive Officer to the Associate Director for Field Operations.

It will be recommended to the ICE that a detainee who is on a hunger strike be isolated from other detainees for monitoring purposes. Regular meals and fluids of various kinds should be left with the detainee.

An initial medical and psychiatric evaluation will be conducted and repeated as necessary. The IHSC Hunger Strike Monitoring form (IHSC-839) will be used to monitor the patient on a daily basis. This form will be kept in the detainee's health record.

Any medical procedure or treatment to be performed on a detainee who is on a hunger strike will be done only with their informed consent. No medical treatment will be forced upon a detainee. If the detainee refuses treatment he/she will be requested to sign a refusal form.

If the detainee's condition deteriorates to the point that care is beyond the scope of management by the IHSC staff and life may be in jeopardy, the Clinical Director will notify ICE and initiate the process for Force Feeding (See Hunger Strike/Force Feeding SOP 8.14). At the conclusion of any hunger strike, the IHSC staff will provide the detainee continued medical and psychiatric follow-up care as necessary. Discontinuation of hunger strikes in SPCs are to be reported to the Executive Officer to the Field Operations Associate Director.

8.15. Immunizations. Providers, when performing a health assessment, shall determine the immunization status of the detainee. An immunization schedule will not be initiated for all detainees. The IHSC policy is designed to meet two purposes:

XTo prevent outbreaks of communicable diseases in a detained population

XTo provide individual detainee protection in the event of a disease outbreak

When it is determined that immunizations will be administered, CDC, American Association of Pediatrics (AAP), and American College of Immunization Practices (ACIP) guidelines must be instituted and the appropriate immunization records be kept as a part of the health record on Standard Form 601, Immunization Record.

The Clinical Director is responsible for ensuring the following:

XThat the appropriate informed consent is obtained prior to immunization and kept as a part of the health record

XThat adverse reactions to immunizations are reported utilizing the MEDWATCH Form FDA 3500

XThat all the Federal/State/local reporting requirements are met

The following precautions should be kept in mind regarding immunizations:

XWhenever possible, live-virus vaccines should be administered on the same day, or should be given at least 30 days apart.

XTuberculin testing should be done either on the same day that live-virus vaccines are administered, or no sooner than four to six weeks after immunization.

XImmunization with live virus vaccines should not, in most circumstances, be performed on persons known to be infected with HIV.

XAllergy history must be determined prior to administering any vaccines. An emergency protocol for anaphylaxis or other allergic response shall be immediately instituted as defined in local operational procedures.

XPregnant detainees should not be given live, attenuated-virus vaccines. This includes female juveniles who are under the care of IHSC. All women receiving these vaccines should be advised against pregnancy for a three month period after vaccination.

8.16. Treatment of Juveniles. Unaccompanied juveniles or unemancipated juveniles not accompanied by an adult receive the same screening, treatment, and evaluation as adults detained by ICE. However, juveniles are given routine immunizations in accordance with CDC, AAP, and ACIP recommendations and guidelines. Pediatric Physical Assessment Flow Sheets (IHSC 851 - 866) will be utilized for the initial assessment of all juveniles.

Unaccompanied juveniles are usually transferred to a juvenile facility but may continue to receive their medical care at the Service Processing Center (SPC). The Juvenile Transfer/Release Summary Form (IHSC 845) is completed each time a juvenile is treated at the SPC.

This allows for transfer of important information regarding the treatment received and any instruction for home care to the juvenile housing facility staff. For unaccompanied juveniles who are detained in a location not in close proximity to an SPC, medical care is arranged through the JMS to be performed by

authorized medical providers and health care facilities. The ICE assumes custody of these juveniles and signs any required medical forms for them.

8.16.1 Immunizations. Unaccompanied juveniles, who are processed through an ICE detention facility, will not receive immunizations while in ICE custody. Immunizations may be administered by HHS ORR, if indicated once in HHS custody. Accompanied or emancipated juveniles are immunized in accordance with Centers for Disease Control, American Academy of Pediatrics, and Advisory Committee on Immunization Practices recommendations and guidelines prior to transfer to a juvenile facility. All juveniles are considered not to have been immunized unless there is written documentation. A record of the juvenile's immunizations is documented on an Immunization Record (SF 601).

- a. **Transfer of Immunization Documentation.** Documentation of immunizations received during treatment in an IHSC medical clinic is included on a Juvenile Transfer Summary Form (IHSC 845). A copy of the form is sent to the receiving institution and the original is maintained in the juvenile's medical record."

8.17. Patient Education. Detainees will receive health education pertinent to their care and medical condition. The health care provider will first assess the learning needs of the detainee, and then provide interactive education in the detainee's first language. The information provided may include the following topics as indicated:

- Results of physical examination and diagnostic test
- Safe and effective medication use
- Possible side effects of prescribed medications
- Safe use of assigned medical equipment or devices, such as canes, walkers, crutches, splints, etc.
- Modified or therapeutic diets
- Techniques for functional independence
- How to access health care resources
- How to obtain further care
- Patient responsibilities in the care process
- Any other information pertinent to their well-being

The primary method of patient education will be one-on-one with the health care provider. A resource book of health education handouts is available at each medical facility. This book includes materials pertinent to the most commonly seen conditions, translated in several languages. The numbering of these handouts will assist with documentation in the medical record.

The documentation in the patient medical record will reflect that the information was given and that the patient has verbalized their understanding of the information provided.

8.18. Short-Stay Unit (SSU). This section has been archived and replaced by new IHSC policy 03-17 Medical Housing Units, located on the Global Drive at ..\.\Current DIHS Policy and Procedure Manual\Current DIHS Policy\Policies and Procedures In New Format- Disseminated to Sites\03-17 Medical Housing Units.pdf.

8.18.1. Operation. This section has been archived and replaced by new IHSC policy 03-17 Medical Housing Units, located on the Global Drive at ..\.\Current DIHS Policy and Procedure Manual\Current DIHS Policy\Policies and Procedures In New Format- Disseminated to Sites\03-17 Medical Housing Units.pdf.

8.18.2. Admission Criteria. This section has been archived and replaced by new IHSC policy 03-17 Medical Housing Units, located on the Global Drive at ..\.\Current DIHS Policy and Procedure Manual\Current DIHS Policy\Policies and Procedures In New Format- Disseminated to Sites\03-17 Medical Housing Units.pdf.

8.18.3. Admissions. This section has been archived and replaced by new IHSC policy 03-17 Medical Housing Units, located on the Global Drive at ..\.\Current DIHS Policy and Procedure Manual\Current DIHS Policy\Policies and Procedures In New Format- Disseminated to Sites\03-17 Medical Housing Units.pdf.

8.18.3.1. Admitting privileges. This section has been archived and replaced by new IHSC policy 03-17 Medical Housing Units, located on the Global Drive at ..\.\Current DIHS Policy and Procedure Manual\Current DIHS Policy\Policies and Procedures In New Format- Disseminated to Sites\03-17 Medical Housing Units.pdf.

8.18.3.2. SSU Record. This section has been archived and replaced by new IHSC policy 03-17 Medical Housing Units, located on the Global Drive at ..\.\Current DIHS Policy and Procedure Manual\Current DIHS Policy\Policies and Procedures In New Format- Disseminated to Sites\03-17 Medical Housing Units.pdf.

8.18.3.3. Admitting Process. This section has been archived and replaced by new IHSC policy 03-17 Medical Housing Units, located on the Global Drive at ..\.\Current DIHS Policy and Procedure Manual\Current DIHS Policy\Policies and Procedures In New Format- Disseminated to Sites\03-17 Medical Housing Units.pdf.

8.18.3.4. Daily Visit Process. This section has been archived and replaced by new IHSC policy 03-17 Medical Housing Units, located on the Global Drive at ..\.\Current DIHS Policy and Procedure Manual\Current DIHS Policy\Policies and Procedures In New Format- Disseminated to Sites\03-17 Medical Housing Units.pdf.

8.18.3.5. Discharge Process. This section has been archived and replaced by new IHSC policy 03-17 Medical Housing Units, located on the Global Drive at ..\Current DIHS Policy and Procedure Manual\Current DIHS Policy\Policies and Procedures In New Format- Disseminated to Sites\03-17 Medical Housing Units.pdf.

8.18.3.6. Duties and Responsibilities. This section has been archived and replaced by new IHSC policy 03-17 Medical Housing Units, located on the Global Drive at ..\Current DIHS Policy and Procedure Manual\Current DIHS Policy\Policies and Procedures In New Format- Disseminated to Sites\03-17 Medical Housing Units.pdf.

8.18.3.7. Security. This section has been archived and replaced by new IHSC policy 03-17 Medical Housing Units, located on the Global Drive at ..\Current DIHS Policy and Procedure Manual\Current DIHS Policy\Policies and Procedures In New Format- Disseminated to Sites\03-17 Medical Housing Units.pdf.

8.19. Medical/Psychiatric Alert. The main purpose of the Med/Psych Alert Form (IHSC-834) is to notify the ICE OIC that detainees with certain medical/psychiatric conditions must receive clearance by the IHSC prior to leaving the SPC. This form is also used when a detainee requires a medical escort if deported or transferred. IHSC-834 will be printed on brightly colored paper.

8.19.1. Completion of the Form. The Med/Psych Alert Form (IHSC-834) is filled out by any member of the clinical staff immediately in relation to:

- XA medical escort
- X"Pill line" or directly observed therapy
- XMedical care requiring ongoing therapy such as:
 - o Active TB
 - o All chronic conditions
 - o Other infectious diseases
 - o Ongoing physical therapy
- XMental health care requiring ongoing therapy such as:
 - o Suicide risk
 - o Potential for violent behavior
- XShort-stay unit care
- XNotification of pregnant females

8.19.2. Disposition of the form. The original will be filed in the medical record and a copy given to the ICE. Upon receipt of this form for filing in the medical record, the medical records staff will flag the medical alert field in the DMIS.

8.20. Detainee Special Needs. The Detainee Special Needs Form (IHSC-819) will be used to make appropriate recommendations to the ICE when a detainee's medical condition requires:

- XSegregation
- XMedical isolation
- XObservation
- XRestriction of routine activities/bed rest
- XTherapeutic diet
- XChange of dressing
- XAdministration of daily medication
- XSpecial equipment

The section "Other" of the IHSC-819 will be used for any other special need(s) as deemed necessary by the health care provider including any significant medical/mental condition or disability that the ICE OIC should take into consideration prior to housing, work and program assignments, disciplinary measures, and admission to and transfer from institutions.

The IHSC-819 will be completed and signed by the health care provider recommending the special need(s) of the detainee. The original will be filed in the health record and a copy will be given to the ICE.

The ICE OIC shall be informed, as appropriate, when a detainee has special needs as identified by IHSC staff. Chronic medical problems shall be identified on the problem list. Special need(s) for acute medical problems will be documented in progress notes and the ICE notified of any specific problem(s) or special requirement(s).

8.21. Nutrition Guidelines. An adequate diet based on the United States Department of Agriculture and the Department of Health and Human Services' *Dietary Guidelines for Americans 2005* will be supplied to all detainees including those in segregation. Menus will be planned by the Food Service Director of the ICE SPC with input from a Registered/Licensed Dietitian. The standard menus will consist of 35 days per the ICE Detention Standards. The menus will be reviewed by a dietitian at least every six months or when any substantial change in the menu is made to assure nutritional adequacy for appropriate age groups. Review may take place through documented on-site visit or by written consultation. Written documentation of menu reviews will include the date, signature, and title of the consulting dietitian. As well, menu evaluations will be conducted quarterly by food service supervisory staff to verify adherence to the established basic daily servings.

All infants who may be seen by IHSC providers will have a complete nutritional history documented in their chart. This history will include quantity and frequencies of breast or formula feeding, types of age appropriate solid foods, and any history of malnutrition of the infant or mother during her pregnancy.

8.21.1. Therapeutic Diets. Detainees with certain chronic and temporary medical/dental conditions and/or psychological conditions will receive individual dietary consideration as deemed necessary. The Clinical Director has authorized that a physician/NP/PA/RN may prescribe therapeutic diets utilizing the Detainee Special Needs Form (IHSC-819).

The order will include the type of diet, the duration not to exceed 3 months, and any special instructions. The only therapeutic diets that will be ordered will come from the American Dietetic Association's *Manual of Clinical Dietetics* or another diet manual approved by the National Nutrition Consultant. All other diets are inappropriate diet orders. The most common therapeutic diets for ordering on the Special Needs Form are:

- General Diet (the diet that all healthy detainees receive from the food service)
- Clear Liquid
- Full Liquid
- Soft
- Mechanical Soft
- Cholesterol/fat controlled
- Low Salt (3-4 gm NA)
- Diabetic (1500 Kcal, 1800 Kcal, 2000 Kcal, 2200 Kcal, 2400 Kcal, 2600 Kcal)
- High Calorie (General Diet and snacks)
- Protein Controlled (need to specify the grams of protein and modify the food service meal pattern according to the protein level)

Others may be used as long as they are diets referenced from an approved diet manual.

8.21.2 Diet Education. Education will be provided to detainees about nutrition interventions, therapeutic diets, and food-drug interactions when applicable. This information can be provided by any qualified member of the healthcare team.

When detainees refuse prescribed diets, follow-up nutrition counseling will be provided to the patient including the health risk associated with not following the prescribed diet. This counseling will be documented in the health record

8.21.3 Diet Manual. Therapeutic diets that are approved for use in the IHSC/ICE facilities are outlined in the American Dietetic Association (ADA) *Manual of Clinical Dietetics*. If another diet manual is desired for use, it will be approved by the IHSC National Consultant Dietitian for use. This manual will be available in the health services and food services areas for reference and information. For ordering information, contact the American Dietetic Association at:

American Dietetic Association
216 West Jackson Blvd.

Chicago, IL 60606-6995
Phone: 800-877-1600, ext 5000

8.21.4 Staff Training. The food service staff will be trained at least annually, by a dietitian or designated medical staff member on the preparation of therapeutic diets, including appropriate substitutions and portions. There is additional guidance in the *Standards for Health Services in Jails, edition 2003*.

Medical staff will receive training at least annually, by a pharmacist or other qualified medical staff designated by the clinical director in food-drug interactions.

8.21.5 Religious and Vegetarian Diets. Special diets for detainees whose religious beliefs require adherence to certain dietary laws are approved through the facility's chaplain, not the medical department. This includes all vegetarian diet requests.

8.22. Organ Transplantation. It is the policy of the ICE Health Service Corps to offer organ transplantation to detainees. Division guidelines will establish eligible detainees and will be a reflection of medical need and indication, the psychological state of the detainee, and the immigration status. Detainees meeting the Division's criteria will be referred for transplant evaluation. Final selection as a candidate for organ transplantation will be determined by the regional organ transplant board .

Because organ transplantation involves the utilization of scarce resources, it is imperative that all potential transplant candidates be evaluated not only for medical need, but also for the likelihood of a successful transplant. With many transplants, there are rigorous medical regimens that involve immunosuppressants, frequent follow up, periods of severe depression, and severe medication side effects. Tolerating and strictly adhering to the medical regimen is essential to the success of the transplantation. Poor compliance can lead to death of the detainee if organ rejection occurs. Psychological evaluation prior to transplantation has become a standard of care in establishing an individual's candidacy for organ transplant.

The ICE status of a detainee is also an important factor in establishing transplantation eligibility. It is important for all transplant candidates to be able to have access to post-transplantation follow up and medications. If this access is limited by possible deportation, non-availability of appropriate care in the country of origin, or other ICE status issues that would affect a person's access to post-transplant care, then this will affect their eligibility to receive organ transplantation. See SOP 8.22.

8.23. Clinical Practice Guidelines. The IHSC will develop and use clinical practice guidelines which describe the processes used to evaluate and treat a patient having a specific diagnosis, condition, or symptom.

8.23.1 Methodology. Clinical practice guidelines are developed through the Medical Services

Branch. The selection of diagnoses is determined by the periodic survey of the most common diagnosis seen in all medical facilities (at least every six months). Infectious diseases diagnoses will be selected based on prevalence in the correctional setting and CDC guidelines. The guidelines that are developed will be based on the American Medical Association, Agency for Health Care Policy and Research and other agency guidelines. Each clinical practice guideline will undergo a six month "trial" after which input will be solicited from the providers and refinements made as necessary. The guideline will then be reviewed by the EC for approval. After EC approval the guidelines will be distributed as applicable. Clinical practice guidelines may be modified for use by licensed independent practitioners and other healthcare professionals subsequent to prior review and approval by the IHSC Medical Director.

Clinical practice guidelines will be reviewed by the National Performance Improvement and Pharmacy and Therapeutics committee at least annually. This multidisciplinary group will assure that appropriate clinical and financial resources are available for successful implementation and to assess effectiveness based on monitoring processes.

8.23.2 Monitoring. Performance measures will be incorporated into each guideline. National outcome studies will be developed to assess the effectiveness of the clinical guidelines.

8.24. Tobacco abatement. This section has been archived and replaced by new IHSC policy 08-02 Tobacco Abatement.

8.25 Varicella and Shingles. The medical staff of IHSC shall assure management of detainees with active varicella or shingles and management of those detainees who have been exposed to an active case. Only detention staff/medical staff who are immune to varicella should have any contact with the detainee that has active varicella or active shingles or those on the 21-day isolation period. Detainee visitations can continue, although limitations should be considered for susceptible detainee contacts, and restrictions should be imposed for detainees with varicella. Consideration for possible treatment with Varicella Zoster Immune Globulin (VZIG)

1. Susceptible detainee contacts that are pregnant, or have impaired immunity should be considered for post-exposure prophylaxis with VZIG (which can be administered within 96 hours of exposure). In pregnant women, VZIG does not prevent congenital varicella syndrome or neonatal varicella but limits the severe complications of varicella in the mother. Management with VZIG is determined by the Clinical Director or their designee.
2. Special consideration must be given to patient risk factors with administration especially including but not limited to persons with renal dysfunction, diabetes mellitus, advanced age or > 65 and volume depletion.

3. Susceptible detainee contacts should ordinarily not be transferred or moved until the incubation period has lapsed however, if detainees need to be moved from the isolation area then a **mask should be worn at all times** and the following applies:

8.26 Availability of Health Care in Other Countries. IHSC provides medical recommendations for availability of health care in other countries. IHSC responds to Immigration's request regarding availability of health care for detained and non-detained aliens who may be returning to their country of origin or another country. Requests are sent to the Consultant Services Coordinator in the Clinical Branch (See Availability of Health Care SOP 8.26.).

8.27 Infection Control. Refer to the IHSC Infection Control Plan regarding IHSC' Infection Control Program.

8.28 Aviation Medicine Program (AMP). The Chief of the Aviation Medicine Program reports directly to the IHSC Medical Director. The IHSC Mental Health Consultant as well as all available Clinical Directors will serve as consultants to the AMP for medical escort concerns.

8.28.1 Medical Escort. A health care provider may accompany the transport of an alien along with a minimum of (b)(7)(E) During transport, the medical escort shall sit as close as possible to the alien and the (b)(7)(E) if the alien has a medical condition it is preferable that the medical escort sits next to the alien if security is not compromised. If the alien has a psychiatric condition or is potentially combative, the ICE officers shall sit next to the alien assuring a safe environment during transport. In turn the medical escort shall sit as close as possible to the ICE officers escorting the alien. At no time will the medical escort assume security responsibilities for the alien while in the air or on the ground. Prescribed medication can be provided to an alien if they are at immediate risk to cause harm to self or others as outlined in the IHSC Clinical Practice Guidelines and Protocols for Management of Combative Detainees During Transport. Physical restraint, if required, is the responsibility of the ICE officers or other security personnel. Form AMP-002 (IHSC Aviation Medicine In-Transit Progress Notes and Medical Summary) may be used to document medical interventions, medication administration, significant and pertinent medical observations and findings during transport. When a medical escort is initiated outside of the IHSC, any medication and/or treatment orders provided should be attached to Form AMP-002 and appropriate documentation made on the form. Form AMP – 003 (OTC Medication Administration Record) may be used when administering OTC medications during a chartered flight. Upon completion of the medical escort, the completed AMP-002, and AMP- 003 form should be

forwarded to the IHSC Aviation Medicine Program. For more information please refer to SOP 8.28.1 (Medical Escorts).

8.28.2 Medication During International Escort. Due to the uncertain response of many governments toward individuals entering their country with medication/s and related supplies (syringes and needles) in their possession, all personnel performing international medical/psychiatric escort services are provided the following guidance:

- Medication is to be administered only as directed by a physician's written orders while en route to deportation destination.
- Administration of medication and or treatment performed is to be documented appropriately as defined by IHSC policy.
- Escorts are not to disembark aircraft at final destination with any medication or supplies (syringes and needles). All unused medication & supplies are to be disposed of on the aircraft, just prior to landing, unless these supplies have been pre-coordinated to be left with the detainee or the medical personnel/family receiving the detainee.

8.29. Risk Management Activities

Risk management activities specifically related to medical procedures and patient safety will be defined and described in national standard operating procedure. This will include but is not limited to relevant Patient Safety Goals as identified by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and other relevant accrediting organizations or applicable laws and regulations.

8.29.1. Patient Safety Universal Protocol (Time Out)

Patient Safety requirements identified and mandated by the Joint Commission on Accreditation of Healthcare Organizations, designed to prevent wrong site, wrong procedure, and wrong person during invasive procedures are detailed in IHSC SOP 8.29.1 Universal Protocol "Time Out" for invasive procedures.



Control Post 1, 2, & 3

Assume Post

- Read and sign post orders and General Post Orders.
- Receive a thorough briefing from the previous Control Post officers. Briefing should include any pertinent information that would affect the Control Post.
- Control Post 1: Make an official entry in the Control Post logbook stating you have accepted the post as Control Post 1, 2 & 3 officers and assume all responsibilities that go with the post. Review past entries in the Control Post logbook.
- Control Post 1: Receives and transmits via 236, key and equipment accountability, watch calls.
- Control Post 3: Ensure to compare the Alpha roster and the Current detainee report.
- Control Post 1 and 2: Ensure that the all doors function properly (open and close securely).

Primary Responsibilities (Control Post 1 & 2)

- Ensure that shift supervisor(s) are immediately notified of any problems, incidents or unusual occurrences.
- Take charge in the Control Post in any emergency situation.
- Maintain the highest degree of security possible while conducting operations of the Control Post.
- Monitor facility operations via CCTV; report unusual activity to a SDDO.
- Do not allow anyone other than the Control Post Officers and supervisory personnel to enter the Control Post without the SDDO's authorization.
- Answer all incoming telephone calls.
- Use tact and diplomacy when dealing with facility staff, visitors and telephone calls.
- In the event of a detainee takeover, maintain Control Post as long as safely possible.
- At no time will detainees be allowed to enter the Control Post.
- No photographs will be taken of the Control Post unless authorized by the Assistant Field Office Director.
- Do not give home phone numbers/addresses to unauthorized individuals.
- To ensure officer safety, a **watch call** will be done between the hours of 1800 and 0600 every half hour.
 1. Every post will contact the control post on the hour and the half hour via telephone, if a telephone is available. If no telephone is available, the officer will contact Control Post via radio. Officers will state their post, followed by "watch call."
 2. If any post does not respond, it is the Control Post Officer's responsibility to contact the shift supervisor immediately.
 3. Should an incident (detainee fight or 10-10) occur during the watch call, the watch call will be suspended until normal operations have resumed.
 4. The Control Post Officer 1 is responsible for logging the watch call on the watch call log and submitting the log to the supervisor at the end of the shift.



Primary Responsibilities (Control Post 1 & 2) - continued

- Receive and transmit radio transmissions to officers inside the secure confines of the facility.
- Provide assistance in relaying radio transmissions as needed.
- In the event of an emergency situation, fight, 10-10, etc., the Control Post Officer will reiterate that call for assistance via camp radio transmission.
- Maintain control and surveillance of the sally port gate near the processing area.
 1. Maintain visual contact of those entering the sally port.
 2. The Sally Port shall not be used for pedestrian traffic; all staff without detainees must utilize the Main Lobby.
 3. Only vehicles dropping off or picking up detainees and engineering/property staff etc... making a delivery utilizing a cart shall use the Sally Port.
 4. Do not open any gate unless advised by staff.
 5. Open only one gate at a time.
- Do not operate the Gate #2 vehicle sally port unless authorized by the shift supervisor.
- When the Main Gate calls about arriving detainees, the Control Room Officer will document in the log book which agency transported the detainees and how many detainees are on the vehicle. Immediately after, the SDDO on duty will be notified and the notification will be documented in the log book.
- Notify MHU Desk Officer at EXT 2173 of the arriving detainees.
- Operate all other control panels in the Control Post (pedestrian gates, doors, etc.).
- The Recreation Officer will advise the Control Room Officer when it is time to prepare for religious services. The Control Room Officer will announce over the radio that it is time to prepare for religious services, as well as which service is being provided and the officer will log the announcement in their log book.
- **Do not vacate the post unless properly relieved.**

Primary Responsibilities (Control Post 2)

- Submit a completed camera checklist to the shift Captain.
- Receive and transmit radio transmissions to officers assigned to the Transportation unit, and any other entity transmitting via the repeater channel (236).
- Provide assistance in relaying radio transmissions.
- Provide assistance to the Control Post #1 and Control Post #2 officers as needed.
- Assist Control Post #1 and Control Post 3.
- **Do not vacate the post unless properly relieved.**

Primary Responsibilities (Control Post 3)

- Ensure that facility counts are properly documented.
- Retrieve and print a copy of the G-22.5 located in the Share Drive (S) for each count.
- Utilize the G-22.5 to complete the count process, i.e. count slips, temporary outs, Enforce count, etc., prior to the ICE supervisor clearing count.
- Ensure that count procedures are in accordance with the SOP provided.



Control Post 2 and Control Post 3

- Perform an accurate radio inventory when assuming the post to ensure that all radios are accounted for. This radio inventory will be completed within the first hour of assuming the post. Report discrepancies to the shift supervisor immediately.
- Complete a Radio Inventory Sheet by ensuring to call every post and verify:
 1. The name of the Officer assigned to the post.
 2. The proper radio is assigned to the post.
 3. The Serial Number of the radio assigned to the post.
 4. Document the findings on the radio inventory sheet.
 5. The completed Radio Inventory Sheet, with name and signature, will be submitted to the Shift Captain before the end of your shift.

Key Watcher System Procedure (Control Post 3)

- Perform an accurate key inventory when assuming the post to ensure that all keys are accounted for. This key inventory will be completed within the first hour of assuming the post. Report discrepancies to the shift supervisor immediately and note key issue on count sheet.
- (b)(7)(E)
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- Procedures for issuing keys to staff are as follows:
 1. Receive swipe card from staff member.
 2. Staff member will advise which key(s) is required for their post.
 3. In the event that the staff member has not yet been issued a swipe card, utilize the control emergency swipe card to issue key(s).
 4. In the event the swipe card is inoperable or unavailable, utilize the employees' pin number located in the "Summarized User List Report Binder" to issue key(s).
 5. Control Post #3 officer will maintain accountability for issued keys via the emergency swipe card by utilizing the Key Watcher Back-up Logbook.
 6. Control Post #3 officer will log in the Key Watcher Back-up Logbook the date, name, location, number of keys, key ring number, time out and time in.
 7. Control Post #3 will verify all keys returned by staff are reconciled with the Key Watcher Back-up Logbook in order to ensure that all entries are closed out.
 8. Ensure that a Memo is generated to the Security Officer via the shift supervisor identifying swipe cards of staff members that are inoperable or access is denied to non-restricted key(s).
 9. Check and ensure video camera is functional (battery, on/off power button, lens). Notate all results in the logbook. If repairs are needed, immediately notify the supervisor for corrective action.

AFOD/OIC concur
Date: JUN 07 2017

(b)(6); (b)(7)(C)



Key Control (Restricted Keys)

- All keys are issued via the Key Watcher system.
- The issuance of restricted keys to a staff member with a swipe card without access to a restricted key must be authorized in writing by a SDDO or higher authority, on a Restricted Key Access Form.
- Fill out the form completely and give it to the person requesting the keys so that he/she may get the required signature.
 1. Once the authorizing signature is received, the Control Post Officer will sign the form, issue the key(s) using the Transportation SDDO's swipe card and place the form in the box labeled "Restricted Key Forms".
 2. The form is valid for that person for the duration of that person's tour of duty.
 3. Each time restricted keys are issued to staff, the transaction must also be logged in the key logbook.

Procedures during count

- Fifteen minutes prior to count time, the Control Post officer will announce "Attention in the camp, stop all detainee movement and prepare for the count" via camp radio.
- At the official count time, Control Post will announce "The camp is closed for the headcount".
- Once the count has been initiated, intake and release operations will be suspended until the count has been cleared.
- The SDDO will enter the Control Post to monitor the count.
- The Control Post Officer 3 will receive the count from all posts via telephone and count slips.
- If the numbers add up correctly, the SDDO will verify the count with the G-22.5 in processing before clearing the count.
- The sally port gates will remain closed until the count clears unless otherwise authorized by the SDDO or higher authority.
- During an emergency count the outside posts (e.g. Larkin, Hospital details, and hotels) shall be notified by the Control Post Officer 1 or 2 that an emergency count is being conducted.
- The outside posts shall also be notified once the emergency count is cleared.

AFOD/OIC concurs:
Date: JUN 07 2017

(b)(6);
(b)(7)(C)



Alarms

Fire Alarms:

- In the event that a fire alarm is activated:
 1. Look at the fire alarm panel to see where the fire is.
 2. Press the LOCAL SILENCE button to silence the alarm in control. Announce, via radio that “we **show** a fire alarm in ____ (location,) all available officers respond. “**Stop all unnecessary radio traffic at this time**”.
 3. Call the area affected via radio and/ or phone to get a status report of the situation.
 4. Notify the SDDO on duty of the fire alarm.
 5. Issue Emergency key to the closes officer.
 6. Announce via radio which officer has the emergency key and that the officer is in route to location.
 7. Stand by and wait for further instructions from the Shift Supervisor.
 8. Press the ALARM SILENCE button to silence the alarm in the affected area, once a supervisor on the scene has verified the alarm, and that supervisor has advised you to do so.
 9. **DO NOT DIAL 911** for Fire Rescue unless advised to do so by a supervisor, or the fire is obviously a threat to anyone.

Panic Alarms:

- In the event that a panic alarms is hit by anyone in the courts.
 1. Announce, via radio that “we have a duress alarm in ____ (location,) all available officers respond. “Stop all unnecessary radio traffic at this time”.
 2. Call the affected area and acknowledge the alarm.
 3. Notify the Shift Supervisor of the situation.
 4. Upon securing the situation, reset the Alarm panel.

FM200 System:

Sequence of Operation
Fire Suppression Systems

Bell/ First Alarm

Alarm: First activation of any smoke detector in a protected area. System will sound bells in the protected area. Base building fire alarm will activate with a general alarm tone. Check protected area for signs of fire. Silence FSCP or reset if needed.

Horn/Strobe Second Alarm

Predischarge: Upon migration of smoke from first smoke detector to second detector in a protected area. System will begin release countdown (30 seconds) Hold down abort button in protected area and look for visual signs of fire. If fire is detected, and the agent is needed, release abort button and exit the room. Agent will discharge soon after. Silence FSCP or reset if needed after visual inspection. Do not release abort until system is fully reset.



Strobes/Release

Release: System releases agent in protected area. The interior and exterior strobes will flash for the protected area. Do not enter protected area until system has been purged and or reset by fire department.

Emergency Situations

- During an emergency situation staff shall refer to the emergency plans checklist located in the red binder.
- In the event of an escape, upon the CP officer being notified he or she will immediately notify staff via radio that there is an escape in progress. The CP officer shall include the location of the escape with as much detail as possible, and the number of detainees involved (if known). This will be repeated a minimum of three times over the radio. Upon these actions being taken, the camp will be placed on a LOCK DOWN status. Once the escapee(s) is in custody, the CP officer will announce the status. Only the Camp SDDO or another supervisor of equal or higher rank will have the authority to lift the lock down.
- In the event of an officer in distress/officer down within the facility, the CP officer will immediately notify staff via radio, utilizing the appropriate code. The CP officer will include the officer's location and any other relevant information. This will be repeated a minimum of 3 times.
- In the event of a facility LOCK DOWN confirm the presence of an SDDO at the main gate to provide guidance/instruction until the facility is reopened.

NOTE: In any emergency situation, the CP officer will make an additional announcement that all radio communication not associated with the escape, distress call, officer down, etc., will cease, (except for another urgent situation). Only supervisors and officers directly involved with the emergency and pertinent activities will continue to utilize the radio. In addition, the CP officer will make exhaustive efforts to ensure that the Camp SDDO and the Shift Captain are notified telephonically and/or receive confirmation of the announcement from both supervisors via radio.

AFOD/OIC concurs:
Date:
JUN 07 2017

(b)(6);
(b)(7)(C)

Page 6 of 8



Chronological Activities:

- 0200 Camp closes for detainee population count
- 0400 Insulin shots (until completed)
- 0500 Lights on in the detainee dormitories (wake up time)
Camp closes for detainee population count
- 0530 Cafeteria workers report to the cafeteria
- 0545 Detainee breakfast begins
- 0600 Televisions turned on
Normal telephone access begins
Commence clean-up procedure (continues upon return from cafeteria)
Medication is issued in IHSC
- 0700 Law Library (0700-1130/ see schedule)
- 0745 Outdoor recreation begins (until 11:00/see schedule)
- 0800 Medical Triage & medical appointments
Unit inspections begins
Weekend/Holiday Visitation (until 1530 / see schedule)
- 0830 Barbershop open (0830-1100 M-F / see schedule)
- 0900 EOIR court sessions begin
- 1020 Detainee lunch begins /Commissary
- 1100 KTU / MHU Barbershop begins (until 1230)
- 1130 Outdoor recreation begins (until 1715/see schedule)
- 1150 Law Library (1150-1915/ see schedule)
- 1300 Camp closes for detainee population count
Medication is issued in IHSC
Barbershop open (After population count-1600 M-F / see schedule)
- 1400 Leisure Library (1400-1445 Fridays / see schedule)
- 1530 Leisure Library (1530-1615 Wednesdays / see schedule)
- 1630 Detainee dinner begins / Commissary
- 1645 Leisure Library (1645-1720 Mondays / see schedule)
- 1800 Weekday visitation (until 2200 / see schedule)
- 1900 Religious Services (see schedule)
- 2000 Medication is issued in IHSC
- 2100 Camp closes for detainee population count (face to photo)
- 2230 Issue razors (until 2250)
- 2300 All razors returned
Normal telephone access ends
Televisions turned off (Sunday – Thursday)
- 2330 Lights out in the dormitories (Sunday – Thursday)
- 0030 Televisions turned off / lights out in dormitories (Friday – Saturday)



Hours:

The Control Post 1 Officer will be manned 24 hours a day, seven days a week.
The Control Post 2 Officer will be manned 24 hours a day, seven days a week.
The Control Post 3 Officer will be manned 24 hours a day, seven days a week..

Post Closure

- In the event that the post is closed due to no Detainee population, you are to report to your immediate supervisor to assist with camp operations.

*** These post orders are to be used as a guide for the successful completion of your duties. It is not expected that these post orders will cover every conceivable situation that you may be confronted with while performing your assigned duties. However, you are expected to exercise good judgment and good sense in the application of these orders. Your duties are not necessarily limited to those described herein, and may be amended orally or in writing when deemed appropriate.

Approved By:

(b)(6); (b)(7)(C)

Assistant Field Director/OIC

Date: JUN 07 2017

AFOD/OIC concurs
Date:

(b)(6); (b)(7)(C)

JUN 07 2017



Detainee Housing Unit Building 14A Desk

Assume Post

- Read and sign post orders and General Post Orders.
- Receive a thorough briefing from the previous officer. Briefing should include any pertinent information that would affect the Housing Unit.
- Make official entry in the logbook stating you have accepted the post, and assume all responsibilities that go with the post. Review past entries in the Housing Unit logbook.
- Inventory all equipment and notate the results in the logbook.
- Receive the keys from the previous Building 14-A Desk Officer. Check keys and locks for status, accountability and proper operation. Report status and accountability of all keys to the Control Room Officer.
- Ensure that all Detainee forms are available.
- Prior to the outgoing officer exiting the Housing Unit, examine the overall cleanliness of the unit.
- Inventory cleaning chemicals and make the appropriate entry in the inventory log.
- Conduct a security and sanitation check of the area prior to relieving the outgoing officer.
- Notate all discrepancies in the logbook and submit the appropriate repair order when applicable.
- Ensure that your communication radio is in good working order with a fully charged battery.
- Review and maintain organization of detainee bed cards (3x5) and confirm the head count; ensure that a bed card is present for each detainee in the unit.

Duties and Responsibilities

- Maintain care, custody and control of detainees housed in the Housing Unit.
- All detainees will be awakened at 0500 hrs.
- All detainee beds will be made neatly and in an orderly fashion no later than 0700 hrs. daily.
- All dormitories will be clean and free of trash and debris no later than 0800 hrs. daily.
- Dormitories must be maintained in a sanitary manner at all times.
- Make frequent but irregular patrols of the unit.
- Ensure that all detainees are searched upon exiting and returning to the dormitory for any reason.
- A visual check will be made of each detainee's wristband every time they are pat searched upon enter their housing units. This check will verify; Correct detainee, good physical shape of the wristband; is it stretched, is the print in good shape, is it faded, and is the plastic clasp still on.
- A Detainee with a wristband in poor condition or loose will be sent immediately to processing for a replacement.
- Perform a minimum of five random searches of detainees in the unit, and their personal areas, in an effort to maintain the safety and security of the facility (individual shakedown).
- Do not perform shakedowns after "lights out", except in emergency situations or when authorized by a supervisor.
- Log in the contraband logbook the detainee's name, A#, findings, exact location where contraband was found, type(s) of contraband and your name.



Duties and Responsibilities - *continued*

- Maintain and update the housing unit bed sheet. Obtain a new 3x5 card from control, if a detainee is moved.
- If a detainee receives a medical pass, document the type of pass (example: glasses, lower bunk) under the comment section. Fold and place the medical pass behind the detainee's 3x5 card.
- Ensure that all doors are functional (open and close securely).
- Ensure that all detainees are offered meals during the regularly scheduled meal.
- Ensure that the established housing unit guidelines are being enforced.
- During normal operating situations, unit doors are to remain secured.
- Ensure that detainees who are being moved or released from the unit have the following in their possession 1 towel, all issued uniforms and linen.
- Cabinets will be used to store only the chemicals and other small items related to the cleaning of the housing unit and/or the accountability of the chemicals.
- **When patrolling, constantly be on alert for suspicious activities. Look for contraband and anything out of the ordinary. Patrols must never become regular and routine. If detainees can anticipate your activities, then they can plan prohibited activities accordingly.**
- At any time if a female enters a housing unit or any area in which a detainee is likely to be showering, performing bodily functions or changing clothes the officer is required to announce to the detainees "Female on Deck"
- **Do not vacate the post unless properly relieved.**

Note: Officers will conduct and annotate in the logbook a Security, Safety and Sanitation check every 45 minutes to an hour at irregular times (24 hours a day).

To ensure the Officer's safety, watch calls will be conducted between the hours of 1800 and 0600 every half hour by notifying the control post by telephone or radio. Annotate in the logbook that a watch call was conducted.

Recurring Duties

- Rounds are to be conducted throughout the entire shift ensuring that beds are made properly; common areas and living are clean and neat, etc.
- During patrols of the unit, ensure that all exit doors are secured, by depressing the locking bar.
- Note any movement of detainees from the unit in the logbook with the last name, first name, complete alien number, country and destination.
- Maintain accountability of items issued (i.e. board games, pencils, etc.).

Cleaning Supplies and Equipment

- Cleaning supplies and equipment will be inventoried before and after use and logged in on the proper inventory sheet.
- Officers will verify that detainee(s) are volunteer workers prior to issuing any supplies.
- Officers will ensure that the proper notation is made on the pay roster form once volunteer detainee workers have completed their assigned work.

MAY 23 2017

AFOD OIC concurs:
Date:

(b)(6);
(b)(7)(C)

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Page 2 of 6



Sanitizing Mattresses

- The mattress and bed frame will be wiped down with sanitize wipes once vacated.
- Ensure that the detainee worker is wearing gloves when cleaning these items.

Televisions

- Detainees are not allowed to have possession of the TV remote control.
- Televisions will be turned off during official counts, cleaning of housing areas, and when it will interfere with daily facility operations.
- Volume of television shall be kept at a reasonable level, so as not to disturb other detainees or daily facility operations.

1st Shift 3x5 Binder Audit

- The 1st Shift Pod Officer is responsible for ensuring on a nightly basis that detainee 3x5 Binder is accurate. The audit will be documented in their log book.
- The Officer will verify there are no excess papers or documentation from detainees who are no longer housed in their Pod.
- The Officer will verify the following for Medical Passes:
 1. All medical passes are current and not expired.
 2. Under the comment section of the 3x5 card the medical pass is documented.
 3. The medical pass is stored behind the card.
- Detainees required to be in a Lower Bunk:
 1. Confirm the detainee is in the correct assigned lower bunk.
 2. Ensure the 3x5 card states lower bunk under comments
- The Officer will verify the detainees are in the assigned bunks and the bunk is documented clearly on the 3x5 card.

Haircuts

- Haircuts will be determined by the posted schedule.

Recreation

- Recreation will be determined by the posted schedule.

Religious Services

- When advised, the housing unit officer will make an announcement for the detainees to prepare for religious services. The announcement will include which religious service is being provided and the officer will log the announcement in the log book.

Law Library Schedule

- Law Library hours will be determined by the posted schedule.
- Detainees must sign-up two hours prior to the housing unit's scheduled library time.

Detainee Cafeteria Workers

- Detainee cafeteria workers shall change into the uniforms that correspond with their classification level when they are not working in the cafeteria.

Detainee Living Area

- Detainee(s) are responsible for keeping their living area neat and orderly.



- Towels and laundry bags are the only items allowed hanging from the beds.
- No pictures are allowed hanging from the walls or beds.
- Only authorized amounts of linen and clothing.
- No washing clothes in the housing units.

Officer's Station

- The officer's station will be kept clean and neat with no detainees being inside it at any time, for any reason.
- Detainees shall not loiter around the officer's station, take things from it or view any written material that is on or around the area.

Tools

- Any maintenance and/or contract worker entering the housing unit will provide the housing unit officer with a tool inventory list before commencing work in the area. The officer will verify that all tools present are listed on the tool inventory list.
- Upon completion of work, the housing unit officer will account for all tools listed on the tool inventory list with the worker before he/she exits the unit.

Hours:

The Bldg. 14A Desk Officer will be manned 24 hours a day, seven days a week.

Post Closure

- In the event that the post is closed due to no Detainee population, you are to report to your immediate supervisor to assist with camp operations.



Chronological Activities:

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MAY 23 2017
Date:

(b)(6);
(b)(7)(C)



***** These post orders are to be used as a guide for the successful completion of your duties. It is not expected that these post orders will cover every conceivable situation that you may be confronted with while performing your assigned duties. However, you are expected to exercise good judgment and good sense in the application of these orders. Your duties are not necessarily limited to those described herein, and may be amended orally or in writing when deemed appropriate.**

Approved By _____

(b)(6); (b)(7)(C)

Assistant Field Director/OIC

MAY 23 2017

Date: _____



Montgomery County Forensic Services Department
205 Hilbig Road, Conroe, Texas 77301
Phone: 936-538-3791 Fax: 936-538-3794

Release of Decedent and Personal Effects

I, _____, bearing the relationship of _____
to _____, acknowledge that I am the legal next of kin and
(decedent's name)

authorize the Montgomery County Forensic Services Department to release the
decedent and his/her personal effects in the possession of the MCFSD to the
funeral home or its agent listed below.

Name of Decedent: _____ DOB: _____

Name of Funeral Home and/or Crematory: _____

Signature of next of kin _____ Date: _____

Street Address _____ Telephone _____

City _____ State _____ Zip Code _____

Witness _____

Street Address _____ Telephone _____

City _____ State _____ Zip Code _____

**The following define rights of disposition of a body in Texas (Texas Health
and Safety Code, 711.002):**

- (1) the person designated in a written instrument signed by the decedent;
- (2) the decedent's surviving spouse;
- (3) any one of the decedent's surviving adult children;
- (4) either one of the decedent's surviving parents;
- (5) any one of the decedent's surviving adult siblings; or
- (6) any adult person in the next degree of kinship in the order named by law to inherit the estate of the decedent

ALL FAITHS MORTUARY

8520 Sweetwater Ln. Houston, TX 77037
281-272-5220 Fax 281-272-5225

DATE 9/19/2017

To Whom It May Concern:

The following is an itemized list of charges for preparation, documentation, and transportation to Florida.

- Removal from Montgomery County Medical Examiner: \$175
- Autopsy Embalming: \$400
- Documentation: \$25
- Combination Shipping Unit: \$100
- Delivery to Airport: \$100
 - Total: \$800
- Death Certificates: \$20 for first copy, \$3 for each additional.
 - 2 D.C.'s = \$23
- Airfare:
 - United Airlines: IAH to MIA \$440.94
 - Delta Airlines: IAH to MIA \$606.06

We are known shippers with both airlines listed, and can use which ever you prefer.

Please feel free to call us with any questions or concerns,

Thank you.

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. LEGAL NAME OF DECEASED (include AKA's if any) (First, Middle, Last)					(Maiden)	2. DATE OF DEATH - ACTUAL OR PRESUMED	
3. SEX	4. DATE OF BIRTH	5. AGE-Last Birthday (Years)	IF UNDER 1 YR MO DAYS		IF UNDER 1 DAY HOURS MIN		6. BIRTHPLACE (City & State or Foreign Country)
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			9. SURVIVING SPOUSE (if wife, give name prior to first marriage)		
10a. RESIDENCE STREET ADDRESS					10b. APT NO	10c. CITY OR TOWN	
10d. COUNTY		10e. STATE		10f. ZIP CODE		10g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. FATHER'S NAME				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE			
13. PLACE OF DEATH (CHECK ONLY ONE)							
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (if outside city limits, give precinct no)			16. FACILITY NAME (if not institution, give street address)		
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)			
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)			20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH			21. <input type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)			23. LOCATION (City/Town, and State)				
24. NAME OF FUNERAL FACILITY			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)				
26. CERTIFIER (Check only one): <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace -- On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.							
27. SIGNATURE OF CERTIFIER			28. DATE CERTIFIED (Mo/Day/Yr)		29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)						32. TITLE OF CERTIFIER	
CAUSE OF DEATH	33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE.						Approximate interval: Onset to death:
	IMMEDIATE CAUSE (Final disease or condition → resulting in death) a. _____ Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____						
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.						34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
						35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	

36. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
40a. DATE OF INJURY (Mo/Day/Yr)		40b. TIME OF INJURY		40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		40d. PLACE OF INJURY (e.g., Decedent's home; construction site, restaurant, wooded area)	
40e. LOCATION (Street and Number, City, State, Zip Code)						40f. COUNTY OF INJURY	
41. DESCRIBE HOW INJURY OCCURRED							
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR			42c. REGISTRAR		

INFORMATION ON BACK OF THE FORM MUST BE COMPLETED IF APPLICABLE

----- INFORMATION BELOW IS FOR STATISTICAL PURPOSES ONLY AND IS NOT TO BE INCLUDED ON CERTIFIED COPIES -----

43. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		44. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) <input type="checkbox"/> No, not Spanish, Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____		45. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____	
46. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		47. EVER A PEACE OFFICER IN THIS STATE? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Other (Specify) _____	
48. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED)				49. TYPE OF BUSINESS/INDUSTRY	

FAX BACK TO - 281-272-5225

IAH Secure Adult Detention Facility



Management & Training Corporation

SUBJECT: Post Orders – 2.08
TITLE: Stationary Guard Medical Officer
DATE: M 5/15/15
APPROVAL: [Redacted] en

Procedures:

- I. Area of Control:
A. Transfer Vehicle
B. Public Medical Vehicle
C. Public Medical Facility Locale

II. Job Summary:

The Stationary Guard Medical Officer will be responsible and tasked with providing constant watch, control and security of detainee(s) while transporting to, during or from a medical schedule appointment or medical emergency.

1. Security Staff Deployment

The sending facility shall assign the appropriate number of stationary guard medical officers to the medical transfer vehicle.

A. General Population Detainees:

The stationary guard medical officer shall enforce the following procedures for transferring general population detainees.

(b)(7)(E)

B. Special Housing Unit Detainees:

(b)(7)(E)

2. Liaison with Public Medical Hospital Staff

- A. Facility Administration shall maintain communication with medical staff to establish security protocol and ensure medical staff is aware of the need to work together for safety reason.
B. Stationary guard medical officers shall conduct themselves in a pleasant, courteous and professional manner at all times.
C. The stationary guard medical officer shall encourage medical staff to report any security concerns as soon as possible, such as contraband discovered in the body during an x-ray. The escorting stationary guard medical officer shall specifically ask medical staff for a report on any security concerns at the conclusion of the examination, prior to removing the detainee from the examining area.

(b)(6); (b)(7)(C)

3. Restraints

The stationary guard medical officer shall ensure the restraints have been checked just prior the detainee is loaded into the transport vehicle.

- A. The stationary guard medical officer shall ensure plastic restraints are available in the transfer vehicle or in the officer's possession.
- B. The stationary guard medical officer shall ensure full restraints, to include hand restraints, padlocks, leg restraints, restraint belts and wrist to ankle chains shall be worn by detainees at all times while in a public medical facility, unless removed in accordance with the attending physician's written orders. If the physician requires the restraints to be removed for any extended period of time due to medical reasons a written medical order shall be given to the stationary guard medical officer. MTC staff shall in no way impede the detainee's health care. The stationary guard medical officer shall remain in the room with the detainee at all times while the restraints are removed.
- C. A stationary guard medical officer who is issued a firearm shall maintain possession of the restraint keys at all times.
- D. Plastic restraints shall be used when necessary for a MRI or during an x-ray.

4. Detainee searches

If the detainee cannot be strip searched, the stationary guard medical officer shall immediately communicate such with the facility security supervisor. The warden or duty warden shall be notified immediately. In no way shall staff impede the detainee's health care.

5. Detainee records

The stationary guard medical officers are responsible for all necessary paperwork pertaining to the transfer of the detainee(s). Detainee(s) shall be transferred with a transport order.

6. Vehicle security

The stationary guard medical officer and facility supervisor shall check every medical transfer vehicle for external and internal security issues before any detainees are loaded onto the vehicle. In addition to routine searches, conducted specifically to search for contraband and any items that pose a security risk, the stationary guard medical officer shall:

- A. Ensure all medical transfer vehicle safety equipment is in place and in working order, such as lights, mirrors, and other similar equipment.
- B. Verify the integrity of all bars and screens over windows and inspect the partition between the stationary guard medical officer and detainee compartments for security issues.
- C. Ensure all medical transfer vehicle doors accessible to detainees are padlocked from the outside. It is permissible to place the padlock on the outside of the cage door if a vehicle is equipped with interior security cages.
- D. Ensure the vehicle contains a fully charged fire extinguisher.
- E. Visually inspect vehicle tires, including the spare and jack and ensure the detainee does not have access to any of these tools.
- F. Ensure the transmission radio is operating properly. In addition to the vehicle radio a facility cell phone shall be issued to the stationary guard medical officers.

7. Free-world ambulance

A. (b)(7)(E)

B.

C.

8. Emergency situations and procedures

The stationary guard medical officer shall maintain contact with the facility supervisor during an emergency situation. Once the stationary guard medical officer has departed the facility, transportation shall not be interrupted unless one of the following circumstances occurs:

- A. A public medical emergency occurs which would require the vehicle to be stopped or redirected to a more appropriate health care facility. A senior medical attendant shall decide when to stop or redirect.
- B. A disturbance erupts which requires the stationary guard medical officer to give verbal commands to cease the disturbance immediately. Depending on the seriousness of the disturbance it may be necessary to divert to the nearest MTC facility or request assistance from a law enforcement agency
- C. In the event of a mechanical breakdown on the road, the security of the detainees in the vehicle shall always be first priority. The stationary guard medical officer shall take the following steps:
 - Immediately contact their supervisor and the nearest MTC facility via radio or cell phone
 - Contact local law enforcement for assistance
 - The stationary guard medical officer shall make an effort to identify the problem with the vehicle
 - If possible, the vehicle shall be moved off the roadway and placed in a position that should allow for adequate surveillance
 - The medical vehicle shall be placed in the shade, if possible, during hot weather
 - If it is determined the public transfer vehicle cannot be repaired on the scene and another vehicle is dispatched to transfer the detainees, the following steps shall be taken:
 - The cages on the medical vehicle shall only be opened when adequate security has arrived
 - The relief vehicle shall be parked as close as possible to the disabled vehicle to expedite the process
 - (b)(7)(E) medical officer shall escort the detainees from vehicle to vehicle and
 - If available, local law enforcement shall be requested at the scene.

D. In the event a MTC medical transfer vehicle becomes involved in an accident, the following steps shall be taken:

- The public stationary guard medical officer shall immediately determine if there are any injuries to any parties involved
- The stationary guard medical officer shall contact the facility supervisor as soon as possible and obtain further instructions
- The stationary guard medical officer shall contact the nearest MTC facility and/or local law enforcement agency and advise them of the situation
- If the medical transfer vehicle is still operable, and there are injuries, it may be necessary to proceed to the nearest MTC facility or medical facility
- In the event the medical transfer vehicle is disabled and there are injuries requiring treatment, medical staff may have to administer treatment to detainees on the vehicle. The security cage shall only be opened when adequate security has arrived.
- In the event there are no reported injuries, all occupants on the medical transfer vehicle shall be offered a medical exam at the nearest MTC facility. A stationary guard medical officer shall complete the necessary workers compensation forms.
- Documentation shall be completed for all occupants on the medical transfer vehicle and a medical report shall be requested from the medical department indicating which individuals were checked, treated, or refused treatment
- In the event it becomes necessary to evacuate the vehicle due to a fire, or other similar incident, the stationary guard medical officer shall position themselves in a manner allowing full view of the vehicle and the area to which detainees were examined. stationary guard medical officer shall instruct detainees to exit the medical transfer vehicle, proceed to a designated area and assume a sitting position until assistance arrives.

E. The stationary guard medical officer shall obtain the following information when a medical transfer vehicle is involved in an accident.

- Date and time of accident
- Location
- Make, model and VIN # of transfer vehicle
- Description of other vehicle, make, model, color, license number, VIN #
- Name, address and telephone number of other driver
- Other driver's insurance information
- Copy of investigating officer's report
- Name and contact phone number of investigating officer and department represented.

9. Security procedures

A. Armed stationary guard medical officers shall maintain a safe distance, approximately 25 feet from all detainees. The use of elevators is the only exception. While in an elevator, the armed stationary guard medical officer shall be positioned so the weapon is not accessible to the detainee.

If the use of an elevator is necessary, the stationary guard medical officer shall

- Search the elevator prior to use
- Request individuals of the general public to take an alternate elevator to minimize the chance for a hostage situation and
- Request a hospital security escort if possible.

B. Responsibilities at a Public Medical Facility

When a detainee is admitted to a public medical facility for an extended period of time, the stationary guard medical officer shall

- Ensure the detainee remains within range of sight and sound of the stationary guard medical officer
- If armed, never enter a room where a detainee is present
- Restrict the detainee to the assigned room unless medical staff deems it necessary to move the detainee to a specialty area
- Maintain a daily log of activities to include visits by physicians, nurses, room attendants, and any other relevant information and
- In an event the detainee has surgery, the stationary guard medical officer shall remain with the detainee during the procedure or wait outside the surgery room, unless the public medical facility policy requires otherwise. A security supervisor shall be notified if the stationary guard medical officer is not allowed to remain with the detainee during any procedure.

10. Under no circumstance shall the stationary guard medical officer leave a detainee unsecured in any area at any time during a medical transport. The stationary guard medical officer shall be properly relieved prior to leaving the duty post.

11. The stationary guard medical officer shall maintain possession of MTC issued property.

12. MTC issued firearms

A. In the event the armed stationary guard medical officer is issued more than one firearm, the stationary guard medical officer shall coordinate with hospital security staff and secure the extra firearm in the transfer vehicle.

B. If it becomes necessary for the stationary guard medical officer to release a MTC issued firearm to a law enforcement officer the stationary guard medical officer shall immediately, or as soon as possible, contact the security supervisor to make arrangements to have the MTC issued firearm secured with an appropriate MTC supervisor.

13. Use of communication equipment

A. All transfer vehicles are equipped with radios or a cell phone for communication purposes.

- The stationary guard medical officer shall not make or permit unauthorized transmission or unnecessary chatter over the radio
- Radio or cell phone communication shall be in English using common terminology
- Under no circumstances shall the radio or cell phone be used to warn other drivers of law enforcement personnel who may be enforcing traffic laws

B. Stationary guard medical officers shall keep in contact hourly along their route advising the facility of their estimated time of arrival

C. Professional courtesy shall be used while on the radio

D. Issued cell phones are for official use only.

14. Other duties and responsibilities

A. ~~The stationary guard medical officer shall immediately notify a security supervisor if any problems arise~~

B. The stationary guard medical officer shall perform any other duties assigned by a supervisor.

From: (b)(6); (b)(7)(C)
Sent: 19 Sep 2017 10:23:01 -0400
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Transportation request - Funeral Remains

(b)(6);
(b)(7)(C)

Good morning. When I reached out to ICEAIR, it was merely an inquiry, nothing solid, only researching options, not a request. After further research, it may be better to go commercial as the funeral home coordinates and obtains all needed certificates as well as facilitating the transfer of the individual to the family, basically a funeral home to funeral home transfer. AFOD (b)(6); (b)(7)(C) is the Main POC here and is working with the Mexican Consulate locally in reaching out to the family to coordinate. There is nothing confirmed yet. We will work closely with Miami, specifically AOIC (b)(6); (b)(7)(C) for coordination (POC to POC).

I hope this helps, sorry for the confusion.

(b)(6);
(b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Tuesday, September 19, 2017 9:13 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: FW: Transportation request - Funeral Remains

(b)(6); (b)(7)(C) We are trying to prepare in case the subject is transported on this Thursday's flight. AOIC (b)(6); (b)(7)(C) is our POC; I've also copied SDDO (b)(6); (b)(7)(C) who handles ICEAIR for us. (b)(6); (b)(7)(C) will be contacting you to find out if a Miami Funeral Home is involved....does the family know or expect the subject on Thursday's flight as well as any other questions/issues we need to resolve on this end.

Thanks

From: (b)(6); (b)(7)(C)
Sent: Monday, September 18, 2017 5:22 PM
To: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Subject: RE: Transportation request - Funeral Remains

Afternoon (b)(6); (b)(7)(C)

You can use the Miami mission, Thursday, September 21st to move the remains from Houston to Miami, if approved? But, your office will need to ground transport from Houston to Brownsville and then board the Miami mission.

The current routing for the Miami mission, Thursday, September 21st is MIA-CSG-AEX-BRO-MIA.

Here are some requirements for a Funeral Remains Movement:

Dimensions of the casket/container (L x W x H) Weight of the casket/container

We need copy of the following documents:

Copy of Death Certificate

Embalming Certificate

Mortuary Certificate (certificate to the effect that the remains have been properly placed in prescribed container, casket or urn.

Minimum packing Requirements:

Human remains must be adequately secured in a tightly closed, leak proof container to prevent shifting and escape of offensive odors and fluids.

The container must be enclosed in an outside shipping container of wood, metal, canvas, and plastic or paperboard construction with sufficient rigidity and padding to protect the container from damage.

Also, we will need to know who is transporting the remains to the flight line in Brownsville and picking up in Miami.

Thank you,

(b)(6); (b)(7)(C)

ICE Air Operations

6335 S. Downwind Circle, Suite (b)(6)

Mesa, AZ 85212

Phone - (480) 638-(b)(6)

Cell - (816) 213-(b)(7)(C)

From: (b)(6); (b)(7)(C)

Sent: Monday, September 18, 2017 2:03 PM

To: (b)(6); (b)(7)(C)

Cc:

Subject: RE: Transportation request

(b)(6); (b)(7)(C)

I just briefed (b)(6); (b)(7)(C) and he'll reach out to the vendor.

Thanks,

(b)(6);
(b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Monday, September 18, 2017 2:02 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: Transportation request

(b)(6);
(b)(7)(C)

Thanks for talking with me about the possible transfer of a detainee on ICE Air. As discussed, he was an Irma evacuee from the Miami F/O and unfortunately expired in the HOU F/O. Would the ICEAIR contractor transport and what would they require for transportation preparation? I have copied my AFOD for awareness.

Thank you for your assistance,

(b)(6); (b)(7)(C)

SDDO (b)(6);
863-873-(b)(7)

From: (b)(6); (b)(7)(C)
Sent: 5 Jul 2019 21:15:00 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: Detainee Death Review - Huy Chi TRAN

Sounds good.

(b)(6); (b)(7)(C)

Inspections and Compliance Specialist
ICE | OPR | External Reviews and Analysis Unit (ERAU)
Office: (202) 732-(b)(6); (b)(7)(C) Cell: (202) 430-(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Friday, July 5, 2019 5:02 PM
To: (b)(6); (b)(7)(C)
Subject: RE: Detainee Death Review - Huy Chi TRAN

Sent to Kara for action Monday.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C)
Date: Friday, Jul 05, 2019 4:57 PM
To: (b)(6); (b)(7)(C)
Subject: RE: Detainee Death Review - Huy Chi TRAN

Just as an FYI in the report, near footnote 37 in the narrative paragraph, it states psychical, not physical. I thought since you just posted it you may want to fix it.

Also on page ten, the word "to" is missing: "TRAN at that time because it was cell count and there would be no manager available to sign off on the move."

(b)(6); (b)(7)(C)

Inspections and Compliance Specialist
ICE | OPR | External Reviews and Analysis Unit (ERAU)
Office: (202) 732-(b)(6); (b)(7)(C) Cell: (202) 430-(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Friday, July 5, 2019 4:09 PM
(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Subject: Detainee Death Review - Huy Chi TRAN

Good afternoon,

The ICE Office of Professional Responsibility, External Reviews and Analysis Unit, has completed the Detainee Death Review for Huy-Chi TRAN. TRAN, who was in U.S. ICE custody at the Eloy Detention Center in Eloy, Arizona (AZ), was pronounced dead on June 12, 2018, at Banner Casa Grande Medical Center in Casa Grande, AZ. TRAN's cause of death was sudden cardiac death due to coronary artery disease.

The memorandum announcing completion of the review, the final report, and the exhibits can be found [HERE](#).

If you have any questions or wish to further discuss the findings, please contact me.

(b)(6); (b)(7)(C)

*(Acting) Unit Chief
External Reviews and Analysis Unit
Office of Professional Responsibility
Immigration and Customs Enforcement
(O) 202-732-(b)(6) (C) 202-423-(b)(6); (b)(7)(C)*

From: (b)(6); (b)(7)(C)
Sent: 5 Jul 2019 20:50:48 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: Detainee Death Review - Huy Chi TRAN

Just as an FYI in the report, near footnote 37 in the narrative paragraph, it states psychical, not physical. I thought since you just posted it you may want to fix it.

(b)(6); (b)(7)(C)

Inspections and Compliance Specialist
ICE | OPR | External Reviews and Analysis Unit (ERAU)
Office: (202) 732-(b)(6); Cell: (202) 430-(b)(6);

From: (b)(6); (b)(7)(C)

Sent: Friday, July 5, 2019 4:09 PM

(b)(6); (b)(7)(C)

Subject: Detainee Death Review - Huy Chi TRAN

Good afternoon,

The ICE Office of Professional Responsibility, External Reviews and Analysis Unit, has completed the Detainee Death Review for Huy-Chi TRAN. TRAN, who was in U.S. ICE custody at the Eloy Detention Center in Eloy, Arizona (AZ), was pronounced dead on June 12, 2018, at Banner Casa Grande Medical Center in Casa Grande, AZ. TRAN's cause of death was sudden cardiac death due to coronary artery disease.

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If you have any questions or wish to further discuss the findings, please contact me.

(b)(6); (b)(7)(C)

(Acting) Unit Chief
External Reviews and Analysis Unit
Office of Professional Responsibility
Immigration and Customs Enforcement
(O) 202-732-^{(b)(6);}_{(b)(7)(C)} (C) 202-423-^{(b)(6);}_{(b)(7)(C)}

From: (b)(6); (b)(7)(C)
Sent: 5 Jul 2019 20:49:36 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: Detainee Death Review - Huy Chi TRAN

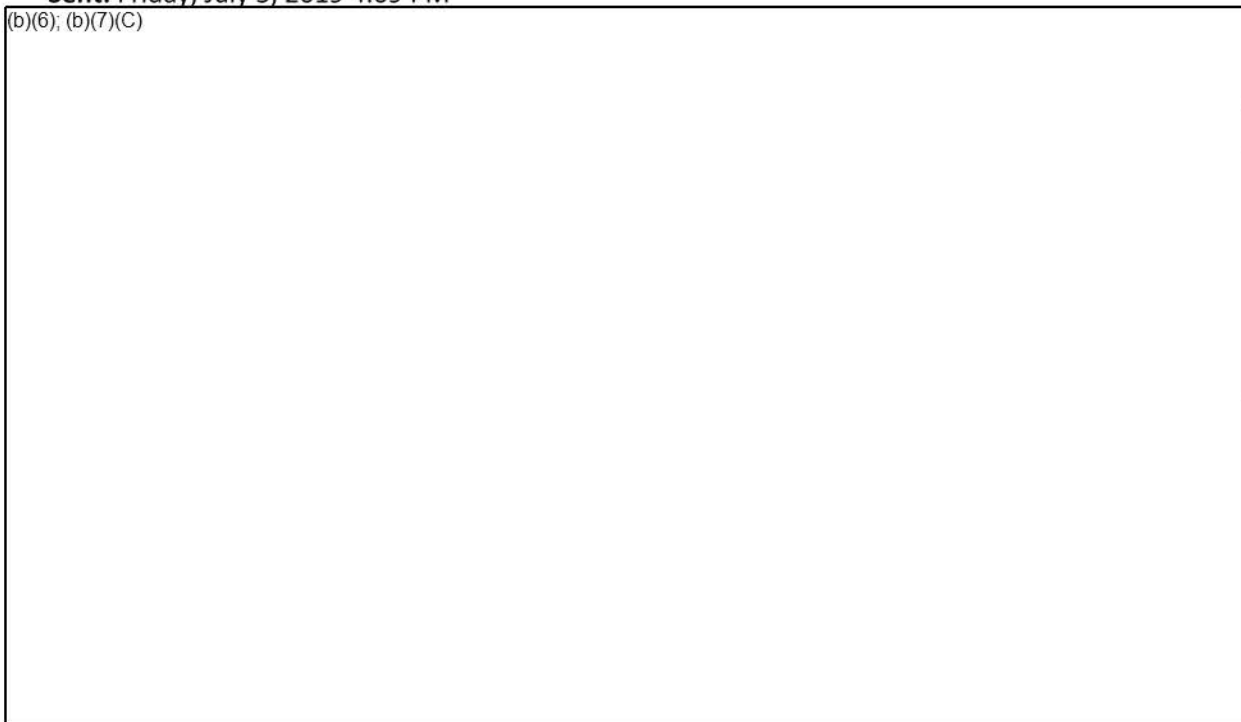
Just as an FYI in the report, near footnote 37, it states psychical, not physical. I thought since you just posted it you may want to fix it.

(b)(6); (b)(7)(C)

Inspections and Compliance Specialist
ICE | OPR | External Reviews and Analysis Unit (ERAU)
Office: (202) 732-(b)(6); (b)(7)(C) Cell: (202) 43-(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Friday, July 5, 2019 4:09 PM

(b)(6); (b)(7)(C)



Subject: Detainee Death Review - Huy Chi TRAN

Good afternoon,

The ICE Office of Professional Responsibility, External Reviews and Analysis Unit, has completed the Detainee Death Review for Huy-Chi TRAN. TRAN, who was in U.S. ICE custody at the Eloy Detention Center in Eloy, Arizona (AZ), was pronounced dead on June 12, 2018, at Banner Casa Grande Medical Center in Casa Grande, AZ. TRAN's cause of death was sudden cardiac death due to coronary artery disease.

The memorandum announcing completion of the review, the final report, and the exhibits can be found [HERE](#).

If you have any questions or wish to further discuss the findings, please contact me.

(b)(6); (b)(7)(C)

*(Acting) Unit Chief
External Reviews and Analysis Unit
Office of Professional Responsibility
Immigration and Customs Enforcement
(O) 202-732-(b)(6); (b)(7)(C) (C) 202-423-(b)(6); (b)(7)(C)*

From: (b)(6); (b)(7)(C)
Sent: 8 Jul 2019 11:58:50 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: Detainee Death Review - Huy Chi TRAN

Thanks (b)(6); (b)(7)(C) Please remove the following names from your distribution list:

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) MD, CCHP
Deputy Assistant Director Clinical Services
IHSC Medical Director
500 12th Street, SW
Washington, DC 20536
Desk: 202-73 (b)(6); (b)(7)(C)
Cell: 202-515 (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) dhs.gov

IHSC: One Team, One Mission...Leading the Way in Immigration Health Care.

From: (b)(6); (b)(7)(C)
Sent: Friday, July 5, 2019 4:09 PM

(b)(6); (b)(7)(C)

Subject: Detainee Death Review - Huy Chi TRAN

Good afternoon,

The ICE Office of Professional Responsibility, External Reviews and Analysis Unit, has completed the Detainee Death Review for Huy-Chi TRAN. TRAN, who was in U.S. ICE custody at the Eloy Detention Center in Eloy, Arizona (AZ), was pronounced dead on June 12, 2018, at Banner Casa Grande Medical Center in Casa Grande, AZ. TRAN's cause of death was sudden cardiac death due to coronary artery disease.

The memorandum announcing completion of the review, the final report, and the exhibits can be found [HERE](#).

If you have any questions or wish to further discuss the findings, please contact me.

(b)(6); (b)(7)(C)

*(Acting) Unit Chief
External Reviews and Analysis Unit
Office of Professional Responsibility
Immigration and Customs Enforcement
(O) 202-731-(b)(6); (b)(7)(C) 202-41-(b)(6); (b)(7)(C)*

From: (b)(6); (b)(7)(C)
Sent: 19 Jun 2018 20:04:40 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: Eloy DDR Travel Estimates

Hi there,

Cost is \$1851.60
Doc number is DOC510143

(b)(6); (b)(7)(C)

Management & Program Analyst
ICE/OPR/ERAU
950 L'Enfant Plaza SW; (b)(6); (b)(7)(C)
Washington, DC 20536
202-732-(b)(6) (desk)
202-253-(b)(7) (cell)

From: (b)(6); (b)(7)(C)

Sent: Tuesday, June 19, 2018 2:54 PM

To: (b)(6); (b)(7)(C)

Subject: Eloy DDR Travel Estimates

(b)(6); (b)(7)(C)

Can you all please send me your travel estimates for the Eloy DDR trip, including the DOC number?
Also, please ensure you are using the ERAU UP code.

(b)(6); (b)(7)(C) let me know if you need any help with yours.

Thanks!

(b)(6); (b)(7)(C)

*Section Chief
External Reviews and Analysis Unit
Office of Professional Responsibility
Immigration and Customs Enforcement
Desk: 202-732-(b)(6); (b)(7)(C) cell: 202-423-(b)(6); (b)(7)(C)*

From: (b)(6); (b)(7)(C)
Sent: 14 Jun 2019 13:41:18 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: TRAN DDR

Thanks (b)(6); (b)(7)(C)

Have a good weekend!

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C)
Date: Friday, Jun 14, 2019, 9:19 AM
(b)(6); (b)(7)(C)
Subject: TRAN DDR

Good morning all,

(b) how has the TRAN DDR for review. I sent it to her electronically.

(6)
(b)(6); (b)(7)(C) can you please log it on the spreadsheet please.

Have a great weekend everyone!

(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: 3 Aug 2018 18:26:23 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: Correction: Huy Chi TRAN DDR - Preliminary Findings

Please see correction below – the detainee received his medications on May 30, 2018, not May 20, 2018. Apologies for any confusion.

Thanks,

(b)(6);
(b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Friday, August 3, 2018 2:16 PM
(b)(6); (b)(7)(C)
Subject: Huy Chi TRAN DDR - Preliminary Findings

Good afternoon,

On July 17-19, 2018, ERAU conducted an onsite review for the death of detainee Huy Chi TRAN who was detained at the Eloy detention facility in Eloy, AZ, and who died at the Banner Casa Grande Medical Center in Casa Grande, AZ, on June 12, 2018. During the review, ERAU identified the following significant preliminary findings, which were briefed to ERO and facility personnel. The final report will include a comprehensive discussion of all findings.

- Although a provider ordered the medications Haldol and Fluoxetine for TRAN on May 28, 2018, his Medication Administration Record (MAR) indicates he did not receive his first doses of these medications until May 30, 2018. Additionally, on June 5, 2018, the date of TRAN's medical emergency, medical staff erroneously administered Fluoxetine to him twice. *See, ICE PBNDS 2011, revised 2016, Medical Care, Section (U) (4), which states, "All prescribed medications and medically necessary treatments shall be provided to the detainees on schedule and without interruption, absent exigent circumstances."*
- A security officer assigned to check on TRAN every 15 minutes while he was detained in the Special Management Unit (SMU) on Mental Health Observation (MHO), did not check TRAN for approximately 24 minutes on June 5, 2018. During this extended period without a security check, TRAN experienced a medical emergency which resulted in his transport to the hospital where he died seven days later. Further, the officer in question falsely logged a security check at the appropriate 15 minute interval. *See, ICE PBNDS 2011, revised 2016, Special Management Units, Section (V) (M), Close Supervision, which states, "Detainees in SMU shall be personally observed and logged at least every 30 minutes on an irregular schedule. For cases that warrant increased observation, the SMU personnel shall personally observe detainees accordingly."*

Please let me know if you have any questions or concerns.

Thank you,

(b)(6);
(b)(7)(C)

(b)(6); (b)(7)(C)

Unit Chief

ICE Office of Professional Responsibility

External Reviews and Analysis Unit

Office - (202) 732-(b)(6);

Mobile - (202) 907-(b)(7)(C)

From: [REDACTED]
Sent: 19 Jun 2019 20:06:54 +0000
To: [REDACTED]
Subject: Cover memo
Attachments: TRAN Draft AD Memo (OPR)_(DAD review and comments).doc

Latest edits; thanks, [REDACTED]

[REDACTED]
(Acting) Deputy Associate Director
ICE Office of Professional Responsibility
(202) 732-[REDACTED]



U.S. Immigration
and Customs
Enforcement

MEMORANDUM FOR: Nathalie Asher
Executive Associate Director
Office of Enforcement and Removal Operations

THROUGH: (b)(6); (b)(7)(C)
Associate Director

FROM: (b)(6); (b)(7)(C)
Acting Assistant Director

SUBJECT: Investigative Findings for the Death of ICE detainee
Huy Chi TRAN (A#037949945) (JICMS (b) (6), (b) (7)(E))

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU), has completed its investigation into the death of ICE detainee Huy Chi TRAN. TRAN died on June 12, 2018, while in ICE custody at the Banner Casa Grande Medical Center (BCGMC), in Casa Grande, Arizona (AZ). The Pinal County Medical Examiner documented TRAN's cause of death as sudden cardiac death¹ due to coronary artery disease.²

On June 25, 1984, the former U.S. Immigration and Naturalization Services (INS) admitted TRAN into the United States in San Francisco, California as an immigrant (i.e. (b)(5))

July 2017, TRAN was arrested and/or convicted of various criminal offenses.³ An immigration judge ordered TRAN removed to Vietnam three times before the ICE Office of Enforcement and Removal Operations (ERO) Phoenix determined there was no significant likelihood of removal in the reasonably foreseeable future; therefore, ERO released him on an order of supervision (OSUP) on January 10, 2005. On July 17, 2017 a 287(g) officer lodged a detainer against TRAN while he was in Arizona Department of Corrections (ADOC) custody. On May 25, 2018, ADOC released TRAN into ERO Phoenix custody. On the same date, ERO Phoenix booked TRAN into the Tucson INS Hold Room in Tucson, AZ and then later that day, the Florence Staging Facility (FSF) in Florence, AZ. On May 28, 2018, ERO Phoenix transferred TRAN from FSF to the Eloy Detention Center (EDC) in Eloy, AZ, to pursue his removal to Vietnam.

¹ Sudden cardiac death is a sudden, unexpected death caused by loss of heart function.

² Coronary artery disease occurs when plaque grows within the walls of the coronary arteries until the blood flow to the heart's muscle is limited.

³ ERAU was unable to determine the disposition for approximately 17 of TRAN's arrests and/or offenses.

On May 25, 2018, upon admission to FSF, a Licensed Vocational Nurse (LVN) conducted a medical pre-screen and documented TRAN arrived with the medications haloperidol and fluoxetine, (b)(5). The LVN determined TRAN had a sensitive medical condition needing immediate medical care in accordance with IHSC policy.⁴ On May 26, 2018, a Registered Nurse (RN) performed TRAN's medical and mental health intake screening, during which TRAN acknowledged receiving treatment for depression for the past 20 years. He also denied current suicidal ideations, homicidal thoughts, and hallucinations. Based on the

(b)(5)

(LCSW) conducted TRAN's mental health follow-up and documented that TRAN denied current hallucinations but had hallucinated in the past. The LCSW documented TRAN's appearance as bizarre, poorly groomed, affect flat,⁶ and that he exhibited lethargic psychomotor activity.⁷ The LCSW diagnosed TRAN with schizophrenia,⁸ unspecified, and noted TRAN would continue his medications as prescribed.

On May 28, 2018, FSF transferred TRAN to EDC. Upon arrival to EDC, an ERO Deportation Officer (DO) assigned to EDC Intake that day, noted that TRAN arrived soaking wet and sweating profusely. The DO alerted a Supervisory Detention and Deportation Officer (SDDO) who confirmed that the air conditioning was working properly. The SDDO accompanied TRAN to the front of the medical pre-screen line, and the RN immediately conducted TRAN's medical pre-screen. The RN did not note profuse sweating as described by ERO staff in either pre-screen or intake screening. The RN recorded TRAN's intake assessment as abnormal due to his mental health issues and referred him to a mental health provider. Later that day, the same RN conducted TRAN's abbreviated intake medical screening. A Case Manager (CM) completed TRAN's initial custody classification and appropriately classified him as high; however, the CM signed for both the classification officer and supervisor and did not seek supervisory approval.

On this same date, a Nurse Practitioner (NP) performed TRAN's physical examination⁹ and documented on TRAN's reported mental health history and his lack of lower teeth

(b)(5)

until a mental health provider could assess him.

⁴ See IHSC Policy 03-08, Section 4-3(a), dated January 19, 2015.

⁵ The AIMS assess the occurrence of tardive dyskinesia (TD), a side effect of taking antipsychotic medication. Initial AIMS results may serve as a baseline for future monitoring or may prompt ordering of medication to address symptoms of the disorder. A score of zero indicates no occurrence of TD observed. Therefore, due to TRAN being on antipsychotic drugs, the RN conducted the AIMS assessment.

⁶ Flat affect is a lack of emotional expressiveness.

⁷ Psychomotor activity are skills where movement and thinking are combined. This includes balance and coordination.

⁸ Schizophrenia is a serious mental disorder in which a person interprets reality abnormally, to include hallucinations, delusions, and extremely disordered thinking and behavior.

⁹ This exam is the initial health assessment of patients with chronic conditions, conducted by a provider.

On May 30, 2018, medical staff administered TRAN his first doses of haloperidol and fluoxetine, two days after he reported taking his last dose.

On June 4, 2018, a psychiatrist assessed TRAN, diagnosing him with schizophrenia and an anxiety disorder. The psychiatrist continued TRAN on the same medication but submitted an order to the pharmacy to change the administration times from morning to

(b)(5)

haloperidol and fluoxetine for the first time since arriving to EDC.

(b)(5)

During the EDC special needs meeting a Unit Manager followed-up on a mental health referral for TRAN she submitted to medical the previous day. At 12:31 p.m., a psychologist assessed TRAN and noted he was extremely slow moving, lethargic, exhibited rigid movements with occasional hand tremors, and was sweating on his forehead. The psychologist placed TRAN on mental health observation (MHO) from June 5 to June 7, 2018, with nursing checks twice daily and security welfare checks every 15 minutes. An RN signed off on TRAN's medical clearance for MHO; however, her

(b)(5)

The officer assigned to observe TRAN while in MHO documented that he checked the detainee at 3:09 p.m., 3:23 p.m., 3:38 p.m., 3:52 p.m., and 4:06 p.m. Video surveillance,

(b)(5)

emergency.

At 4:16 p.m., additional officers responded and started cardiopulmonary resuscitation (CPR). Medical staff arrived two minutes later and assisted with rescue breaths, applied

(b)(5)

¹¹ Extrapryamidal symptoms are drug-induced movement disorders which include acute and tardive symptoms.

¹² Cogentin is the brand name for benztropine, a drug used to treat symptoms of Parkinson's disease and the side effects of other drugs.

automated external defibrillator (AED) pads and performed other lifesaving efforts. It was later determined that medical staff applied the AED pads incorrectly, as they were only partially adhered. Officers performed CPR for 17 minutes until Emergency Medical Services (EMS) arrived at 4:33 p.m. and took over life-saving efforts. At 4:53 p.m., EMS transported TRAN to BCGMC and at 5:15 p.m., BCGMC initiated patient care.

Over the next seven days, doctors performed a series of tests to determine brain function and TRAN's capacity to breathe on his own. On June 12, 2018, BCGMC medical staff confirmed TRAN could not breathe on his own and pronounced brain death at 9:20 a.m. and cardiac death at 2:20 p.m.

On July 17, 2018, the Chief Medical Examiner of Pinal County signed the Forensic Examination Report and documented the cause of death as coronary artery disease.

ERAU reviewed the medical care EDC provided TRAN, as well as the facility's efforts to ensure that he was safe and secure while detained at the facility. ERAU found EDC failed to comply with the following requirements of the ICE Performance Based National Detention Standards (PBNDS) 2011 (as revised in 2016):

1. ICE PBNDS 2011, *Medical Care*, Section (II)(20), which states, "Prescriptions and medications shall be ordered, dispensed and administered in a timely manner and as prescribed by a licensed health care professional. This shall be conducted in a manner that seeks to preserve the privacy and personal health information of detainees." Although the NP prescribed fluoxetine and haloperidol at intake, TRAN did not receive his first dose for two days.
2. ICE PBNDS 2011, *Medical Care*, Section (V)(AA)(4), which states, "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects shall be obtained." FSF and EDC medical staff did not obtain a signed consent form from TRAN for psychotropic medication starting on May 26 and May 28, 2018. When TRAN finally signed a consent form on June 4, 2018, side effects were not listed.
3. ICE PBNDS 2011, *Custody Classification System*, Section (V)(A)(4), which states, "Each detainee's classification shall be reviewed and approved by a first-line supervisor or classification supervisor." A supervisor did not approve the classification rating assigned to TRAN on May 28, 2018.
4. ICE PBNDS 2011, *Special Management Units*, section (V)(M), which states, "Close Supervision Detainees in SMU shall be personally observed and logged at least every 30 minutes on an irregular schedule. For cases that warrant increased observation, the SMU personnel shall personally observe detainees accordingly." Per the psychologist's order, and following placement in MHO, CoreCivic officers were to conduct welfare checks on TRAN every 15 minutes. Surveillance footage evidence showed the CoreCivic officer on duty issued TRAN linens at 3:00 p.m. but did not look into TRAN's cell again until 3:51 p.m. During the 51-minute period,

(b)(5)

surveillance.¹³

5. ICE PBNDS 2011, *Special Management Units*, Section (V)(P), which states, “Detainees must be evaluated by a medical professional prior to placement in an SMU (or when that is infeasible, as soon as possible and no later than within 24 hours of placement). The assessment should include a review of whether the detainee has been previously diagnosed as having a mental illness.” The RN assigned to evaluate TRAN for placement in SMU did not conduct a face-to-face assessment.

ERAU also noted several areas of concern, which are detailed in the attached report. If you have any questions, please contact me or have a member of your staff contact ERAU Acting Unit Chief (b)(6); (b)(7)(C) at (202) 7 (b)(6); (b)(7)(C)

Attachment

cc: Matthew Albence

(b)(6); (b)(7)(C)

Tae Johnson

¹³ This officer resigned prior to ERAU’s completion of this review (i.e. the week of July 17, 2018).

From: (b)(6); (b)(7)(C)
Sent: 14 Jun 2018 15:06:06 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: Eloy death

(b)(6); (b)(7)(C) I know we're all still waiting on some details, but I wanted to let you know we're tentatively planning to conduct our onsite for this week's death at Eloy the week of July 16.

(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: 13 Jul 2018 13:52:23 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: TRAN Preliminary Timeline
Attachments: Huy Chi TRAN DDR Preliminary Timeline_MT.docx

(b)(6); (b)(7)(C)

Management & Program Analyst
ICE/OPR/ERAU

950 L'Enfant Plaza SW (b)(6); (b)(7)(C)

Washington, DC 20536

202-732 (b)(6); (b)(7)(C) (desk)

202-253 (b)(6); (b)(7)(C) (cell)

From: (b)(6); (b)(7)(C)
Sent: Thursday, July 12, 2018 10:07 PM
To: (b)(6); (b)(7)(C)
Subject: TRAN Preliminary Timeline

Hello (b)(6); (b)(7)(C)

(b)(7)(E); (b)(5)

Regards,

(b)(6); (b)(7)(C)

Inspections and Compliance Specialist

ICE|OPR|ERAU

950 L'Enfant Plaza SW

Washington, DC 20536

(202) 732 (b)(6); (b)(7)(C) (desk)

(202) 430 (b)(6); (b)(7)(C) (cell)

Onsite: July 17 - 19, 2018

Huy Chi TRAN DDR Preliminary Timeline

JICMS #: (b)(6); (b)(7)(C);

Facility Information

- TRAN arrived at the Eloy Detention Center (EDC) on 05/25/2018
- Facility owner: CoreCivic
- Name of Security Company: CoreCivic
- Name of healthcare company: ICE Health Service Corp (IHSC)
- Facility Medical Coordinator: (b)(6); (b)(7)(C)
- Applicable standards: PBNDS 2011
- Facility Type: DIGSA
- Classifications: High, Medium, Low
- Total number of detainees on day of death
 - Males: 889
 - Females: 470
 - Total: 1359

Detainee Information

Huy Chi TRAN (A#: 037949945)

- Citizenship: Vietnam
- Date of birth: 08/07/1970
- Age at death: 47
- Deceased date: 06/12/2018
- Place of death: Banner Casa Grande Medical Center
- Autopsy date: 06/14/2017

Background/Criminal History

On **June 25, 1984**, the former U.S. Immigration and Naturalization Service (INS) admitted TRAN into the United States at San Francisco, CA, as a P-53 immigrant, child of alien classified as P-51 / P-56, brother or sister of U.S. citizen.

On **October 25, 2000**, the Superior Court of Arizona, County of Maricopa, convicted TRAN of two counts of aggravated assault, and sentenced him to three and a half years of incarceration and three years of probation with credit for 210 days of time served.

On **November 9, 2000**, ERO Phoenix encountered TRAN at the Arizona Department of Corrections (ADOC), Alhambra Reception Center (ARC) in Phoenix, AZ, and lodged an Immigration Detainer- Notice of Action, Form I-247, with the facility.

On **March 29, 2003**, the ADOC transferred TRAN to ERO Phoenix custody. On the same date, ERO Phoenix served TRAN a Notice to Appear, Form I-862, charging removability pursuant to Section 237(a)(2)(A)(iii) of the Immigration and Nationality Act (INA), as amended, as an alien at any time after admission, convicted of an aggravated felony as defined in Section 101(a)(43)(F) of the INA, a crime of violence for which the term of imprisonment ordered is at least one year.

Onsite: July 17 - 19, 2018

On **May 15, 2003**, an immigration judge (IJ) found all TRAN's applications for relief to be abandoned and ordered him removed to Vietnam.

On **June 16, 2003**, TRAN filed an appeal with the Board of Immigration Appeals (BIA).

On **October 31, 2003**, the BIA remanded the case to the IJ for further proceedings.

On **December 10, 2003**, the IJ found all TRAN's applications for relief to be abandoned and again ordered him removed to Vietnam. TRAN reserved his right to appeal.

On **January 8, 2004**, TRAN filed an appeal with the BIA.

On **June 14, 2004**, the BIA sustained TRAN's appeal and remanded the case back to the IJ for a decision.

On **September 21, 2004**, the IJ denied all TRAN's applications for relief and ordered him removed to Vietnam. TRAN waived his right to appeal.

On **January 10, 2005**, ERO Phoenix determined that no significant likelihood of removal in the reasonably foreseeable future existed and released TRAN from custody on an Order of Supervision (OSUP). TRAN reported as required four times between January 27, 2005, to April 20, 2005.

On **July 8, 2005**, ERO Phoenix sent TRAN a call-in letter, Form G-56 ordering him to present himself at their office on July 28, 2005.

On **July 28, 2005**, TRAN failed to appear at ERO Phoenix as ordered. TRAN's case was then referred to the Fugitive Operations Team for location and arrest with no result.

On **February 2, 2006**, the Chandler, AZ Police Department (CPD) arrested TRAN for disorderly conduct and criminal damage. CPD released TRAN while his charges were pending, ERO Phoenix did not encounter TRAN after his release. TRAN failed to appear for court, and the court issued a bench warrant for his arrest.

On **August 15, 2006**, CPD arrested TRAN for shoplifting. On the same date, CPD cited TRAN and released him to ERO Phoenix custody.

On **August 18, 2006**, ERO Phoenix released TRAN under his original OSUP issued on January 10, 2005, to complete his criminal proceedings. There is no record of TRAN reporting to ERO Phoenix after this date.

On **April 8, 2009**, the Superior Court of Arizona, County of Maricopa, convicted TRAN for the offense of aggravated assault, a domestic violence offense, and sentenced him to five years of incarceration with credit for 224 days of time served.

On **April 13, 2009**, ERO Phoenix encountered TRAN at the ARC and lodged a Notice of Action-Immigration Detainer, Form I-247A.

Eloy Detention Center
1705 E Hanna Rd
Eloy, AZ 85131

Onsite: July 17 - 19, 2018

On **August 14, 2013**, ADOC transferred TRAN to ERO Phoenix custody. ERO Phoenix released TRAN from custody under his original OSUP issued on January 10, 2005 because there was still no significant likelihood of removal. TRAN did not appear at ERO Phoenix for his first scheduled appointment on February 12, 2014.

On **January 21, 2017**, CPD arrested TRAN for disorderly conduct and domestic violence. On the same date, ERO Phoenix encountered TRAN at the Maricopa Sheriff's Office (MCSO) Jail and lodged a Notice of Action-Immigration Detainer, Form I-247A. TRAN remained in MCSO custody pending his criminal proceedings.

On **July 10, 2017**, the Superior Court of Arizona, Maricopa County, convicted TRAN for the offense of disorderly conduct, a domestic violence offense, and sentenced TRAN to one and a half years of incarceration with credit for 117 days of time served.

On **July 12, 2017**, a 287(g) Designated Immigration Officer encountered TRAN at the ARC, and lodged a Notice of Action - Immigration Detainer, Form I-247A.

On **May 25, 2018**, ADOC released TRAN to ERO Phoenix custody. ERO Phoenix served TRAN a Notice of Revocation of Release with the intention of reviewing TRAN's likelihood of removal. TRAN was booked into the TUCSON INS Hold Room, and later on the same date, ERO Phoenix transferred him to the

(b)(5)

On **May 28, 2018**, ERO Phoenix transferred TRAN to the Eloy Detention Center (EDC) in Eloy, AZ, to pursue removal to Vietnam.

In Custody at Eloy Detention Center (EDC)

On **May 28, 2018**, TRAN entered EDC. At 7:37 am a prescreen exam was completed by Registered Nurse (b)(6); (b)(7)(C). During this exam, TRAN affirmed he had a mental illness and was currently taking medications. As such, (b)(6); (b)(7)(C) aged TRAN as PRI-1.

At 9:54 AM Nurse Practitioner (NP) (b)(6); (b)(7)(C) completed his intake screening. During this exam, Tran reported a 17-year history of schizophrenia and an anxiety disorder. He also confirmed he was taking Haldol, 5mg, and Fluoxetine, 20 mg. He denied suicidal ideations or harming himself (b)(6); (b)(7)(C) noted the abnormal findings in her exam as both schizophrenia, unspecified, and anxiety disorder, unspecified (b)(6); (b)(7)(C) allowed (b)(6); (b)(7)(C) to discuss prescribing medication for two weeks until TRAN's psych evaluation could occur. As of result of this exam, TRAN was referred to a medical provider.

At 10:45 a.m., a physician (MD) reviewed the (b)(5) evaluation on June 4, 2018.

On **May 30, 2018**, Mr. TRAN received his first dose of haloperidol and fluoxetine. [Investigator's note: The May EDC MAR did not show Mr. TRAN had received his medications on May 28 and 29, 2018.]

(b)(5); (b)(7)(E)

Eloy Detention Center
1705 E Hanna Rd
Eloy, AZ 85131

(b)(5); (b)(7)(E)

Onsite: July 17 - 19, 2018

On **June 1, 2018**, a follow-up on TRAN's mental health condition was conducted by Licensed Clinical Social Worker (LCSW) (b)(6); (b)(7)(C). No notes were provided for this encounter so it is possible this was simply a reminder for the provider? The APP received and reviewed Mr. TRAN's laboratory results, which for the most part came back normal.

On **June 4, 2018**, at 12:30 p.m. (b)(6); (b)(7)(C) TRAN's psychological evaluation due to his history of schizophrenia and the medications he brought with him from the AZ Department of Corrections. Tran confirmed experiencing some depression. Tran stated he began hearing voices when he was 20 years old but only started taking medication two years ago. According to the provider, TRAN had previously told the nursing staff (not noted in the ECW) he had been taking medications for the past five years. TRAN denied currently hearing voices or experiencing hallucinations; however, he confirmed he had experienced both in the past but that it had been at least a year. The provider started TRAN on Haloperidol (tablet) 5 mg for 30 days and Fluoxetine (capsule) 20 mg for 30 days. Follow-up was recommended in four weeks for a Cogentin (benztropine Mesylate) trial. TRAN was advised to return to sick call if his symptoms worsened prior to his next appointment.

On **June 5, 2018**, at 10:32 a.m., the MD sent a telephone encounter to the medical records personnel to request a complete health record from Corizon Health – ADOC Arizona State Prison Complex (ASPC) Tucson-Manzanita.

At 10:35 a.m., the MD sent a telephone encounter to the medical records personnel requesting Mr. TRAN's Southwest Network - San Tan Clinic, Chandler, AZ, medical records.

At 12:30, (b)(6); (b)(7)(C) a Doctor of Psychology (PsyD), saw TRAN for a mental health follow-up assessment. The provider noted the patient presented as depressed and apathetic, as well as extremely slow moving, lethargic and exhibited hand tremors. The provider commented that, contrary to his initial intake screening on (b)(5) Hallucinations (AVH), TRAN denied past and current AVHs. Again, TRAN denied thoughts of self-harm, plan, and intent. The provider placed TRAN on Medical Housing Observation (MHO) with mental health nursing checks (b)(5). Follow-up with the mental health provider was scheduled for two to three days.

At 1:35 p.m. MST, Ps (b)(6); (b)(7)(C) signed a priority Special Needs Form for Tran to be moved to the Mental Health Unit for MHO.

Senior Correctional Officer (b)(6); (b)(7)(C) escorted TRAN to B600 (cell B606) for mental health observation checks every 15 minutes and provided (b)(6); (b)(7)(C) with the detainee's medical paperwork.

*Note, (TRAN) received an extra dose of medication that day "due to lack of clarity in how the medication change occurred." (confirm date is June 5)

Emergency Event

Tran was in Hold Room G1149 from 0945 to 1155 (15 minute check log). The Confinement Record states he was placed into administrative segregation at 1335 – was in D-103. Ended up in B-606.

On **June 5, 2018**, the first time logged in the Watch Log for observing TRAN was 1500

Onsite: July 17 - 19, 2018

(b)(6), (b)(7)(C) 2018, at 16:15 (MST) a medical emergency was called in B-600 by Correctional Officer (CO)

According to (b)(6); (b)(7)(C) he was taking a food tray to the detainee in B-606 when he noticed he was not responding, he then entered TRAN's cell to see if he would respond and (b)(6); (b)(7)(C) posted to constant watch over cell B-605 told him he should call medical. (b)(6); (b)(7)(C) said while (b)(6); (b)(7)(C) was conducting feedings and went to give TRAN his meal and noticed TRAN was not responding and then (b)(6); (b)(7)(C) entered the cell, called the detainee's name, and (b)(6); (b)(7)(C) told (b)(6); (b)(7)(C) he needed to call a medical emergency. Shift Supervisor (b)(6); (b)(7)(C) stated that while CPR was being performed he asked (b)(6); (b)(7)(C) what had occurred and was told that he was asking TRAN if he was going to eat. As the detainee did not respond, (b)(6); (b)(7)(C) looked in to his cell and observed TRAN lying there. (b)(6); (b)(7)(C) then recounted to (b)(6); (b)(7)(C) that he then told Love to check on TRAN.

Upon arrival, Assistant Shift Supervisor (A S/S) (b)(6); (b)(7)(C) entered TRAN's cell (b)(6); (b)(7)(C) noted the detainee was face down and unresponsive and "had snot coming out of his nose." AS TRAN was lying face down, the (b)(6); (b)(7)(C) rolled TRAN onto his side, then to his back, and (b)(6); (b)(7)(C) began chest compressions. (b)(6); (b)(7)(C) administered breaths between compressions and CO (b)(6); (b)(7)(C) assisted in performing chest compressions in alternating with (b)(6); (b)(7)(C) every 4 sets of chest compressions. (b)(6); (b)(7)(C) statement says Correctional Counselor (b)(6); (b)(7)(C) was standing by to assist with the chest compression rotation). Once medical arrived three minutes later at 16:18, CO (b)(6); (b)(7)(C) was relieved from administering breaths. CO's (b)(6); (b)(7)(C) continued performing chest compressions.

(b)(6); (b)(7)(C) [A S/S (b)(6); (b)(7)(C) to stop recording the emergency response to escort the ambulance to B-600, (b)(6); (b)(7)(C) was also directed by (b)(6); (b)(7)(C) to escort the ambulance to B-600. (b)(6); (b)(7)(C) was sent to open the gate for the ambulance].

As PA (b)(6); (b)(7)(C) later stated, the EMS pads were not placed well, and she was not sure if the AED machine was not advising shock because there was "no shockable rhythm" or because pads did not adhere to the chest.

When Eloy EMT services arrived, they took over care of TRAN at approximately 16:33 (b)(6); (b)(7)(C) and transported him to Banner Casa Grande Hospital around approximately 1645 (b)(6); (b)(7)(C)

According to incident statements, Officer (b)(6); (b)(7)(C) accompanied TRAN in the ambulance on the way to BCGH and officer (b)(6); (b)(7)(C) drove the chase vehicle, as assigned by (b)(6); (b)(7)(C)

On **June 12, 2018**, at approximately 0920, (b)(6); (b)(7)(C) pronounced TRAN brain dead.

During his short detention history at Eloy, there is no record of TRAN submitting either a sick call requests or grievance.

From: (b)(6); (b)(7)(C)
Sent: 3 Aug 2018 18:15:33 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: Huy Chi TRAN DDR - Preliminary Findings

Good afternoon,

On July 17-19, 2018, ERAU conducted an onsite review for the death of detainee Huy Chi TRAN who was detained at the Eloy detention facility in Eloy, AZ, and who died at the Banner Casa Grande Medical Center in Casa Grande, AZ, on June 12, 2018. During the review, ERAU identified the following significant preliminary findings, which were briefed to ERO and facility personnel. The final report will include a comprehensive discussion of all findings.

- (b)(5)
-

Please let me know if you have any questions or concerns.

Thank you,
(b)(6);
(b)(7)(C)

(b)(6); (b)(7)(C)
Unit Chief
ICE Office of Professional Responsibility
External Reviews and Analysis Unit
Office - (202) 732-(b)(6);
Mobile - (202) 907-(b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: 26 Jun 2018 16:56:51 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: IHSC Prelim Review - TRAM
Attachments: Preliminary Mortality Review Report (Huy Chi TRAN).pdf

FYI

(b)(6); (b)(7)(C), Unit Chief
ICE Office of Professional Responsibility
External Reviews and Analysis Unit
Office - (202) 732-(b)(6);
Mobile – (202) 907-(b)(7)(C)



U.S. Immigration
and Customs
Enforcement

June 21, 2018

MEMORANDUM FOR: (b)(6); (b)(7)(C) DHS, MPH
Assistant Director
ICE Health Service Corps

THROUGH: (b)(6); (b)(7)(C) MD
Deputy Assistant Director of Clinical Services/Medical Director
ICE Health Service Corps

(b)(6); (b)(7)(C) MS
Acting Chief of Staff
ICE Health Service Corps

FROM: CAP (b)(6); (b)(7)(C) RN
Investigator
ICE Health Service Corps

SUBJECT: Preliminary Death Report
Huy Chi TRAN, A037 949 945

The following report is based on a preliminary review of U.S. Immigration and Customs Enforcement (ICE) detainee Huy Chi TRAN, A037 949 945, Eloy Detention Center (EDC), Eloy, Arizona (AZ), medical records, hospital reports, and ICE ENFORCE Alien Removal Module (EARM) and ICE ENFORCE Alien Detention Module (EADM) database records.

General Demographic/Background Information

- **Detainee full name:** Huy Chi TRAN
- **Alien number:** 037 949 945
- **Age:** 47
- **Date of birth:** August 7, 1970
- **Date of death:** June 12, 2018
- **Gender:** Male

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(b) (6), (b) (7)(C), (b) (5)



mandatory disclosure under the Freedom of Information Act, 5 U.S.C. 552(b) (5). Do not release without prior approval of U.S. Immigration and Customs Enforcement, ICE Health Service Corps.

(b) (6), (b) (7)(C), (b) (5)



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(b) (6), (b) (7)(C), (b) (5)



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(b) (6), (b) (7)(C), (b) (5)



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(b) (6), (b) (7)(C), (b) (5)



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(b) (6), (b) (7)(C), (b) (5)

End of Report

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From: (b)(6); (b)(7)(C)
Sent: 25 Jul 2018 23:32:34 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: Preliminary Findings

Hi (b)(6); (b)(7)(C)

Here are the preliminary findings:

1. ICE PBNDS 2011, revised 2016, *Medical Care*, Section (U) (4), which states, “All prescribed medications and medically necessary treatments shall be provided to the detainees on schedule and without interruption, absent exigent circumstances.”

(b)(5)

2. ICE PBNDS 2011, revised 2016, *Medical Care*, Section (AA) (4), which states, “Prior to the administration of psychotropic medication, a separate documented informed consent, that includes a description of the medication’s side effects shall be maintain.”

(b)(5)

3. ICE PBNDS 2011, revised 2016, *Special Management Units*, Section (V) (M), Close Supervision, which states, “Detainees in SMU shall be personally observed and logged at least every 30 minutes on an irregular schedule. For cases that warrant increased observation, the SMU personnel shall personally observe detainees accordingly.”

(b)(5); (b)(6); (b)(7)(C)

4. ICE PBNDS 2011, revised 2016, *Special Management Units*, Section (V) (P), Health Care, which states, “Detainees must be evaluated by a medical professional prior to placement in SMU (or when that is feasible, as soon as possible and no later than within 24 hours of placement). The assessment should include review of whether the detainee has been previously diagnosed as having a mental illness.”

(b)(5); (b)(6); (b)(7)(C)

5. ICE PBNDS 2011, revised 2016, *Emergency Plans*, Section (V) (D) (7), (b)(7)(E)

(b)(7)(E)

situations, and the facility administrator shall ensure that it is maintained, tested and

supplied as required in “K. Maintaining Audiovisual Recording Equipment and Records” found in standard “2.15 Use of Force and Restraints.”

(b)(5); (b)(6); (b)(7)(C)

Areas of Concern

Although not reflective of any violation of the requirements of the detention standards, ERAU notes the following areas of concern regarding medical treatment and training:

1. AIMS training and competency was not documented for the nurse who used this tool.

(b)(5); (b)(6); (b)(7)(C)

2. Cogentin was not officially prescribed in accordance with (b)(6); (b)(7)(C) narrative.

(b)(5); (b)(6); (b)(7)(C)

3. AED pads were not listed on the emergency bag inventory.

(b)(5); (b)(6); (b)(7)(C)

4. Medical staff failed to demonstrate competency in the proper use of the AED.

(b)(5); (b)(6); (b)(7)(C)

5. An in-person medical segregation clearance was not completed.

(b)(5); (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Management & Program Analyst

ICE/OPR/ERAU

950 L'Enfant Plaza SW (b)(6);
(b)(7)(C)

Washington, DC 20536

202-734 (b)(6); (desk)

202-253 (b)(7)(C) (cell)

From: (b)(6); (b)(7)(C)
Sent: 8 Jul 2019 10:29:51 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: Re: Detainee Death Review - Huy Chi TRAN
Attachments: TRAN DDR.zip

Good morning Ms. (b)(6), (b)(7)(C)

Please see the attached zip file. Please let me know if you have any issues accessing it.

(b)(6); (b)(7)(C)

Management and Program Analyst
202-253-4 (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Friday, July 5, 2019 4:11 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Detainee Death Review - Huy Chi TRAN

(b)(6); (b)(7)(C)

Please .zip the TRAN documents and provide to (b)(6), (b)(7)(C) Monday morning. Thanks!

(b)(6); (b)(7)(C)

(Acting) Unit Chief

ERAU – OPR – ICE

(O) 202-73 (b)(6); (b)(7)(C) (C) 202-423- (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Friday, July 5, 2019 4:09 PM

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Subject: Detainee Death Review - Huy Chi TRAN

Good afternoon,

The ICE Office of Professional Responsibility, External Reviews and Analysis Unit, has completed the Detainee Death Review for Huy-Chi TRAN. TRAN, who was in U.S. ICE custody at the Eloy Detention Center in Eloy, Arizona (AZ), was pronounced dead on June 12, 2018, at Banner Casa Grande Medical Center in Casa Grande, AZ. TRAN's cause of death was sudden cardiac death due to coronary artery disease.

The memorandum announcing completion of the review, the final report, and the exhibits can be found [HERE](#).

If you have any questions or wish to further discuss the findings, please contact me.

(b)(6); (b)(7)(C)

*(Acting) Unit Chief
External Reviews and Analysis Unit
Office of Professional Responsibility
Immigration and Customs Enforcement
(O) 202-732-(b)(6) (C) 202-423-7-(b)(6); (b)(7)(C)*



U.S. Immigration
and Customs
Enforcement

JUL - 5 2019

MEMORANDUM FOR: Nathalie Asher
Executive Associate Director
Office of Enforcement and Removal Operations

THROUGH: (b)(6); (b)(7)(C)
Office of Professional Responsibility

FROM: (b)(6); (b)(7)(C)

SUBJECT: Findings for the Death of ICE Detainee
Huy Chi TRAN (A#037949945) (JICMS (b) (6), (b) (7)
(C) (b) (7)(E))

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU), has completed its review of the death of ICE detainee Huy Chi TRAN. TRAN died on June 12, 2018, while in ICE custody at the Banner Casa Grande Medical Center (BCGMC), in Casa Grande, Arizona (AZ). The Pinal County Medical Examiner documented TRAN's cause of death as sudden cardiac death¹ due to coronary artery disease.²

On June 25, 1984, the former U.S. Immigration and Naturalization Services (INS) admitted TRAN into the United States in San Francisco, California as an immigrant (i.e. child of an immigrant who is the brother or sister of a U.S. citizen). From June 1994 to July 2017, TRAN was arrested and/or convicted of various criminal offenses.³ An immigration judge ordered TRAN removed to Vietnam three times before the ICE Office of Enforcement and Removal Operations (ERO) Phoenix determined there was no significant likelihood of removal in the reasonably foreseeable future; therefore, ERO released him on an order of supervision on January 10, 2005. On July 17, 2017 a 287(g) officer lodged a detainer against TRAN while he was in Arizona Department of Corrections (ADOC) custody. On May 25, 2018, ADOC released TRAN into ERO Phoenix custody. On the same date, ERO Phoenix booked TRAN into the Tucson INS Hold Room in Tucson, AZ and then later that day, the Florence Staging Facility (FSF) in Florence, AZ. On May 28, 2018, ERO Phoenix transferred TRAN from FSF to the Eloy

¹ Sudden cardiac death is a sudden, unexpected death caused by loss of heart function.

² Coronary artery disease occurs when plaque grows within the walls of the coronary arteries until the blood flow to the heart's muscle is limited.

³ ERAU was unable to determine the disposition for approximately 17 of TRAN's arrests and/or offenses.

Detention Center (EDC) in Eloy, AZ, to pursue his removal to Vietnam.

On May 25, 2018, upon admission to FSF, a Licensed Vocational Nurse (LVN) conducted a medical pre-screen and documented TRAN arrived with the medications haloperidol and fluoxetine, both of which are antipsychotic medications. Consequently, the LVN determined TRAN had a sensitive medical condition needing immediate medical care in accordance with IHSC policy.⁴ On May 26, 2018, a Registered Nurse (RN) performed TRAN's medical and mental health intake screening, during which TRAN acknowledged receiving treatment for depression for the past 20 years. He also denied current suicidal ideations, homicidal thoughts, and hallucinations. Based on the findings, the medical provider, via telephone order, continued TRAN on the same medication regimen. The RN conducted an Abnormal Involuntary Movement Scale (AIMS)⁵ and noted a score of zero. On that same date, a Licensed Clinical Social Worker (LCSW) conducted TRAN's mental health follow-up and documented that TRAN denied current hallucinations but had hallucinated in the past. The LCSW documented TRAN's appearance as bizarre, poorly groomed, affect flat,⁶ and that he exhibited lethargic psychomotor activity.⁷ The LCSW diagnosed TRAN with schizophrenia,⁸ unspecified, and noted TRAN would continue his medications as prescribed.

On May 28, 2018, FSF transferred TRAN to EDC. Upon arrival to EDC, an ERO Deportation Officer (DO) assigned to EDC Intake that day, noted that TRAN arrived soaking wet and sweating profusely. The DO alerted a Supervisory Detention and Deportation Officer (SDDO) who confirmed that the air conditioning was working properly. The SDDO accompanied TRAN to the front of the medical pre-screen line, and the RN immediately conducted TRAN's medical pre-screen. The RN did not note profuse sweating as described by ERO staff in either pre-screen or intake screening. The RN recorded TRAN's intake assessment as abnormal due to his mental health issues and referred him to a mental health provider. Later that day, the same RN conducted TRAN's abbreviated intake medical screening. A Case Manager (CM) completed TRAN's initial custody classification and appropriately classified him as high; however, the CM signed for both the classification officer and supervisor and did not seek supervisory approval.

On this same date, a Nurse Practitioner (NP) performed TRAN's physical examination⁹ and documented on TRAN's reported mental health history and his lack of lower teeth and other upper teeth with no dental prosthesis. The NP conducted an AIMS assessment

⁴ See IHSC Policy 03-08, Section 4-3(a), dated January 19, 2015.

⁵ The AIMS assess the occurrence of tardive dyskinesia (TD), a side effect of taking antipsychotic medication. Initial AIMS results may serve as a baseline for future monitoring or may prompt ordering of medication to address symptoms of the disorder. A score of zero indicates no occurrence of TD observed. Therefore, due to TRAN being on antipsychotic drugs, the RN conducted the AIMS assessment.

⁶ Flat affect is a lack of emotional expressiveness.

⁷ Psychomotor activity are skills where movement and thinking are combined. This includes balance and coordination.

⁸ Schizophrenia is a serious mental disorder in which a person interprets reality abnormally, to include hallucinations, delusions, and extremely disordered thinking and behavior.

⁹ This exam is the initial health assessment of patients with chronic conditions, conducted by a provider.

and noted a score of zero. The NP continued TRAN on the same medication regimen until a mental health provider could assess him.

On May 30, 2018, medical staff administered TRAN his first doses of haloperidol and fluoxetine, two days after he reported taking his last dose.

On June 4, 2018, a psychiatrist assessed TRAN, diagnosing him with schizophrenia and an anxiety disorder. The psychiatrist continued TRAN on the same medication but submitted an order to the pharmacy to change the administration times from morning to noon for fluoxetine and evening for haloperidol. The psychiatrist documented an AIMS score of three and that TRAN was exhibiting extrapyramidal symptoms (EPS),¹⁰ which he noted Cogentin¹¹ could address. However, the psychiatrist did not write the Cogentin order, which he later stated was an oversight. Furthermore, on this date, TRAN signed a consent form for the haloperidol and fluoxetine for the first time since arriving to EDC.

On June 5, 2018, TRAN received morning doses of fluoxetine and haloperidol. Although the psychiatrist submitted an order to change the time of TRAN's medication the day prior, the pharmacy received the change request after it had closed; therefore, the pharmacy did not process the new medication orders until they opened that morning, which was after morning pill call. At noon pill call, TRAN received a second dose of fluoxetine.

During the EDC special needs meeting a Unit Manager followed-up on a mental health referral for TRAN she submitted to medical the previous day. At 12:31 p.m., a psychologist assessed TRAN and noted he was extremely slow moving, lethargic, exhibited rigid movements with occasional hand tremors, and was sweating on his forehead. The psychologist placed TRAN on mental health observation (MHO) from June 5 to June 7, 2018, with nursing checks twice daily and security welfare checks every 15 minutes. An RN signed off on TRAN's medical clearance for MHO. At 2:49 p.m., an officer escorted TRAN to the Bravo 600 unit in MHO. At 3:00 p.m., the officer issued linens to TRAN in his cell.

The officer assigned to observe TRAN while in MHO documented that he checked the detainee at 3:09 p.m., 3:23 p.m., 3:38 p.m., 3:52 p.m., and 4:06 p.m. Video surveillance, however, does not support the first three welfare checks documented. At 3:51 p.m., per video surveillance footage, the officer first observed TRAN as he looked into his cell. Then at 4:13 p.m. the officer noticed TRAN was unresponsive, and at 4:15 p.m., the officer called a medical emergency.

At 4:16 p.m., additional officers responded and started cardiopulmonary resuscitation (CPR). Medical staff arrived two minutes later and assisted with rescue breaths, applied automated external defibrillator (AED) pads and performed other lifesaving efforts. It

¹⁰ Extrapyramidal symptoms are drug-induced movement disorders which include acute and tardive symptoms.

¹¹ Cogentin is the brand name for benzotropine, a drug used to treat symptoms of Parkinson's disease and the side effects of other drugs.

was later determined that medical staff applied the AED pads incorrectly, as they were only partially adhered. Medical staff performed CPR for 17 minutes until Emergency Medical Services (EMS) arrived at 4:33 p.m. and took over life-saving efforts. At 4:53 p.m., EMS transported TRAN to BCGMC and at 5:15 p.m., BCGMC initiated patient care.

Over the next seven days, doctors performed a series of tests to determine brain function and TRAN's capacity to breathe on his own. On June 12, 2018, BCGMC medical staff confirmed TRAN could not breathe on his own and pronounced brain death at 9:20 a.m. and cardiac death at 2:20 p.m.

On July 17, 2018, the Chief Medical Examiner of Pinal County signed the Forensic Examination Report and documented the cause of death as coronary artery disease.

ERAU reviewed the medical care EDC provided TRAN, as well as the facility's efforts to ensure that he was safe and secure while detained at the facility. ERAU found EDC failed to comply with the following requirements of the ICE Performance Based National Detention Standards (PBNDS) 2011:

1. ICE PBNDS 2011, *Medical Care*, Section (II)(20), which states, "Prescriptions and medications shall be ordered, dispensed and administered in a timely manner and as prescribed by a licensed health care professional. This shall be conducted in a manner that seeks to preserve the privacy and personal health information of detainees." Although the EDC NP prescribed fluoxetine and haloperidol at intake on May 28, 2018, TRAN did not receive his first dose for two days, May 30, 2018.
2. ICE PBNDS 2011, *Medical Care*, Section (V)(AA)(4), which states, "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects shall be obtained." FSF and EDC medical staff did not obtain a signed consent form from TRAN for psychotropic medication prior to administration on May 26 and May 30, 2018, respectively. When TRAN finally signed a consent form on June 4, 2018 at EDC, side effects were not listed.
3. ICE PBNDS 2011, *Custody Classification System*, Section (V)(A)(4), which states, "Each detainee's classification shall be reviewed and approved by a first-line supervisor or classification supervisor." A supervisor did not approve the classification rating assigned to TRAN on May 28, 2018.
4. ICE PBNDS 2011, *Special Management Units*, section (V)(M), which states, "Close Supervision Detainees in SMU shall be personally observed and logged at least every 30 minutes on an irregular schedule. For cases that warrant increased observation, the SMU personnel shall personally observe detainees accordingly." Per the psychologist's order, and following placement in MHO, CoreCivic officers were to conduct welfare checks on TRAN every 15 minutes. Surveillance footage evidence showed the CoreCivic officer on duty issued TRAN linens at 3:00 p.m. but

did not look into TRAN's cell again until 3:51 p.m. During the 51-minute period, the officer documented three welfare checks, none of which were supported by video surveillance.¹²

ERAU also noted several areas of concern, which are detailed in the attached report. If you have any questions, please contact me or have a member of your staff contact ERAU Acting Unit Chief (b)(6); (b)(7)(C), at (202) 731-(b)(6); (b)(7)(C).

Attachment

cc: Matthew Albence

Tae Johnson

(b)(6); (b)(7)(C)

¹² This officer resigned prior to ERAU's completion of this review (i.e. the week of July 17, 2018).

SYNOPSIS

On June 12, 2018, Huy Chi TRAN, a forty-seven-year-old citizen of Vietnam, died while in the custody of U.S. Immigration and Customs Enforcement (ICE) at Banner Casa Grande Medical Center (BCGMC) in Casa Grande, Arizona (AZ). The Pinal County Medical Examiner documented TRAN's cause of death as sudden cardiac death¹ due to coronary artery disease.²

TRAN was detained at Eloy Detention Center (EDC),³ in Eloy, AZ, from May 28, 2018, until his death. EDC is owned and operated by CoreCivic, formerly Corrections Corporation of America (CCA), under a Dedicated Intergovernmental Service Agreement (DIGSA). EDC is required to comply with the ICE Performance Based National Detention Standards (PBNDS) 2011, as revised in 2016. Medical care at EDC is provided by the ICE Health Service Corps (IHSC), with support from InGenesis contractors. At the time of TRAN's death, EDC housed approximately 889 male and 470 female detainees for periods in excess of 72 hours.

DETAILS OF REVIEW

From July 17 to 19, 2018, ICE Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) staff visited EDC to review the circumstances surrounding TRAN's death. ERAU was assisted in its review by contract subject matter experts (SMEs) in correctional healthcare and security who are employed by Creative Corrections, a national management and consulting firm.⁴ As part of its review, ERAU reviewed immigration, medical, and detention records pertaining to TRAN, in addition to conducting in-person interviews of individuals employed by CoreCivic, IHSC, InGenesis, and the local field office of ICE's Office of Enforcement and Removal Operations (ERO).

During the review, ERAU took note of any deficiencies observed in the detention standards as they relate to the care and custody of the deceased detainee and documented those deficiencies herein for informational purposes only. Their inclusion in this report should not be construed in any way as indicating the deficiencies contributed to the detainee's death. ERAU determined the following timeline of events, from the time TRAN entered ICE custody, through his detention at EDC, and eventual death at BCGMC.

¹ Sudden cardiac death is a sudden, unexpected death caused by loss of heart function.

² See Exhibit 1: Pinal County Forensic Examination Report, dated July 17, 2018; According to the American Heart Association (AHA), coronary artery disease occurs when plaque grows within the walls of the coronary arteries until the blood flow to the heart's muscle is limited.

³ Eloy Detention Center (EDC) is also known as Eloy Federal Contract Facility (EFCF).

⁴ See Exhibit 2: Creative Corrections Healthcare and Security Compliance Analysis.

IMMIGRATION AND CRIMINAL HISTORY⁵

On June 25, 1984, the former U.S. Immigration and Naturalization Service (INS) admitted TRAN into the United States in San Francisco, California, as an immigrant (i.e. child of an immigrant who is the brother or sister of a U.S. citizen).⁶

Between June 6, 1994 and October 25, 2000, the Superior Court of Arizona, Maricopa County, convicted TRAN for multiple crimes, detailed in **Table 1** of this report.

On November 9, 2000, INS Phoenix encountered TRAN at the Arizona Department of Corrections (ADOC), Arizona State Prison Complex (ASPC) Alhambra Reception Center (ARC) in Phoenix, AZ and lodged an Immigration Detainer-Notice of Action (Form I-247) with the facility.⁷

On March 25, 2003, a 287(g) officer encountered TRAN at ARC and issued a Warrant for Arrest of Alien/Notice to Appear (Form I-200).⁸ On March 29, 2003, the ADOC transferred TRAN to ERO Phoenix's custody. On the same date, ERO Phoenix served TRAN a Notice to Appear (Form I-862), charging removability pursuant to Section 237(a)(2)(A)(iii) of the Immigration and Nationality Act (INA), as amended, as an alien at any time after admission, convicted of an aggravated felony as defined in Section 101(a)(43)(F) of the INA, a crime of violence for which the term of imprisonment ordered was at least one year.⁹

On May 15, 2003, an immigration judge (IJ) found all of TRAN's applications for relief to be abandoned and ordered him removed to Vietnam. On the same date, TRAN's undated Application for Asylum and for Withholding of Removal (Form I-589) was marked as received.¹⁰

On June 16, 2003, TRAN filed an appeal with the Board of Immigration Appeals (BIA).¹¹ On October 31, 2003, the BIA remanded the case to the IJ for further proceedings.¹² On December 10, 2003, the IJ found all TRAN's applications for relief to be abandoned and again ordered him removed to Vietnam.¹³ TRAN reserved his right to appeal.

⁵ The listed charges are those for which ERAU was able to determine a disposition from TRAN's records. ERAU was unable to determine a disposition for approximately 17 of TRAN's other arrests and/or offenses, dating from October 1995 to April 2007.

⁶ See DHS Form I-213, Record of Deportable/Inadmissible Alien, dated July 17, 2017.

⁷ See INS Form I-247, Immigration Detainer – Notice of Action, dated November 9, 2000.

⁸ See INS Form I-200, Warrant for Arrest of Alien, dated March 25, 2003.

⁹ See INS Form I-862, Notice to Appear, dated March 29, 2003.

¹⁰ See United States Department of Justice (DOJ) Executive Office for Immigration Review (EOIR) Immigration Court: Order of The Immigration Judge, dated May 15, 2003; see also INS Form I-589, Application for Asylum and for Withholding of Removal, received on May 15, 2003.

¹¹ See BIA Inquiry System Case Appeal summary, marked as filed on June 16, 2003.

¹² See DOJ EOIR Decision of the Board of Immigration Appeals, dated October 31, 2003.

¹³ See EOIR U.S. Immigration Court, Eloy, Arizona, Decision and Order of the Immigration Court, dated December 10, 2003.

On January 8, 2004, TRAN filed an appeal with the BIA.¹⁴ On June 14, 2004, the BIA sustained TRAN’s appeal and remanded the case back to the IJ for a decision.¹⁵

On September 21, 2004, the IJ denied TRAN’s requests for asylum, withholding of removal, and deferral of removal, and ordered him removed to Vietnam. TRAN waived his right to appeal.¹⁶

On January 10, 2005, ERO Phoenix determined that no significant likelihood of removal in the reasonably foreseeable future existed and released TRAN from custody on an Order of Supervision (OSUP). TRAN reported to ERO as required four times between January 27, 2005 and April 20, 2005.¹⁷

On July 8, 2005, ERO Phoenix sent TRAN a Call-In Letter (Form G-56), ordering him to present himself at their office on July 28, 2005.¹⁸ On July 28, 2005, TRAN failed to appear at ERO Phoenix as ordered; therefore, his case was referred to the ERO Fugitive Operations Team for location and arrest, with no result.¹⁹

On August 15, 2006, Chandler Police Department in Chandler, AZ arrested TRAN for shoplifting. On August 18, 2006, Chandler Police Department released TRAN into ERO Phoenix custody. ERO Phoenix released TRAN under the original OSUP issued on January 10, 2005, to complete his criminal proceedings.²⁰

Between May 11, 2007 and April 8, 2009, the Superior Court of Arizona, Maricopa County, convicted TRAN for multiple crimes, detailed in **Table 2** of this report.

On August 27, 2008, ERO Phoenix encountered TRAN at the Maricopa County Jail and lodged a Notice of Action-Immigration Detainer (Form I-247A).²¹

On April 13, 2009, ERO Phoenix encountered TRAN at the ASPC ARC and lodged a Form I-247A.²²

On August 14, 2013, ADOC transferred TRAN to ERO Phoenix’s custody. ERO Phoenix released TRAN from custody under his original OSUP issued on January 10, 2005, as there was

¹⁴ See BIA Inquiry System Case Appeal summary, marked as filed on January 8, 2004.

¹⁵ See EOIR Decision of the Board of Immigration Appeals, dated June 14, 2004.

¹⁶ See INS Form I-205, Warrant of Removal/Deportation, dated September 21, 2004; see also Form I-294, Warning to Alien Ordered Removed or Deported, dated September 21, 2004.

¹⁷ See INS Form I-220B, Order of Supervision, dated January 10, 2005 and INS Order of Supervision Addendum, dated January 10, 2005; see also ICE Significant Incident Report, dated June 14, 2018.

¹⁸ See ICE Significant Incident Report, dated June 14, 2018.

¹⁹ See ICE Order of Supervision Appointment, Failed to Appear stamp, dated July 28, 2005; see also ICE Significant Incident Report, dated June 14, 2018.

²⁰ There is no record of TRAN reporting to ERO Phoenix after this date.

²¹ See DHS Form I-247A, Immigration Detainer – Notice of Action, dated August 27, 2008.

²² See DHS Form I-247A, Immigration Detainer – Notice of Action, dated April 13, 2009. There is no documentation regarding TRAN’s transfer from the Maricopa County Jail to ASPC ARC.

no significant likelihood of removal. TRAN did not appear at ERO Phoenix for his first scheduled appointment on February 12, 2014, or any subsequent scheduled meeting.²³

On March 16, 2015, Chandler Police Department arrested TRAN for Criminal Damage. On August 14, 2015, the Superior Court of Arizona, Maricopa County, sentenced TRAN to 120 days' incarceration and 3 years' probation.

On January 21, 2017, Chandler Police Department arrested TRAN for Disorderly Conduct and Criminal Damage. Also, on this date, ERO Phoenix encountered TRAN at the Maricopa County Sheriff's Office (MCSO) Jail and lodged a Form I-247A. TRAN remained in MCSO custody pending criminal proceedings.

On July 10, 2017, the Superior Court of Arizona, Maricopa County, sentenced TRAN to one year and six months in jail with a credit of 171 days, time served. On July 17, 2017, a 287(g) Designated Immigration Officer encountered TRAN at the ASPC ARC and lodged a Form I-247A.²⁴

On May 25, 2018, ADOC released TRAN to ERO Phoenix's custody. ERO Phoenix served TRAN a Notice of Revocation of Release with the intention of reviewing TRAN's likelihood of removal.²⁵ ERO Phoenix booked TRAN into the TUCSON INS Hold Room in Tucson, AZ, then, later that day, transferred him to the Florence Staging Facility (FSF) in Florence, AZ.²⁶

On May 28, 2018, ERO Phoenix transferred TRAN to EDC in Eloy, AZ, to pursue his removal to Vietnam.²⁷

²³ See ICE Form I-220B, Order of Supervision, dated August 14, 2013; *see also* ICE ENFORCE Alien Removal Module (EARM) system.

²⁴ See DHS Form I-247A, Immigration Detainer – Notice of Action, dated July 17, 2017.

²⁵ See ICE Tucson Field Office Notice of Revocation of Release, dated May 25, 2018; *see also* EARM system, Detention History, dated May 25, 2018.

²⁶ See EARM system, Detention History, dated May 25, 2018.

²⁷ See EARM system, Detention History, dated May 28, 2018.

NARRATIVE

On May 25, 2018, at approximately 7:22 p.m., upon TRAN’s arrival at FSF, Licensed Vocational Nurse (LVN) (b)(6); (b)(7)(C) conducted a medical pre-screening and documented the following:²⁸

- TRAN spoke English fluently.
- TRAN’s appearance, behavior, and breathing were normal.
- TRAN’s state of consciousness was alert and there were no noticeable restrictions or difficulties of movement.
- TRAN arrived with haloperidol²⁹ (5 mg) and fluoxetine³⁰ (20 mg), both prescribed for morning dosing and self-dosed at the gate.³¹
- TRAN’s pre-screening assessment was normal and his pre-screening disposition identified him as having time sensitive medical conditions needing immediate care, pursuant to IHSC policy.³²

On May 26, 2018, at 4:48 a.m., Registered Nurse (RN) (b)(6); (b)(7)(C) signed off on TRAN’s intake screening³³ and documented the following:

- TRAN’s vital signs (VS) were within normal limits.³⁴
- TRAN acknowledged receiving treatment for depression for the past 20 years but denied suicidal and homicidal thoughts or a history of experiencing hallucinations.
- TRAN denied the use of drugs, alcohol, and tobacco.
- TRAN denied dental issues.
- TRAN’s tuberculosis (TB) screening was negative.³⁵

²⁸ See eClinicalWorks (eCW) Pre-Screen by LVN (b)(6); (b)(7)(C), dated May 25, 2018. ERAU approximated timing of medical events as best as possible. Medical times catalogued within the report are prioritized based on the time medical staff indicated a round time, VS, or electronically signed their note.

²⁹ Haloperidol, a generic for Haldol, is an antipsychotic medication used to treat certain types of mental disorders such as schizophrenia.

³⁰ Fluoxetine, a generic for Prozac, is a selective serotonin reuptake inhibitor that treats depression, obsessive-compulsive disorder, and panic disorders.

³¹ Due to the short amount of time TRAN was housed at the TUCSON INS Hold Room and the lack of medical documentation provided, ERAU was unable to confirm if he received any medications prior to May 26, 2018.

³² See IHSC Policy 03-08, Section 4-3 (a), dated January 19, 2015. Priority one detainees (PRI-1) are those identified with time-sensitive medical conditions needing immediate care, including but not limited to unconsciousness, altered level of consciousness, severely intoxicated or under the influence of drugs, medically or mentally unstable, suicidal/homicidal, and infectious/contagious.

³³ See eCW Initial Intake Assessment by (b)(6); (b)(7)(C) dated May 26, 2018.

³⁴ Normal temperature is 98.6; normal range for pulse is 60 to 100 beats per minute; normal range for respirations is 12 to 20 breaths per minute; and, normal blood pressure is 120/80 or less.

³⁵ TB is a potentially serious infectious bacterial disease that mainly affects the lungs. Symptoms of active TB include persistent coughing, coughing up blood, chest pain, unintentional weight loss, fatigue, fever, night sweats, chills and loss of appetite.

(b)(6); (b)(7)(C)

conducted an Abnormal Involuntary Movement Scale (AIMS)³⁶ and noted a score of zero.

(b)(6); (b)(7)(C)

documented TRAN’s intake screening as abnormal, referred him to a medical provider and (b)(6); (b)(7)(C) scheduled a physical exam. (b)(6); (b)(7)(C) received an order per IHSC Commander (b)(6); (b)(7)(C), Physician’s Assistant (PA), to continue TRAN’s medications for three days. (b)(6); (b)(7)(C) scheduled TRAN for a mental health appointment for May 29, 2018, and medically cleared TRAN for custody.

At 2:46 p.m., Licensed Clinical Social Worker (LCSW) (b)(6); (b)(7)(C) signed off on TRAN’s mental health follow-up assessment³⁹ and documented the following:

- TRAN reported a history of depression and treatment over the last 20 years.
- TRAN stated that before taking his medications, he heard voices and saw things other people did not but denied any current hallucinations.
- TRAN’s appearance was bizarre, he was poorly groomed, his affect flat,⁴⁰ and he exhibited lethargic psychomotor activity.⁴¹

(b)(6); (b)(7)(C)

diagnosed TRAN with schizophrenia,⁴² unspecified, and noted that TRAN would continue to take medications as prescribed.⁴³ TRAN received his medications as prescribed while at FSF.⁴⁴ LCSW (b)(6); (b)(7)(C) noted a follow-up with TRAN on June 2, 2018.⁴⁵

On May 28, 2018, at 8:14 a.m., (b)(6); (b)(7)(C) signed TRAN’s medical transfer summary and documented the following:⁴⁶

- TRAN’s TB symptom screening was negative.

³⁶ The AIMS assess the occurrence of tardive dyskinesia (TD), a side effect of taking antipsychotic medication. Initial AIMS results may serve as a baseline for future monitoring or may prompt ordering of medication to address symptoms of the disorder. A score of zero indicates no occurrence of TD observed. Therefore, due to TRAN being on antipsychotic drugs, the RN conducted the AIMS assessment.

³⁷ There was no date noted for the physical exam and ERO transferred TRAN to EDC two days later.

³⁸ See eCW Initial Intake Assessment by RN (b)(6); (b)(7)(C), dated May 26, 2018. There were no additional details in the medical file regarding the date the order was completed.

³⁹ See eCW Follow-Up Mental Health Appointment by LCSW (b)(6); (b)(7)(C) dated May 26, 2018.

⁴⁰ A lack of emotional expressiveness.

⁴¹ Psychomotor activity are skills where movement and thinking are combined. This includes balance and coordination.

⁴² Schizophrenia is a serious mental disorder in which a person interprets reality abnormally, to include hallucinations, delusions, and extremely disordered thinking and behavior.

⁴³ See Florence Medical Administration Record (MAR).

⁴⁴ See eCW Follow-Up Mental Health Appointment by LCSW (b)(6); (b)(7)(C), dated May 26, 2018.

⁴⁵ ERAU could not confirm that medical scheduled the referenced follow-up appointment for June 2, 2018. ERAU notes ERO transferred TRAN to EDC the following day; while detained at EDC, medical staff completed mental health assessments, which are discussed herein.

⁴⁶ See eCW Transfer Summary by RN (b)(6); (b)(7)(C) dated May 28, 2018.

- (b)(6); (b)(7)(C) noted a diagnosis of schizophrenia and that TRAN arrived to FSF with the medications: haloperidol (5 mg) and fluoxetine (20 mg).
- (b)(6); (b)(7)(C) requested the receiving facility follow-up with TRAN regarding his medication.
- (b)(6); (b)(7)(C) medically cleared TRAN for travel and transfer to EDC.

At 9:26 a.m., TRAN arrived at EDC and was encountered by ICE ERO Deportation Officer (DO) (b)(6); (b)(7)(C) who was assigned to intake on this date. (b)(6); (b)(7)(C) described TRAN as soaking wet from sweat and asked TRAN if he was okay but received no response.⁴⁸ DO (b)(6); (b)(7)(C) stated he asked the driver of the van and another detainee if the air conditioning had been on and working in the transport vehicle, to which they both replied yes. DO (b)(6); (b)(7)(C) then alerted his supervisor, Supervisory Detention and Deportation Officer (SDDO) (b)(6); (b)(7)(C) regarding his observations of TRAN.

At 9:28 a.m.,⁴⁹ SDDO (b)(6); (b)(7)(C) directed TRAN to the front of the medical pre-screening line due to his abnormal perspiration.⁵⁰ (b)(6); (b)(7)(C) conducted TRAN's pre-screening at this time and documented the following:⁵¹

- TRAN spoke English fluently.
- TRAN was alert and breathing normally but his appearance was anxious.
- TRAN denied pain or wanting to harm himself.
- (b)(6); (b)(7)(C) observed no skin abnormalities, no noticeable restrictions or difficulties with movement.
- TRAN stated he was currently taking medication for a health issue.
- A medical transfer summary accompanied TRAN from FSF.

Although (b)(6); (b)(7)(C) did not make note of the sweating that (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C) observed, she marked his pre-screening disposition as PRI-1.

At approximately 10:43 a.m., (b)(6); (b)(7)(C) conducted a medical intake assessment and, among other items, documented the following:⁵²

- TRAN's VS were within normal limits.
- TRAN denied experiencing any current pain.
- TRAN denied dental issues.
- TRAN denied a history of suicide attempts or current suicidal ideations.

⁴⁷ See Video Surveillance, North Intake, Rear Exterior, dated May 28, 2018.

⁴⁸ ERAU interview with ICE DO (b)(6); (b)(7)(C) dated July 18, 2018.

⁴⁹ See Video Surveillance, North Intake, Rear Sallyport, dated May 28, 2018.

⁵⁰ ERAU interview with ICE SDDO (b)(6); (b)(7)(C) dated July 17, 2018.

⁵¹ See eCW Pre-Screen by (b)(6); (b)(7)(C), dated May 28, 2018. (b)(6); (b)(7)(C) noted the time of arrival as 9:25 a.m.; however, video surveillance confirms (b)(6); (b)(7)(C) encountered TRAN at 9:28 a.m.

⁵² See eCW Intake Appointment by (b)(6); (b)(7)(C) dated May 28, 2018. (b)(6); (b)(7)(C) noted she conducted an abbreviated intake screening as FSF completed a full intake screening on May 26, 2018.

- TRAN arrived with haloperidol (5 mg) and fluoxetine (20 mg) and reported last taking the medication the afternoon of May 27, 2018.⁵³
- (b)(6); (b)(7)(C) planted a purified protein derivative (PPD) skin test.⁵⁴

(b)(6); (b)(7)(C) documented TRAN’s intake screening as abnormal, referred him to a provider, and noted a physical exam was scheduled.⁵⁵ TRAN signed the IHSC Medical Consent Form, and (b)(6); (b)(7)(C) medically cleared TRAN for custody.⁵⁶

At approximately 10:48 a.m., Correctional Office (b)(6); (b)(7)(C) booked TRAN into EDC.⁵⁷ TRAN acknowledged receipt of the ICE National Detainee Handbook,⁵⁸ facility-issued⁵⁹ property and allowable personal property.⁶⁰ Office (b)(6); (b)(7)(C) inventoried two checks totaling \$25.60 and deposited them into TRAN’s commissary account.⁶¹ Officer (b)(6); (b)(7)(C) called that TRAN appeared slow, drooled, had snot coming out of his nose, and did not clean himself after sneezing or coughing.⁶²

Case Manager (CM) (b)(6); (b)(7)(C) completed TRAN’s initial custody classification and appropriately classified him as high.⁶³ CM (b)(6); (b)(7)(C) signed the form as both the classification officer and supervisor and did not seek out supervisory approval and signature. When asked why she did not have a supervisor review her work, CM (b)(6); (b)(7)(C) stated that the classification supervisor position was vacant at the time and since ICE designated TRAN as a high custody detainee, which she recommended adopting, it did not matter.⁶⁴

(b)(6); (b)(7)(C) also completed the Sexual Abuse Screening Tool form and within the Staff Observation/File Review section, circled “Yes” for “Detainee appears to be physically, developmentally, or mentally disabled.” Furthermore, in the comments section, she wrote TRAN was, “slow, drools, sneezes boogers and spits/coughs.”⁶⁵ (b)(6); (b)(7)(C) added she had to

⁵³ ERAU notes although TRAN states he received his medication the afternoon of May 27, 2018, the MAR at FSF shows he received both medications at 11:00 a.m.

⁵⁴ A purified protein derivative skin test is a solution is injected into the skin to determine whether a person has been infected with tuberculosis.

⁵⁵ Although (b)(6); (b)(7)(C) did not include a date for the physical exam within her note, a provider completed TRAN’s physical exam the same day.

⁵⁶ See ICE Health Service Corps (IHSC) Medical Consent Form, dated May 28, 2018. Although TRAN’s name was written in the Spanish language section of the form, it was confirmed by ICE and CoreCivic staff that he spoke English fluently.

⁵⁷ See Intake Surveillance Video, dated May 28, 2018.

⁵⁸ See Detainee Handbook Receipt, dated May 28, 2018.

⁵⁹ See Facility Issued Property Receipt, dated May 28, 2018.

⁶⁰ See Allowable Personal Property Inventory/Receipt, dated May 28, 2019.

⁶¹ See Transaction Receipts 9670302 and 9670303, dated May 28, 2018.

⁶² ERAU interview with Officer (b)(6); (b)(7)(C), dated July 17, 2018.

⁶³ See Exhibit 3: Initial Custody Classification Form 18-1B, dated May 28, 2018. (b)(6); (b)(7)(C) stated that although TRAN’s initial classification scored at a medium custody level, because the ICE Risk Classification Assessment

(b)(5)

⁶⁴ ERAU interview with (b)(6); (b)(7)(C), dated July 19, 2018.

⁶⁵ See CCA Sexual Abuse Screening Tool, Form 14-2B-DHS/FRS, dated May 28, 2018. ERAU note (b)(6); (b)(7)(C) intake screening entry makes no reference to the conditions observed by (b)(6); (b)(7)(C)

ask TRAN questions two or three times before he would reply.⁶⁶ When (b)(6); (b)(7)(C) was asked about medical receiving the information from the Sexual Abuse Screening Tool form, she stated she was unsure how it was routed to medical or mental health staff. She added that because health care professionals evaluate detainees, she assumed they would identify any special needs. The form distribution designates a copy should be forwarded to classification staff and the Health Services Department for further evaluation and screening.⁶⁷

At approximately 12:46 p.m., Nurse Practitioner (b)(6); (b)(7)(C) conducted TRAN’s initial physical examination and documented, among other details, the following information:⁶⁹

- TRAN’s VS were within normal limits.
- TRAN reported a 17-year history of schizophrenia and anxiety disorder⁷⁰ for which he was taking Haldol⁷¹ and fluoxetine, with no adverse side effects.
- (b)(6); (b)(7)(C) completed an AIMS assessment, which resulted in a score of zero.⁷²
- TRAN denied drug use but stated he smoked one pack of cigarettes per day for 13 years with his last use over a month prior and drank two alcoholic drinks per week with last use one to two years ago.
- TRAN denied experiencing chest pain with exertion, shortness of breath, irregular heartbeat, palpitations, weakness, loss of appetite, or weight gain.
- TRAN’s dental examination showed no lower teeth or upper teeth, and no dental prosthesis.⁷³
- TRAN’s demeanor was appropriate for the encounter, his cognitive function appeared intact, his judgment and insight were good, and his thought process was logical and goal directed without suicidal ideation or delusions.
- (b)(6); (b)(7)(C) prescribed haloperidol (5 mg), and fluoxetine (20 mg) each morning for two weeks, pending psychiatric evaluation.⁷⁴

⁶⁶ ERAU Interview with (b)(6); (b)(7)(C) dated July 19, 2018.

⁶⁷ ERAU notes although this is not a deficiency, (b)(6); (b)(7)(C) did not route the form to medical in accordance with the instructions; therefore, medical never received the form.

(b)(6); (b)(7)(C) employment at EDC ended prior to ERAU’s site visit; therefore, the ERAU was unable to interview her.

⁶⁹ See eCW Initial PE-C Appointment by (b)(6); (b)(7)(C) dated May 28, 2018. LVN (b)(6); (b)(7)(C) entered TRAN’s VS for the PE-C at 11:46 a.m.

⁷⁰ Anxiety disorder is a medical condition that includes symptoms of intense anxiety or panic that are directly caused by a physical health problem.

⁷¹ Haldol is a brand name for haloperidol.

⁷² During ERAU interview with (b)(6); (b)(7)(C) psychiatrist, dated June 19, 2018, he stated only properly trained healthcare professionals should administer an AIMS test. There was no documentation of AIMS training in (b)(6); (b)(7)(C) s record; however, she may have been trained in its administration as part of her education.

⁷³ A dental prosthesis is device such as dentures used to restore or reconstruct defects in the mouth such as missing teeth, missing parts of teeth, and missing soft or hard structures of the jaw and palate. ERAU notes no other medical documentation listed issues with TRAN’s teeth or the mouth. Furthermore, although (b)(6); (b)(7)(C) documented the dental issues, she did not order a soft diet for TRAN.

(b)(6); (b)(7)(C) called and discussed these medications with (b)(6); (b)(7)(C) IHSC Psychiatrist assigned to the Krome North Service Processing Center in Miami, Florida, but she did not document discussion of the potential side effects of these medications with TRAN, nor did she obtain his consent to take them. As discussed later in the report, EDC medical staff did not obtain TRAN’s consent to psychotropic medication until June 4, 2018.

(b)(6); (b)(7)(C) ordered lab studies for completion on May 31, 2018,⁷⁵ which included thyroid studies,⁷⁶ lipid panel,⁷⁷ comprehensive metabolic panel (CMP),⁷⁸ complete blood count (CBC) with differential,⁷⁹ platelet count,⁸⁰ and hemoglobin A1c.⁸¹ Due to TRAN's mental health history, (b)(6); (b)(7)(C) documented TRAN's physical exam as abnormal and referred him to a mental health provider.

At 11:49 a.m., security staff initially assigned TRAN to housing unit Delta 100, cell 125, an upper tier and bunk;⁸² however, TRAN's cellmate⁸³ told Correctional Officer (b)(6); (b)(7)(C) assigned to the unit on this date, that TRAN was unable to climb to the top bunk and needed to be moved.⁸⁴ Officer (b)(6); (b)(7)(C) stated he contacted the Unit Counselor (name unknown), who told him they could not move TRAN at that time because it was cell count and there would be no manager available to sign off on the move. Officer (b)(6); (b)(7)(C) recalled moving TRAN's mattress to the cell floor until they could assign him to a low bunk on a lower tier. Officer (b)(6); (b)(7)(C) mentioned TRAN would not make eye contact with him during their interaction.

At 6:54 p.m., CoreCivic staff moved TRAN to a low bunk in cell 103 located on the lower level of the Delta 100 housing unit.⁸⁵ TRAN's cellmate stated that TRAN never mentioned feeling sick to him, but he did observe TRAN walking slowly and taking him a long time to get up from his bunk.⁸⁶ The cellmate also added he had to wake TRAN for breakfast and lunch every day and would observe him falling asleep in the dayroom while watching TV.

On May 30, 2018, during morning pill call, medical staff administered TRAN the doses of haloperidol and fluoxetine,⁸⁷ more than two days after he reported taking his last doses.⁸⁸

At 3:00 p.m., RN (b)(6); (b)(7)(C) read TRAN's PPD test as negative.⁸⁹

⁷⁵ See Lab Order, dated May 31, 2018.

⁷⁶ Thyroid studies are a series of blood tests used to measure how well the thyroid gland is working to produce major hormones.

⁷⁷ Lipid panel is a panel of blood tests which serve as initial screening for abnormalities in cholesterol and triglycerides.

⁷⁸ A CMP is a blood test that gives doctors information about the body's fluid balance, levels of electrolytes, and how well the kidneys and liver are working.

⁷⁹ CBC with differential is a blood test that gives doctors information about the cells in a patient's blood and the concentration of various proteins and minerals.

⁸⁰ Platelet count is a blood test which measures the number of blood-clotting cells.

⁸¹ Hemoglobin A1c is a blood test that provides a three-month average of glucose concentration in the blood.

⁸² See EDC Inmate Housing History with Cellmates for Huy TRAN, dated June 13, 2018.

⁸³ ERAU was unable to interview TRAN's first cellmate, as ICE released him on June 8, 2018, according to ICE's ENFORCE Alien Removal Module (EARM) system.

⁸⁴ ERAU interview with Officer (b)(6); (b)(7)(C) dated July 17, 2018.

⁸⁵ See EDC Inmate Housing History with Cellmates for Huy TRAN, dated June 13, 2018; see also ERAU interview with Officer (b)(6); (b)(7)(C) dated July 17, 2018.

⁸⁶ ERAU interview with TRAN's cellmate, dated July 19, 2018. TRAN's cellmate remained his cellmate until the day of his medical emergency.

⁸⁷ Because NP (b)(6); (b)(7)(C) did not sign her initial PE-C assessment note until 5:50 p.m., it delayed the pharmacy's receipt of TRAN's medication order, which generally closed at 4:30 p.m. (b)(6); (b)(7)(C) did not document whether she intended for medical staff to administer medication from the intake supply pending fulfillment by the pharmacy.

⁸⁸ See Exhibit 4: EDC Medical Administration Record (MAR) for Huy Chi Tran, dated May 2018.

⁸⁹ See eCW Progress Note by RN (b)(6); (b)(7)(C) dated May 30, 2018.

On May 31, 2018, at 1:57 a.m., CoreCivic staff escorted TRAN to medical for lab work.⁹⁰

At some point during his shift,⁹¹ Officer (b)(6); (b)(7)(C) instructed TRAN to empty his property box so he could replace the lock. Officer (b)(6); (b)(7)(C) recalled TRAN sat on his bunk and stared at him, unable to empty the box which only contained a pair of socks and underwear. Officer (b)(6); (b)(7)(C) recalled TRAN walked like a “zombie” as if he was “sleepwalking.”

On June 1, 2018, medical staff received the results of TRAN’s laboratory tests. The results were all within normal limits, except for elevated calcium, sodium, and Thyroxine (T4).⁹²

On June 4, 2018, at 2:58 p.m., (b)(6); (b)(7)(C) psychiatrist, conducted TRAN’s mental health exam and documented the following:⁹³

- TRAN was alert, awake and oriented to time, place, and person.
- TRAN denied an increased sense of embarrassment, depressed mood, feelings of hopelessness or helplessness, and suicidal ideations.
- TRAN reported that although his auditory hallucinations started at age 20, he did not start medical treatment until two years ago. TRAN stated the voices would tell him to do things. TRAN also reported that he experienced visual hallucinations in the past and believed others could insert thoughts in his mind. TRAN added that since taking Haldol, it had been more than a year since he experienced visual or auditory hallucinations.
- TRAN denied thought broadcasting⁹⁴ or withdrawal and described his anxiety as restlessness and being uncomfortable around people.
- TRAN reported receiving outpatient treatment at Southwest Network in Chandler, AZ from 2013 to 2017 and treatment while in prison from 2017 to 2018.
- TRAN stated he did not take his medication for three months prior to an incident involving threats he made against his sister with a knife.
- TRAN reported last consuming alcohol two years ago, two cans per weekend, but denied illicit drug abuse. He admitted to smoking one pack of cigarettes a day for the past 13 years.
- (b)(6); (b)(7)(C) described TRAN as cooperative, tremulous, and showing mild psychomotor retardation.⁹⁵ TRAN demonstrated minimal arm swinging while walking and an intense, sustained stare.

⁹⁰ See TSH+Free T4, Lipid Panel, Comprehensive Metabolic Panel, and CBC With Differential Platelet Lab collection reports, dated May 31, 2018; see also CoreCivic Incident Investigation Report, Milestone video surveillance timeline, dated June 19, 2018.

⁹¹ On this date (b)(6); (b)(7)(C) worked the 6:00 a.m. to 2:00 p.m. shift.

⁹² See Laboratory Results, dated June 1, 2018. Elevation in sodium and calcium levels may result from dehydration. A T4 test is a blood test that identifies thyroid issues.

⁹³ See eCW Progress Note (b)(6); (b)(7)(C) dated June 4, 2018. (b)(6); (b)(7)(C) did not sign the progress note until 4:57 p.m.

⁹⁴ Thought broadcasting is the belief others can hear or are aware of an individual’s thoughts.

⁹⁵ Psychomotor retardation refers to a slowing down of thoughts and a reduction of physical movements in an individual.

- TRAN’s speech showed prolonged latent response periods, and his thought process was slow and impoverished.⁹⁶
- TRAN’s mood was euthymic⁹⁷ and his affect blunt.
- TRAN was a poor historian, with inconsistencies in his reports of mental illness and medication treatment.

(b)(6); (b)(7)(C) completed an AIMS assessment and noted an overall score of three.⁹⁸ The assessment findings were schizophrenia and anxiety disorder, both unspecified. (b)(6); (b)(7)(C) continued TRAN on his prescribed medications; however, he rewrote the prescription administration times from morning to noon for fluoxetine and night for haloperidol. (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) explained that staff wake detainees around 4:00 a.m. if they receive morning doses of medication, and he felt it was necessary for TRAN to have uninterrupted sleep.⁹⁹ (b)(6); (b)(7)(C) documented that he discussed the risks, benefits, and alternatives to Haldol and fluoxetine with TRAN.¹⁰⁰ In his note (b)(6); (b)(7)(C) documented that TRAN exhibited extrapyramidal symptoms (EPS),¹⁰¹ which a Cogentin¹⁰² trial could address.¹⁰³ TRAN signed a consent form for haloperidol, fluoxetine, and Cogentin.¹⁰⁴

(b)(6); (b)(7)(C) directed medical staff to obtain TRAN’s records from the ADOC and Southwest Network outpatient clinic.¹⁰⁵ (b)(6); (b)(7)(C) scheduled a psychiatric follow-up appointment for July 2, 2018.¹⁰⁶

On this date (time unknown), Delta 100 Unit Manager (UM) (b)(6); (b)(7)(C) submitted a Request for Mental Health Review which described TRAN as seeming distraught, eating very slowly, and not responding to unit staff when offered help.¹⁰⁷ (b)(6); (b)(7)(C) recalled TRAN caught her attention the day prior when he was taking a long time to eat a meal.¹⁰⁸ UM (b)(6); (b)(7)(C) stated Assistant Shift Supervisor (b)(6); (b)(7)(C) offered TRAN the opportunity to take his meal tray

⁹⁶ According to (b)(6); (b)(7)(C) impoverished responses were short, usually yes or no, without elaboration; ERAU interview with (b)(6); (b)(7)(C) dated July 19, 2018.

⁹⁷ Euthymic refers to a tranquil mood.

⁹⁸ According to the Encyclopedia of Mental Disorders, items on the AIMS test are rated on a scale severity from zero to four with a rating of one as minimal severity. (b)(6); (b)(7)(C) documented an overall score of three, but he applied level one scores for four symptoms; therefore, the correct overall score was four.

⁹⁹ ERAU interview with D (b)(6); (b)(7)(C) dated July 19, 2018.

¹⁰⁰ See eCW Progress Note, by (b)(6); (b)(7)(C) dated June 4, 2018. (b)(6); (b)(7)(C) listed the risks associated with taking the prescribed medications as followed: fluoxetine as dry mouth, headaches, increased agitation/anxiety and nausea; Haldol as dry mouth, headaches, TD, malignant syndrome, sexual psychosis, depression, anxiety, irritability, homicidally, suicidality, and EPS.

¹⁰¹ EPS are drug-induced movement disorders which include acute and tardive symptoms.

¹⁰² Cogentin is the brand name for benztropine, a drug used to treat symptoms of Parkinson’s disease and the side effects of other drugs.

¹⁰³ Although (b)(6); (b)(7)(C) documented that he would start TRAN on Cogentin to treat EPS, he did not write the order; he stated this was an oversight; ERAU interview with (b)(6); (b)(7)(C) dated July 19, 2018.

¹⁰⁴ See Exhibit 5: ICE Health Service Corps Consent for Psychotropic Medications for Adults, dated June 4, 2018.

¹⁰⁵ See eCW Progress Note, by (b)(6); (b)(7)(C) dated June 4, 2018. Medical staff did not receive the requested records until after TRAN’s death.

¹⁰⁶ See eCW Pending Appointment, dated June 7, 2018.

¹⁰⁷ See Request for Mental Health Review form, dated June 4, 2018.

¹⁰⁸ ERAU interview with (b)(6); (b)(7)(C) dated July 18, 2018.

back to his housing unit, so he did not have to rush eating; however, TRAN declined and left with the other detainees. (b)(6); (b)(7)(C) stated she was concerned other detainees would bully him and that he walked like a zombie. (b)(6); (b)(7)(C) stated she delivered the mental health referral to an officer in medical herself because she considered it a priority.

On June 5, 2018, TRAN received morning doses of fluoxetine and haloperidol. Although (b)(6); (b)(7)(C) submitted an order to change the time of TRAN’s medication the day prior, the pharmacy received the change request after it had closed.¹⁰⁹ Therefore, the pharmacy did not process the new medication orders until they opened that morning, which was after morning pill call. At noon pill call, TRAN received a second dose of fluoxetine per the order change.¹¹⁰

Also, on the morning of June 5, 2018, (b)(6); (b)(7)(C) followed-up on her mental health referral from the previous day during an EDC special needs meeting, which generally occurs every Tuesday morning.¹¹¹ She recalled during the meeting that (b)(6); (b)(7)(C) psychologist, said she was uncertain if she had received the referral but that medical would check.

At approximately 12:31 p.m.,¹¹² (b)(6); (b)(7)(C) conducted a mental health follow-up pursuant to (b)(6); (b)(7)(C) mental health review request and documented the following:¹¹³

- TRAN presented as depressed and apathetic. He exhibited flat affect with alolia.¹¹⁴
- TRAN was lethargic, moved extremely slow, and exhibited stilted movements.¹¹⁵ TRAN acknowledged that he had been moving more slowly overall in the last few weeks.
- TRAN made inconsistent eye contact and stared off into space while seeming disengaged.
- TRAN was soft spoken and hesitant in his responses.
- TRAN got out of his seat twice during the session, and when asked if he was alright, said he needed to move, without further explanation. (b)(6); (b)(7)(C) encouraged TRAN to step out into the hallway for a moment to briefly walk around.
- TRAN was sweating on his forehead, and his hands appeared to be shaking towards the end of the session.
- TRAN initially denied symptoms of depression; however, after (b)(6); (b)(7)(C) pointed out that his presentation was inconsistent with his self-report, he acknowledged experiencing some depression.

¹⁰⁹ Commander (b)(6); (b)(7)(C) Chief Pharmacist, stated pharmacy hours are 8:00 a.m. to 4:30 p.m. and can extend to 6:00 p.m. ERAU could not confirm if the pharmacy hours were extended on June 4, 2018. ERAU interview with Commander (b)(6); (b)(7)(C) dated July 18, 2018.

¹¹⁰ See Medication Administration Record, dated June 5, 2018.

¹¹¹ ERAU interview with (b)(6); (b)(7)(C) dated July 18, 2018. ERO personnel, healthcare staff, unit managers, and security supervisors generally attend the meeting the weekly EDC special needs meeting.

¹¹² See Video Surveillance Footage, Medical South Hallway, dated June 5, 2018.

¹¹³ See eCW Mental Health Referral Follow-up Appointment, (b)(6); (b)(7)(C) dated June 5, 2018. ERAU notes no VS were taken during this encounter; although not required per policy, Creative Corrections advised VS are a key function in the early detection of a life-threatening issue.

¹¹⁴ Alogia is a general lack of additional, unprompted content seen in normal speech.

¹¹⁵ Stilted movements refer to stiff or rigid movements, as if they are walking on stilts.

- TRAN denied past and current auditory or visual hallucinations.¹¹⁶
- TRAN stated that he had been consistently taking his psychotropic medication.
- TRAN reported attending recreation but said that he spent his time sitting. He stated that he talked to other detainees in his pod but also acknowledged that he had difficulty conversing with others, as he had felt nervous for the past several weeks. He was unable to clarify why he felt nervous.
- TRAN denied thoughts of self-harm, plan and intent.
- TRAN exhibited longer pauses between responses toward the end of the session and appeared somewhat distracted. At one point, TRAN asked why (b)(6); (b)(7)(C) was asking the questions she was asking.
- TRAN was cooperative overall, though he ultimately said that he did not want to continue talking.

Based on her assessment (b)(6); (b)(7)(C) ordered TRAN's placement on mental health observation from June 5 to June 7, 2018 and completed a Special Needs Form directing nursing checks twice daily and welfare checks by security staff every 15 minutes.¹¹⁷ (b)(6); (b)(7)(C) marked the form as priority and scheduled a mental health follow-up appointment for June 7, 2018.¹¹⁸ (b)(6); (b)(7)(C) stated she determined TRAN should be placed in Bravo 600 because it was a more restricted environment; therefore, he could be more closely monitored.¹¹⁹

In response to (b)(6); (b)(7)(C) order, (b)(6); (b)(7)(C) provided medical clearance for TRAN's placement in administrative segregation for mental health observation.¹²⁰ (b)(6); (b)(7)(C) stated she only conducted a review of TRAN's record and did not assess him in person or input a medical clearance assessment in TRAN's medical record. Captain (b)(6); (b)(7)(C), Health Services Administrator (HSA), confirmed that medical should assess detainees in-person before medically clearing them for segregation.¹²¹

At 1:35 p.m., Captain (b)(6); (b)(7)(C) approved the segregation order.¹²²

At 2:49 p.m., Sergeant (b)(6); (b)(7)(C) escorted TRAN to the Bravo 600 Unit.¹²³ Sergeant (b)(6); (b)(7)(C) recalled that upon arrival to escort TRAN, the medical officer informed him TRAN was anxious.¹²⁴ Sergeant (b)(6); (b)(7)(C) stated TRAN would repeatedly stand up and ask if he could

¹¹⁶ ERAU notes this is inconsistent with TRAN's initial intake at FSF on May 26, 2018, during which he reported experiencing auditory and visual hallucinations prior to taking his psychotropic medication.

¹¹⁷ See ICE Special Needs Form for Huy Chi Tran, dated June 5, 2018. (b)(6); (b)(7)(C) informed the ERAU review team she handed the form to medical staff.

¹¹⁸ See eCW Mental Health Follow-up Appointment, scheduled for June 7, 2018.

¹¹⁹ ERAU interview with (b)(6); (b)(7)(C) dated July 18, 2018.

¹²⁰ See Exhibit 6: Confinement Record Form, dated June 5, 2018. ERAU notes (b)(6); (b)(7)(C) did not input a medical clearance assessment into TRAN's medical record; she only documented the clearance on the Confinement Record Form placed in the detention file.

¹²¹ ERAU's second interview with (b)(6); (b)(7)(C) July 19, 2018.

¹²² See Exhibit 6: Confinement Record Form, dated June 5, 2018.

¹²³ See Surveillance Video, Medical South Hallway, dated June 5, 2018.

¹²⁴ ERAU interview with CoreCivic Sergeant (b)(6); (b)(7)(C) July 18, 2018.

leave. Sergeant [REDACTED] informed TRAN they were moving him to another unit so medical could keep a closer eye on him.

Unless otherwise noted, the following movements are based on both the CoreCivic Report completed by the Facility Investigator and EDC Milestone video surveillance footage.¹²⁵

At 2:54 p.m., TRAN arrived to Bravo 600 with Sergeant [REDACTED]

At 2:56 p.m., Correctional Officer [REDACTED] escorted TRAN to cell 606; Correctional Officer [REDACTED] was also assigned to Bravo 600 on this date, specifically to conduct constant watch on the detainee on suicide watch in cell 605, next door.

At 3:00 p.m., Officer [REDACTED] entered TRAN's cell with a bag of linens and exited 35 seconds later.¹²⁶ From the time Officer [REDACTED] placed TRAN in his cell and the medical emergency logged at 4:15 p.m., Officer [REDACTED] documented he conducted welfare checks on TRAN at 3:09 p.m., 3:23 p.m., and 3:38 p.m.; however, video surveillance shows that from 3:00 p.m. to 3:47 p.m., Officer [REDACTED] is in the vicinity, or walked past TRAN's cell, on five separate occasions but never looked in to determine TRAN's welfare.¹²⁷ Officer [REDACTED] confirmed he received TRAN's Special Needs Form and was aware he was to check on TRAN every 15 minutes.¹²⁸ When the Facility Investigator asked Officer [REDACTED] about the discrepancies between his log entries and the video evidence, he stated the times may have been off because he does not make entries right away.¹²⁹ Officer [REDACTED] claimed that he had looked into TRAN's cell as he walked by and every time TRAN was moving and breathing. Officer [REDACTED] claimed TRAN was sitting on the edge of his bed for the first two documented security checks and, on the next check, was lying on his stomach with his arms tense and one leg elevated.

At 3:45 p.m., Officer [REDACTED] placed an orange card¹³⁰ on TRAN's cell door but does not look in. At 3:47 p.m., Officer [REDACTED] placed an orange card on the cell door next to TRAN's cell and spoke to Officer [REDACTED]

¹²⁵ See CoreCivic Investigation and Timeline, dated June 18, 2018; see also EDC Milestone video surveillance footage, dated June 5, 2018.

¹²⁶ See Surveillance Video, Bravo 600 East, dated June 5, 2018. During EDC Facility Investigator [REDACTED] interview with [REDACTED], he stated he entered TRAN's cell with bedding, but TRAN did not say a word and seemed to be shaking a little.

¹²⁷ *Id*; see also Exhibit 7: Confinement Watch Log, dated June 5, 2018.

¹²⁸ ERAU interview with EDC Investigator [REDACTED] dated July 18, 2018; see CoreCivic Incident Investigative Report Statement by Officer [REDACTED] dated June 5, 2018. ERAU notes Officer [REDACTED] signed on June 14, 2018.

¹²⁹ Officer [REDACTED] recounted that during his shift, there were no Medical/Suicide Observation Checklists (IHSC-835 form) to document the 15-minute rounds, so he gathered and completed the Confinement Watch Log and the Confinement Activity Record. Officer [REDACTED] noted he requested more copies of the IHSC-835 form from Officer (first name unknown) [REDACTED]. Therefore, ERAU notes that a Confinement Watch Log is utilized as the reference document for rounds documented by Officer [REDACTED] on June 5, 2018. See CoreCivic Incident Investigative Report Statement by Officer [REDACTED] dated June 5, 2018.

¹³⁰ An orange card is used by security staff to signify when a detainee is in segregation for medical observation purposes.

At 3:51 p.m., Officer L (b)(6); (b)(7)(C) looked into TRAN’s cell and marked the clipboard.¹³¹ He then stood at the door and looked in the cell again. Officer (b)(6) then moved from cell 605 to look in to TRAN’s cell. Officer (b)(6); (b)(7)(C) then opened the door to TRAN’s cell walked in, walked back out, and closed the door. At 3:55 p.m., Officer (b)(6); (b)(7)(C) left the east side of the Unit for the west side and returned at 4:04 p.m. After delivering a meal tray to another cell, he opened the food portal in TRAN’s cell door and walked away. At 4:06 p.m., Officer (b)(6); (b)(7)(C) handed Officer (b)(6); (b)(7)(C) a sack meal for the detainee in cell 605 and then placed a meal tray on TRAN’s food portal. After Officer (b)(6); (b)(7)(C) moved away to deliver a tray to another cell, Officer (b)(6); (b)(7)(C) appeared to look into TRAN’s cell.

At 4:08 p.m., Officer (b)(6); (b)(7)(C) again appeared to look into TRAN’s cell. At 4:11 p.m., Officer (b)(6); (b)(7)(C) while on his way back to the officer’s station, stopped briefly at TRAN’s cell before moving on but did not look in.

At 4:12 p.m., Officer (b)(6); (b)(7)(C) returned to TRAN’s cell and looked directly in. Officer (b)(6); (b)(7)(C) removed the tray from the portal and exited the east side of Bravo 600. Officer (b)(6); (b)(7)(C) returned to TRAN’s cell at 4:13 p.m., opened the door, entered then exited quickly, leaving the door ajar. Officer (b)(6); (b)(7)(C) recalled he entered the cell, touched TRAN’s leg and hand, then shook his back; he stated TRAN’s back was warm. Officer (b)(6); (b)(7)(C) said that he then called out to TRAN and heard Officer (b)(6); (b)(7)(C) tell him to call a medical emergency. Officer (b)(6); (b)(7)(C) exited TRAN’s cell and started to walk away but immediately returned and called a medical emergency.

At 4:15 p.m., Officer (b)(6); (b)(7)(C) while on his radio, moved toward the front of the east side of Bravo 600 and motioned to the detainee in the dayroom to return to his cell. Another officer arrived and escorted the detainee to his cell as Officer (b)(6); (b)(7)(C) returned to TRAN’s cell and opened the door wider.

At 4:16 p.m., Correctional Counselor (b)(6); (b)(7)(C) and Correctional Officers (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) responded to the medical emergency. Officer (b)(6); (b)(7)(C) who was the designated camera operator for the emergency response team on this date, carried a handheld video camera.¹³² Officer (b)(6); (b)(7)(C) stated she called out to TRAN three times from the doorway, but he did not respond. None of the officers entered the cell; Officer (b)(6); (b)(7)(C) stated they did not enter for their safety as TRAN was a level three male detainee and could be feigning illness.¹³³

Lieutenant (Lt.) (b)(6); (b)(7)(C) and Correctional Officer (b)(6); (b)(7)(C) arrived seconds later and entered the cell. (b)(6); (b)(7)(C) confirmed that when he arrived, Counselor (b)(6); (b)(7)(C) Officer (b)(6); (b)(7)(C)

¹³¹ See Exhibit 7: Confinement Watch Log, dated June 5, 2018. ERAU notes Officer (b)(6); (b)(7)(C) documented a welfare check time of 3:52 p.m.

¹³² ERAU Interview with Officer (b)(6); (b)(7)(C) dated July 18, 2018. For the first 46 seconds there is sound but no video as the lens cover would not fully open. When (b)(6); (b)(7)(C) arrived, he assisted in opening the jammed lens cover. ERAU Interview with Lieutenant (b)(6); (b)(7)(C), dated July 17, 2018, confirmed the lens cover was not operating properly, and it required maintenance after the emergency response.

¹³³ ERAU interview with Officer (b)(6); (b)(7)(C) dated July 18, 2018. EDC Policy 10-100, Segregation/Restrictive Housing Unit Management, Section 10-100.4, (E)(2)(c), states that staff members equal to the number of inmates/residents assigned to the cell will be present prior to opening any occupied cell door.

and Officer (b)(6); (b)(7)(C) were standing outside of TRAN’s cell.¹³⁴ The counselor and (b)(7)(E) then proceeded into the cell (b)(6); (b)(7)(C) recalled TRAN was laying on his stomach, face down, and when he rolled TRAN onto his right side, he was, stiff, cold to the touch (b)(6); (b)(7)(C) yellow/reddish discharge coming from his nose, and was not breathing. (b)(6); (b)(7)(C) instructed security staff to begin cardiopulmonary resuscitation (CPR) to include rotating performance of chest compressions every four series to avoid fatigue.¹³⁵ (b)(6); (b)(7)(C) stated he then radioed for central control to call 911.¹³⁶

At 4:17 p.m. (b)(6); (b)(7)(C) stepped out of the cell to speak into his radio as RN (b)(6); (b)(7)(C) and Correctional Officer (b)(6); (b)(7)(C) arrived. (b)(6); (b)(7)(C) documented that TRAN was lying on the bed, unresponsive and not breathing, while officers performed CPR. (b)(6); (b)(7)(C) applied a pulse oximeter to TRAN’s right index finger which recorded an oxygen saturation¹³⁸ of 48 percent. She also noted she found a faint, irregular pulse on his right wrist.

At 4:18 p.m. (b)(6); (b)(7)(C) and two other nurses arrived on scene with a gurney and emergency bag. (b)(6); (b)(7)(C) documented (b)(6); (b)(7)(C) took over as lead of the emergency response. (b)(6); (b)(7)(C) stated that because the officers were performing chest compressions and manual breaths well, he let them continue.¹⁴⁰ (b)(6); (b)(7)(C) checked TRAN’s left wrist and noted he did not find a pulse.

Although the Central Control Log notated 911 was called at 4:21 p.m., the Eloy Fire District Prehospital Care Report indicated that at 4:19 p.m., the Eloy Fire District dispatched Emergency Medical Services (EMS) to EDC.¹⁴¹ (b)(6); (b)(7)(C) removed the automated external defibrillator (AED)¹⁴² from its case and attempted to apply the AED pads under TRAN’s shirt.¹⁴³ He then asked a nurse to call for another provider.

At 4:20 p.m. (b)(6); (b)(7)(C) responded to the provider request, followed by Physician Assistant (b)(6); (b)(7)(C) at 4:22 p.m.¹⁴⁴ (b)(6); (b)(7)(C) cut TRAN’s shirt, which revealed the AED pads were not properly placed or adhered on TRAN’s upper abdomen. (b)(6); (b)(7)(C) medical record entry confirmed this observation and described the pads as partially adhered.¹⁴⁵ RN

¹³⁴ ERAU interview with (b)(6); (b)(7)(C) dated July 17, 2018.

¹³⁵ See Handheld Video, dated June 5, 2018.

¹³⁶ ERAU interview with (b)(6); (b)(7)(C) dated July 17, 2018.

¹³⁷ See eCW Progress Note, (b)(6); (b)(7)(C) dated June 5, 2018.

¹³⁸ Oxygen saturation refers to the amount of oxygen found in the blood. Normal oxygen saturation levels range from 95 to 100 percent; any reading under 90 percent is considered hypoxia, i.e., when the body does not have enough oxygen.

¹³⁹ See eCW Progress Note, by (b)(6); (b)(7)(C) dated June 5, 2018.

¹⁴⁰ ERAU Interview with (b)(6); (b)(7)(C) dated July 17, 2018.

¹⁴¹ See Eloy Fire District Prehospital Care Report, dated June 5, 2018; see also Central Control Log, dated June 5, 2018.

¹⁴² An AED is a portable electronic device that delivers an electric shock through the chest to the heart. The shock potentially stops an irregular heart beat and allows a normal rhythm to resume following a sudden cardiac arrest.

¹⁴³ See Handheld Video, dated June 5, 2018.

¹⁴⁴ See eCW Progress Note by (b)(6); (b)(7)(C) and eCW Progress Note by (b)(6); (b)(7)(C) both dated June 5, 2018.

¹⁴⁵ See eCW Progress Note by (b)(6); (b)(7)(C) dated June 5, 2018. For an AED machine to provide accurate analysis and effective shock during a sudden cardiac arrest, AED pads must make proper contact with the skin. Proper placement of AED pads is one pad on the front of the chest, above the right nipple, and the other pad on the left side

(b)(6); (b)(7)(C) and (b)(6); (b)(7)(C) both documented the AED machine analyzed the patient multiple times during resuscitation but did not detect a shockable rhythm.

When (b)(6); (b)(7)(C) arrived, she placed an ambubag¹⁴⁶ over TRAN’s face to administer oxygen, while officers continued chest compressions. The ambubag would not seal properly even with assistance from (b)(6); (b)(7)(C) holding the mouth piece. (b)(6); (b)(7)(C) took over the ambubag and vocalized it was not sealing. Officer (b)(6); (b)(7)(C) then suggested tilting TRAN’s head back, which allowed the ambubag to seal properly.^{(b)(6); (b)(7)(C)} During the emergency response, medical could not detect TRAN’s blood pressure (bp) and his oxygen saturation and pulse fluctuated.¹⁴⁷ TRAN’s blood glucose¹⁴⁸ was elevated at 208 and his peripheral pulse¹⁴⁹ ranged from a low 50 beats per minute (bpm) to an elevated 115 bpm. When security staff ceased chest compressions, the pulse oximeter device had no reading.¹⁵⁰ Throughout the emergency response, there were five attempts made by the three responding providers to establish an intravenous (IV) line, all of which were unsuccessful.¹⁵¹

At approximately 4:24 p.m., (b)(6); (b)(7)(C) instructed (b)(6); (b)(7)(C) to cease recording the medical emergency response efforts prior to EMS’ arrival.¹⁵² (b)(6); (b)(7)(C) confirmed that when he reported to the scene, he told (b)(6); (b)(7)(C) to have Officer (b)(6); (b)(7)(C) stop recording because he believed medical procedures were a Health Insurance Portability and Accountability Act (HIPAA)¹⁵³ concern.¹⁵⁴ When asked if he considered CPR a medical procedure, he replied that he never recorded CPR during his corrections career.

At 4:30 p.m., EMS responders arrived via ambulance at the EDC rear gate.¹⁵⁵ At 4:33 p.m., EMS responders entered the east side of Bravo 600.¹⁵⁶ Once EDC staff finished their round of

of the chest, below the breast area. Although the pads were later repositioned, their placement remained imperfect throughout the emergency response. During his interview with ERAU, (b)(6); (b)(7)(C) stated he did not know whether the AED pads had expired, which could have caused the gel on the pads to be dry and not adhere properly to the skin. His assumption was that the pads did not stick because TRAN’s skin was moist and it did not occur to him to dry TRAN’s skin or check the emergency bag for new pads. The emergency bag inventory did not include an extra set of AED pads.

¹⁴⁶ Ambubag is a hand-held device commonly used to provide positive pressure ventilation to patients who are not breathing or not breathing adequately.

¹⁴⁷ Creative Corrections advised that during an emergency response, VS can fluctuate due to the administration of CPR.

¹⁴⁸ Blood glucose is the amount of glucose, a sugar that comes from foods we eat, that is found in the blood. A normal blood glucose level is roughly 70 to 100.

¹⁴⁹ Peripheral pulse is a pulse palpable in the hands and legs.

¹⁵⁰ See eCW Progress Note by (b)(6); (b)(7)(C), dated June 5, 2018.

¹⁵¹ An intravenous line is a portal, established by a hollow-bore needle and connected to plastic tubing, through which fluids and medications can be administered directly into the vein.

¹⁵² ERAU interview with Lieutenant (b)(6); (b)(7)(C), July 17, 2018.

¹⁵³ According to 45 Code of Federal Regulations (CFR) Parts 160 and 164, U.S. Department of Health and Human Services (HHS), HIPAA sets the standards for privacy of individually identifiable health information. Creative Corrections advised that HIPAA does not apply to those in custody of the Federal Government.

¹⁵⁴ ERAU interview with Captain (b)(6); (b)(7)(C), dated July 19, 2018.

¹⁵⁵ See EDC Rear Gate Logbook Entry at 1630, June 5, 2018.

¹⁵⁶ See Surveillance Video, Bravo 600 East, dated June 5, 2018.

CPR, EMS responders took over lifesaving efforts.¹⁵⁷ EMS responders documented that TRAN showed an idioventricular rhythm (IVR)¹⁵⁸ with no pulse and was in pulseless electrical activity (PEA).¹⁵⁹ At 4:35 p.m., EMS responders successfully started an interosseous¹⁶⁰ IV line in the anterior tibial area¹⁶¹ of the left leg and administered both Narcan¹⁶² (2 mg) and two doses of epinephrine¹⁶³ (1 mg).¹⁶⁴ (b)(6); (b)(7)(C) documented that EMS responders placed their own AED leads on TRAN and were able to obtain a weak pulse.¹⁶⁵

At 4:44 p.m., EMS responders placed TRAN on a gurney and departed the east side of Bravo 600.

At 4:45 p.m., (b)(6); (b)(7)(C) documented that the cardiac monitor showed sinus rhythm¹⁶⁶ before EMS moved TRAN to the ambulance.¹⁶⁷ EMS responders specifically documented a sinus tachycardia, which is sinus rhythm at a rate higher than 100 beats per minute.¹⁶⁸ At 4:53 p.m., the ambulance exited EDC for BCGMC.¹⁶⁹

Sergeant (b)(6); (b)(7)(C) signed Correctional Officers (b)(6); (b)(7)(C) and N (b)(6); (b)(7)(C) to hospital detail; Officer (b)(6); (b)(7)(C) drove the chase vehicle and Officer (b)(6); (b)(7)(C) rode in the ambulance with TRAN.¹⁷⁰ Officer (b)(6); (b)(7)(C) recalled that the ambulance drove with both lights and sirens activated and arrived at the hospital within approximately 15 minutes.¹⁷¹

At 5:14 p.m., the ambulance arrived at BCGMC.¹⁷² Officer (b)(6); (b)(7)(C) stated that upon arrival to the emergency room (ER), BCGMC staff placed TRAN on a respirator in ER Room 2 and heard them say TRAN had a low pulse.¹⁷³ At 5:20 p.m., medical staff stabilized TRAN.¹⁷⁴ At 6:16 p.m., BCGMC staff transported TRAN to have a computed tomography (CT) scan, the

¹⁵⁷ See Eloy Fire District Prehospital Care Report, dated June 5, 2018.

¹⁵⁸ An idioventricular rhythm is an independent cardiac rhythm caused by repeated discharge of impulses at a rate of less than 60 beats per minute.

¹⁵⁹ PEA is when the monitor will show electrical activity in the heart but there will be no palpable pulse.

¹⁶⁰ Interosseous refers to marrow within bones.

¹⁶¹ The anterior tibial area of the leg is also called the shin.

¹⁶² Narcan is a drug used by emergency responders to reverse the effects of a narcotic overdose.

¹⁶³ Epinephrine is a hormone produced by the adrenal glands, which functions to increase cardiac output and to raise glucose levels in the blood.

¹⁶⁴ (b)(6); (b)(7)(C) explained that EMS responders most likely administered Narcan because it is a routine EMS procedure; ERAU interview with (b)(6); (b)(7)(C), dated July 17, 2018.

¹⁶⁵ See Emergency Response Note by (b)(6); (b)(7)(C) Ott, dated June 5, 2018.

¹⁶⁶ A sinus rhythm is a normal heart beat, both with respect to heart rate and rhythm. During a sinus rhythm, the heart rate is between 60 and 100 beats per minute.

¹⁶⁷ See eCW Progress Note, by (b)(6); (b)(7)(C), dated June 5, 2018.

¹⁶⁸ See Eloy Fire District Prehospital Care Report, dated June 5, 2018.

¹⁶⁹ See CoreCivic Incident Investigation Report, Milestone video surveillance timeline, dated June 19, 2018; see also EDC Rear Gate Log entry at 1653, dated June 5, 2018.

¹⁷⁰ See EDC Incident Statement by Officer (b)(6); (b)(7)(C), dated June 12, 2018.

¹⁷¹ ERAU Interview with Officer N (b)(6); (b)(7)(C), dated July 17, 2018.

¹⁷² See Hospital Logbook, dated June 5, 2018. ERAU notes the Eloy Fire District Prehospital Care Report states the ambulance arrived at the BCGMC at 5:11 p.m.

¹⁷³ ERAU interview with (b)(6); (b)(7)(C) dated July 17, 2018.

¹⁷⁴ See Hospital Log book, dated June 5, 2018.

documented findings from which were negative.¹⁷⁵ At 8:16 p.m., BCGMC staff moved TRAN to the intensive care unit (ICU) room 8. A BCGMC provider documented a diagnosis of acute cardiopulmonary arrest¹⁷⁶ with return of spontaneous circulation,¹⁷⁷ and suspected anoxic brain injury.¹⁷⁸

Following the medical emergency, EDC Chief of Security (b)(6); (b)(7)(C) notified the EDC Warden via memo that he met with all EDC responders to assess how staff was coping and reminded them the Employee Assistance Program was available.¹⁷⁹

Unless otherwise noted, the events detailed from June 6 through June 12, 2018, are referenced from the hospital log maintained by CoreCivic Officers on hospital duty.

On June 6, 2018, the following events occurred:

- At 4:05 a.m., EDC RN (b)(6); (b)(7)(C) documented that per BCGMC, TRAN was on a ventilator and was receiving hypothermia therapy.¹⁸⁰ His most recent VS were a heart rate of 80 bpm, bp of 97/76, ventilator setting respiratory rate¹⁸¹ of 24, and a ventilator oxygen saturation of 98 percent. His medication treatment included Anectine,¹⁸² propofol,¹⁸³ Levophed,¹⁸⁴ Zosyn,¹⁸⁵ and normal saline.
- At 5:57 a.m., BCGMC staff took an X-ray of TRAN.
- At 6:45 a.m., BCGMC staff notified CoreCivic officers they were keeping TRAN under observation for 24 hours and cooling him down due to his cardiac arrest episode. BCGMC staff planned to warm TRAN back to regular temperature for further evaluation.
- At 10:15 a.m., BCGMC staff took labs. The doctor remarked that TRAN did not look promising but that they would have better insight into his medical state the next day.
- At 12:25 p.m., EDC RN (b)(6); (b)(7)(C) documented that per BCGMC, TRAN's condition remained unchanged and BCGMC scheduled rewarming¹⁸⁶ for 9:30 p.m.¹⁸⁷ His most

¹⁷⁵ A CT scan is an X-ray which produces computerized cross-sectional images of specific areas of the body.

¹⁷⁶ Cardiopulmonary arrest, or cardiac arrest, is the abrupt loss of heart function, breathing and consciousness.

¹⁷⁷ Spontaneous circulation is when a normal heart rhythm and pulse returns.

¹⁷⁸ An anoxic brain injury is an injury caused by a complete lack of oxygen being provide to the brain, which results in the death of brain cells after approximately four minutes of oxygen deprivation. *See* BCGMC Emergency Department Pertinent Report, dated June 14, 2018.

¹⁷⁹ *See* CISM Response to Incident #2018-0902-079-I, dated June 18, 2018. EDC Chief of Security (b)(6); is a member of the CoreCivic Critical Incident Stress Management (CISM) Team.

¹⁸⁰ Hypothermia therapy is a treatment used for patients who have a cardiac arrest. The body's temperature is lowered to around 89 to 93 degrees, using cooling devices, in an attempt to reduce damage to the brain. *See* eCW Hospital Update, by (b)(6); dated June 6, 2018.

¹⁸¹ Ventilator respiratory rate is the set rate for delivering breaths per minute. The ventilator can adjust as the patient's respiratory rate changes, if the rate drops below the set rate the ventilator will adjust to breathe that rate for the patient.

¹⁸² Anectine is a muscle relaxant.

¹⁸³ Propofol is a type of drug which causes relaxation and sleepiness before and during medical procedures.

¹⁸⁴ Levophed is the brand name for norepinephrine, a drug used to treat low blood pressure and heart failure.

¹⁸⁵ Zosyn is an antibiotic medication used to treat infections.

¹⁸⁶ BCGMC targeted a temperature of 98.6 degrees Fahrenheit. The goal was to maintain that temperature for 72 hours.

¹⁸⁷ *See* eCW Hospital Update, by (b)(6); (b)(7)(C) dated June 6, 2018.

recent VS were a heart rate of 91 bpm, bp of 93/65, ventilator setting respiratory rate of 24, and a ventilator oxygen saturation of 98 percent. TRAN's labs showed an elevated aspartate transferase (AST) and alanine transaminase (ALT)¹⁸⁸ and that he was positive for clostridium difficile infection (C-diff),¹⁸⁹ with blood in his stool. TRAN's CT scan and drug screen were negative. BCGMC staff planned to take TRAN off paralytic medication the following day.

- At 5: (b)(6); (b)(7)(C) Captain (b)(6); (b)(7)(C) approved a visit by TRAN's father. In follow-up calls, Capt (b)(7)(C) also approved visits by TRAN's mother and sister.
- At 7:57 p.m., TRAN's mother and father arrived to visit; they left at 9:39 p.m.

On June 7, 2018, the following events occurred:

- At 2:00 a.m., BCGMC staff reversed sedation.
- At 2:04 a.m., EDC RN (b)(6); (b)(7)(C) documented that per BCGMC, TRAN remained unresponsive with no reflexes. BCGMC staff initiated the rewarming process the night before, discontinued paralytic medications, and prescribed Versed,¹⁹⁰ Protonix,¹⁹¹ normal saline, Flagyl,¹⁹² and Zosyn intravenously and vancomycin¹⁹³ via an orogastric (OG) tube.¹⁹⁴ BCGMC staff scheduled TRAN to see an intensivist¹⁹⁵ later that day. TRAN's most recent VS were a heart rate of 109 bpm, bp of 103/66, ventilator setting respiratory rate of 24, and a ventilator oxygen saturation of 96 percent.
- At 3:30 a.m., the doctors' tests results were negative, showing no higher brain function. The doctors' planned to return the next morning for further evaluation.
- At 9:25 a.m., TRAN's parents visited and doctors informed them that they were not optimistic about their son's recovery. TRAN's parents left at 10:50 a.m.
- At 11:13 a.m., EDC RN (b)(6); (b)(7)(C) documented, that per BCGMC, TRAN's condition remained unchanged.¹⁹⁶ TRAN had no pupillary reflex,¹⁹⁷ no pain response, and exhibited no signs of waking. BCGMC staff discontinued Versed earlier in the day, and he remained on the other medications. A neurologist waited to perform an electroencephalogram (EEG)¹⁹⁸ until medical staff discontinued the other medications. TRAN now showed evidence of kidney injury. TRAN's most recent VS were a heart rate of 109 bpm, bp of 132/85, ventilator setting respiratory rate of 24, and a ventilator oxygen saturation of 97 percent. TRAN's core body temperature was 98.8 degrees Fahrenheit.

¹⁸⁸ AST and ALT are enzymes found in the liver. Their ratio is commonly used to measure liver health.

¹⁸⁹ C-diff is an inflammation of the colon caused by the bacteria Clostridium difficile.

¹⁹⁰ Versed is a brand name for midazolam, a sedative medication used to help patients feel relaxed or sleepy before a medical procedure.

¹⁹¹ Protonix is a brand name for pantoprazole, a drug used to treat gastroesophageal reflux disease and a damaged esophagus.

¹⁹² Flagyl is a brand name for metronidazole, a drug used to treat infections.

¹⁹³ Vancomycin is a drug used to treat infections.

¹⁹⁴ An OG tube is a small tube placed in the mouth and end with the tip in the stomach, to administer feeding, medication or to remove the contents of the stomach. See eCW Hospital Update, by (b)(6); (b)(7)(C) dated June 7, 2018.

¹⁹⁵ An intensivist is a physician who specializes in the care of critically-ill patients, most often in the intensive care unit (ICU).

¹⁹⁶ See eCW Hospital Update, by (b)(6); (b)(7)(C) dated June 7, 2018.

¹⁹⁷ Pupillary reflex refers to the changes in diameter of the pupils when exposed to light.

¹⁹⁸ An electroencephalogram (EEG) is a test used to record and monitor electrical activity of the brain.

- At 12:20 p.m., the ICU doctor stated TRAN may not wake up.
- At 1:45 p.m., nurses stated there was a very faint pupil reaction to light, a slight difference from the morning when there was none.

On June 8, 2018, the following events occurred:

- At 1:38 a.m., EDC RN (b)(6); (b)(7)(C) documented that per BCGMC, TRAN remained unresponsive except for a sluggish pupillary reflex to the left eye.¹⁹⁹ Blood tests and an EEG were planned for this date. TRAN’s most recent VS were a heart rate of 100 bpm, bp of 114/65, ventilator setting respiratory rate of 24, a ventilator oxygen saturation of 94 percent, and a body temperature of 98.6 degrees Fahrenheit.
- At 10:45 a.m., a BCGMC doctor asked who could authorize TRAN’s dialysis; the officer on watch advised the doctor that ICE could authorize the dialysis.
- At 11:33 a.m., a BCGMC doctor arrived to evaluate TRAN and his family arrived for visitation.
- At 12:00 p.m., a BCGMC doctor updated the family on TRAN’s condition and treatment plan.
- At 1:10 p.m., BCGMC staff asked TRAN’s family to leave so they could implant the dialysis²⁰⁰ tubing, which they planted in TRAN’s neck at 1:45 p.m.
- At 7:55 p.m., TRAN’s family returned and then departed at 10:00 p.m.

On June 9, 2018, the following events occurred:

- At 3:37 a.m., EDC RN (b)(6); (b)(7)(C) documented that per BCGMC, TRAN’s responsive state and medications remained the same.²⁰¹ TRAN received dialysis the previous day, but BCGMC staff extracted no fluids. BCGMC staff started feedings through the OG tube late on June 8, 2019 to stabilize TRAN’s glucose levels. Again, neurology planned to perform an EEG once medical staff discontinued all other medications and improvement was observed. TRAN’s most recent VS were a heart rate of 96 bpm, bp of 105/66, ventilator setting respiratory rate of 24, a ventilator oxygen saturation of 95 percent and a body temperature of 97.3 degrees Fahrenheit. The labs showed a decrease in TRAN’s AST and ALT and an increase in his creatinine, blood urea nitrogen (BUN)²⁰² and CO2.
- At 9:20 a.m., BCGMC staff began TRAN’s dialysis, which ended at 6:00 p.m.
- Between 10:35 a.m. and 7:35 p.m., six family members visited TRAN.
- At 1:06 p.m., EDC RN Inkster documented that per BCGMC, TRAN’s condition remained unchanged.²⁰³ BCGMC staff planned to perform an EEG and brain stem testing in two days. TRAN’s most recent VS were a heart rate of 96 bpm, bp of 105/66, ventilator setting respiratory rate of 24, and a ventilator oxygen saturation of 97 percent.²⁰⁴

¹⁹⁹ See eCW Hospital Update, by (b)(6); (b)(7)(C) dated June 8, 2018.

²⁰⁰ Dialysis is the clinical purification of blood, as a substitute for the normal function of a kidney.

²⁰¹ See eCW Hospital Update, by (b)(6); (b)(7)(C), dated June 9, 2018. An addendum was added at 3:38 a.m.

²⁰² BUN is a medical test that measures the amount of urea nitrogen found in blood. The liver produces urea in the urea cycle as a waste product of the digestion of protein.

²⁰³ See eCW Hospital Update, by (b)(6); (b)(7)(C) dated June 9, 2018.

²⁰⁴ If provided (b)(6); (b)(7)(C) did not document TRAN’s body temperature within the progress note.

- At 8:23 p.m., TRAN’s sister arrived and stayed until 11:00 p.m.

On June 10, 2018, the following events occurred:

- At 1:08 a.m., EDC RN (b)(6); (b)(7)(C) documented that per BCGMC, TRAN’s condition remained unchanged.²⁰⁵ His pupils were fixed and dilated, he had no pain response, and exhibited no signs of waking. TRAN’s most recent VS were a heart rate of 93 bpm, bp of 120/67, ventilator setting respiratory rate of 24, a ventilator oxygen saturation of 94 percent and a body temperature of 97.7 degrees Fahrenheit. BCGMC staff’s treatment goal was to continue monitoring his neurological status.
- At 12:12 p.m., TRAN’s sister arrived and departed at 1:33 p.m.
- At 5:00 p.m., TRAN’s parents arrived and his sister later returned. The last visitor left at 10:40 p.m.

On June 11, 2018, the following events occurred:

- At 6:31 a.m., EDC RN (b)(6); (b)(7)(C) documented that per BCGMC, TRAN’s condition remained unchanged.²⁰⁶ TRAN remained on dialysis and medical staff planned to perform a CT scan to determine if any brain changes had occurred from the baseline scan completed on June 5, 2018. TRAN’s VS were within normal limits, except for an increased heart rate of 103 bpm and an elevated bp of 160/110.
- At 9:00 a.m., medical staff conducted a test to determine if TRAN could breathe on his own; it was determined he could not.
- At 9:25 a.m., a family member arrived, and others continued to arrive throughout the day.
- At 9:55 a.m., BCGMC doctors informed TRAN’s sister that there was little chance he would survive.
- At 10:21 a.m., EDC RN (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) documented that per BCGMC, TRAN’s condition remained unchanged.²⁰⁷ BCGMC staff ordered a CT scan. TRAN’s VS remained within normal limits, except for an elevated blood pressure of 154/106.
- At 11:15 a.m., a BCGMC doctor spoke with TRAN’s family members about the possibility of organ donation if there was no brain function after testing.
- At 11:55 a.m., BCGMC staff conducted an echocardiogram.²⁰⁸
- At 2:55 p.m., BCGMC staff conducted a neural X-ray.²⁰⁹
- At 4:42 p.m., BCGMC staff started TRAN’s dialysis, which ended at 7:08 p.m.

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- At 1:42 a.m., EDC RN (b)(6); (b)(7)(C) documented that per BCGMC, TRAN’s condition remained unchanged, VS were within normal limits and MRI results were pending.²¹⁰

²⁰⁵ See eCW Hospital Update, by (b)(6); (b)(7)(C) dated June 10, 2018.

²⁰⁶ See eCW Hospital Update, by (b)(6); (b)(7)(C) dated June 11, 2018.

²⁰⁷ See eCW Hospital Update, by (b)(6); (b)(7)(C) dated June 11, 2018.

²⁰⁸ An echocardiogram is a test using ultrasound to make pictures of the heart.

²⁰⁹ A neural X-ray refers to a particular kind of brain X-ray used to determine proof of brain death.

²¹⁰ See eCW Hospital Update (b)(6); (b)(7)(C), dated June 11, 2018.

- At 8:43 a.m., Correctional Officer (b)(6); (b)(7)(C) recorded BCGMC staff conducted a test to determine if TRAN showed any brain activity.²¹¹
- At 11:42 a.m., BCGMC RN (b)(6); (b)(7)(C) notified Officer (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) pronounced TRAN brain dead²¹² at 9:20 a.m.²¹³ Officer (b)(6); (b)(7)(C) stated this was the first he heard of TRAN’s death.²¹⁴
- At 11:43 a.m., Officer (b)(6); (b)(7)(C) called Shift Supervisor (b)(6); (b)(7)(C) to notify him that although medical staff had pronounced TRAN deceased at 9:20 a.m., they just informed him of the news.
- At 2:00 p.m., Officers (b)(6); (b)(7)(C) relieved Officers (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C). At 2:30 p.m., the Pinal County Medical Examiner arrived to take TRAN’s fingerprints.
- At 2:40 p.m., BCGMC medical staff removed TRAN from life support and pronounced his cardiac death.²¹⁶
- At 3:43 p.m., BCGMC (b)(6); (b)(7)(C) completed a Banner Health AZ Human Remains Release form and documented the diagnosis as anoxic encephalopathy,²¹⁷ acute respiratory failure,²¹⁸ and acute renal failure.²¹⁹ Additionally, (b)(6); (b)(7)(C) (first name unknown), a representative from the Medical Examiner’s office, signed for custody of TRAN’s body.²²⁰
- At 3:55 p.m.²²¹, EDC RN (b)(6); (b)(7)(C) documented that per BCGMC, medical staff conducted an EEG at 7:29 a.m. that showed no brain activity.²²² BCGMC staff confirmed these findings through apneic testing.²²³ (b)(6); (b)(7)(C) further documented a BCGMC doctor declared TRAN brain dead at 9:20 a.m. and that TRAN’s family members were notified of his passing and were expected to arrive at the hospital that afternoon. Medical staff planned to discontinue the ventilator at that time.
- At 3:59 p.m., (b)(6); (b)(7)(C) departed the hospital with TRAN’s remains.

²¹¹ ERAU telephonic interview with Officer (b)(6); (b)(7)(C) July 18, 2018.

²¹² Brain death is irreversible brain damage causing the end to independent breathing.

²¹³ See (b)(6); (b)(7)(C) Incident Statement, dated June 12, 2018.

²¹⁴ ERAU telephonic interview with Officer (b)(6); (b)(7)(C) July 18, 2018.

²¹⁵ Both Officers (b)(6); (b)(7)(C) submitted incident statements on June 12, 2018; however, the times they provide in their statements are not consistent with entries in the hospital log they kept. Within this report, entries made in the hospital log are used.

²¹⁶ See Exhibit 1: Pinal County Forensic Examination Report, dated July 17, 2018. Cardiac death is when the heart stops beating.

²¹⁷ Anoxic encephalopathy is a condition where brain tissue is deprived of oxygen and there is a global loss of brain function.

²¹⁸ Acute respiratory failure occurs when fluid builds up in the air sacs in the lungs. When this happens, the lungs cannot release oxygen into the blood.

²¹⁹ Acute renal failure occurs when the kidneys suddenly lose the ability to eliminate excess salts, fluids, and waste material from the blood. See Banner Health AZ Human Remains Release Form, dated June 12, 2018.

²²⁰ See Banner Health AZ Human Remains Release Form, dated June 12, 2018.

²²¹ Although the note is marked that it was entered at 3:55 p.m., this may indicate the time the RN signed the note and not the actual time the hospital provided information as TRAN was taken off the ventilator at 2:40 p.m.

²²² See eCW Telephone Encounter, by (b)(6); (b)(7)(C) dated June 12, 2018.

²²³ Apneic testing is an essential component in the clinical determination of brain death. The main objective of apnea testing is to prove the absence of respiratory control system reflexes in the brainstem when intense physiologic stimulation to breathe takes place.

Post Death Events

On June 13, 2018, Phoenix Field Office Director (FOD) Enrique Lucero signed a letter to TRAN’s family offering his condolences for their loss.²²⁴

On June 19, 2018, the Consulate General of Vietnam in San Francisco wrote that TRAN’s family received his body and conducted his burial. They requested ICE clarify the cause of death and share other information related to TRAN’s death.²²⁵

The Facility Investigator signed the Incident Investigation Report she began at Warde (b)(6); (b)(7)(C) request on June 5, 2018.²²⁶

On June 20, 2018, EDC staff mailed TRAN’s property and funds to his father in Mesa, AZ and on **June 21, 2018**, the package was received and signed for.²²⁷

On July 6, 2018, the State of Arizona Certification of Vital Record issued a Certificate of Death documenting TRAN’s immediate cause of death as pending investigation.²²⁸

On July 17, 2018, Chief Medical Examiner (b)(6); (b)(7)(C) MD, signed the completed forensic examination report, stating the cause of death was coronary artery disease.²²⁹

MEDICAL CARE AND SECURITY REVIEW

ERAU reviewed the medical care EDC provided TRAN, as well as the facility’s efforts to ensure that he was safe and secure while detained at the facility. ERAU found deficiencies in EDC’s compliance with certain requirements of the ICE PBNDS 2011 (as revised in 2016).

1. ICE PBNDS 2011, *Medical Care*, Section (II)(20), which states, “Prescriptions and medications shall be ordered, dispensed and administered in a timely manner and as prescribed by a licensed health care professional. This shall be conducted in a manner that seeks to preserve the privacy and personal health information of detainees.”
 - Although the (b)(6); (b)(7)(C) prescribed TRAN fluoxetine and haloperidol at intake on May 28, 2018, TRAN did not receive his first dose of either medication until May 30, 2018. If TRAN received a dose from the intake supply, medical staff did not document the administration of the medications. (b)(6); (b)(7)(C) ended her employment with EDC prior to the site visit; therefore, ERAU could not discuss this issue with (b)(6); (b)(7)(C) to determine whether the break in medication was determined acceptable.

²²⁴ See Written correspondence from Phoenix FOD Enrique M. Lucero, dated June 13, 2018.

²²⁵ ERAU notes EDC was unable to confirm a follow-up response to the Vietnam Consulate.

²²⁶ See CoreCivic Incident Investigation Report, dated June 19, 2018.

²²⁷ See U.S. Postal Service Certified Mail Receipt.

²²⁸ See Exhibit 8: State of Arizona Certification of Vital Record: Certificate of Death, dated July 6, 2018.

²²⁹ See Exhibit 1: Pinal County Forensic Examination Report, dated July 17, 2018.

2. ICE PBNDS 2011, *Medical Care*, Section (V)(AA)(4), which states, “Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication’s side effects shall be obtained.”
 - Medical staff did not obtain a signed consent form from TRAN at FSF for psychotropic medications started on May 26, 2018.
 - Medical staff did not obtain a signed consent form from TRAN at EDC for psychotropic medications started on May 30, 2018 until June 4, 2018. The signed consent form documents the psychiatrist discussed the side effects with TRAN but does not list any side effects. The side effects were, however, listed in the psychiatrist’s encounter note.
3. ICE PBNDS 2011, *Custody Classification System*, Section (V)(A)(4), which states, “Each detainee’s classification shall be reviewed and approved by a first-line supervisor or classification supervisor.”
 - A supervisor did not approve the classification rating assigned to TRAN on May 28, 2018.
4. ICE PBNDS 2011, *Special Management Units*, Section (V)(M), which states, “Close Supervision Detainees in SMU shall be personally observed and logged at least every 30 minutes on an irregular schedule. For cases that warrant increased observation, the SMU personnel shall personally observe detainees accordingly.”
 - Per the psychologist’s order, due to placement on MHO, CoreCivic officers were to conduct welfare checks on TRAN every 15 minutes. Surveillance footage evidence showed the CoreCivic officer on duty issued TRAN linens at 3:00 p.m. but did not look into TRAN’s cell again until 3:51 p.m. During the 51-minute period, the officer documented three welfare checks, none of which were supported by video surveillance.

AREAS OF CONCERN

ERAU noted the following generalized concerns regarding TRAN’s medical care:

- Because the pharmacy did not receive (b)(6); (b)(7)(C) orders to change the administration times of TRAN’s medication during pharmacy hours, the pharmacy did not process his orders until the next day, after TRAN already received his once-daily dose of fluoxetine. As a result, he received twice the prescribed daily dose of fluoxetine.
- (b)(6); (b)(7)(C) did not order Cogentin to treat TRAN’s EPS symptoms as intended. He stated that his failure to order Cogentin was an oversight.
- EDC medical staff did not take TRAN’s VS during his mental health appointments on June 4, 2018 and June 5, 2018. Although policy did not require VS, Creative Corrections advised they are a key factor in the early detection of life-threatening conditions.

- CoreCivic staff observed TRAN unresponsive in his SMU cell within approximately three hours after the psychologist ordered his assignment to MHO. The segregation medical clearance completed by (b)(6); (b)(7)(C) consisted only of a medical record review. Per H (b)(6); (b)(7)(C) medical should assess detainees in-person before medically clearing them for segregation. As (b)(6); (b)(7)(C) did not conduct an in-person assessment, she did not obtain TRAN’s VS nor did she conduct an assessment of his physical condition.
- During the medical emergency response, the medical team leader did not place the AED pads in the proper position and did not dry TRAN’s skin before attempting placement after noticing his skin was moist. The pads did not adhere, rendering the AED ineffective in analyzing heart activity. ERAU cannot determine whether the pads did not adhere because they had expired or because TRAN was perspiring. The emergency bag inventory did not list AED pad expiration dates, nor did it include a second set of pads. Thorough inventories of emergency bag contents, to include review of AED pad expiration dates and a second set of pads, helps to ensure necessary equipment is available and operable during medical emergency events.
- (b)(6); (b)(7)(C) physical examination entry included documentation that TRAN had no lower teeth and was missing other upper teeth, but she did not order a special diet to assure TRAN’s nutritional intake was adequate.

ERAU noted the following concerns related to safety and security:

- After Office (b)(6); (b)(7)(C) called the medical emergency, the first security responders arrived within an estimated three minutes. They stood at the cell but did not enter to render aid. Despite (b)(7)(E) and one correctional counselor being present, one responding officer stated they did not enter out of concern for their safety. (b)(6); (b)(7)(C) and another male officer arrived on scene shortly thereafter and entered the cell, followed by the initial responders. Following the emergency response, (b)(6); (b)(7)(C) clarified to the responding officers that when (b)(7)(E) are present, regardless of the gender of the detainee or responders, they should enter the cell.
- For the first 46 seconds of the medical emergency recording, the handheld camera lens cover would not fully open. Following the medical emergency, (b)(6); (b)(7)(C) sent the handheld camera out for repair of the slide action that jammed to correct the identified malfunction.
- When Captain (b)(6); (b)(7)(C) arrived on site, he asked Office (b)(6); (b)(7)(C) to stop recording the medical emergency, prior to EMS arriving, as he believed it was a HIPAA violation. Captain (b)(6); (b)(7)(C) correctly viewed the recording of CPR as a HIPAA violation, as Creative Corrections advised that HIPAA does not apply to those in custody of the Federal Government.

TABLE ONE		
Offense	Conviction Date	Sentence
Disorderly Conduct	June 6, 1994	12 months of probation
Shoplifting	December 5, 1996	Fined \$320.00
Shoplifting	December 4, 1996	Fined \$300.00
Disorderly Conduct	August 22, 1997	Three years of probation
Disorderly Conduct	April 30, 1999	Three years of probation
Driving with License Suspended; Failure to Appear/Failure to Pay	November 18, 1999	18 days incarceration
Aggravated Assault	October 25, 2000	3 years, 6 months incarceration (credit 210-days' time served)
Aggravated Assault		Three years of probation

TABLE TWO		
Offense	Conviction Date	Sentence
Disorderly Conduct	May 11, 2007	120 days incarceration
Criminal Damage		One year of probation
Shoplifting	May 11, 2007	One year of probation
Criminal Damage (Two Counts)	November 10, 2008	90 days incarceration
Aggravated Assault	April 8, 2009	Five years' incarceration (credit 224-days' time served)

EXHIBITS

1. Pinal County Forensic Examination Report, dated July 17, 2018.
2. Creative Corrections Healthcare and Security Compliance Analysis.
3. Initial Custody Classification Form 18-1B, dated May 28, 2018.
4. EDC Medical Administration Record (MAR) for Huy Chi Tran, dated May 2018.
5. Immigration Health Services Corp Consent Form for Psychotropic Medications for Adults, dated June 4, 2018.
6. Confinement Record Form, dated June 5, 2018.
7. Confinement Watch Log, dated June 5, 2018.
8. State of Arizona Certification of Vital Record: Certificate of Death, dated July 6, 2018.



PINAL COUNTY
WIDE OPEN OPPORTUNITY

FORENSIC EXAMINATION REPORT
HUY-CHI TRAN
PINAL COUNTY ME CASE #18-303
CASA GRANDE POLICE DEPARTMENT
CASE #18-00036663

Pinal County

JUL 17 2018

Medical Examiner



Report of Examination

ME Case number: 18-303
 Agency, number: CGPD, 18-00036663
 Decedent: Huy-Chi Tran
 Date of birth: August 7, 1970
 Date of death: June 12, 2018
 Date of examination: June 14, 2018
 Time of examination: 1000 hours
 Investigator: (b)(6); (b)(7)(C)
 Forensic Technician: (b)(6); (b)(7)(C)
 Present at examination: Chief C. (b)(6); (b)(7)(C) ICE

Cause of Death: Coronary artery disease
 Manner of Death: Natural

(b)(6); (b)(7)(C)

Chief Medical Examiner

July 17, 2018
 Date Signed

(b)(6); (b)(7)(C)

REPORTED CIRCUMSTANCES OF DEATH

The decedent was a 47-year-old unmarried Asian male who was an inmate at a prison in Eloy, Arizona. On June 5, 2018, he was found unresponsive in his single-man cell. Resuscitative efforts were initiated on scene, and the decedent was transported to Banner Casa Grande Medical Center. He was placed on life support in the Intensive Care Unit. When there was no response to treatment, those measures were removed. Brain death was pronounced at 0920 hours on June 12, 2018. He was then taken off of the ventilator, and cardiac death was pronounced at 1440 hours on June 12, 2018.

Past Medical/Social History

According to Banner Health Medical records

The decedent was reportedly found unconscious in his cell, and had been down for an unknown period of time. He received chest compressions for 10 minutes before EMS arrival. He was found to be in PEA, and received two rounds of epinephrine. A heartbeat subsequently returned and he was transported to Banner Casa Grande Medical Center. After admission he was diagnosed with clostridium difficile in the stool. He was declared brain dead. His condition continued to decline until death was pronounced on June 12, 2018.

- A. Acute kidney injury, likely due to severe hemodynamic acute tubular necrosis from cardiac arrest
- B. Anoxic brain injury
- C. Cardiogenic shock
- D. Acute respiratory failure
- E. Schizophrenia
 - a. Haloperidol
 - b. Fluoxetine
- F. Metabolic acidosis/respiratory alkalosis
- G. Possible clostridium difficile infection
- H. Leukocytosis
- I. Thrombocytopenia, possibly antibiotic related
- J. Gastrointestinal bleeding
- K. Status post cardiac arrest, on hypothermia protocol
- L. Acute renal and hepatic failure
- M. CT of the brain on June 5, 2018
 - a. No intracerebral arterial or venous activity
- N. Subsequently declared brain dead, initial CT of head negative for trauma
- O. Initial urine drug screen unremarkable
- P. CT of head in June 5, 2018
 - a. No acute intracranial abnormality identified
 - b. Findings suggestive of chronic sinusitis

(b)(6); (b)(7)(C)

- c. Presumed enteric tube appears coiled at the level of the nasopharynx

According to the medical records from Banner Casa Grande Medical Center

"This 47-year-old male was seen for evaluation 4B and nonresponsive. Medical staff responded to medical emergency call at 14:15 hours. Patient has no pulse and is not breathing, no reaction noted with sternal rub. Oxygen saturation was 48% at room air. Ambulance bagging with oxygen at 15 L/m was initiated while CPR was being done. Patient's shirt was cut in the middle of and AED pads were applied. Nursing staff attempted to obtain the patient's blood pressure but was unable to get a reading. Blood glucose was checked with a glucose which shows 280 mg/dL. Peripheral intravenous catheter insertion was attempted twice without success. Oxygen saturation reading was between 48% to 93% with peripheral pulse ranging from 50-115 during CPR. Provided examined oral cavity for up structuring and was returned. CPR lasted 17 minutes before the paramedics arrived. AED shocked the patient multiple times during the resuscitation but without a shockable rhythm. EMS assume resuscitation on 1633 hrs. IV was started via intravenous route. Patient was given Narcan and epinephrine. Cardiac monitor showed sinus rhythm. Patient was transferred to the ambulance en route to Banner Casa Grande Medical Center."

INITIAL EXTERNAL EXAMINATION

The body is received in a zippered body pouch secured by evidence seal number 00002659.

CLOTHING AND PERSONAL EFFECTS

All property is documented on the property sheet that is separate in the file.

EVIDENCE OF MEDICAL INTERVENTION

There is an endotracheal tube present in the mouth. There is an orogastric tube present in the mouth. There is a central line present on the right neck. There is a central line present on the left neck. There is an oval shaped compression pad present on the midline chest. There are two defibrillator pads present on the front of the chest. There are multiple EKG leads present on the front of the chest. There is a foley catheter in place. There is a pulse oximeter probe affixed to the right index finger. There are multiple needle puncture marks present on the left antecubital fossa. There is a needle puncture mark present on the right antecubital fossa.

EVIDENCE OF TRAUMA

There are bluish contusions on the midline lower chest from cardiopulmonary resuscitation. There are bilateral anterior rib fractures. There is a vertical fracture of the lower sternum with intercostal muscle contusion. There are mild infiltrative hemorrhages in the mediastinum.

These injuries, having been once described, will not be repeated.

SCARS, TATTOOS, AND OTHER IDENTIFYING BODY FEATURES

There are no significant scars or tattoos identified.

GENERAL EXTERNAL EXAMINATION

The body is cold to touch, subsequent to refrigeration. Rigor mortis is fully developed. Posterior red-purple lividity is partially fixed.

The body is that of a normally developed Asian male, measuring 68 inches in length and weighing 192 pounds. The general appearance is compatible with the reported age of 47 years. Scalp hair is black. The irises are brown, and there is no jaundice or lesions of sclera or conjunctivae. The nose is unremarkable. There is facial hair of a beard and mustache. The ears are unremarkable. The mouth is unremarkable. Teeth are natural. The neck is unremarkable. There are no palpable axillary, cervical, abdominal, or inguinal masses. The chest and back are symmetrical and unremarkable.

Body hair is normal in amount and distribution of an average male adult. The abdomen is mildly protuberant. The external genitalia, anus, and perineum are unremarkable. The extremities are symmetrical, without significant clubbing, edema, or deformity. Fingernails are intact.

INTERNAL EXAMINATION

The body is opened by a standard Y-shaped thoracoabdominal incision. All viscera occupy their appropriate anatomic relationships. Subcutaneous adipose tissue ranges up to 3 cm in thickness over the abdominal wall. Serous surfaces are smooth and glistening throughout. There are no adhesions or significant free fluid accumulations in the body cavities.

CARDIOVASCULAR SYSTEM

The pericardium is unremarkable. The heart weighs 490 grams. The heart occupies its usual mediastinal site, and has a smooth epicardial surface. The external configuration is not remarkable. All major vessels arise in their appropriate anatomic relationships. The coronary ostia are normally placed and

(b)(6); (b)(7)(C)

are patent. The coronary arteries arise normally, are distributed in a right dominant pattern, and contain severe atherosclerotic changes, with stenosis ranging from 30% in the proximal right coronary artery, 20% in the distal right coronary artery, 75% in the left circumflex artery, 30% in the left anterior descending coronary artery, and 50% in the left main coronary artery. The atria and ventricles are of normal caliber, and are free of gross anomalies and thrombi. The myocardium is red-brown and firm, with focal red areas in the upper part of the interventricular septum measuring 1 x 0.5 x 2.5 cm. The dark red area is close to the atrial ventricular valve. A histologic section from this area is obtained. This is consistent with acute myocardial ischemia. The rest of the myocardium is grossly unremarkable. The ventricular thicknesses are as follows: left ventricle 1.2 cm, interventricular septum 1.1 cm, right ventricle 0.2 cm, with 0.7 cm epicardial fatty tissue present.

The endocardium is unremarkable. The cardiac valve circumferences are appropriate for the caliber of the cardiac chambers. The cardiac valves have thin, pliable leaflets that are free of fusion, vegetations, or significant fenestrations.

The aorta is of normal caliber, with all major arterial branches arising in their appropriate anatomic relationship. The intimal surfaces contain mild atherosclerotic changes in the abdominal aorta, without aneurysm formation or dissection. No systemic venous abnormalities or thrombi are present.

RESPIRATORY SYSTEM

The upper airway, larynx, and trachea are patent, with no evidence of edema, ulceration, or obstruction. There is a small amount of gastric contents present in the trachea. The right lung weighs 640 grams and the left lung weighs 630 grams. The pleural surfaces are smooth and glistening. The parenchyma is well expanded. Sectioning reveals pink to red-purple tissue with no areas of induration, consolidation, hemorrhage, or gross scarring. The bronchi and pulmonary vessels are patent and of normal caliber.

DIGESTIVE SYSTEM

The tongue is unremarkable. The oropharynx is grossly normal and unobstructed. The esophagus is of normal caliber, with a smooth, gray-white mucosal lining. The gastroesophageal junction is well defined. The stomach has intact mucosal surfaces. The lumen contains 900 mL of brown fluid with a large amount of partially digested food. There are multifocal mucosal hemorrhages in the gastric lumen. There is no evidence of bleeding in the gastric lumen. There are no areas of mucosal ulceration, erosion, or scarring. The small and large intestines are not remarkable. The appendix is present in the right lower quadrant and is unremarkable. The tan-gray, lobular pancreas has no focal abnormalities. The pancreatic ducts are patent and of normal caliber.

(b)(6); (b)(7)(C)

HEPATOBIILIARY SYSTEM

The 2190 gram liver has a smooth capsule, covering red-brown parenchyma with focal mottled appearance. The liver tissue appears to be friable. The cut surfaces show no diffuse or focal abnormalities. The intrahepatic and extrahepatic biliary ducts are unremarkable. The gallbladder contains viscid olive green bile, and is free of calculi. The gallbladder mucosa is grossly normal.

GENITOURINARY SYSTEM

The right kidney weighs 200 grams and the left kidney weighs 230 grams. The kidneys are similar in shape, with intact capsules covering smooth, red-brown parenchyma. The capsules strip with ease. The cut surfaces show poorly defined corticomedullary junctions. The calyces, pelves, and ureters are unremarkable. The renal vessels are patent and of normal caliber.

The urinary bladder contains no urine. There is approximately 20 mL of dark yellow urine in the foley catheter bag. The mucosal surfaces are flat and pink-tan. The prostate gland appears to be slightly enlarged with multiple nodules.

RETICULOENDOTHELIAL SYSTEM

The 170 gram spleen has an intact, smooth, and glistening capsule covering dark purple, moderately soft parenchyma. Regional lymph nodes have their usual distribution and appearance.

ENDOCRINE SYSTEM

The thyroid and adrenal glands are grossly not remarkable.

NECK

The cervical spine, hyoid bone, and thyroid cartilage are intact and unremarkable. An anterior layer by layer neck dissection reveals focal hemorrhages on the surface of the left omohyoid muscle measuring 2 x 0.2 cm and on the left sternohyoid muscle surface measuring 1 x 0.2 cm. These hemorrhages appear to be superficial and do not involve the muscular parenchyma. There is no other hemorrhage in the strap muscles or soft tissues of the neck.

MUSCULOSKELETAL SYSTEM

The bony framework, supporting musculature, and soft tissues are grossly normal.

(b)(6); (b)(7)(C)

NERVOUS SYSTEM

The scalp is reflected in the usual fashion. There are no contusions, lacerations, or abrasions of the scalp or subscalpular structures. There are no skull fractures. The pituitary gland is unremarkable. The cerebral vessels are intact, with no malformation, aneurysm, thrombosis, or significant atherosclerotic narrowing. The cranial nerves are grossly normal.

The dura and dural sinuses are unremarkable except for a thrombus in the superior sagittal sinus. There are no epidural, subdural, or subarachnoid hemorrhages. The brain weighs 1470 grams. The leptomeninges are thin and clear. The cerebral hemispheres are symmetrical, extremely soft, and disintegrate upon removal from the cranial cavity. The external landmarks for the superior cerebral surfaces are unremarkable with normal convolutional patterns, however the gyri appear to be edematous, with narrowing of the sulci. There are no uncal, subfalcial, transtentorial, or tonsillar herniations. Multiple sections of cerebrum, cerebellum, and brain stem reveal poorly defined gray-white borders and the brain tissue is extremely soft, consistent with anoxic encephalopathy. The ventricular system is symmetrical and compressed.

TOXICOLOGY SPECIMENS

Samples of the following are collected and some submitted for toxicological testing.

- Vitreous fluid.
- Blood.
- Urine.
- Heart tissue.
- Admission specimens

The toxicology report is separate in the file.

MICROSCOPIC EXAMINATION

Multiple microscopic sections are reviewed. Apart from information listed below, histology findings correspond to the gross diagnoses and provide no further information.

Cassettes:

Heart: Multiple focal myocardial ischemia and necrosis with mild neutrophil infiltrates.

Lungs: Multiple microscopic foci and pneumonia; focal atelectasis; marked increase of macrophages.

FINAL SUMMARY

Based on the forensic examination findings and investigative history as available to me, it is my opinion that Huy-Chi Tran, a 47-year-old Asian male, died as a result of coronary artery disease.

The manner of death is natural.

As with all death investigations, opinions expressed herein are amenable to change should new, reliable, and pertinent information come to light.

The Pinal County Medical Examiner's Office is required by statute (A.R.S. § 11-594(A) (2) and (4)) to certify the cause and manner of death following completion of the death investigation of each case over which it assumes jurisdiction, and to promptly execute a death certificate, on a form provided by the state registrar of vital statistics, indicating the cause and manner of death. The form provided by the state registrar of vital statistics includes five manners of death: homicide, suicide, accident, natural, and undetermined. The determination of manner of death is a forensic determination by the pathologist predicated upon the totality of all then-known forensic evidence and other circumstances surrounding the cause of death; it is not a legal determination of criminal or civil responsibility of any person(s) for the death. The significant findings below may not be a complete list of the decedent's medical history.

Significant findings

- I. Sudden cardiac death due to coronary artery disease
 - a. Cardiopulmonary arrest, status post resuscitation
 - b. Myocardial ischemia and necrosis
 - c. Multiple organ failure
 - i. Multiple microscopic foci of pneumonia
 - ii. Myocardial ischemia and necrosis
 - iii. Acute renal failure
 - iv. Anoxic brain injury
 - v. Cardiogenic shock
 - vi. Acute respiratory failure
 - vii. Metabolic acidosis
 - viii. Possible clostridium difficile infection
 - ix. Thrombocytopenia
 - x. History of gastrointestinal bleeding
 - xi. Hepatic failure
 - xii. CT of the brain revealed no acute intracranial hemorrhage
 - xiii. Anoxic encephalopathy
- II. Schizophrenia
- III. Toxicology negative
- IV. No evidence of trauma

Laboratory Case Number: 3149324	Subject's Name: TRAN, HUYCHI
Client Account: 14185 / PCME01 Physician: Report To: Pinal County AZ Med Exam Offic ATTN: Pinal County 570 W. Adamsville Road Florence, AZ 85132 FX: 520-866-7296	Agency Case #: 18-303 Date of Death: 06/12/2018 Test Reason: Other Investigator: (b)(6); (b)(7)(C) Date Received: 06/18/2018 Date Reported: 06/26/2018

Laboratory Specimen No: 40728713	Date Collected: 06/14/2018 10:30
Container(s): 01:RTB Blood, ILIAC	Test(s): 70530 Drugs of Abuse Panel, Blood

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
AMPHETAMINES	Negative				
BARBITURATES	Negative				
BENZODIAZEPINES	Negative				
CANNABINOIDS	Negative				
COCAINE/METABOLITES	Negative				
FENTANYL	Negative				
METHADONE/METABOLITE	Negative				
OPIATES	Negative				
OXYCODONE/METABOLITE	Negative				
PHENCYCLIDINE	Negative				
PROPOXYPHENE/METABOLITE	Negative				
ALCOHOL	Negative				
Methanol	Negative				
Ethanol	Negative				
Acetone	Negative				
Isopropanol	Negative				
ANALGESICS	Negative				
BUPRENORPHINE	Negative				
STIMULANTS	Negative				
TRAMADOL/METABOLITE	Negative				

Specimens will be kept for two year from the date received.

The Specimen identified by the Laboratory Specimen Number has been handled and analyzed in accordance with all applicable requirements.

Laboratory Director
(b)(6); (b)(7)(C)
Ph.D., F-ABFT

TRAN, HUYCHI
Laboratory Case #: 3149324
Print Date/Time: 06/26/2018, 10:02

Case Reviewer
(b)(6); (b)(7)(C)

DETAINEE DEATH REVIEW: Huy Chi TRAN, A037949945
Healthcare and Security Compliance Analysis
Eloy Federal Contract Facility
Eloy, Arizona

As requested by the ICE Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU), Creative Corrections participated in a review of the death of detainee Huy Chi TRAN while in the custody of the Eloy Federal Contract Facility in Eloy, Arizona. A site visit was conducted July 17-19, 2018 by ERAU staff (b)(6); (b)(7)(C) Management and Program Analyst and team leader, N (b)(6); (b)(7)(C) Inspection and Compliance Specialist, and Creative Corrections contract personnel (b)(6); (b)(7)(C) Security Subject Matter Expert and (b)(6); (b)(7)(C) RN, Healthcare Subject Matter Expert. Contractor participation was requested to assess compliance with the ICE Performance Based National Detention Standards (PBNDS) 2011, revised 2016, governing medical care and security operations.

This report is a collaborative effort on the part of the SMEs who participated in the site visit and (b)(6); (b)(7)(C) Program Manager for the OPR/ERAU contract. Included in this report is a case synopsis, description of the facility and its healthcare services, a narrative summary of events, and conclusions. The information and findings herein are based on analysis of detainee TRAN's medical record and detention file; tour of the medical clinic, housing unit, and intake area; interviews of staff; and review of policies, video surveillance footage, and available incident related documentation.

SYNOPSIS

Huy Chi TRAN, 47 years old, was admitted to the Florence Special Processing Center on May 25, 2018 and was transferred to the Eloy Federal Contract Facility three days later, on May 28, 2018. He reported a long term history of schizophrenia and depression for which treated with psychiatric medications. A medical provider examined TRAN the day he was admitted and after consultation with a psychiatrist, ordered the medications which arrived with TRAN, Haldol and fluoxetine, pending psychiatric review. The medications were started the second day after they were ordered.

Pursuant to referrals from the provider and the intake nurse, the facility psychiatrist evaluated TRAN on June 4, 2018. The psychiatrist continued the medications, changing the administration times from morning to later in the day, and documented his intent to order Cogentin on a trial basis to address observed side effects of Haldol. The Cogentin was not ordered; the orders changing administration times for Haldol and fluoxetine were not processed until the next day, June 5, 2018. As a result of the delay, TRAN received two doses of fluoxetine within four hours. Determination of whether he was given two doses of Haldol is not possible due to ambiguous entries on the medication administration record.

The same day, June 5, 2018, a psychologist directed detainee TRAN's placement in the special management unit for mental health observation. The psychologist's evaluation resulted from a referral by security staff following observation that the detainee appeared lethargic and generally non-responsive to communications.

Approximately 75 minutes after TRAN was placed in segregation, he was found unresponsive in his cell and medical emergency was called. Prior to the medical emergency, the officer documented but did not conduct monitoring rounds every 15 minutes as ordered by the psychologist. Response to the emergency call by security and medical personnel was swift, although there was a brief delay while the first three security responders, all women, waited for male responders before entering the cell. Cardiopulmonary resuscitation was initiated by officers and 911 was called immediately. Officers continued chest compressions after medical staff arrived and performed life-saving efforts until paramedics took over care.

TRAN was taken by ambulance to the local hospital and was admitted to the intensive care unit. He remained on life support for one week, during which he was visited by family. Death was pronounced at 9:20 a.m. on June 12, 2018. The autopsy report cites cardiac arrest as the cause of death.

FACILITY DESCRIPTION

The Eloy Federal Contract Facility has been owned and operated by CoreCivic, formerly Corrections Corporation of America, since 1994. The facility is a dedicated Intergovernmental Service Agreement facility housing both male and female ICE detainees. The capacity is 1500. The population on the date of detainee TRAN's death was 1359, including 889 males and 470 females.

The facility has a double fence with razor wire on top and between the fences. The interior fence is equipped with stun technology to deter escapes. Staff and visitors enter from the main lobby, first placing their belongings through an x-ray machine, then passing through a metal detector. All persons entering the secure section of the facility must display a staff or visitor identification badge. Video surveillance cameras positioned throughout the facility monitor and record events.

The direct supervision model of detainee supervision is in place in general population housing units. Meals are served to general population detainees in a central dining hall. The control center is located off the main entrance and is staffed at all times by (b)(7)(E). (b)(7)(E) handles radio traffic, the logbook and the shift report. The other officer controls doors and monitors cameras. During an emergency, the officer is able to access video from the closest camera in the area.

On each shift, a team of officers is designated to serve on the Emergency Response Team (ERT). As defined in CoreCivic Policy and Procedure 9-16, Emergency Response Team, the ERT is comprised of five members who respond to emergency calls with a specific piece of equipment such as a handheld video camera, fire extinguisher and cardiopulmonary resuscitation (CPR) valve. The ERT responded when medical emergency was called for detainee TRAN.

HEALTHCARE SERVICES

Eloy Federal Contract Facility received accreditation by the National Commission on Correctional Health Care (NCCHC) in March 2015 and was audited for reaccreditation on May 31 and June 1, 2018. The health services department is staffed 24 hours a day, seven days a week by ICE Health Services Corp (IHSC) and contractor InGenesis Medical Staffing. The staffing plan authorizes 79 total positions, ten of which are commissioned officers of the U.S. Public Health Service. They include the Health Services Administrator (HSA), two assistant HSAs, one advanced practice provider¹, a nurse manager, two pharmacists, program manager, registered dental hygienist, and registered nurse (RN). There are two General Schedule (GS) for Federal Pay physician positions, one of which is the designated Clinical Director (CD). According to the HSA, the CD position has been vacant for four years. Until the position is filled, IHSC regional and headquarters physicians share responsibility for clinical oversight. InGenesis positions include a staff physician, psychiatrist, 21 RNs, an administrative assistant, seven advanced practice practitioners, five behavioral health professionals, one dentist, one dental assistant, 12 licensed practical nurses (LPN), six medical records technicians, two pharmacy technicians, and a radiology technician. Part time contract positions include one pharmacist and one psychiatrist; as needed positions include four RNs and two LPNs. The HSA reported that in addition to the CD position, the GS staff physician position was vacant at the time of the site visit.

The reviewer confirmed the credentials of healthcare staff were current and primary source verified. Training records for all medical and security personnel involved in the emergency response include documentation of cardio pulmonary resuscitation training in the past year.

The facility uses IHSC's e-Clinical Works (eCW) electronic medical record system. The reviewer notes that times the encounters were actually conducted are not available; therefore, medical encounter times identified in this report reflect system-generated time stamps documenting when associated vital signs were taken or providers electronically signed their notes.

DETENTION SUMMARY

Per the Telmate Report of telephone calls, detainee TRAN attempted seven phone calls during his detention, two of which were completed. Both completed calls were placed on May 29, 2018 and

¹ Advanced practice providers include nurse practitioners and physician assistants.

lasted seven and five minutes respectively. The calls were conducted in a language believed to be Vietnamese. Detainee TRAN had no visits. There was no documentation he filed any requests or grievances, and no record of any disciplinary reports.

Detainee TRAN was classified high custody by ERO. Although he qualified for medium custody based on the CoreCivic classification system, his rating was overridden to high based on the rating applied by ERO. TRAN was first assigned to a top bunk on an upper tier in a general population unit; then, within approximately six hours, he was moved to a lower bunk on the bottom tier because he had difficulty climbing to the top bunk. On the eighth day of his detention at EFCF, TRAN was transferred to the special management unit for mental health observation. He was in the special management unit for approximately 75 minutes before medical emergency was called.

SUMMARY OF EVENTS

Florence Service Processing Center (FSPC)

Friday, May 25, 2018

A medical pre-screen documented by (b)(6); (b)(7)(C) [redacted] notes detainee TRAN's time of arrival at the staging facility was 7:22 p.m. He was medically cleared for travel/transfer, with instruction to the receiving facility to follow up with his mental health diagnosis and treatment.

Saturday, May 26, 2018

At 4:48 a.m. (b)(6); (b)(7)(C) [redacted] RN completed the intake screen, noting detainee TRAN had been treated for depression for the past 20 years. He denied any suicidal history or current thoughts of self-harm. Vital signs entered at 4:46 a.m. were as follows: temperature 98.4, pulse 69, respirations 16, and blood pressure 109/75, all within normal limits. He height was five feet, four inches and he weighed 177.3 pounds. He was referred to the medical provider and medically cleared for custody.

A mental health note completed by (b)(6); (b)(7)(C) [redacted] LCSW at 2:46 p.m. documents detainee TRAN was referred to her by medical staff. He reported a history of depression for the past 20 years but denied any past suicide attempts. He was not exhibiting any signs of a serious mental disorder or condition, and he denied auditory or visual hallucinations. Follow up appointment was scheduled for June 2, 2018.

Eloy Federal Contract Facility

Monday, May 28, 2018

Video surveillance footage from the north intake rear sallyport shows detainee TRAN exited a van with three other detainees at 9:26 a.m. At 9:28 a.m., Supervisory Deportation and Detention

Officer (SDDO) (b)(6); (b)(7)(C) is seen pointing to direct TRAN to enter the hallway. On interview, SDDO (b)(6); (b)(7)(C) recalled he directed TRAN to the hallway because the detainee was “sweating profusely” and he wanted the nurse to see him first for medical pre-screening. SDDO (b)(6); (b)(7)(C) said that when he asked TRAN if he was alright, he did not respond. He commented that a lot of detainees do not respond to questions because they are upset when they arrive. Other than perspiring, TRAN “seemed fine” to SDDO (b)(6); (b)(7)(C). During interview of ICE Deportation Officer (b)(6); (b)(7)(C) he confirmed SDDO (b)(6); (b)(7)(C) moved detainee TRAN to the head of the line so he would be the first to see the nurse. He recalled TRAN was sweating so much that he asked another detainee if the air conditioning was working in the van. The detainee stated it was. Officer (b)(6); (b)(7)(C) said that he asked TRAN if he was okay but received no response. He commented the detainee looked like he “was somewhere else.”

RN (b)(6); (b)(7)(C) was assigned to intake this date. On the video, she is seen speaking with detainee TRAN at **9:28 a.m.** and at **9:30 a.m.**, he signed some paperwork and entered the Intake area. Over the course of the next hour, TRAN was pat searched, walked through a medical detector, was given a property box, showered, changed into a facility uniform, and was placed in a holding cell with three other detainees. Once in the cell, he ate a sack meal. The EFCF Receiving and Discharge Log documents the time of his booking was **9:45 a.m.**

At **10:10 a.m.**, (b)(6); (b)(7)(C) signed a pre-screening note documenting TRAN was alert and his behavior and breathing were normal, but his appearance was anxious. The note also documents he spoke English fluently, that a medical transfer summary accompanied him from another facility, and that he was taking medications for current health problems. The pre-screening disposition was priority one.

Note: The video does not show any interaction between TRAN and medical personnel between 9:28 a.m. and 10:30 a.m. when he left the holding cell, ostensibly for medical intake screening (see below). Therefore, the reviewers conclude (b)(6); (b)(7)(C) pre-screening note documents her interaction with TRAN at 9:28 a.m. (b)(6); (b)(7)(C) made no reference to the profuse sweating observed by SDDO (b)(6); (b)(7)(C) and Officer (b)(6); (b)(7)(C).

The transfer summary referenced by RN (b)(6); (b)(7)(C) was prepared at FSPC on the day TRAN was transferred and admitted to EFCF. The summary documents a diagnosis of schizophrenia and that he arrived at FSF with haloperidol² 5 milligrams (mg) to be taken once daily and fluoxetine³ 20 mg, also to be taken once daily. The summary includes the note, “Please follow up at receiving facility medication attached.” (b)(6); (b)(7)(C) N, documents TRAN’s statement, “I have been treated for depression for past 20 years”. He denied suicidal or homicidal thoughts or history of hallucinations. He stated he had arrived with haloperidol and fluoxetine, both prescribed for morning dosing. He denied a history of attempting to harm himself or others or of being a victim

² Haloperidol, commonly known by the trade name Haldol, is an antipsychotic medication.

³ Fluoxetine treats depression and anxiety.

of physical or sexual assault. He denied smoking or having ever used alcohol or illicit drugs. The screen for symptoms of tuberculosis was negative, and he denied any dental problems. Vital signs entered at 4:46 a.m., were all within normal limits, as follows: temperature 98.4, pulse 69, respirations 16, blood pressure 109/75, and oxygen saturation 96. He denied pain, and he was found to be absent of adverse side effects related to use of the two psychotropic medications. The examination noted normal physical and emotional characteristics, with no disabilities, no disorganization of thoughts or behaviors, no agitation, and no barriers to communication. The skin assessment showed no abnormalities. The intake assessment was abnormal, he was referred to a medical provider for a complex physical examination, and he was medically cleared for custody.

At **10:30 a.m.**, TRAN is seen on video exiting the holding cell to see the nurse, presumably for intake screening.

Note: (b)(6); (b)(7)(C) entered an abbreviated intake screening in eCW, explaining during interview that she did not complete a full screening because TRAN was screened at FSF two days earlier.

Vitals signs entered at **10:43 a.m.** were all within normal limits, as follows: temperature 98.8, pulse 92, respirations 18, blood pressure 120/78, and oxygen saturation 95. His height was 64 inches; his weight was 176.4 pounds. He denied pain. His vision tested at 20/70 in the left eye, 20/100 in the right eye, and 20/70⁴ in both eyes. (b)(6); (b)(7)(C) did not document whether TRAN was wearing corrective lenses or whether he was asked if he wore them in the past.

Note: Captain (b)(6); (b)(7)(C) ISA, stated during interview that detainees who are found to have vision deficits are either referred to optometry or are given a commissary form for purchase of reading glasses in a designated strength. A copy of the form is then filed in the medical record. Neither an optometry referral nor a commissary form were located in TRAN's record.

In her screening note, (b)(6); (b)(7)(C) described detainee TRAN as appropriate in behavior, in no acute distress, well developed, and well-nourished. He reported taking Haldol and fluoxetine for depression for a period of five years, and that he last took medications the previous afternoon. He denied hallucinations, anxiety, and depression. No symptoms of tuberculosis infection were observed and a purified protein derivative skin test was planted. The test was read as negative two days later. The assessment finding was "abnormal intake screening, referred to medical provider." In the Notes section of her intake screening entry, (b)(6); (b)(7)(C) wrote that telephone encounters were sent to a provider and mental health for further evaluation. The telephone encounters, provided to reviewers on site, were sent to (b)(6); (b)(7)(C) g and (b)(6); (b)(7)(C) psychiatrist.

⁴ 20/20 vision is considered normal, based on being able to see an object at 20 feet away. If vision is not 20/20, corrective lenses may be necessary.

Note: As discussed below, TRAN was examined by (b)(6); (b)(7)(C) later the same day; Dr. (b)(6); (b)(7)(C) evaluated TRAN on June 4, 2018.

Patient education brochures were provided and the detainee said he understood the teaching and instruction. TRAN signed a consent for general treatment.

During interview, (b)(6); (b)(7)(C) explained that detainees who arrive with medications or with mental health issues are a priority and TRAN met both criteria. She stated her first impression was that he was okay but then noted he did not seem to fit in with the other detainees. She did not know if it was because they were Spanish speaking and TRAN spoke English, or if TRAN was simply anxious.

The video shows TRAN returned to the holding cell at **10:39 a.m.** He exited the holding cell at **10:48 a.m.** and reported to the Intake desk where his property was inventoried and documents were signed. Intake Officer (b)(6); (b)(7)(C) recalled during interview that detainee TRAN appeared “slow, he drooled and he didn’t clean himself.” She also stated he had “snot coming out of his nose.” She said she was not concerned about possible contagion because she assumed medical staff would have separated him from other detainees if he presented a health risk.

Officer (b)(6); (b)(7)(C) confirmed TRAN spoke and understood English. She commented that his fingertips were black and when asked if he smoked, he said he did. She took his fingerprints and photograph and entered his property in the computer. The property records show he arrived with one shirt and one pair each of underwear, pants, socks and shoes. He was allowed to maintain possession of various paperwork he brought with him. He signed acknowledgement of understanding that EFCF may monitor his mail and non-attorney phone calls. He also signed a receipt for the National ICE Detainee Handbook. The detainee provided the name (b)(6); (b)(7)(C) with a Phoenix area phone number as his emergency contact.

Detainee TRAN’s funds were inventoried by Officer (b)(6); (b)(7)(C) and another officer. He arrived with two checks in the amounts of \$24.47 and \$1.13. The total, \$25.60, was deposited into a commissary account. The Receiving and Discharge Checklist documents completion of all mandated admission processes, including that he was given the opportunity to make a telephone call and was issued linens, uniforms, hygiene items, the Prison Rape Elimination Act (PREA) Pamphlet and PREA Zero-Tolerance Policy. Officer (b)(6); (b)(7)(C) said that after she completed the intake processes she is responsible for, she sent the detainee to classification.

Case Manager (b)(6); (b)(7)(C) completed a CoreCivic Initial Custody Classification form, applying a total of six points. Per the form, six points qualified TRAN for a rating of moderate. Because high custody was documented on the ICE ENFORCE Application Suite Risk Classification Assessment Detailed Summary provided by ERC (b)(6); (b)(7)(C) recommended override of moderate to high custody. She signed her recommendation and the section, “Assistant

Warden/Administrator Review and Comments of Discretionary Over-Ride” approving her own action. When asked why she did not have a supervisor review her work, (b)(6); (b)(7)(C) stated that the classification supervisor position was vacant at the time and that “ICE had him Max” so it did not matter. Asked if she recalled detainee TRAN, she said she did because he had “snot” all over his face and did not wipe it off. She described him as “disgusting.” She said he was “very slow” and she had to ask each question two or three times before he replied.

(b)(6); (b)(7)(C) also completed the Sexual Abuse Screening Tool form and circled YES next to the question, “Detainee/resident appears to be physically, developmentally, or mentally disabled?” In the comments section, she wrote, “Slow, drools. Sneezes boogers + spits/cough”. In the check box for known victimization history or risk, Not Applicable is checked. When asked about the routing of this form, including whether it was shared with medical or mental health staff, Ms. (b)(6); (b)(7)(C) stated she was not sure. She added that because health care professionals evaluate detainees, she assumed they would identify any special needs. The form distribution designates a copy should be forwarded to the Health Services Department and a copy placed in the medical file.

Note: There is no evidence a copy of the form was forwarded to medical.

Note: (b)(6); (b)(7)(C) s intake screening entry makes no reference to the conditions observed by (b)(6); (b)(7)(C)

The video shows that at **11:00 a.m.**, detainee TRAN sneezed and was handed a tissue by the officer before he was returned to the holding cell. At **11:04 a.m.**, he was handed a second sack meal. He laid on a bench until called out at **11:07 a.m.**, returning two minutes later. He laid on the bench for most of time in the holding cell, exiting at **11:42 a.m.**

At **11:52 a.m.**, TRAN walked through Intake in a dark blue uniform signifying high custody and was provided with an identification bracelet. Per report of facility investigator (b)(6); (b)(7)(C) completed following TRAN’s death, he left intake at **11:56 a.m.** and was moved to North Medical. There, he waited until **12:47 p.m.** when escorted to an examination room for evaluation by NP

(b)(6); (b)(7)(C)

Vital signs associated with (b)(6); (b)(7)(C) encounter with TRAN, entered at 12:46 p.m., were all within normal limits, as follows: temperature 98.8, pulse 92, respirations 16, blood pressure 120/78, and oxygen saturation 96. He denied pain. (b)(6); (b)(7)(C) medical record entry documents TRAN spoke fluent English. He reported a 17-year history of schizophrenia and anxiety disorder for which he was taking Haldol and fluoxetine with no adverse side effects. (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) was not interviewed by the review team. The HSA stated that for reasons unrelated to TRAN, her employment at EFCF ended prior to the site visit.

completed an Abnormal Involuntary Movement Scale (AIMS)⁶ to assess tardive dyskinesia, applying a score of zero.

Note: Tardive dyskinesia, a disorder characterized by involuntary movements, is a possible side effect of long term use of antipsychotic medications. Initial AIMS results may serve as a baseline for future monitoring or may prompt ordering of medication to address symptoms of the disorder. During interview of (b)(6); (b)(7)(C) Medical Doctor/Doctor of Osteopathy, Psychiatrist, he stated the AIMS test should be administered by properly trained healthcare professionals. There was no documentation of AIMS training in (b)(6); (b)(7)(C) record; however, she may have been trained in its administration as part of her education.

TRAN reported tobacco use, one pack per day for 13 years, with his last use over a month ago. He denied drug abuse and said he consumed two drinks per week; most recently, one to two years ago. He denied experiencing chest pain with exertion, shortness of breath, irregular heartbeat, palpitations, weakness, loss of appetite, or weight gain. The general examination noted all normal findings, including normal heart sounds. Dental examination found TRAN had no upper or lower teeth, and no dental prosthesis.

Note: (b)(6); (b)(7)(C) did not note the detainee had no teeth on the intake screening form. As noted, the FSF screening form documents he had no dental problems.

Note: There is no documentation (b)(6); (b)(7)(C) ordered a soft diet to assure safe and adequate nutritional intake.

In the "Psych" section of the form's General Examination section, (b)(6); (b)(7)(C) entered normal findings, including that TRAN was cooperative and oriented to person, place, and time. He had good eye contact and was cooperative with the examination. His demeanor was appropriate for the encounter; cognitive function appeared intact; judgment and insight was good; and his thought process was logical and goal directed without suicidal ideation or delusions. (b)(6); (b)(7)(C) documented patient education included information on good hydration, hygiene, and access to medical, dental, and mental health care.

Note: The observations of CoreCivic intake personnel relating to slow movement and responses and mucous and spittle on TRAN's face were not noted (b)(6); (b)(7)(C)

Prescribed treatment included Haldol 5 mg, one tablet orally for 14 days and fluoxetine 20 mg orally each morning for two weeks pending psychiatric evaluation. (b)(6); (b)(7)(C) wrote that the medications were discussed in a telephone call with (b)(6); (b)(7)(C) IHSC psychiatrist. She completed a mental health referral and signed her note at 5:50 p.m.

⁶ The AIMS scale assesses occurrence of tardive dyskinesia in patients receiving neuroleptic medications.

Note: The medication administration record (MAR) documents TRAN was given the first doses of Haldol and fluoxetine on May 30, 2018, two days and an unknown number of hours after he reported taking his last. The fact that (b)(6); (b)(7)(C) did not sign her May 28, 2018 note until 5:50 p.m. suggests she likely did not enter her medication orders until after the pharmacy closed, which would have delayed their processing until after morning medication administration time on May 29, 2018. Initial administration of the medications pursuant to (b)(6); (b)(7)(C) order was therefore, 5:00 a.m. on May 30, 2018. Whether or not (b)(6); (b)(7)(C) intended for TRAN to be given medication from the intake supply pending fulfillment of her orders cannot be determined based on documentation.

Note: (b)(6); (b)(7)(C) did not document discussion of the potential side effects of the medications with TRAN, nor did she obtain his specific consent to take them. He signed consent on June 4, 2018, six days after the medications were started.

A telephone encounter initiated by (b)(6); (b)(7)(C) at **6:04 p.m.** documents, “Encounter for general adult medical examination with abnormal findings”, and lists lab studies to be done on May 31, 2018 to include thyroid studies⁷, lipid panel⁸, comprehensive metabolic panel (CMP)⁹, complete blood count (CBC) with differential¹⁰ and platelet count¹¹, and hemoglobin A1c¹². Laboratory results reported on June 1, 2018, showed all normal results, with the exception of very mild elevations in calcium and sodium levels¹³.

Note: (b)(6); (b)(7)(C) makes no reference to ordering lab tests in her encounter note.

Per Investigator (b) (6) report, TRAN left the examination room at **1:22 p.m.** and walked to the Delta Unit. Delta Unit Manager (b)(6); (b)(7)(C) formed the review team that at the time, the Delta Unit housed detainees classified medium high and high. Delta Unit is comprised of five separate pods off a main vestibule. The “desk officer” assigned to the vestibule controls slider doors to each pod. The five pods are numbered from left to right starting with pod D100. The pods are directly supervised by an officer posted in each dayroom between 5:00 a.m. and 10:00 p.m. From 10:00 p.m. to 5:00 a.m., two officers assigned to the unit share responsibility for making rounds in each pod. Each unit has a unit manager and (b)(7)(E)

⁷ Thyroid studies are a series of blood tests used to measure how well the thyroid gland is working to produce major hormones.

⁸ Lipid panel is a panel of blood tests which serve as initial screening for abnormalities in cholesterol and triglycerides.

⁹ A CMP is a blood test that gives doctors information about the body’s fluid balance, levels of electrolytes, and how well the kidneys and liver are working.

¹⁰ CBC with differential is a blood test that gives doctors information about the cells in a patient’s blood and the concentration of various proteins and minerals.

¹¹ Platelet count is a blood test which measures the number of blood-clotting cells.

¹² Hemoglobin A1c is a blood test that provides a three-month average of glucose concentration in the blood.

¹³ Elevation in sodium and calcium levels may result from dehydration.

The pod to which detainee TRAN was assigned, D100, has 25 two-person rooms. Rooms 101 through 112 are on the lower tier and are numbered from left to right; rooms 113 through 125 are on the upper tier and are also numbered from left to right. There is a staircase in the middle of the tiers. The pod has a central dayroom with six metal tables, each of which has eight attached seats. There are individual shower stalls located along the right side. Telephones, televisions and a microwave oven are also available in the dayroom.

Detainee TRAN was initially assigned to the upper bunk in cell 125. According to Officer (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) was assigned as to D100 this date, the other detainee assigned to cell 125 reported TRAN was unable to climb to the top bunk and needed to be moved. Officer (b)(6); (b)(7)(C) told the review team that detainee TRAN was, "in La La Land." He stated TRAN would look "right through you and made no eye contact." Officer (b)(6); (b)(7)(C) contacted one of the unit counselors and was told he could not move TRAN because the time for count was approaching. Officer (b)(6); (b)(7)(C) then instructed detainee TRAN to place his mattress on the floor of the cell until transfer could be arranged. He recalled that the other detainee¹⁴ in the cell was upset and stated, "I can't live with this guy."

Phone records show that between **3:21 p.m.** and **5:05 p.m.**, detainee TRAN attempted four telephone calls. None were successfully completed.

Per Investigator (b)(6); (b)(7)(C) report, TRAN moved to cell 103 on the lower level at **7:06 p.m.** Cell 103 has a metal door with a viewing window in the upper portion. A metal desk is attached to the left wall; a window with bars is on the back wall. The bunk bed set is on the back right wall and toward the front is a porcelain toilet and sink. A distress button near the door alerts at the pod officer's desk and in central control.

The review team interviewed TRAN's cellmate in cell 103 (b)(6); (b)(7)(C). He stated detainee TRAN told him he was from China. For the first four days they were housed together, TRAN did not shower. Detainee (b)(6); (b)(7)(C) stated he told TRAN that other detainees were complaining that their cell stunk and he needed to shower. Detainee TRAN said he did not have any soap, so (b)(6); (b)(7)(C) informed him soap was available for free in the showers. Detainee TRAN took a shower that day and every two days thereafter. (b)(6); (b)(7)(C) stated he woke TRAN for breakfast and lunch each day, and did not recall TRAN ever leaving the unit for activities such as library or recreation. (b)(6); (b)(7)(C) reported that on only one occasion did TRAN go to the dayroom to watch television and he fell asleep in his chair. Detainee (b)(6); (b)(7)(C) stated that detainee TRAN never mentioned feeling sick, but he did observe TRAN walked slowly and it took him a long time to get up from his bunk. (b)(6); (b)(7)(C) said he thought the slow movements may have been related to TRAN's culture but looking back, he realized TRAN "probably was sick."

¹⁴ The review team did not interview this detainee because according to Investigator (b)(6); (b)(7)(C) report, he was released on June 8, 2018.

Tuesday, May 29, 2018

Detainee TRAN signed a Unit Admission and Orientation Acknowledgement form. Investigator (b)(6); (b)(7)(C) report documents he left the unit for recreation at **9:16 a.m.** and returned at **11:23 a.m.** He also left the unit for all three meals and for pill call¹⁵.

At **4:58 p.m.**, he unsuccessfully attempted a telephone call. He completed a call at **7:06 p.m.** which lasted five minutes and another at **7:58 p.m.** which lasted seven minutes. Both were made to the number listed for his emergency contact.

Wednesday, May 30, 2018

Investigator (b)(6); (b)(7)(C) report documents TRAN left the unit for **all three meals** and for pill call. He also went to visitation from **12:16 p.m.** to **1:19 p.m.** SDDO (b)(6); (b)(7)(C) informed the review team that he met with his assigned DO at this time, (b)(6); (b)(7)(C)

Thursday, May 31, 2018

Investigator (b)(6); (b)(7)(C) report documents the detainee left the unit and went to medical at **1:57 a.m.** He also attended all three meals and reported for pill call.

Note: There is no documentation of a medical or mental health encounter this date.

Office (b)(6); (b)(7)(C) returned to work after two days on leave. He recalled that TRAN came out of his cell and sat in a chair to watch a movie with other detainees. Soon, detainee TRAN's head was down and appeared to be either sleeping or daydreaming. Office (b)(6); (b)(7)(C) stated another detainee walked behind TRAN and flicked the back of his neck with his finger. Office (b)(6); (b)(7)(C) stated TRAN did not react and he told the other detainee to leave TRAN alone.

At some point during his shift, Office (b)(6); (b)(7)(C) stated that a new lock had to be placed on detainee TRAN's property box. Office (b)(6); (b)(7)(C) instructed TRAN to empty the box so he could temporarily remove the box from the cell and replace the lock. He stated detainee TRAN just sat on the bunk and stared at him. Office (b)(6); (b)(7)(C) recalled the property box contained no personal property and no commissary; just a pair of socks and underwear. Office (b)(6); (b)(7)(C) stated it would have taken "two minutes" to empty the box but detainee TRAN could not do it. He stated detainee TRAN "walked like a zombie, like he was sleepwalking."

Friday, June 1, 2018

Investigator (b)(6); (b)(7)(C) report documents the detainee left the unit for all three meals and for pill call. He also went to visitation. Per SDDO (b)(6); (b)(7)(C) detainee TRAN met with DO (b)(6); (b)(7)(C) the facility's travel document request/consulate liaison officer.

¹⁵ Pill call refers to times medications are given to detainees by nursing staff.

Saturday, June 2, 2018

Investigator (b)(6); (b)(7)(C) report documents the detainee left the unit for all three meals and for pill call. He also played a game with other detainees in the dayroom and briefly watched television.

Sunday, June 3, 2018

Investigator (b)(6); (b)(7)(C) report documents the detainee left the unit for all three meals and for pill call.

UN (b)(6); (b)(7)(C) stated on interview that detainee TRAN first came to her attention this date because he took a long time to eat his meal in the dining hall. She stated that at one point, the captain offered TRAN the opportunity to take his meal tray back to the unit so he need not rush to eat. TRAN declined and left with the other detainees. UN (b)(6); (b)(7)(C) stated the detainee was “almost zombie like” and had “tunnel vision.”

Monday, June 4, 2018

Investigator (b)(6); (b)(7)(C) report documents TRAN left the unit for all three meals and for pill call. He also spent approximately one hour in the dayroom with the other detainees.

(b)(6); (b)(7)(C) completed a mental health referral this date stating, “He seems very distraught, yesterday I observed Tran while he was eating very slow. When asked by the Assistant Shift Supervisor (b)(6); (b)(7)(C) if he would like to take his tray back to the unit he stated “No” Tran does not respond to unit staff when help is offered to him.” (b)(6); (b)(7)(C) stated on interview that she delivered the referral to the officer in medical because she considered it urgent. She shared she has a special needs child so she is particularly alert and sensitive to persons with special needs.

At **1:02 p.m.**, detainee TRAN left Delta Unit for medical, arriving at **1:06 p.m.** At **2:58 p.m.**, he went with the psychiatrist to his office. At **3:30 p.m.**, he walked in the hallway while the psychiatrist watched him and then returned to the psychiatrist’s office.

Detainee TRAN’s evaluation was conducted by (b)(6); (b)(7)(C) In his medical record entry, Dr. (b)(6); (b)(7)(C) documented he completed a “face-to-face, with sound privacy” assessment to address TRAN’s history of schizophrenia with medication treatment. He explained during interview that the encounter was conducted in his office, with a Core Civic officer standing outside his door in full view of the detainee. Although described as alert, awake and oriented to time, place, and person, (b)(6); (b)(7)(C) found TRAN was a poor historian, with inconsistencies in his reports of mental illness and medication treatment.

Note: TRAN’s vital signs were not taken for this encounter.

In the social history section of his not (b)(6); (b)(7)(C) wrote that TRAN was born in Vietnam but at the age of 12, he and his family escaped their country and moved to Thailand. At age 14, he migrated to the United States and went as far as the twelfth grade in school. His work history consisted of working in a warehouse for one week.

TRAN reported he began hearing voices at age 20 but started medication treatment just two years ago. He stated he used to hear voices “telling him to do things.” He also reported that he experienced visual hallucinations in the past and that he believed others can insert thoughts in his mind. TRAN stated since taking Haldol, “its [*sic*] been more than a year since he last heard voices, seeing things, or thought that people can insert thoughts in his mind.” He denied thought broadcasting¹⁶ or withdrawal, and described his anxiety as restlessness and being uncomfortable around people. He reported taking fluoxetine for anxiety. TRAN denied chest pain, dizziness, increased sense of embarrassment, depressed mood, feelings of hopelessness or helplessness, and suicidal ideation, intent or plan.

TRAN reported he received outpatient treatment at Southwest Network in Chandler, AZ from 2013 to 2017; also, that he was treated while in prison from 2017 to 2018. (b)(6); (b)(7)(C) noted his criminal history included aggravated assault and disorderly conduct, and that his last conviction involved threats made against his sister with a knife. TRAN reported he did not take his medication for three months prior to the incident. He last used alcohol two years ago, two cans per weekend, but denied illicit drug abuse. He admitted to smoking one pack of cigarettes per day for the past 13 years.

The mental status findings described TRAN as cooperative, tremulous, and showing mild psychomotor retardation¹⁷. He demonstrated minimal arm swinging while walking and was described as having an intense, sustained stare. His speech showed prolonged latent response periods, and his thought process was “slow and impoverished¹⁸.” His mood was described as euthymic¹⁹ and his affect as blunt. TRAN’s thought content showed no suicidal or homicidal ideation, intent or plan, and his insight and judgment were determined fair.

The examination findings included an AIMS assessment which resulted in a documented score of three.

Note: Although (b)(6); (b)(7)(C) wrote that the total score was three, he applied level one scores for four symptoms²⁰. The correct score was four.

The assessment findings were schizophrenia and anxiety disorder. (b)(6); (b)(7)(C) continued fluoxetine and Haldol in the same doses for treatment of anxiety and schizophrenia, respectively, but rewrote the orders to change administration times. Instead of morning administration, fluoxetine was to be given at noon and Haldol at night (b)(6); (b)(7)(C) plained during interview

¹⁶ Thought broadcasting is the belief others can hear or are aware of an individual’s thoughts.

¹⁷ Psychomotor retardation refers to a slowing down of thoughts and a reduction of physical movements in an individual.

¹⁸ According (b)(6); (b)(7)(C), impoverished responses were short, usually yes or no, without elaboration.

¹⁹ Euthymic refers to a tranquil mood.

²⁰ According to the Encyclopedia of Mental Disorders, items on the AIMS test are rated on a scale severity from zero to four. A rating of one is minimal severity.

that patients who receive morning doses ~~are awakened~~ at 4:00 a.m., and he felt it was necessary for TRAN to have uninterrupted sleep. (b)(6); (b)(7)(C) wrote in his note that he discussed the risks, benefits and alternatives to fluoxetine and Haldol with TRAN. The risks associated with fluoxetine listed in the note were dry mouth, headache, increased agitation/anxiety and nausea. Dry mouth and headache were also listed as risks associated with Haldol, as were tardive dyskinesia, malignant syndrome (MS)²¹, and sexual psychosis, depression, anxiety, irritability, homicidality, suicidality, and extrapyramidal symptoms (EPS)²². (b)(6); (b)(7)(C) note includes his observation that TRAN was, in fact, exhibiting EPS “which will be addressed with cogentin²³ trial.” Detainee TRAN signed a consent form for both Haldol and fluoxetine.

Note: The consent form states potential side effects were explained to TRAN but does not list them. As noted previously, TRAN did not sign a consent before the psychiatric medications were started on May 30, 2018.

Note: Consistent with his note, I (b)(6); (b)(7)(C) ordered discontinuation of the initial fluoxetine and Haldol orders in favor of a new prescription ~~changing~~ administration times to noon and night, respectively. However, Commande (b)(6); (b)(7)(C), Chief Pharmacist, stated during interview that because the orders were written after normal pharmacy hours, they were not processed until after TRAN was given early morning doses of both medications the next day, June 5, 2018. According to the MAR, he was erroneously given a second dose of fluoxetine at 12:00 p.m. per the new prescription. The same error did not occur with respect to Haldol; however, the MAR includes both a note stating an evening dose of Haldol was not given due to “Detainee at hospital” and a 4:00 p.m. entry consisting of a partially circled letter A that HSA (b)(6); (b)(7)(C) was unable to interpret. This documentation on the MAR suggests the medication may have been offered had TRAN not been taken to the hospital before its administration was due. As detailed below, a medical emergency was called at 4:15 p.m., resulting in TRAN’s transport to the hospital.

Note: Although (b)(6); (b)(7)(C) documented in his note that Cogentin was to be started for treatment of EPS, he did not write the order. He stated during interview that failure to write the order was an oversight. The reviewer notes that if Cogentin had been ordered, and unless ordered stat, the medication would not have been given until the next day because as discussed above, the pharmacy was closed when (b)(6); (b)(7)(C) wrote medication orders resulting from his encounter with TRAN.

²¹ Malignant Syndrome is a rare, but life-threatening, idiosyncratic reaction to neuroleptic medications characterized by fever, muscular rigidity, altered mental status, and autonomic dysfunction. It often occurs shortly after the initiation of neuroleptic treatment, or after dose increases.

²² Extrapyramidal symptoms are drug-induced movement disorders which include acute and tardive symptoms.

²³ Cogentin is the brand name for benztropine, a drug to treat Parkinson symptoms and side effects of other drugs.

(b)(6); (b)(7)(C) directed that TRAN's records from the Arizona Department of Corrections and Southwest Network outpatient clinic be requested. Psychiatric follow-up was scheduled for four weeks.

Note: The requested records were received by EFCF; however (b)(6); (b)(7)(C) informed the review team they were not provided prior to TRAN's death.

The video shows TRAN exited the psychiatrist's office at **3:42 p.m.** and returned to Delta Unit at **3:49 p.m.**

Tuesday, June 5, 2018

Investigator (b)(6); (b)(7)(C) report documents detainee TRAN left the unit for breakfast, lunch and pill call. He twice placed a chair in front of the TV but appeared to fall asleep with his head down.

(b)(6); (b)(7)(C) informed the review team that she discussed TRAN at a morning meeting convened by the Warden to discuss detainees with special needs. She stated meetings for this purpose are held weekly **and attended** by ERO personnel, healthcare staff, unit managers and security supervisors. (b)(6); (b)(7)(C) stated she reported she had submitted a referral and health care staff noted his name.

Per Investigator (b)(6); (b)(7)(C) report, an officer went to TRAN's cell at **12:15 p.m.** and the detainee left the unit for medical thereafter. Video footage shows he entered the medical waiting room at **12:22 p.m.** At **12:31 p.m.**, he followed (b)(6); (b)(7)(C) psychologist, down the hallway and into her office.

(b)(6); (b)(7)(C) stated on interview that she received a "vague referral" from CoreCivic which stated he seemed distressed at lunch.

Note: As discussed above (b)(6); (b)(7)(C) submitted a written referral the day before.

(b)(6); (b)(7)(C) stated detainee TRAN walked very slowly and seemed "sluggish." As they walked to her office, she kept looking behind her to make sure he was following. He sat slowly in a chair but kept his arms in the air. She said he made "inconsistent eye contact", was "staring off into space", and seemed "disengaged." (b)(6); (b)(7)(C) described him as soft spoken and hesitant in his responses. She recalled asking him multiple times if he was OK and he replied, "I'm fine." He got up and walked around a few times while in the office.

(b)(6); (b)(7)(C) medical record entry documents the same information. Following is the text of her narrative note:

“[Patient] presented as depressed and apathetic. He exhibited flat affect with alogia²⁴. Additionally, he presented as extremely slow moving, lethargic, and exhibited rigid movements with occasional hand tremors. [Patient] gout [sic] out of his seat twice during this session, and when asked if he was alright, said that he ‘needed to move,’ without further explanation. [Patient] was encouraged to step out into the hallway for a moment to walk briefly. It appeared that [patient] was sweating on his forehead, and his hands appeared to be shaking toward the end of the session. Initially [patient] denied [symptoms] of depression; however, later in the discussion, after pointing out that his presentation was inconsistent with his self-report, he later acknowledged experiencing ‘some depression [sic]. [Patient] acknowledged that he has been moving more slowly overall, which began in the last few weeks. [Patient] denied issues with sleep or appetite. [Patient] denied past and current [auditory visual hallucinations]. It should be noted that during his initial intake on 5/2/18 at Florence, he reported experiencing [auditory visual hallucinations] prior to taking his psychotropic medication. [Patient] said that he has been consistently taking his psychotropic medication. [Patient] exhibited longer pauses between responses toward the end of the session. He appeared somewhat distracted. At one point, [patient] asked why he was being asked these questions. [Patient] was cooperative overall, though he ultimately said that he didn’t want to talk anymore. In terms of coping mechanisms, [patient] reported that he attends recreation, but said that he spends his time sitting. He said that he talks to other males in his pod, but also acknowledged that he has had difficulty conversing with others, as he feels nervous, for the past several weeks. He was unable to identify why he felt nervous. [Patient] denied thoughts of self-harm, plan, and intent.”

Note: Given the physical symptoms TRAN exhibited, referral to a prescribing provider may have been prudent.

(b)(6); (b)(7)(C)

s note states TRAN was to be placed on mental health observation status with nursing checks twice daily and checks by Core Civic every 15 minutes. She also directed follow-up in two to three days.

(b)(6); (b)(7)(C)

stated that she determined the detainee should be placed in Bravo 600 so he would be in a more restricted environment and could be monitored more closely. The review team was informed this unit houses special needs detainees with sex-based crimes who cannot safely be housed in the general population, and detainees needing mental health observation and suicide watch. Consistent with her medical record entry (b)(6); (b)(7)(C) completed a Special Needs Form directing twice daily nursing checks and checks by the unit officer every 15 minutes. (b)(6);

(b)(6); (b)(7)(C) informed the review team that she handed the form to the medical officer.

²⁴ Alogia is a poverty of speech, in which a general lack of additional, unprompted content is seen in normal speech.

Based on the Special Needs Form, an administrative segregation order was approved by Captain (b)(6); (b)(7)(C). Captain (b)(6); (b)(7)(C) stated that before a detainee can be placed in segregation for medical observation, both a Special Needs Form and medical clearance are required. Medical clearance is documented on TRAN's administrative segregation order by way of a stamp signed by RN (b)(6); (b)(7)(C).

Note: The medical record does not document medical clearance for segregation. During interview, (b)(6); (b)(7)(C) acknowledged that she reviewed TRAN's record, only, and did not assess him in person. Asked about documenting clearance in the medical record, she said that if she did not make an entry, she was supposed to. HSA (b)(6); (b)(7)(C) affirmed that detainees being placed in segregation are to be seen in person.

Video shows TRAN exiting (b)(6); (b)(7)(C) office at **1:07 p.m.**, then reversing course and returning to her office. At **1:10 p.m.** an officer arrived and he, along with the psychologist, escorted TRAN down the medical corridor where the officer appears to instruct him to take a seat. At **2:50 p.m.** Senior Correctional Officer (Sergeant) (b)(6); (b)(7)(C) arrived to escort detainee TRAN to Bravo 600 Unit. Sergeant (b)(6); (b)(7)(C) stated TRAN was seated in front of the medical officer who informed him TRAN was anxious. (b)(6); (b)(7)(C) said the detainee kept standing up and asked if he could leave. When Sergeant (b)(6); (b)(7)(C) replied yes, TRAN asked where he was going. The sergeant told him he was being moved to another unit so medical could keep a closer eye on him. Sergeant (b)(6); (b)(7)(C) stated the detainee was "not all there" and seemed like someone "burnt out on drugs."

Video footage shows detainee TRAN was escorted into Bravo 600 Unit at **2:54 p.m.** and to cell 606 at **2:56 p.m.** by Officer (b)(6); (b)(7)(C) the officer assigned to the unit. Bravo 600 has 24 cells, 12 to the left of the officer's station, designated as the west side, and 12 on the right, designated as the east side. Sex offenders are housed on the west side; detainees on mental health observation status and suicide watch are housed on the east side. The east and west sides are accessed through separate gates.

Detainee TRAN's cell, 606, is the second cell on the east side. The cell is solid steel with a window on the top half and a food/handcuff portal on the lower half. A concrete slab is located in the center of the cell with a mattress placed on top. On the rear wall is a window with bars. A stainless steel combination sink and toilet fixture is located to the right front of the cell. The east side dayroom has steel tables and affixed stools, a shower stall to the left of the entryway and an outdoor recreation area at the rear.

The EFCF Post Orders for the Bravo 600 officer require that the officer, "conduct any special watches as directed by medical staff" and that all security checks be "properly documented and logged." EFDC Policy 10-100, Segregation/Restrictive Housing Unit Management, states that all detainees housed in SMU "will be personally observed by an officer." EFCF does not have an electronic system for recording security rounds; therefore, officers document cell checks on the

Confinement Watch Logs posted on clipboards outside each cell and in the unit logbook. Between TRAN's placement in cell 606 at 2:56 p.m. and the medical emergency logged at 4:15 p.m., Officer (b)(6); (b)(7)(C) documented on TRAN's Confinement Watch Log that he checked on him at 3:09 p.m., 3:23 p.m., 3:38 p.m., 3:52 p.m., and 4:06 p.m.

As detailed below, video evidence does not support that Officer (b)(6); (b)(7)(C) made the first three checks documented. Investigator (b)(6); (b)(7) informed the review team that Officer (b)(6); (b)(7)(C) resigned from CoreCivic on June 14, 2018, and shared that he would have been terminated had he not resigned. In her report, Investigator (b)(6); (b)(7) discussed her interview of Officer (b)(6); (b)(7)(C) prior to his resignation. He confirmed he received the Special Needs Form and was aware detainee TRAN was to be checked every 15 minute checks. When Investigator (b)(6); (b)(7)(C) asked Officer (b)(6); (b)(7)(C) about the discrepancies between his log entries and the video evidence, he stated the times may have been off because he does not make entries right away. He claimed he looked into TRAN's cell as he walked by and that every time, the detainee was moving and breathing. Per Investigator (b)(6); (b)(7)(C) report, Officer (b)(6); (b)(7)(C) stated TRAN was sitting on the edge of his bed for the first two documented security checks and on the next check, was laying on his stomach with his arms tense and one leg elevated.

Based on the reviewer's analysis of housing unit video, Officer (b)(6); (b)(7)(C) entered TRAN's cell with a bag at 3:00 p.m. exiting 35 seconds later. Per Investigator (b)(6); (b)(7)(C) report, the bag contained linens. Officer (b)(6); (b)(7)(C) informed her that when he brought TRAN his bedding, the detainee did not say a word and seemed to be shaking a little.

Over the course of the next 51 minutes, video shows Officer (b)(6); (b)(7)(C) in the vicinity or walking past detainee TRAN's cell on five occasions, never looking in to confirm the detainee's welfare. At 3:15 p.m., he marked clipboards at three nearby cells but does not look in any of the three. After marking the clipboards, he passed TRAN's cell at 3:17 p.m. without stopping. At 3:27 p.m., Officer (b)(6); (b)(7)(C) seen at the clipboard by TRAN's cell but does not look in. At 3:45 p.m., the video shows Officer (b)(6); (b)(7)(C) placing an orange card on TRAN's cell door to indicate he was on medical observation status but again, he does not look in the cell. At 3:47 p.m., Officer (b)(6); (b)(7)(C) placed an orange card on the cell door next to TRAN's, 605, and spoke to Officer (b)(6); (b)(7)(C) who was assigned to constant watch vigil for the detainee assigned to the cell. At 3:51 p.m. Officer (b)(6); (b)(7)(C) is seen on video looking into TRAN's cell and marking the clipboard. He then stood at the door looking in. Officer (b)(6); (b)(7)(C) then moved from cell 605 to look in TRAN's cell, after which Officer (b)(6); (b)(7)(C) opened then closed the door to the cell. He did not enter.

Officer (b)(6); (b)(7)(C) left the east side at 3:55 p.m. He returned at 4:04 p.m. and after delivering a meal tray to another cell, opened the food portals in TRAN's and another detainee's cells. At 4:06 p.m., Officer (b)(6); (b)(7)(C) handed Officer (b)(6); (b)(7)(C) sack meal for the detainee on suicide watch and placed a meal tray on TRAN's food portal. After Officer (b)(6); (b)(7)(C) moved away to deliver a tray to another cell, Officer (b)(6); (b)(7)(C) appears to look in TRAN's cell. At 4:08 p.m. when Officer (b)(6); (b)(7)(C) passed the sack meal to the detainee on suicide watch, TRAN's tray remained on the food portal. Officer

(b)(6) then looked again into TRAN's cell. At **4:11 p.m.**, Officer (b)(6); (b)(7)(C) delivered a meal to another cell. On his way back to the officer's station, he stopped at TRAN's cell briefly before moving on, but does not look in. A minute later, **4:12 p.m.**, Officer (b)(6); (b)(7)(C) returned to the cell and looked directly in. He turned to speak to a detainee in the dayroom, then returned his gaze to inside TRAN's cell. Officer (b)(6) removed the tray from the portal and exited the east side. He returned at **4:13 p.m.** and opened the cell door. He entered then exited quickly, leaving the door ajar. Investigator (b)(6); (b)(7)(C) report documents that Officer (b)(6); (b)(7)(C) told her that when he entered the cell, he touched TRAN's leg, then touched his hand and shook his back. He noted the detainee's back was warm. Officer (b)(6); (b)(7)(C) said he then yelled out to TRAN and heard Officer (b)(6); (b)(7)(C) tell him to call a medical emergency. The video shows that after Officer (b)(6); (b)(7)(C) exited the cell, he started to leave the immediate vicinity then returned to the cell and spoke into his radio.

Note: The reviewer concludes that when Officer (b)(6); (b)(7)(C) was seen speaking into his radio, he called medical emergency. The time entered in the Confinement Watch Log, likewise, the Central Control log, was 4:15 p.m., reasonably close to the time shown on video.

The video shows Officer (b)(6); (b)(7)(C) moving away from TRAN's cell at **4:14 p.m.** and at **4:15 p.m.**, he moved toward the front of the east side, motioning to the detainee in the dayroom to return to his cell. Another officer arrived and escorted the detainee to his cell as Officer (b)(6); (b)(7)(C) returned to TRAN's cell and opened the door wider.

Correctional Counselor (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C) were first to respond to the medical emergency call, arriving at **4:16 p.m.** Officer (b)(6); (b)(7)(C) who was the designated camera operator for the ERT this date, carried a handheld video camera. None of the three entered the cell. Upon interview and in their statements to Investigator (b)(6); (b)(7)(C) they all stated they did not enter for their own safety. They noted TRAN was a level three male detainee and they could not be certain he was not feigning illness. Officer (b)(6); (b)(7)(C) reported that when she arrived, she passed Officer (b)(6); (b)(7)(C) who was exiting the area. He pointed to cell 606 and said, "This is the cell." She called out to TRAN three times from the doorway but he did not respond.

Note: EFDC Policy, Segregation/Restrictive Housing Unit Management, 10-100, section 10-100.4, (E)(2)(c) states, "Staff members equal to the number of inmates/residents assigned to the cell will be present prior to opening any occupied cell door."

Per the video footage, Lieutenant (b)(6); (b)(6); (b)(7)(C) arrived 22 seconds later and entered the cell. Officers (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C) followed. Lieutenant (b)(6); (b)(7)(C) confirmed that when he arrived on the unit (b)(6); (b)(7)(C) were standing outside the cell. He said that when he and Officer (b)(6); (b)(7)(C) entered TRAN's cell, he was laying on his stomach with his face in the pillow. Lieutenant (b)(6); (b)(7)(C) reported that when he rolled the detainee onto his right side, TRAN was "cold to the touch and stiff." He recalled that a yellow/reddish discharge was coming from the detainee's nose and that the detainee was not breathing. He stated on interview that he instructed security staff to begin CPR, later instructing that they rotate

performance of chest compressions after every four series to avoid fatigue. Officer (b)(6); (b)(7)(C) conducted the first round. Lieutenant (b)(6); (b)(7)(C) said that after directing initiation of CPR, he immediately radioed Central Control to direct calling 911. The video shows he stepped out of the cell at **4:17 p.m.** and spoke into his radio, presumably to direct the 911 call.

Note: Although the Central Control log documents the call was not made until 4:21 p.m., the Eloy Fire District Prehospital Care Report documents a unit was dispatched at 4:19 p.m., suggesting the call was made quickly after Lieutenant (b)(6); (b)(7)(C) direction. The Central Control log details other events with times inconsistent with video evidence. Because the officers in Control were not in a position to directly witness events, the reviewer concludes the entries were made as information was reported and do not reflect the times events occurred. For that reason, Central Control log entries are not included in the below recounting of events unless not documented elsewhere.

The video shows RN (b)(6); (b)(7)(C) and Office (b)(6); (b)(7)(C) arrived at **4:17 p.m.** At **4:18 p.m.**, three additional medical staff are seen on video entering the east side with a gurney and the emergency bag. They included NP (b)(6); (b)(7)(C) and two nurses. At **4:20 p.m.**, NP (b)(6); (b)(7)(C) arrived, followed at **4:22 p.m.** by PA M (b)(6); (b)(7)(C). At **4:23 p.m.**, Captain (b)(6); (b)(7)(C) arrived and stood outside the cell for one minute before leaving. He stated during interview that he stayed only briefly because Lieutenant (b)(6); (b)(7)(C) had the incident under control.

Video taken by Office (b)(6); (b)(7)(C) with the handheld camera captures events within the cell. For 46 seconds there was sound but no video. Office (b)(6); (b)(7)(C) explained on interview that the lens cover would not fully open, necessitating Lieutenant (b)(6); (b)(7)(C) assistance before the camera started recording video. Despite the delay, the video captures emergency response efforts by security and medical staff, detailed below. The video ends after eight minutes and 43 seconds, prior to arrival of emergency medical services (EMS) responders. Lieutenant (b)(6); (b)(7)(C) stated that he instructed Officer (b)(6); (b)(7)(C) to stop recording after he asked Captain (b)(6); (b)(7)(C) if the event should be recorded. Captain (b)(6); (b)(7)(C) confirmed that when he reported to the scene, he told the lieutenant to stop recording because “it was a medical procedure.” When asked if he considers CPR a medical procedure, he replied that never in his career in corrections has he recorded CPR.

As noted, RN (b)(6); (b)(7)(C) was the first medical responder to arrive on scene. In her medical record entry, she wrote TRAN was laying on the bed, unresponsive and not breathing; also, that officers had started CPR. The video from the handheld camera shows she applied a pulse oximeter²⁵ to the detainee’s right index finger which, according to her note, resulted in a very low finding of 48 percent. She noted a sternal rub was performed without effect, and a faint irregular pulse was found on the right wrist.

²⁵ A pulse oximeter is a small piece of equipment placed on the finger to measure pulse oxygen.

NP (b)(6); (b)(7)(C) is seen on the video entering the cell 46 seconds after RN (b)(6); (b)(7)(C). Per the RN's note, he took over as leader of the emergency response. In (b)(6); (b)(7)(C)'s medical record entry, he noted officers were performing chest compressions and manual breaths. During interview of Officer (b)(6); (b)(7)(C), she confirmed she performed two rescue breaths using the CPR mask she brought to the scene. NP (b)(6); (b)(7)(C) remarked to the review team that because officers were performing chest compressions very well, he made the decision to let them continue. On the video, he is seen checking TRAN's left wrist for a pulse and according to his note, found none. NP (b)(6); (b)(7)(C) note also documents the detainee was not breathing and he had no reaction to a sternal rub.

The video shows (b)(6); (b)(7)(C) removed the automated external defibrillator (AED) from the case and attempted to apply the pads under TRAN's shirt. He is heard asking for another provider. (b)(6); (b)(7)(C) then seen cutting TRAN's shirt, revealing that the AED pads were placed on the upper abdomen and did not adhere to TRAN's body. (b)(6); (b)(7)(C) medical record entry (see below) confirms this observation, describing the pads as "partially adhered."

Note: Proper placement of AED pads is one pad on the front of the chest above the right nipple and the other one on the left side of the chest below the breast area. Although the pads were later repositioned, their placement remained imperfect throughout the emergency response.

Note: For an AED to provide accurate analysis and effective shock during a sudden cardiac arrest, AED pads must make proper contact with the patient's skin.

During interview, (b)(6); (b)(7)(C) said he did not know whether the pads were expired, which may have caused the gel to be dry and non-adhering. He stated his assumption that the pads did not stick because TRAN was perspiring profusely. (b)(6); (b)(7)(C) stated it did not occur to him to dry TRAN's skin and if available in the emergency bag, apply new pads.

Note: The reviewer found the emergency bag inventory did not include an extra set of AED pads.

P (b)(6); (b)(7)(C) note "AED analyzed the patient multiple times during resuscitation but without a shockable rhythm." (b)(6); (b)(7)(C) note cites three as the number of times no shock was advised.

The video shows an (b)(6); (b)(7)(C)'s note documents other rescue efforts, including placement of an ambu bag for administration of oxygen while CPR was performed. The video recording shows the ambu bag did not seal properly until TRAN's head was tilted. Officer (b)(6); (b)(7)(C) informed the review team that she made the suggestion to do so, commenting that the medical responders seemed overwhelmed and nervous. A medical record entry by (b)(6); (b)(7)(C) documents she maintained the ambu bag mask in position to ensure it remained sealed until EMS responders