From: (b)(6); (b)(7)(C)
Sent: 27 Jul 2018 14:14:27 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: ALMAZAN
Attachments: ALMAZAN DDR Medical Narrative - Glades County Detention Center.docx, ALMAZAN DDR Medical Narrative - Krome North Service Processing Center.docx, ALMAZAN DDR Medical Narrative Polk County Adult Detention Center.docx

FYI

From (b)(6); (b)(7)(C)
Sent: Wednesday, July 25, 2018 4:50 PM
To: (b)(6); (b)(7)(C)
Subject: ALMAZAN

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

(b)(6);
(b)(7)(C) didn't do timelines but instead, did three separate narratives. Here they are. Please give me a call when you have a chance.

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

Detainee Death Review: ALMAZAN-Ruiz, Felipe A028866428
Medical Compliance Analysis
Glades County Detention Center
Moore Haven, Florida

Medical Staffing

Armor Correctional Health Services (ACHS), with headquarters in Miami, Florida has provided 24-hour medical care since the facility's activation in June 2007. GCDC earned their most recent accreditation through the National Commission on Correctional Healthcare (NCCHC) in May 2017, and at the current time, eight medical employees have earned status as Certified Correctional Health Professionals (CCHP)[1]. Full time positions include the Director of Nurses (DON), a licensed clinical social worker, the Administrative Assistant, and the Health Services Administrator (HSA), the latter of whom is not a clinician but has a health services administration background. Three part time registered nurses (RN) provide a total of 56 hours per week, and 13 part time licensed practical nurses (LPN) provide 460 hours per week. Other part time positions include a mental health physician assistant, two licensed mental health professionals, a dentist, and a dental assistant. The Clinical Director, a CCHP is licensed in Puerto Rico and Florida, with certification to work in critical need areas. He is available on site for clinical services four days per week. Staffing numbers were found to be sufficient for the provision of detainee healthcare, in accordance with the NDS, and all professional licenses were present, current and primary source verified.

Summary of Events

On Saturday, **August 12, 2017,** at 3:15 a.m. (b)(6); (b)(7)(C) LPN documented the medical intake screening, noting there were no barriers to communication, and responding "Yes" to ALMAZAN's ability to "Understand English". During interview she denied her personal ability to speak Spanish and when questioned about the level of ALMAZAN's English proficiency, she replied, "If I did the intake, he spoke English. We would use Interpretalk (*Language Service*) otherwise." When questioned about the frequency of Interpretalk use over a week period, she estimated, "maybe once or twice." Regarding Creative Correction's observation that all consent and agreement forms were in English, LPN (b)(6); (b)(7)(C) stated she was unaware of Spanish version forms. During intervie (b)(6); (b)(7)(C) , HSA stated Spanish forms are available for sick call requests and medical consents and agreed the Spanish versions should have been used for ALMAZAN. The intake screening documentation did not mention review of the medical summary sent by the Krome North Service Processing Center (KNSPC), with resulting failure to

[1] A CCHP is a medical person who has demonstrated, through NCCHC testing, the possession, application, and interpretation of knowledge necessary for professional practice in correctional health care.

list current diagnoses and treatment. Vitals signs were recorded within normal limits (*See Appendix I for vital signs table*). The health questionnaire included a subjective history of liver cirrhosis[2], vision problems, and depression. He admitted to having tried or seriously considered killing or hurting himself, "Six times, about three years ago", but he denied current suicidal thinking. A chest x-ray was scheduled for tuberculosis[3] clearance, although there is no report evidencing this was done. He was noted, however, to have had a normal chest x-ray on July 12, 2017, while at KNSPC, having remained in continual ICE custody. He was assigned to chronic care clinic, referred to a provider on an urgent basis, and cleared for general population. The intake screen was electronically approved by (b)(6); (b)(7)(C) RN, DON on August 15, 2017.

Two days later on Monday, **August 14, 2017**, at 10:26 a.m (b)(6); (b)(7)(C) conducted the intake mental health screening, noting ALMAZAN's diagnoses of liver cirrhosis, depression, and anxiety. He reported a history of alcohol dependence, having last used three months ago when he was arrested. He stated he had been prescribed trazadone[4] for the past three months while incarcerated in Metro West, Dade County. He was described as cooperative, with a calm demeanor, while presenting sadness and mild anxiety. He denied audiovisual hallucinations[5], delusions[6], and suicidal and homicidal ideations but reported bouts of depression and crying over the past three months. He attributed his sadness and anxiety to stress of his current situation, and having been divorced five years ago due to his alcohol problem. He reported his drinking worsened until he was incarcerated, having since suffered guilt, sadness and loss, using prayer and faith to manage his feelings. He admitted having, "tried to commit suicide many times by drinking excessively," but denied current intention, ideation, or plan. His mental health status was described as alert, appropriate in behavior, cooperative, fully oriented, neat, well-groomed, and appearing older than his stated age. His affect was good, and judgment was fair. He reported both sleep and appetite were within normal limits. The past medical history section of the assessment noted the only hospitalization was related to liver cirrhosis. His medications accurately reflected the pill line medications listed on the Krome medical summary, as listed:

Medication	Purpose
Clotrimazole 1%	Antifungal cream for athlete's foot
Ducosate Sodium 100 mg	Stool softener used to treat constipation
Folic Acid 1 mg	B vitamin used to enhance red blood cell production
Hydrocortisone 1%	Steroid used to treat skin conditions
Lactulose 10 GM/15 ml solution	Type of sugar solution used to treat chronic constipation

[2] Liver cirrhosis is a chronic liver disease in which liver cells become inflamed and begin dying, causing scar tissue to form. Alcohol abuse is a common cause of cirrhosis.

[3] Tuberculosis is a serious bacterial infection which mostly affects the lungs.

[4] Trazadone is a sedative medication which can treat depression.

[5] Hallucinations are perceptions of having seen, heard, touched, tasked or smelled something that was not actually there, commonly a symptom of mental illness.

[6] Delusions are beliefs or altered reality persistently held despite evidence or agreement to the contrary, commonly a symptom of mental illness.

	and to reduce the amount of ammonia in the blood of patients with liver disease.
Maalox 30 cc	Antacid which neutralizes stomach acidity
Multivitamin	Nutritional supplement
Omeprazole 20 mg	Treatment of heartburn and esophageal reflux disease (GERD)[7]
Proctosol 2.5%	Treatment of itching or swelling caused by hemorrhoids
Sertraline Hcl 100 mg	Treatment for depression and anxiety
Spironolactone 25 mg	Treatment for high blood pressure and fluid retention.
Trazodone 50 mg	Treatment for depression and sleep difficulty
Triamcinolone Acetonide 0.1%	Treatment for psoriasis
Rifaximin 550 mg	Treatment for irritable bowel syndrome with diarrhea

The mental health assessment findings were listed as depression, generalized anxiety disorder, and alcohol dependence, in remission. The plan was, "Appointment electronically created for patient to see psychiatrist as soon as possible." He was deemed eligible for program participation and job placement and was assigned to general population without segregation.

On the same day, at 10:27 a.m. (b)(6); (b)(7)(C) MD conducted the initial chronic care clinic for cirrhosis, stating during interview he communicated with ALMAZAN in Spanish and was unaware of the detainee's English proficiency. He documented, "51 year old male with history of liver cirrhosis, GERD, possible portal hypertension[8], constipation here today for initial clinical evaluation, the patient diagnosed seven years ago and he's been on treatment since then." ALMAZAN's personal risk factors were identified as smoking, "two per day", and "a lot" of alcohol. He denied past surgeries or hospitalizations. He was described as appearing well, in no acute distress, obese, well developed, and well nourished. He complained of external hemorrhoids[9], dry itchy skin and eyes, and headaches. He denied chest pain, abdominal pain, and nausea and vomiting. The review of systems revealed no abnormal findings, and the vital signs were all within normal limits. The abdominal assessment was described as, "Positive bowel sounds, non-tender, no hepatosplenomegaly[10], no masses[11]." The assessment listing included 1) liver cirrhosis/fatty liver; 2) GERD; 3) possible portal hypertension; 4) IBS[12], and 5) eczema[13]. There was no reference to pancytopenia[14], as was noted in the last chronic care clinic

[7] GERD is short for gastroesophageal reflux disease, also known as acid reflux, is a digestive disease in which stomach acid or bile irritates the food pipe lining (esophagus).

[8] Portal hypertension refers to high blood pressure in the system of veins coming from the stomach, intestine, spleen, and pancreas which merge into the portal area before traveling through the liver.

[9] Hemorrhoids are swollen and inflamed veins in the rectum and anus which can cause discomfort and bleeding.

[10] Hepatosplenomegaly refers to abnormal enlargement of the liver and spleen.

[11] Masses are any localized enlargement or swelling in the human body.

[12] IBS, short for irritable bowel syndrome is an intestinal disorder causing pain in the belly, gas, diarrhea, and constipation.

[13] Eczema is a condition in which the skin becomes inflamed and itchy.

at the Krome North SPC (KNSPC). When questioned about his suspicion of portal hypertension in the absence of KNSPC's previous diagnoses, he explained that once he was aware of the cirrhosis diagnosis he considered all possible outcomes and conducted laboratory testing to rule it out. He further stated there were no varices[15] or spider webbing[16] noted during the abdominal assessment. The plan included 1) Triamcinolone Acetonide 0.1% cream twice daily for 60 days; 2) PT[17], PTT[18], INR[19], psa[20], cmp[21], cbc[22], lipid panel[23], h pylori test[24], ammonia level[25] tomorrow; 3) follow-up Thursday with lab results; 4) increase fluid intake; 5) continue with all other meds for 30 days; 6) please renew when finishing; 7) follow-up in 90 days; 8) Proctosol 2.5% topical cream twice daily for 30 days. During interview (b)(6); (b)(7)(C) explained that a nurse works directly with him to ensure his orders are carried out.

According to the laboratory report, the blood collection took place on August 17, 2017, with receipt in the lab and complete report forwarded on the following day, August 18, 2017. (b)(6); (b)(6); reviewed the laboratory results, electronically noted as "Observation Report Date", on the same day as receipt. Questioned during interview, he stated that although the results were concerning, he knew ALMAZAN was scheduled for his follow-up clinic in two weeks, and because the PT and PTT were only slightly elevated, he felt comfortable waiting until the next appointment to address the seriously low platelet count[26] of 41. He further offered his opinion that he places urgency on levels lower than 30, at which time he transfers the patient to the hospital for treatment. On questioning whether he was aware of the pancytopenia condition previously diagnosed at KNSPC, he, along with (b)(6); , Regional Vice President of ACHS, expressed surprise and disbelief, voicing they had not been aware of the diagnosis, nor the

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[14] Pancytopenia is a medical condition in which there is a reduction in the number of red and white blood cells, as well as platelets.

[15] Varices are abnormal veins in the lower part of the tube running from the throat to the stomach.

[16] Spider webbing, otherwise known as Spider angiomas, refers to surfaced veins, which have a local spot and radiating vessels to appear web-like, commonly caused by advanced liver disease.

[17] PT is short for prothrombin test, a blood test to determine how quickly the blood clots.

[18] PTT is short for partial thromboplastin time, a blood test which measures the time it takes for blood to clot.

[19] INR is short for international normalized ration, a blood test which evaluates blood clotting.

[20] PSA is short for prostate specific antigen, a substance produced by the prostate gland, which is measure to determine prostate disease.

[21] CMP is short for comprehensive metabolic panel which tests blood glucose level, electrolytes levels, kidney function, liver function, and nutritional problems.

[22] CBC is short for complete blood count, which tests levels of all types of blood cells to determine presence of disease.

[23] Lipid panel is a series of lab tests, which determine levels of fats and cholesterol in the blood.

[24] H-pylori test is short for helicobacter pylori, bacteria that causes infection in the stomach, such as ulcers.

[25] An ammonia level test determines the amount of ammonia produced by bacteria in the intestines. Ammonia is normally converted by the liver, producing urea which is eliminated in the urine. With liver disease, ammonia levels can rise due to the inability for the liver to convert it.

[26] A platelet count is the number of clot-producing cells in the blood.

significantly low platelet count of 37. Regarding his treatment plan (b)(6); (b)(7)(C) stated he believed he did the right thing in trying to excrete the excess ammonia in ALMAZAN's system. He further offered if he had been the physician at KNSPC and had known ICE was going to move him with his current medical condition, he would not have approved the transfer. When asked if a two to three hour flight transfer would have been appropriate considering the current medical condition, he stated, "I might say no", basing his statement on the fact that because it is not known why the platelets are so low, the detainee might have an embolism.

Detainee ALMAZAN submitted an initial sick call request for vision problems, dated **August 16, 2017**, writing, "I Need See The Doctor be Cause He Tool mi I have 2 Apoimentes, Monday and Tuesday I ron't Recib Notin in My Dormitory Please Because I ron't See Noting and He Told my y Need Test for My Ayees PlEASE The Doctor is (b)(6); (b)(7)(C) Please Help My I conT Read Noting Please Help My" (*See Appendix II for sick call table*) (b)(6); (b)(7)(C) LPN documented receipt of the sick call request at 9:00 p.m. on August 17, 2017, referring him to nurse sick call. (b)(6); (b)(7)(C) LPN documented a sick call encounter, using "Nursing Protocol – Eyes, Ears, Nose, Teeth, and Throat." The date of **August 18, 2017,** was stamped at the top of the first page; however the note was not signed off until October 15, 2017, suggesting the note could have been written or altered at any time during that time. There was no reference to barriers of communication, language preference, or use of interpretation assistance. Vital signs were all recorded within normal limits, and his vision test showed 20/20 in the right eye and 20/200 in the left eye. Of note, the eye examination conducted by KNSPC on July 19, 2017, showed 20/100 in the left eye and 20/200 in the right eye, and the vision testing done during this physical assessment on August 24, 2017, showed 20/200 in both eyes, suggesting the 20/20 recording was erroneous. The nursing assessment diagnosis was disturbed sensory perception: rule out visual disturbance, and the plan, based on "not acute" vision disturbance was to allow ALMAZAN to obtain his glasses from home and to use proper lighting. Documentation failed to show inquiry into the current location of his glasses or what his home situation was. As was documented in the August 22, 2017, provider assessment, he had his glasses while at Krome and believed they were in his property. Consequently, LPN (b)(6); failed to adequately address his complaint, which remained unresolved. Creative Correction notes that the provided medical record did not include a copy of this sick call encounter; but rather, it was provided just prior to the review close-out. Consequently, LPN (b)(6); was not interviewed.

A second Inmate/Detainee Request was dated **August 20, 2017**, in which ALMAZAN wrote, "DR – I need You Help Because My Medicates AHORA NO SEE MEDICIN I TAKE EVRY DA (b)(6); (b)(7)(C) I fillin My EYES DRY. PLEASE I need My GLASES Please When I go To Court They Give to mi but I canT SEE NOTHING My EYES I filling Burning and MY HEAD I HAVE PAIN So I need My GLASES Please (b)(6); (b)(7)(C) The sick call response was left blank, but the request was signed as received by LPN (b)(6); (b)(7)(C) on **August 21, 2017**. During intervie (b)(6); (b)(7)(C) reviewed the medical record and verified a sick call encounter was not present, stating that he was not seen in nursing sick call because he had a pending appointment with the provider for this evaluation.

(b)(6); (b)(7)(C) Advanced Registered Nurse Practitioner (ARNP) conducted a provider assessment on **August 22, 2017,** at 3:17 p.m. to address ALMAZAN's complaints of, "I am having a lot of pain in my joints. I cannot see, either. I had glasses at Krome but they say they are not in my property here. My vision is very bad. The medication is helping some, but I still can only sleep two to three hours." There is no documentation of barriers to communication, language preference, or use of interpretation assistance. NP (b)(6); (b)(7)(C) documented his extensive history of alcohol dependence, and noted he was currently taking Zoloft and trazodone with some benefit. He was described as cooperative with a congruent affect[27], logical thought process, anxious mood, and a restless and fidgety manner. There is no objective assessment, including vital signs. The treatment plan was to continue Zoloft 100 mg daily and increase trazodone to 75 mg nightly to improve his insomnia. A Specific Authorization for Psychotropic Medications form was signed by ALMAZAN, but the specific medication was not indicated with a check mark. The treatment plan did not address the complaint of vision difficulty. He was electronically scheduled for follow-up in 60 days. As NP (b)(6); no longer works for GCDC, an interview could not be conducted to clarify if the encounter was intended to serve only as a mental health follow-up, as opposed to a sick call assessment.

The initial health assessment was conducted by (b)(6); (b)(7)(C) RN on **August 24, 2017**, at 2:33 p.m., with review and approved electronic signature of (b)(6); on September 5, 2017. A review of the training and credentials file showed RN (b)(6); was trained for conducting initial medical and dental assessments on January 12, 2016 and on August 22, 2017. Detainee ALMAZAN identified current complaints as right knee pain and vision difficulty. He denied blood in his sputum, blood in his stools, or black tarry stools[28]. His vital signs and physical assessment were all within normal limits, including the abdomen, which was described as having normal bowel sounds and no masses or tenderness. Tremors were not observed, and his gait and coordination were normal. Examination of his skin showed no rashes, lesions[29] or infestations[30]. ALMAZAN's visual acuity using the Snellen Eye Chart measured 20/200 in the right eye, 20/200 in the left eye, and 20/200 in both eyes, without correction, for which he was referred to the doctor for visual disturbance. The dental screening found no missing teeth and "four upper implants per patient."

A third sick call request was submitted on **August 27, 2017**, in which ALMAZAN wrote, "I NEED SEE THE DOCTOR BECAUSE I have To Much Pain in My Bond's I Want Somthin XXXike Bengay is Hard THE PA A and I want A see The doctor THE LAST Went I see HE PuT in THE Sistem For Examen in My Eyes I Need glases PLE! I can'T Read NoThing I need Realy The Glases". The Triage Decision By Nursing Staff noted referral to nurse sick call and was signed two days later on **August 29, 2017**, at 9:00 p.m. by (b)(6); (b)(7)(C) LPN

[27] Congruent affect means a person's emotions are appropriate for the situation.

[28] Black tarry stools can indicate bleeding in the upper portion of the digestive tract.

[29] Lesions are regions of an organ or tissue which have suffered damage through injury or disease, such as a wound, ulcer or tumor.

[30] Infestations refer to a state of being invaded or overrun with pests or parasites.

(b)(6); (b)(7)(C) LPN, CCHP conducted a sick call assessment on **August 30, 2017**, at 2:24 p.m. to address ALMAZAN's complaint of pain in both shoulders and both knees. The pain was described as moderate, constant and worsening. A pain scale was not used to determine pain level. Vital signs were all recorded within normal limits. The general examination noted an uncomfortable appearance with tenderness on palpation. There was no swelling or gait abnormality. The nursing assessment was Alteration in Comfort in joints. The plan was to provide ibuprofen 400 mg twice daily for five days as needed in accordance with the Nursing Protocol on Muscular Skeletal problems. LPN (b)(6); (b)(7)(C) noted, "NO history of bleeding ulcers." He was provided patient education and instructed to return to sick call if symptoms worsen or persist more than seven days. Documentation fails to show ALMAZAN's complaint of vision difficulty was addressed. During interview, LPN (b)(6); (b)(7)(C) who triaged this sick call request, offered that nurses allow only one complaint per sick call request and that the detainees are expected to submit an individual request for each complaint they have, with the sick call nurse prioritizing the issues. HSA (b)(6); (b)(7)(C) and VP (b)(6); (b)(7)(C) both agreed during interview that the two issues absolutely should have been addressed in a single visit. RN (b)(6); (b)(7)(C) electronically approved the sick call assessment on August 31, 2017.

On September 1, 2017, ALMAZAN completed a fourth sick call request, stating, "I Need See The Doctor The Name of (b)(6); (b)(7)(C) . I wan'T To Se becase I ned Glases THE Nurse OnLY No GIME Apoimen For Opticol I have Pain in Myy Head and My EYES in My EYES I fell likefire and The People I see Strange (b)(6); (b)(7)(C) Nothing Please I need See THE DOCTOR For My ApoinmenT an Medicinefo EYES LiKe Vicine SO<Thin DROPS for My Eyes THANK YOU". (b)(6); (b)(7)(C) LPN documented receipt of the request the same day at 9:00 p.m. and referred him to nurse sick call. On **September 2, 2017,** at 4:56 p.m., (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) LPN conducted a sick call assessment to address ALMAZAN's complaint of having difficulty seeing, as things look blurry. He stated he had an appointment scheduled with an optometrist prior to entering the facility. Vital signs were all recorded within normal limits and his vision remained at 20/200 in both eyes. The assessment was disturbed sensory perception: Rule out visual disturbance. The plan included a "Routine referral to (b)(6); (b)(7)(C) within five days secondary to patient having difficulty seeing, may need glasses. Made same complaint during initial health assessment." The note was electronically approved by (b)(6); on September 5, 2017.

Four days later on Wednesday, **September 6, 2017,** at 9:48 a.m (b)(6); (b)(7)(C) initiated a sick call visit for complaints of visual disturbance, along with a thirty-day chronic care evaluation. Forty-six laboratory results, completed on August 18, 2017, were addressed, along with additional results provided the following day. Only the abnormal levels are included below, with comparisons of those that had also been done at Krome:

Test	Krome Result	Glades Result	Normal Limits
Bilirubin[31]	1.6	1.7	0.0-1.2

Alkaline Phosphatase[32]	157	162	20-130
Hemoglobin[33]	10.5	11.3	13-18
Red Blood Cells[34]	3.28	3.65	4.5-5.9
Hematocrit[35]	29.3	34	40-52
White Blood Cells [36]	2.0	3.0	3.6-11
Platelets	37	41	150-400
Lymphocytes[37]	0.4	0.7	1.1-4.7
Ammonia		108	11-35
Activated PTT		41.6	50-89

ALMAZAN's general appearance and physical assessment findings were all within normal limits, with exception of the abdominal assessment, which described pain in the mid-epigastric area radiating to the chest. Bowel sounds were normal, and there was no tenderness, masses, or hepatosplenomegaly on palpation. The plan was written as follows:

"1===I will increase lactulose doses and will continue with the current meds. CBC weekly the follow-up ++see below prednisone 100 mg X3 days then 0 mg x 3 days then 60 mg po x 3 days then 50 mg x 3 days the 40 mg x 3 days then 30 mg x 3 days then 20 mg x 3 days the 10 mg x 2 days then 5 mg x 2 days the 2.5 mg x 2 days then d/c.
FERROUS SULFATE, 325 mg #90, Sig: 1 time per day for 90 days
2===+++++cbc weekly x 4 weeks+++++
3===d/c dulcolax
4========lactulose 40 ml po daily x 90 days=======
5==-FOLIC ACID, 1 MG #90, Sig: Take 1 Tablet by mouth 1 time per day for 90 days
6===MULTIVITAMIN, #90, Sig: Take 1 Tablet by mouth 1 time per day for 90 days
7===SPIRONOLACTONE, 25 MG #180, Sig: Take 1 Tablet by mouth 2 times per day for 90 days.
8===Xifaxan 550 mg po bid x 90 days
9===Patient c/o visual disturbance
10===OS 20/200 OD 20/200
11===ammonia level Q2 WEEK X 8 WEEKS
12===Renal diet x 180 days
13===cbc cmp lipid panel in 82 days

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[31] Bilirubin is an orange, yellow pigment produced by the liver.

[32] Alkaline phosphatase is an enzyme found throughout the body, which can be elevated in liver disease.

[33] Hemoglobin is the protein molecule in the red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the body back to the lungs.

[34] Red blood cells are the blood cells that contain hemoglobin and carry oxygen.

[35] Hematocrit is a volume percentage of red blood cells in the blood, usually at 47% in men.

[36] White blood cells are the cells involved in protecting the body against infection.

[37] Lymphocytes are a form of white blood cells that produce antibodies to fight infection.

14===follow=up in 90 days
15===OMEPRAZOLE 40 MG #90, Sig: Take 1 Capsule by mouth 1 time per day for 90 days."

(b)(6); (b)(7)(C) signed off his note at 10:23 a.m. on the same day. Creative Corrections notes there was no referral to the optometrist for ALMAZAN's serious vision impairment. Without eyeglasses his ability to read written instructions, consents, or patient education was seriously declined. His frustration was clearly expressed in his sick call requests. Following is documentation of sick call requests and complaints during clinical encounters.

Date and Mode of Request	Date of Encounter Who Conducted	Treatment Plan	Completed
August 16, 2017 Sick Call Request	August 18, 2017 LPN	Approved to have glasses from home sent in.	No, as his glasses were not at his home
August 20, 2017 Sick Call Request	No sick call scheduled	None, as triage nurse believed detainee was scheduled for MD	No, as a provider failed to address the complaint.
August 22, 2017 Complained during encounter.	August 22, 2017 ARNP	None. Complaint was not addressed.	NA
August 24, 2017 during initial physical assessment.	August 24, 2017 RN	Referred to MD	No
August 27, 2017 Sick call	August 30, 2017 LPN	None, as only one of two complaints were addressed.	N/A
September 1, 2017 Chronic Care	September 1, 2017 MD	None, as not addressed in plan	N/A

The ACHS Medical policy J-E-07 Non-emergency Health Care Requests and Services, mirroring the NCCHC Standard of the same number and title, instructs that any patient who has been seen in sick call more than twice in 30 days for the same complaint, but who has not yet been seen by a practitioner will be scheduled for the clinician's clinic. Although the sick call nurses' dispositions were followed by provider assessments, the focus was limited to chronic care and mental health issues, leaving the vision problem unaddressed. A review of the commissary showed reading glasses were available for purchase, but with a maximum of $10.00 in his account at any given time, he would not have been able to pay the cost of $11.55. There is no indication that any attempts were made to obtain reading glasses for him, although according to HSA (b)(6); (b)(7)(C), an optometry appointment was pending but not completed because of his transfer.

According to custody logs, ALMAZAN was transferred to Polk County Texas in emergency response to hurricane Irma on September 7, 2017. The Transfer Summary, documented by RN (b)(6); (b)(7)(C) the same day as his departure, medically cleared him for travel. The listed diagnoses included only cirrhosis of the liver without alcohol, generalized anxiety disorder, and depression. The additional serious chronic care diagnoses of portal hypertension, pancytopenia, and irritable bowel syndrome were not listed, and with no accompanying medical records, to include

laboratory results, most recent chronic care assessment, and pending specialty services, these diagnoses were unknown on his arrival to PC. It remains unexplained why the cirrhosis diagnosis was erroneously changed to "cirrhosis without alcohol", but the diagnosis followed him to Polk on September 8, 2017 and to the hospital where he died nine days later.

APPENDIX I
Vital Signs

DATE	TEMPERATURE	PULSE	RESPIRATIONS	BLOOD PRESSURE	WEIGHT
August 12, 2017	98.1	66	18	106/70	168
August 14, 2017	98.3	62	18	101/66	165
August 16, 2017	97.0	59	18	104/70	164
August 24, 2017	98.4	65	16	112/78	163
August 30, 2017	98.6	74	18	106/68	165
September 2, 2017	98.3	83	18	113/77	166
September 6, 2017	97.6	80	18	122/76	170

APPENDIX II
Sick Call Requests

DATE SUBMITTED	COMPLAINT	DATE TRIAGED	DATE OF ASSESSMENT	TREATMENT PROVIDED
August 16, 2017	Vision difficulty	August 17, 2017	August 17, 2017	Instructed to get glasses sent in from home. Vision difficulty unresolved.
August 20, 2017	Vision difficulty with headache	August 21, 2017	August 24, 2017	Referred to the doctor. Not evaluated by MD for vision difficulty until September 6, 2017.
August 27, 2017	General body pain Vision difficulty	August 29, 2017	August 30, 2017	Ibuprofen provided for pain. Vision difficulty remained unresolved.
September 1, 2017	Vision difficulty with headache	September 1, 2107	September 2, 2017	Routine referral to (b)(6); (b)(7)(C) within five days. Was seen for vision difficulty during chronic care clinic on September 6, but no MD order written for optometry. Transferred same day due to hurricane.

Compliance Findings

There were no NDS deficiencies found. Identified areas of concern are as follows:

- Sick call requests, consents for medical care and psychiatric medication use, and keep-on-person agreements were not provided in Spanish version. As evidenced during interviews, not all nurses were aware of the availability of Spanish version forms.
- There was no reference to barriers of communication, language preference, or use of interpretation assistance during most nursing and provider encounters. Throughout interviews with staff from all three facilities in which detainee ALMAZAN was detained, there is strong evidence he was not English proficient.
- A nursing note by a sick call LPN was not signed at the time of her August 16, 2017, encounter, but rather it was signed two months later on October 15, 2017. From a legal standpoint it cannot be determined the note was not initiated and/or altered immediately prior to the sign-off on the latter date.
- During the August 16, 2017, encounter the LPN failed to inquire about the location of the detainee's eyeglasses, which were not at his home, resulting in an unresolved issue. Creative Corrections considered this misinformation might have been a result of a preventable communication barrier related to the detainee's inability to proficiently speak and understand English.
- Multiple complaints on the same request form are not always addressed and nurses reported a practice of one complaint per request form, with prioritization of the complaint at the time of the sick call encounter.
- In spite of the detainee's early and repeated complaint of serious vision impairment, a request for optometry to get eyeglasses was never processed.
- Possibly related to the hurried nature of the hurricane evacuation, the transfer summary failed to ensure adequate continuity of care to by failing to include all relevant health information.

Detainee Death Review: ALMAZAN-Ruiz, Felipe A028866428
Medical Compliance Analysis
Krome North Service Processing Center (KNSPC)
Miami, Florida

Medical Staffing

KNSPC's primary health care provider is ICE Health Service Corps (IHSC), supported by contractor InGenesis Medical Staffing based in San Antonio, Texas. InGenesis Medical Staffing sub-contracts STG International, Incorporated. Medical services are provided 24 hours a day, seven days a week. The staffing plan includes 21 commissioned Public Health Service officers, five GS employees, and 31 contract employees. Additionally, there are four casual nurses. The commissioned officers include the Health Services Administrator (HSA), assistant HSA, Clinical Director, three mental health professionals, dentist, pharmacist, three mid level providers, nurse manager, program manager, and eight registered nurses (RN). The GS employees include three medical records technicians, a dental assistant, and a radiology technician. The contract positions include a staff physician, two mental health professionals, psychiatrist, two pharmacy technicians, one midlevel provider, ten RNs, nine psychiatric RNs, three licensed practical nurses (LPN), one medical records technician, and an administrative assistant. A casual pool of three contract RNs and one contract LPN supplement the staffing model. According to the HSA (b)(6); (b)(7)(C) vacancies at the time of ALMAZAN's detention included five RNs and a radiology technician. Credential files were reviewed and found to be current and primary source verified.

IHSC's electronic medical record system, e-Clinical Works (eCW), is used at KNSPC. It is noted that unless indicated, the times of medical encounters identified in this report are the times nurses and providers electronically entered their notes, per system-produced timestamps. The times encounters were actually conducted is not available unless documented in the notes.

Summary of Events

LT (b)(6); (b)(7)(C), RN conducted a pre-screen at 5:47 p.m. on **July 12, 2017**, noting that detainee ALMARAZ arrived to the facility at 1500 hours. Creative Corrections believes the nurse's documented time is in error, as processing officers confirm arrival times with double checks prior to the pre-screen, which they recorded as 5:00 p.m. Interpretation assistance was not provided, as, "Detainee speaks English fluently," and there were no barriers to communication identified. During interview (b)(6); (b)(7)(C) stated she does not speak Spanish but, "If I say do you have any medical questions and I can see he is struggling with my questions, I can get an interpreter." It was noted ALMAZAN had not transferred from another facility. He was noted to have current, unspecified health problems and was taking medication. He was

placed on a Priority 2 status, which according to LT (b)(6); (b)(7)(C) means a provider must evaluate the detainee within 24 hours because of a chronic condition or if he is taking medications.

At 9:39 p.m. (b)(6); (b)(7)(C) RN, InGenesis, conducted the intake screen, noting that Detainee ALMAZAN was Spanish speaking, for which interpretation assistance was provided. Inconsistent with LT (b)(6); (b)(7)(C) note, RN (b)(6); (b)(7)(C) stated he had transferred from another facility, having arriving with a transfer summary. Attempts to locate a transfer form, however, found no evidence of its existence. Detainee ALMAZAN stated he was feeling fine and was not in pain. He offered his previous diagnosis of cirrhosis[1] and that he was on medication. The only medication listed, however, was sertraline (Zoloft), a medication to treat depression. When asked if he was now or ever had been treated by a doctor for a medical condition, he replied no. He denied symptoms of tuberculosis infection, and his chest x-ray was negative. He denied drug abuse but admitted to drinking 12 to 15 beers a day, having last used on April 1, 2017. He also admitted to being a smoker, smoking two cigarettes per night. The examination, mental health screening, and vital signs were all within normal limits (*See Appendix I for vitals)*. A Spanish version of the consent for medical treatment was signed. He was noted to have an abnormal intake screening and was referred to a medical provider. He was medically cleared for custody.

(b)(6); (b)(7)(C) RN documented a sick call visit on **July 16, 2017,** at 3:34 p.m. to assess an unspecified skin irritation. An interpreter was not used, as, "Detainee speaks English fluently." When questioned during interview as to how she determines when interpretation assistance is needed, she replied that she is able to understand the issue, sometimes using "sign language" and since this visit occurred on a Sunday, "We probably had a Spanish speaking person to translate, and I didn't document it." Vital signs were all within normal limits, and ALMAZAN's general appearance was described as well developed, well nourished, and in no acute distress. In spite of the complaint of skin irritation, the skin was documented only as normal, warm and dry. His heart was regular in rate and rhythm, and his lungs were normal. Treatment included Clotrimazole cream[2], with application to the affected area twice a day for seven days, as keep-on-person (KOP) medication and hydrocortisone cream[3] with application to the affected area, externally, twice a day for seven days, also as a KOP medication. An English version of a KOP agreement was signed by ALMAZAN. Treatment notes refer only to "RN Guidelines for Foot Fungus", while a reference to a nursing guideline authorizing use of hydrocortisone cream was not filed. During interview, RN (b)(6); (b)(7)(C) admitted her failure to document the complete physical assessment and was unable to recall why she ordered the hydrocortisone cream, stating, "If I treated him, there was a reason I treated him".

Seven days following intake, on **July 19, 2017**, at 5:34 a.m., LCDR (b)(6); (b)(7)(C) NP, conducted an initial physical examination, noting that the intake screen was reviewed. An

[1] Cirrhosis is liver damage from a variety of causes, such as alcohol abuse, leading to scarring and liver failure.

[2] Clotrimazole cream is an antifungal medication, commonly used to treat athlete's foot.

[3] Hydrocortisone cream is a steroid used to treat skin conditions.

interpretation service was used, with the Language Line identification number recorded. During interview NP (b)(6); (b)(7)(C) stated, "Even if they say they speak a little bit of English, I use the service to make sure they understand." Detainee ALMAZAN denied all medical and dental complaints, with the exception of hepatitis and depression. He admitted to suicidal ideation one year ago but denied any attempts. NP (b)(6); (b)(7)(C) narrative states detainee ALMAZAN was taking medication for cirrhosis while in Metrowest Detention Center (MDC)[4]. He stated he felt fine, was eating and sleeping well, and had regular bowel movements. He denied homicidal or suicidal ideations or thoughts of potential for violence towards others. He denied chest pain, shortness of breath, nausea or vomiting, fever or chills, abdominal pain, diarrhea, constipation or any other complaints or concerns at that time. His vital signs were all within normal limits. His eye test showed a visual impairment[5] of 20/200 in the left eye, 20/100 in the right eye, and 20/70 in both eyes, without glasses. The general examination found him to be in no acute distress, well developed, well nourished, and calm and relaxed. He was noted to be asymptomatic[6] and clinically stable. The assessment diagnoses were alcoholic cirrhosis of liver without ascites[7] and visual disturbance. The treatment plan included renewal of sertraline, follow up with mental health, comprehensive laboratory studies on July 28, 2017, referral to ophthalmology[8], and referral to radiology for an ultrasound[9] of the liver. A medical consent was sent to MDC to obtain medical and medication records. Detainee ALMAZAN was provided patient instructions and preventive health information.

The initial mental health screen was conducted on **July 20, 2017**, at 2:18 p.m. (b)(6); (b)(7)(C) Psychologist, STG recalled conducting the encounter in Spanish and was not aware of what ALMAZAN's level of English proficiency was. During questioning ALMAZAN verbalized that the father of a 43 year-old woman he had been dating was angry that he was going out with his daughter and later accused him of sexual assault. His past psychiatric history included hospitalization at Jackson Memorial Hospital (JMH) for alcohol abuse four years ago, but was later referred to mental health while at the hospital. He reported that he was drinking heavily due to depression and stress. He said he would experience sadness, crying spells, and had suicidal ideations. He said he felt this way because of not having a wife or significant other, not having his parents, having a sibling pass away, and losing his job. He reported that while at JMH he was seen by a psychiatrist who prescribed medication, which helped him significantly, but he did not recall the name of it. As per medical records, he was taking Zoloft (*sertraline*) 100 mg. He reported a history of suicidal ideations prior to his hospitalization, having had thoughts of jumping off a building, but he did not follow through as he began to think about his family, and

[4] MDC is a Dade County prison in Doral, Florida

[5] A visual impairment refers to loss of vision and decreased ability to see. Normal vision is 20/20, while 20/200 is a significant vision loss.

[6] Asymptomatic means an absence of symptoms.

[7] Ascites is an abnormal accumulation of fluid in the abdominal cavity.

[8] Ophthalmology refers to a specialty in eye disease.

[9] An Ultrasound is a diagnostic tool using sound waves to produce images of inside the body.

he started to read the Bible. He also reported suicidal ideations three years ago with thoughts of cutting himself with a knife, but focusing on his faith, he did not follow through. He denied current suicidal/homicidal ideation, intent or plans. He also denied a history of perceptual disturbances or delusions. The substance abuse history noted detainee ALMAZAN had been convicted for driving under the influence of alcohol and participated in in-patient alcohol treatment. The assessment findings were 1. Major depressive disorder[10], recurrent, mild; and 2. Alcohol abuse, uncomplicated. Treatment included follow-up in two to three weeks and referral to (b)(6); (b)(7)(C) for medication management.

On **July 24, 2017**, at 5:46 p.m., LCDR (b)(6); (b)(7)(C) RN documented a progress note related to a sick call refusal, stating, "Patient called for sick call on evening shift but refused. Multiple calls were placed by PHS desk officer with no result. Will continue to monitor." (b)(6); (b)(7)(C) explained that detainees are typically seen in sick call between 8:00 a.m. to 3:00 p.m. every day, but in the event of a spill over, a list is made of those not seen, and the detainees who are returned to the housing until after 3:00 p.m. are called back on the evening shift of the same day. Prior to the sick call visit, nurses do not know the nature of the request. Three days later on **July 27, 2017**, at 12:19 p.m., (b)(6); (b)(7)(C) RN documented a late entry for a sick call visit conducted on July 26, 2017. An interpretation service was not used as "Detainee speaks English fluently." Detainee ALMAZAN stated he had been taking pills for his liver but had not yet received them." He denied pain, and his vital signs were all within normal limits. The nursing plan was to send a telephone encounter to a medical provider. The following day of July 28, 2017, at 12:00 p.m., RN (b)(6); (b)(7)(C) documented another sick call visit for complaint of respiratory symptoms and sore throat. An interpreter was not used for his visit as, "Detainee speaks English fluently." Detainee ALMAZAN denied pain, and his vital signs were all within normal limits. He stated his cold symptoms were mild and had been present for a few days. His general appearance was described as pleasant, in no acute distress. His throat appeared normal, and his respirations were even and unlabored. He was instructed to do salt water gargles three times daily for three days and was returned to the dorm.

(b)(6); (b)(7)(C) RN, InGenesis documented a sick call assessment for complaint of skin itching on **August 2, 2017** at 1:39 p.m. An interpreter was not used, as, "Detainee speaks English fluently." Detainee ALMAZAN denied pain, and his vital signs were all within normal limits. He described moderate itchiness over his whole body, having started weeks ago. He was observed to be persistently scratching. His general examination found him to be alert, well hydrated, and in no acute distress. There were no suspicious lesions, and psychologically he was alert, oriented, cooperative with the exam, and showed intact cognitive[11] functioning. The nursing treatment plan included application of hydrocortisone cream to the affected areas twice daily, start polyvinyl alcohol ophthalmic solution[12] to the eyes four times daily, and patient

[10] Major depressive disorder is a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing a significant impairment in daily life.

[11] Cognitive refers to the process of knowing and perceiving.

instructions regarding bathing, avoidance of irritants, and increase of water intake. Following repeated requests for a RN Guideline addressing itching to verify the prescribed treatment of hydrocortisone cream, it was never produced.

(b)(6); (b)(7)(C) documented a follow-up mental health assessment on **August 4, 2017**, at 12:29 p.m., noting the conversation was in Spanish. Vital signs conducted by (b)(6); (b)(7)(C) RN were all within normal limits, and detainee ALMAZAN denied pain. He expressed having symptoms of depressed mood, but they were decreased from those previously reported. He stated he was participating in recreational activities and socializing with his peers. He presented as psychiatrically stable and was able to remain housed in the general population. He reported he had been complying with his psychiatric medication, with improvement in his level of sadness, energy, and motivation. His mood and attitude seemed better, and he no longer felt tearful. He offered he had talked to his sister who told him she was in the process of legalizing her stay in the U.S. and therefore did not want contact with him. He also discussed having gone to court the previous day, at which time the judge asked him if he found a lawyer with the list given to him. He said he informed the judge that no one returned his call. The judge asked him if he wanted to proceed with the case on his own which he replied yes to. An appointment was pending with (b)(6); (b)(7)(C) Psychologist on August 11, 2017, and he was scheduled for follow-up with Dr. (b)(6); (b)(7)(C) n three to four weeks.

At 2:32 p.m. the same day, (b)(6); (b)(7)(C) PA, STG documented a provider visit to review laboratory studies with detainee ALMARAZ. According to the laboratory reports, the blood samples were drawn and forwarded to the laboratory on July 28, 2017, results were received on July 31, 2017, and (b)(6); (b)(7)(C) eviewed them on August 3, 2017, noting, "MLP will discuss with patient tomorrow". Interpretation services were not used for this encounter, as (b)(6); (b)(7)(C) speaks fluent Spanish. Detainee ALMAZAN reported that he takes pills for his liver and had not received them as yet. He stated he occasionally feels weak and tired, had been eating and sleeping well and was better adjusted in general population. He listed his medications as rifaximin[13] 550 mg twice daily, Folic acid[14] 1 mg once daily, docusate[15] 100 mg twice daily, multivitamin[16] one tablet daily, Aspirin[17] 81 mg once daily, and omeprazole[18] 20 mg once daily. He explained he had been taking rifaximin for six to seven years. He denied any bruises, bleeding, or abdominal pain. As over 50 laboratory values were obtained, only the abnormal levels are listed:

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[12] Polyvinyl alcohol ophthalmic solution is also known as artificial tears, a treatment for dry eyes.

[13] Rifaximin is a type of antibiotic, which treats traveler's diarrhea and irritable bowel syndrome with diarrhea.

[14] Folic acid is a B vitamin used to enhance red blood cell production.

[15] Docusate is a stool softener used to treat constipation.

[16] Multivitamin is a nutritional supplement.

[17] Aspirin is a pain reliever.

[18] Omeprazole is a medication used to treat heartburn and esophageal reflux disease (GERD).

Test	Normal Range	Result
Hemoglobin A1c[19]	4.8-5.6	4.4
Prothrombin Time [20]	9.1-12.0	12.3
Hepatitis A Antibody[21]	Positive	Negative
Hepatitis B Core Antibody [22]	Positive	Negative
Bilirubin[23]	1.6	0.0-1.2
Albumin, Serum[24]	3.4	3.5-5.5
BUN/Creatinine Ratio[25]	23	9-20
Creatinine, Serum	0.57	0.76-1.27
Alkaline Phosphatase[26]	157	39-117
Serum Lipase[27]	67	0-59
Neutrophils[28]	1.3	1.4-7.0
Hemoglobin[29]	10.5	12.6-17.7
Red Blood Cells[30]	3.28	4.14-5.8
Hematocrit[31]	29.3	37.5-51.0
White Blood Cells [32]	2.0	3.4-10.8
Platelets[33]	37	150-379
Lymphocytes[34]	0.4	0.7-3.1

[19] Hemoglobin A1c is a test, which provides an average of blood sugar over a two-month period.

[20] Prothrombin time is a blood test to determine how quickly the blood clots.

[21] Hepatitis A antibody is a protein which if present in the blood, signifies past exposure to hepatitis A.

[22] Hepatitis B core antibody is a protein, which if present in the blood, indicates previous or ongoing infection with hepatitis B

[23] Bilirubin is an orange, yellow pigment produced by the liver.

[24] Serum albumin is the most abundant protein in the blood and is also the major carrier of fatty acids in the blood.

[25] BUN (blood urea nitrogen)/Creatinine (a waste product from muscle breakdown) ratio is a test to check kidney function.

[26] Alkaline phosphatase is an enzyme found in the blood. Abnormal values can help determine the level of liver dysfunction.

[27] Serum lipase is an enzyme, which can be found in abnormally high levels in the blood when the pancreas is damaged.

[28] Neutrophils are a type of white blood cells, which help fight infection by ingesting microorganisms

[29] Hemoglobin is the protein molecule in the red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the body back to the lungs.

[30] Red blood cells are the blood cells that contain hemoglobin and carry oxygen.

[31] Hematocrit is a volume percentage of red blood cells in the blood, usually at 47% in males.

[32] White blood cells are the cells involved in protecting the body against infection.

[33] Platelets, also called thrombocytes, are a component of blood whose function is to stop bleeding by clumping and clotting blood vessel injuries.

(b)(6); (b)(7)(C) MD, STG noted lab results would be discussed with detainee ALMAZAN. (b)(6); (b)(7)(C) sted the assessment findings as 1) Alcoholic cirrhosis of liver without ascites; 2) Other pancytopenia[35], and 3) Hepatitis B carrier. Creative Corrections notes that according to the CDC website, the hepatitis B results indicate immunity due to natural disease and do not indicate carrier status as diagnosed by (b)(6); (b)(7)(C). Treatment ordered for liver disease included rifaximin 550 mg twice daily; folic acid 1 mg daily; docusate 100 mg twice daily; multivitamin, one tablet daily; enteric coated[36] aspirin 81 mg daily; and omeprazole 20 mg daily. Follow-up laboratory studies were ordered to include serum uric acid[37], CBC[38] with differential[39], serum lipase, serum amylase, thyroid panel[40] with thyroid stimulating hormone[41], and GGT[42]. Rifaximin was non-formulary, so a request for authorization was completed. A referral was submitted for hematology[43], pending approval. Detainee ALMAZAN was cleared for custody and scheduled for follow-up "as scheduled or sooner as needed."

On **August 9, 2017**, at 9:38 a.m., NP (b)(6); (b)(7)(C) conducted a follow-up assessment for pancytopenia and review of lab results. An interpreter was not used during this visit. Questioned about why interpretation assistance was not used, as she had voiced its importance at the time of the initial physical examination, she stated, "Maybe I forgot to note the interpreter was used, because as I said, if they only speak a little English, I get an interpreter." Detainee ALMAZAN denied pain and his vital signs were all within normal limits. He requested medication for skin itching, especially over his back. He also requested an eye appointment and medication for gas. He reported he had been eating and sleeping well and was doing well in general population. He denied any bruising, bleeding, or abdominal pain at that time. The general examination noted no acute distress, well developed, well nourished, and calm and relaxed. His skin was warm and dry with good turgor[44], and there was no bruising, hematomas[45],

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[34] Lymphocytes are a form of white blood cells that produce antibodies to fight infection.

[35] Pancytopenia is a medical condition in which there is a reduction in the number of red blood cells, white blood cells, and platelets.

[36] Enteric-coating is a polymer barrier applied on oral medication, which prevents its disintegration in the stomach.

[37] Serum uric acid is the chemical found in the blood when the body breaks down foods containing organic compounds called purines. If too much uric acid is being produced or if the kidneys are not able to remove it from the blood normally, the level increases, potentially causing solid crystals to form within the joints, causing gout.

[38] CBC, short for complete blood count tests levels of all types of blood cells to determine the presence of disease.

[39] A blood differential test measure the percentage of each type of white blood cells.

[40] Thyroid panel is a series of tests used to evaluate thyroid function and help diagnose hypo- or hyperthyroidism.

[41] Thyroid stimulating hormone is a hormone produced by the pituitary gland, which stimulates the thyroid gland to produce and release hormones into the blood.

[42] GGT is short for gamma-glutamyl transferase, which is elevated in some forms of liver disease.

[43] Hematology is the branch of medicine concerned with the study of the cause, diagnosis, treatment, and prevention of blood related diseases.

[44] Turgor is the degree of elasticity of the skin, assessment of which can determine the extent of dehydration of

bleeding, or fragile capillaries. His heart assessment was normal. He was alert, oriented, and cooperative, demonstrating intact cognitive functioning and good eye contact. His gait was normal. The assessment diagnoses were 1) Other pancytopenia and 2) Tinea pedis[46]. Treatment for pancytopenia included lactulose[47] solution twice daily, Spironolactone 25 mg twice daily, hematology referral pending approval, and ophthalmology referral pending approval. Orders for tinea pedis included clotrimazole ceam twice daily for seven days and hydrocortisone cream twice daily for seven days. Aluminum-magnesium-simethicone suspension[48] 400 mg was ordered four times a day for seven days.

(b)(6); (b)(7)(C) MD, Psychiatrist conducted a psychiatric evaluation on **August 11, 2017**, at 9:40 a.m., noting that an interpretation service was not used as, "Detainee speaks English fluently." (b)(6); (b)(7)(C) noted she obtained her subjective information from the initial mental health intake, and following the narrative, documented, "Patient concurred with the above information. He currently denied any depressive, manic, psychotic, or anxiety symptoms, no suicidal ideation/homicidal ideation. He reports insomnia. Risks, benefits, and side effect of Trazodone were discussed with patient who consented." Creative Corrections observed English consent forms were signed for both (b)(6); on July 19, 2017, and for Trazodone at the time of this encounter, suggesting that ALMAZAN may not have fully understood the indication and side effects of the medication. Vital signs conducted by RN (b)(6); (b)(7)(C) were all within normal limits, with the exception of a mildly elevated body temperature of 99.3. The diagnosis was major depressive disorder, recurrent, mild, for which trazodone[49] 50 mg was ordered. Follow-up was scheduled for four weeks. As (b)(6); (b)(7)(C) was no longer employed at KNSPC at the time of the review.

At 4:23 p.m, RN (b)(6); documented a transfer summary for ALMAZAN's departure to Glades County Detention Center (GCDC) the same day. There were no special needs or medical, dental, or mental health reasons listed that would affect his transportation, nor were there any restrictions or special equipment required for travel. The disposition was "medically cleared for custody". The document included all current medications, but the only medical history listed was cirrhosis for eight years. There was no reference to pancytopenia, depression, or tinea pedis, all of which had been identified since his intake. Additionally, there was no reference to pending referrals for hematology, ophthalmology, and radiology for a liver ultrasound; nor were copies of laboratory studies and most current chronic care clinic records sent with the transfer summary to

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fluid loss in the body.

[45] A hematoma is a solid swelling of clotted blood within the tissues.

[46] Tinea pedis, also known as athlete's foot, is a fungal infection of the feet, usually beginning between the toes.

[47] Lactulose is a type of sugar solution used to treat chronic constipation and to reduce the amount of ammonia in the blood of patients with liver disease.

[48] Aluminum-magnesium-simethicone is

[49] Trazodone is a medication used to treat depression and sleep difficulty.

ensure efficient continuity of care by the receiving facility. The medical documentation failed to include a medical hold to ensure provider review prior to transfer.

During interview, CAPT (b)(6); (b)(7)(C) MD, Clinical Director addressed the adverse findings related to ALMAZAN's medical care, emphasizing that he had not rendered care so was "only looking at other things as the clinical director." He cited his main concern as the flow of appointments related to pancytopenia, chronic liver problems, and cirrhosis caused by abuse of alcohol. He described the platelet count of 37 as, "very low, he didn't have the building blocks for coagulation," adding that there was definitely a risk for bleeding and infections, but it may have been going on for years. Questioned about the length of time it took for the hematology referral, he replied, "We have no control," explaining that certain consulting specialties are difficult to access, and that it basically is no different from being seen in the community, which can take three to four weeks. With his specialty as a flight surgeon, (b)(6); (b)(7)(C) stated low platelets would not affect clearance for air travel, and even with a low hemoglobin level of 10.5, "I would still clear someone at those levels to fly." In discussion of the transfer summary, which omitted serious diagnoses, (b)(6); (b)(7)(C) explained if providers failed to update the problem list, the conditions will not show at the time the nurse prepares the summary, agreeing that the problem list was not current and in addition to pancytopenia and depression, should have included varices[50] and portal hypertension[51]. He stated it would not be impossible to send applicable copies of the medical record with the summary, although, "It would take more work to include it." He did agree, however, that it would be helpful to include the last chronic care clinic. Regarding a medical hold, he stated there would not be a need for a medical hold if the receiving institution was aware of and followed up with the medical condition. He added that he would have no problem telling ICE a detainee can not go if there were pending consults, however, adding, "Whether it would have made a difference in the outcome, hard to say." He voiced his opinion that GCDC was an appropriate facility to send a stabilized case, and that they had not any any significant issues with them.

APPENDIX I
Vital Signs

DATE	TEMPERATURE	PULSE	RESPIRATIONS	BLOOD PRESSURE	WEIGHT
July 12, 2017	98.1	74	16	114/68	171
July 16, 2017	97.6	74	16	107/66	170
July 19, 2017	98.5	69	16	110/70	175
July 20, 2017	97.9	68	16	101/61	175
July 27, 2017	98.1	73	16	115/61	170

[50] Varices are abnormal veins in the lower part of the tube running from the throat to the stomach.

[51] Portal hypertension refers to high blood pressure in the system of veins coming from the stomach, intestine, spleen, and pancreas which merge into the portal area before traveling through the liver.

August 2, 2017	98.2	82	16	105/63	170
August 4, 2017	98.1	72	16	100/63	172
August 8, 2017	98.4	71	16	102/64	165
August 11, 2017	99.3	74	16	97/57	170

CONCLUSIONS

Medical

Compliance Findings

Creative Corrections finds the care provided to Filipe ALMAZAN-Ruiz by the Krome North Service Processing Center did not meet all requirements of the 2016-revised ICE PBNDS 2011, Medical Care. Deficiencies were identified in the following components of the standard:

ICE PBNDS 2016, Medical Care, section (V)(E), which states, "Each facility 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."

- On July 16, 2017**,** at 3:34 p.m. to assess an unspecified skin irritation. An interpreter was not used, as, "Detainee speaks English fluently."
- The keep-on-person agreement form signed on July 16, 2017, was in English and may not have ensured his full understanding.
- Consent forms for psychotropic medications were not provided in Spanish version to ensure full understanding of the indication and side effects of the medication.
- Nursing sick call encounters conducted on July 26, 2017, July 27, 2017, and August 2, 2017, failed to use interpretation assistance to ensure full and accurate information gathering and clear understanding of instructions provided.
- On August 9, 2017, a non-Spanish-speaking provider conducted a laboratory results follow-up encounter in the absence of interpretation assistance.

ICE PBNDS 2016, Medical Care, section (V)(G)(3), which states, "Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include: 3) prescription practices, including requirements that medications are prescribed only when clinically indicated, and that prescriptions are reviewed before being renewed."

- July 16, 2017, hydrocortisone cream was issued in the absence of assessment findings.

- On August 2, 2017, hydrocortisone cream was again issued as a KOP in the absence of a RN Guideline.

ICE PBNDS 2016, Medical Care, section (V)(M), which states, "Each facility's health care provider 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." Additionally:
NCCHC J-E-04 (*Essential*), section (5), which states, "Inmates identified with *clinically significant findings* as the result of a comprehensive receiving screening receive an initial health assessment as soon as possible, but no later than 2 working days after admission."

- Although the intake assessment identified cirrhosis, the initial physical assessment was not completed until one week following intake.

ICE PBNDS 2016, Medical Care, section (V)(N), which states, "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 facility. The facility administrator shall receive notice of all medical/psychiatric alerts or holds, and shall be responsible for notifying ICE/ERO 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 medical conditions requiring ongoing therapy, such as a.) active TB, b) infectious diseases, and c) chronic conditions."

- Medical documentation failed to include a medical hold to ensure provider review prior to transfer.

ICE PBNDS 2016, Medical Care, section (V)(W), which states, "Consistent with Standard 4.8 '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."

- Significant vision impairment identified one week following intake failed to result in the issuing of reading or prescription eyeglasses. Additionally, because the pending ophthalmology referral was not forwarded to the receiving facility during transfer, the detainee never received glasses during his remaining detention period.

ICE PBNDS 2016, Medical Care, section (V)(X)(1), which states, "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 notification shall become part of the detainee's health record file."

- The medical record did not include a notification to the Field Office Director regarding the condition of potentially advanced cirrhosis and pancytopenia.

ICE PBNDS 2016, Medical Care, section (V)(Z), which states, "The facility 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."

- The transfer summary dated August 11, 2017, failed to include the serious chronic diagnoses of pancytopenia and depression. Additionally, there was no reference to pending referrals for hematology, ophthalmology, and radiology for a liver ultrasound; nor were copies of laboratory studies and most current chronic care clinic.

Areas of Note

In addition to the above deficiencies, Creative Corrections notes the following:

- Providers failed maintain a current problem list of serious illnesses, to include pancytopenia and depression, resulting in delayed continuity of care following transfer to another ICE facility.

Detainee Death Review: ALMAZAN-Ruiz, Felipe A028866428
Medical Compliance Analysis
Polk County Adult Detention Center (PCADC)
West Livingston, Texas

Medical Staffing

MTC Medical, with headquarters in Houston, Texas provides 24-hour nursing coverage seven days per week. The facility earned reaccreditation by the American Correctional Association on January 23, 2017. Although the facility is contracted under the NDS, MTC policies and procedures address the elevated standards of PBNDS 2011. The HSA, a registered nurse (RN) who has worked with MTC since April 2016, assumed her administrative role in September 2017. The Clinical Director is a contract MD who has worked at PCADC for about ten years. He delivers on-site medical services one six-hour day per week. For medical reasons, (b)(6); (b)(6); MD was not available during the three days detainee ALMAZAN was at the facility, and therefore he was unfamiliar with the case. He was not interviewed during this review. A part time certified physician assistant is on site from 6:00 p.m. to 7:00 p.m. on Mondays, Tuesdays, and Thursdays. On call coverage is shared between the two providers. A licensed professional counselor provides full time services, and an MTC psychiatrist is available via telemedicine four to six hours a week. Nursing staff includes a full time director of nurses (DON), three fulltime RNs and six licensed vocational nurses (LVN), all assigned twelve-hour shifts from six to six. Two medical assistants and one pharmacy technician provide clinical and administrative support. There were no vacancies at the time of the review. ODO finds staffing adequate to provide basic medical services for all detainees. A credential review found all professional licenses current and primary source verified.

PCADC uses hard copy medical records, with the exception of chronic care appointment scheduling and electronic medication administration records. Detainees access sick call by filling out paper requests and depositing them into a locked box. Sick call request forms and deposit boxes were inconveniently located outside the locked cells in C Unit, where detainee ALMAZAN was housed. According to detainees who were residing in the same cell with detainee ALMAZAN, they request sick call forms from an officer and when completed put it up to the window so the officer who is making rounds can retrieve the requests. This practice does not ensure the confidentiality of detainees who request appointments for sensitive medical problems. According to the detainee handbook,"Detainees desiring routine medical care will fill out a sick call request which will be picked up daily by the nursing staff." Officer rounds are conducted through window observation only; however, intercoms are available in those units for contacting officers on duty.

Summary of Events

(b)(6); (b)(7)(C) RN, (b)(6); (b)(7)(C) onducted the medical intake screening on **September 8, 2017**, at 11:30 p.m., noting that 51 year old detainee ALMAZAN spoke English and therefore an interpreter was not used. During interview, however, RN (b)(6); (b)(7)(C) stated he spoke very little English but there was a medical person available who interpreted for her. She was unable to ascertain who provided this assistance. (b)(6); (b)(7)(C), Detention Officer who worked intake during the arrival of the Florida-evacuated detainees, recalled detainee ALMAZAN only spoke Spanish, requiring another intake officer to provide language assistance (b)(6); (b)(7)(C) Detention Officer who was working in the detainee's unit, also stated detainee ALMAZAN spoke no English and that because he himself was fluent in Spanish, he provided interpretation assistance. Throughout interviews, other custody staff having had direct contact with detainee ALMAZAN also described his minimal ability to speak and understand English.

At five feet, one inch tall, detainee ALMAZAN weighed 170 pounds. A pain level of four on a scale of zero to ten was reported at the time of arrival, as he complained of general joint pain and discomfort in the upper right quadrant of his abdomen. The reviewer notes that pain in this location is common in liver cirrhosis. Vital signs were recorded within normal limits with the exception of a significantly elevated blood pressure of 180/109 (*See Appendix I*). Rechecks at unrecorded times noted a decrease in blood pressure to 164/100 and finally to 152/86, levels that remained abnormally high (*See Appendix II*). (b)(6); stated during interview she did not contact the provider regarding these blood pressures, as detainee ALMAZAN told her he had not received his medication for an undetermined period of time. According to the MTC nursing protocol a blood pressure read of 160/100 requires provider contact, which (b)(6); (b)(7)(C) stated she was aware of. When questioned if he would have wanted to be notified of the abnormal read, (b)(6); (b)(7)(C) PA-C stated that considering the diagnoses of cirrhosis and probable portal hypertension, it would have been important for him to know. (b)(6); (b)(7)(C) stated during interview that she was not aware what the interval period was between rechecks of the blood pressure, but she explained that she had administered his medication prior to the second and third check. However, (b)(6); (b)(7)(C) LVN, who said she was present at the time of detainee ALMAZAN's intake screen, stated during interview that she personally pulled him out of the screening area to help him relax and conducted the second and third blood pressure rechecks. When asked if she administered his medication prior to the rechecks, she stated she did not believe the meds had been given. A review of the medication administration record (MAR) does not indicate any of his medications were given until the 5:30 a.m. pill line the following morning. The MAR does indicated prescribed medications were regularly administered from that time until his hospital transfer. Of note, the next blood pressure check was not recorded until three days later prior to hospital transport.

Detainee ALMAZAN signed and dated a Spanish version of consent for medical treatment. He was noted to have had a chest x-ray on July 12, 2017, which was negative for tuberculosis, and he denied a history or current symptoms of infectious disease. Chronic medical issues, as supported by those listed on the medical summary from Glades County Detention Center

(GCDC), included cirrhosis of the liver, depression, and generalized anxiety disorder (GAD). Other diagnoses established at both previous facilities, Krome Service Processing Center (KSPC) and GCDC but not listed on the medical summary, included portal hypertension[1], varices[2], pancytopenia[3], irritable bowel syndrome[4], and gastro-esophageal reflux disease[5]. The medical summary from GCDC also failed to include pending referrals initiated while he was detained at KSPC, including an abdominal ultrasound and specialty consults for hematology and ophthalmology. According to medical records received from KSPC and GCDC, the referrals were never completed; nor were there references to the pending state of these referrals on the transfer summary forwarded from KSPC and received by GCDC.

Detainee ALMAZAN reported not being a smoker, but admitted to a significant history of alcohol abuse, stating he used "mucho" beer and tequila, last using about three months ago. He had been hospitalized and went through "the program". He was noted to have tremors, which was listed as a withdrawal symptom, and he admitted to having gone through a period of withdrawal at the time of his hospitalization. His mental health assessment was all shown to be normal, although following a "no" response to the question if he ever tried to harm himself, RN (b)(6); noted, "passive suicidal intent". When asked to clarify what this meant, she stated in the past he had thoughts of wanting to die. His mood and behavior were found to be appropriate. RN (b)(6); completed MTC's "Treatment Plan: Special Needs and Restrictions" form, excusing him from a work program assignment for medical reasons. He was placed on no restrictions for the disciplinary process, and "chronically ill" was checked for special needs. Routine referrals were checked for mental health, medical doctor, and special diet (renal). He was assigned to a low bunk in handicap housing unit C-20.

(b)(6); (b)(7)(C) RN, HSA documented a verbal order from (b)(6); (b)(7)(C) PA to continue all medications as ordered by the previous facility. The transfer summary from GCDC listed his medication as follows:

Medication	Dosage	Indications
Sertraline	100 mg daily	Depression and anxiety
Trazadone	75 mg daily at bedtime	Depression and anxiety
Folic Acid	1 mg daily	Vitamin B folic acid deficiency related to liver disease.
Omeprazole	40 mg daily	Gastro-esophageal reflux disease (GERD)

[1] Portal hypertension is an increase in the blood pressure within a system of veins called the portal venous system. Veins coming from the stomach, intestine, spleen, and pancreas merge into the portal vein, which branches into small vessels and travels through the liver. When a sick liver is unable to accommodate the blood, it pools back, causing vessel enlargement and weakness (varices).

[2] Varices are abnormal veins in the lower part of the esophagus and stomach.

[3] Pancytopenia is a deficiency of all three cellular components of the blood (red cells, white cells, and platelets)

[4] Irritable bowel syndrome is an intestinal disorder causing stomach pain, gas, diarrhea, and constipation.

[5] Gastro-esophageal reflux disease is a digestive disease in which stomach acid or bile irritated the lining of the esophagus and stomach.

Prednisone	100 mg daily for three days.	Steroid to treat inflammation
Spironolactone	25 mg twice daily	High blood pressure and fluid retention

The medications submitted on the MAR included a taper[6] on the prednisone, the addition of lactulose 30 ml twice daily, and the addition of Xifaxan[7] 550 mg twice daily. According to RN (b)(6); (b)(7)(C) she reconciled the medication summary with the bottle labels, correcting the dosages documented by GCDC on the medication summary. Of note, (b)(6); (b)(7)(C) MD from GCDC added and/or adjusted medications on September 6, 2017. Neither the medication bottles nor the order information was forwarded to or received by PCADC. Specifically, he had increased lactulose to 40 ml, started ferrous sulfate (iron) 325 mg one time daily, and added a multivitamin, one daily. It was noted that detainee ALMAZAN had never been prescribed a beta-blocker[8] as an important adjunct in his cirrhosis treatment. (b)(6); (b)(7)(C) reported during interview he had questioned if a beta-blocker had been prescribed by the previous facilities and was surprised it was not been. According to an article published by the gastroenterology department of the National Institutes of Health, related to the use of non-selective beta-blockers (NSBB)[9], they remain the cornerstone of therapy in cirrhotic patients with portal hypertension. In primary prophylaxis (disease prevention), patients with high-risk small varices or large/medium varices should receive primary prophylaxis with NSBB, except when contraindication to these drugs exist, in which case ligation[10] should be performed.

(b)(6); (b)(7)(C) Licensed Professional Counselor, documented a mental health assessment following the referral for depression. Detainee ALMAZAN was described as clean, cooperative, fully oriented, and having normal speech. His mood was described as depressed, his affect was congruent, his thought process was logical, and he had no hallucinations or suicidal intent. His judgment and insight were fair. The narrative note stated, "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." He was not found to be a danger to himself or others. During interview, LPC (b)(6); (b)(7)(C) did not recall detainee ALMAZAN ever discussing his medical condition, including any possibility that he had been vomiting or coughing up blood since his arrival.

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[6] Drug tapering is the gradual discontinuation or reduction of a therapeutic dose of a particular drug required by a patient over a prolonged period of time, as a means of reducing potentially severe side effects. Tapered doses for detainee ALMAZAN were: 100mg, 80mg, 60mg, 50 mg, 40 mg, 30 mg, 20 mg, each for three days; then 10 mg, 5 mg, 2.5 mg each for two days, then discontinue.

[7] Xifaxin is a medication used to treat irritable bowel syndrome and can help prevent certain liver problems.

[8] Beta-blockers are a class of drug commonly used to treat high blood pressure. Nonselective beta-blockers are a subclass of beta-blockers, commonly used to treat portal hypertension.

[9] Gianelli V, Lattanzi B, Merli, M, Beta-blockers in liver cirrhosis, *Annals of Gastroenterology*. 2014:27(1):20-26.

[10] Surgically tying off varices.

According to MTC's policy addressing intake health screening, "When a referral for medical follow-up is initiated, the resident shall receive a health evaluation no later than two working days from the date of assessment." HSA (b)(6); (b)(7)(C) produced an electronic chronic care roster document, indicating that detainee ALMAZAN's chronic care clinic was pending at an unspecified date. He was transported to the hospital on Monday, September 11, the first working day since his arrival.

At 7:45 p.m (b)(6); (b)(7)(C) LVN completed an emergency assessment form, noting, "Nurse called to tank C-20 because detainee was reportedly vomiting blood." Detainee ALMAZAN's vital signs were recorded as normal, with the exception of an abnormally elevated blood pressure of 151/95 and an abnormally rapid heart rate of 106. He was fully oriented to person, place, and time. He complained of pain in his mid chest. ERAU's review of the housing unit video clearly showed a second nurse responded to the unit when the call came through. This nurse was identified as (b)(6); (b)(7)(C) LVN. When questioned during interview as to why she did not document a note, she explained that LVN (b)(6); (b)(7)(C) was taking charge of the situation. She did report assisting with the detainee's transfer from the bed to the wheelchair, however. According to the "Provider Progress Notes/Orders", PA (b)(6); (b)(7)(C) completed his evaluation of detainee ALMAZAN at 9:57 p.m. During interview PA (b)(6); (b)(7)(C) reported he incorrectly recorded the military time, intending to have signed off at 7:57 p.m. According to the note, he was brought to medical with complaints of vomiting blood, similar to an incident he reported having occurred seven years ago. He was believed to have cirrhosis with varices, information that was extracted from the chart, (b)(6); (b)(7)(C) determined, "Pt [patient] poor historian". When questioned as to how he arrived at this description, (b)(6); (b)(7)(C) stated that detainee ALMAZAN offered no medical history, as if he did not want medical to know how sick he was. When directly questioned about his cirrhosis, however, he then admitted it. (b)(6); (b)(7)(C) voiced his opinion that the detainee did not speak English and that (b)(6); (b)(7)(C) Medical Assistant, provided interpretation. He was described as alert and oriented and appeared to be in no acute distress. PA (b)(6); (b)(7)(C) stated there were no symptoms or patient behaviors at the time of assessment to suggest this was an emergency situation. Bright red blood was observed on both the inside and outside his mouth, but there was no blood on his shirt or pants. He was diagnosed with gastrointestinal bleed of five days duration and was sent to the emergency room for evaluation on a stat basis, but not via 911.

A "Timeline/Checklist – Depart from the Facility" form was completed by an unidentified medical staff member at 8:42 p.m. According to this documen (b)(6); (b)(7)(C) was notified of the need to transport detainee ALMAZAM to CHI St. Luke's via van with security escort. Hospital updates were recorded daily, as follows:

Reporting Nurse, Date, and Time	Report Summary
(b)(6); (b)(7)(C) September 12, 2017	Stable at this time. Most recent vitals: Blood pressure 99/58, pulse 75, and respirations 17. Pulse oxygen 97. Temperature remains normal. Two units of platelets given due to critical platelet level of 27. Post transfusion level is up to 55. All other labs remain within

	normal limits. Scheduled to have EGD[11] in the morning. Previously receiving cardene drip[12] via external jugular line. Has been stopped and is now receiving oral lisinopril[13].
(b)(6); (b)(7)(C) LVN September 13, 2017 5:35 p.m.	Alert and oriented. Blood pressure 117/58, pulse 88, R 19, Temperature 98.3, pulse oxygen 100. Received two units of platelets. Hemoglobin is 11.2, and platelets are 27.
(b)(6); (b)(7)(C) September 14, 2017 6:41 a.m.	Alert and oriented. Blood pressure 101/51, pulse 69, respirations 14, temperature 98.3, pulse oxygen 99. Continues lisinopril orally. Denied pain throughout the night.
(b)(6); (b)(7)(C) , RN September 14, 2017 6:31 p.m.	Alert and oriented. Blood pressure 125/73, pulse 79, respirations 18, temperature 98.7, and pulse oxygen 99. Continues oral lisinopril. Pain is eight of ten, reporting severe GERD. Moved to medical-surgical unit.
(b)(6); (b)(7)(C) September 15, 2017 5:40 a.m.	Remains stable. Removed from ICU room 18 to medical surgical floor, room 141. Blood pressure 93/54, temperature 98.1, pulse 72, respirations 18, pulse oxygen 97.
(b)(6); (b)(7)(C) RN September 16, 2017 7:24 p.m.	Remains stable. Blood pressure 106/65, temperature 98.2, pulse 72, respirations 16, pulse oxygen 98. Had a normal cardiac stress test earlier in the day. Medications remain Zoloft, folic acid, metoprolol[14], Protonix[15], lactulose, and aldactone. Possible discharge Sunday after seen by doctor.
(b)(6); (b)(7)(C) September 17, 2017 2:32 a.m.	At about 1:00 a.m. patient coded and is now critical and has been moved to ICU, room 36. He is on life support and is intubated with agonal[16] breathing. When able to get a blood pressure, it is in the 50s by palpation[17]. Hemoglobin is 5. Blood being given. Warden Stacks has notified ICE personne (b)(6); (b)(7)(C)

The death certificate and autopsy are pending.

[11] An EGD, short for esophagogastroduodenoscopy is a scope used to examine the lining of the esophagus, stomach, and duodenum (upper part of the small intestine)

[12] A cardene drip is an intravenous therapy infused with medication to treat high blood pressure.

[13] Lisinopril is a medication to treat hypertension.

[14] Metoprolol is a beta-blocker to treat high blood pressure.

[15] Protonix is a treatment for GERD.

[16] Agonal breathing is abnormal respirations characterized by gasping, and labored breathing.

[17] Palpation is a method of examining the body using the hands.

APPENDIX I

Vital Signs

DATE	TEMPERATURE	PULSE	RESPIRATIONS	BLOOD PRESSURE	Oxygen
September 8, 2017	97.0	98	14	180/109	98
				164/100	
				152/86	
September 11, 2017	97.5	106	18	151/95	100

APPENDIX II

American Heart Association Blood Pressure Parameter

Blood Pressure Category	Systolic (Upper number)		Diastolic (Lower number)
Normal Blood Pressure	Less than 120	and	Less than 80
Prehypertension	120-139	or	80-89
Stage One Hypertension	140-159	or	90-99
Stage Two Hypertension	160 or higher	or	100 or higher
Hypertension Crisis	Higher than 180	or	Higher than 110

CONCLUSIONS

Medical Compliance Findings

Medical Care, Section (III)(D), which states, "Non-English speaking detainees and detainees who are deaf or hard of hearing will be provided interpretation or translation services or other assistance as needed for medical care activities. Language assistance may be provided by another staff member competent in the language or by a professional service, such as a telephone translation service."

- During the intake screening (b)(6); (b)(7)(C) noted ALMAZAN spoke English and therefore did not require language assistance. During interview, however (b)(6); (b)(7)(C) stated he "spoke very little English" but that an unidentified medical person provided interpretation. There was no documentation to substantiate this. (b)(6); (b)(7)(C) Intake Detention Officer recalled detainee ALMAZAN only spoke Spanish, requiring another intake officer to provide language assistan (b)(6); (b)(7)(C) Detention Officer who was working in the detainee's unit, also stated detainee ALMAZAN spoke no English and required interpretation assistance. There is no telephone access in the medical intake area.

Medical Care, Section (III)(D), which states, "Medical and mental health interviews and examinations shall be conducted in settings that respect detainees' privacy."

- Curtain dividers and ceiling-mounted acoustic boards in the medical intake screening areas do not fully protect privacy to fully and comfortably discuss sensitive medical information.

Medical Care, Section (III)(D), which states, "The clinical medical authority shall be responsible for review of all health screening forms within 24 hours or next business day to assess the priority for treatment (for example Urgent, Today, or Routine).

- The intake screen does not include a signature of review by the clinical medical authority. Of note, the evening detainee ALMAZAN was transferred to the hospital was the first business day for that review.

Medical Care, Section (III)(B), which states, "Health care personnel perform duties 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."

- A seriously elevated blood pressure of 180/102 was not reported to a provider in accordance with MTC's Nursing Protocols. Additionally, regular blood pressure monitoring was not done during the three days detainee ALMAZAN was detained at PCADC.

Areas of Concern

Creative Corrections has also identified the following areas of concern:

- Sick call forms and deposit boxes are inconveniently placed in the hallway outside the locked unit. Detainees reported they access them when they go to recreation, and after completion they hold them to the window when the officer conducts minute rounds. The officer then takes the request and deposits it in the locked box. This practice does not

protect the privacy and confidentiality of the detainees. Detainee ALMAZAN did not request a sick call appointment during his detention.

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

Medical Subject Matter Expert
Creative Corrections, LLC

Detainee Death Review: ALMAZAN-Ruiz, Felipe A028866428
Healthcare and Security Compliance Analysis
Krome North Service Processing Center, Miami, Florida
Glades County Detention Center, Moore Haven, Florida
Polk County Adult Detention Center, West Livingston, Texas

As requested by the ICE Office of Professional Responsibility, Office of Detention Oversight (ODO), Creative Corrections participated in a review of the death of detainee Sergio Alonso LOPEZ who had been detained at the Krome Service Processing Center (KSPC) from July 12 to August 11, 2017, Glades County Detention Center (GCDC) from August 11 to September 8, 2017, and Polk County Adult Detention Center (PCADC) from September 8 until his death on September 17, 2017. Site visits were conducted at each of these facilities by members of a review team comprised of (b)(6); (b)(7)(C) External Reviews and Analysis Unit, and Management and Program (b)(6); (b)(7)(C), accompanied by Creative Corrections contract personnel (b)(6); (b)(7)(C) Security Subject (b)(6); (b)(7)(C) Healthcare Subject Matter Expert. Creative Corrections' participation was requested to determine compliance with the National Detention standards at GCDC and PCADC and the 2016-revised 2011 Performance Based National Detention Standards (PBNDS) at KNSPC. The reviews were conducted from October 17-19, 2017, at IAH/PCADC, from December 4-5, 2017, at Krome North Service Processing Center (KNSPC) and from December 6-7, 2017, at Glades County Detention Center (GCDC).

The information and findings herein are based on analysis of detainee LOPEZ' medical record and detention file, tour of housing units and the medical area, interviews of staff, and review of facility policy, video surveillance footage, hospital records, and supporting documentation.

Synopsis

Per the ERO Form 213, Felipe ALMAZAN entered the United States on or around May 4, 1985, at or near San Ysidro, CA, without having been admitted by an immigration officer. Once in the United States he acquired an extensive criminal history which included convictions for Larceny in August 1994, and July 1998, Indecent Exposure in July 1998, and Driving under the Influence of Liquor in May 2001. Per the Miami-Dade Police booking form, ALMAZAN was arrested at 10:20 p.m. on April 14, 2017, for alcoholic beverages/drinking in public and engaging in sexual act with a familial child. On **July 10, 2017**, he was convicted of two counts of Child Abuse/Aggravated/Great Bodily Harm and Torture and sentenced to 15 years of probation. The Miami Dade Probation Office notified the Miami Fugitive Operations Team about his case on **July 12, 2017,** and he was taken into custody at the Miami Dade Probation Office in Miami, FL and transported to Krome North Service Processing Center (KNSPC) for processing.

Detainee ALMAZAN had an extensive criminal history and was placed on probation for a term of 15 years after being convicted of child abuse aggravated, causing great bodily harm and torture. ERO transported him from the Miami-Dade probation office to KNSPC on July 12, 2017. He was detained at KNSPC for 30 days. During his stay there he made no phone calls, had no visits and had no disciplinary issues.

He was next transferred to GCDC. While there, he completed three phone calls and worked for five days as a trustee in the food service area earning $1.00 per day. After 26 days at GCDC, he was transferred to the Folkston Processing Center in anticipation of the approaching Hurricane Irma. One day later he was transported to the PCADC when the projected path of Hurricane Irma changed. He was housed at IAH/PCADC from September 8 to September 11, 2017. During that time he filed no grievances, had no disciplinary violations and made no phone calls. A review of the video surveillance footage from inside his housing pod showed that he slept almost all of the time and ate very little from his food trays.

On September 11, 2017, other detainees in his housing unit alerted the officer that detainee ALMAZAN was vomiting blood. Both security and medical staff responded and the provider ordered him to be sent to the hospital. He was transported to a local hospital and then transported a day later to a regional medical center for treatment of cirrhosis of the liver. On September 17, 2017 he coded and was transferred to the Intensive Care Unit where he was placed on life support. He was declared dead at 5:15 a.m. on the same date.

There were minor security deficiencies noted at two of the three facilities detainee ALMAZAN was housed at. None of these issues contributed to his death.

Krome North Service Processing Center

Facility Description

KNSPC is owned by ICE and managed by ERO, Miami Field Office. The facility has a capacity of 581. While female detainees are temporarily brought to KNSPC for court, only male detainees are detained overnight. On September 12, 2017, the population was 608. There are approximately 90 ICE employees on staff at the facility. Contractors Akima Global Services (AGS), with regional headquarters in Herndon, Virginia, and AKAL Security, with corporate headquarters in Espanola, New Mexico, provide security and armed transportation services. AGS officers are not weapons certified and supervise detainees in areas such as housing units and the cafeteria inside the facility. AKAL officers are weapons certified and work the processing/intake area, transport detainees and provide vigils when detainees are at one of the three hospitals used by KNSPC. There are 177 AKAL contract security staff. All officers involved in this event were AKAL staff.

Healthcare Services

KNSPC's primary health care provider is ICE Health Service Corps (IHSC), supported by contractor InGenesis Medical Staffing based in San Antonio, Texas. InGenesis Medical Staffing sub-contracts STG International, Incorporated. Medical services are provided 24 hours a day, seven days a week. The staffing plan includes 21 commissioned Public Health Service officers, five GS employees, and 31 contract employees. Additionally, there are four casual nurses. The commissioned officers include the Health Services Administrator (HSA), assistant HSA, Clinical Director, three mental health professionals, dentist, pharmacist, three mid level providers, nurse manager, program manager, and eight registered nurses (RN). The GS employees include three medical records technicians, a dental assistant, and a radiology technician. (b)(7)(E) (b)(7)(E) (b)(7)(E) A casual pool of three contract RNs and one contract LPN supplement the staffing model. According to the HSA (b)(6); (b)(7)(C) vacancies at the time of ALMAZAN's detention included five RNs and a radiology technician. Credential files were reviewed and found to be current and primary source verified. KNSPC achieved American Correctional Association accreditation in August 2015, and National Commission on Correctional Health Care accreditation in April 2015.

IHSC's electronic medical record system, e-Clinical Works (eCW), is used at KNSPC. It is noted that unless indicated, the times of medical encounters identified in this report are the times nurses and providers electronically entered their notes, per system-produced timestamps. The times encounters were actually conducted are not available unless documented in the notes.

Detention Summary

Detention Officer (b)(6); (b)(7)(C) processed detainee ALMAZAN into KNSPC, documenting that the detainee's primary language was Spanish. Officer (b)(6); (b)(7)(C) acknowledged he does not speak Spanish and he stated that he typically obtains assistance from a bilingual fellow officer when processing the detainee into the facility. On interview, Officer (b)(6); stated he had only slight recollection of this detainee but would have followed his usual practice when processing him. He initially pat searches each detainee when they arrive and he completed a Record of Search form confirming no contraband was found on detainee ALMAZAN. Officer (b)(6); stated he would next provide the detainee the opportunity to shower and then send the detainee to be classified. Detainee ALMAZAN's classification review was completed by other members of the processing team and he was appropriately classified as medium high. The classification level was approved by a supervisor on the same date.

Once classified, detainee ALMAZAN was sent back to Office (b)(6); (b)(7)(C) so the proper color uniforms could be issued as well as facility linens, hygiene supplies and other clothing. The detainee would have next been sent to property to have his personal property inventoried and his funds placed into an account. The detainee's inventory form documents he arrived with one

billfold, one pair of jeans, two pairs of shorts, some personal papers, two pairs of shoes, one pair of sunglasses, two t-shirts and valuables that were not identified. These items were placed in property bin #3666037. A receipt for the property was signed by the detainee. The detainee also arrived with a check for $9.00 and the funds were deposited into the kiosk system for his use at commissary. Detainee ALMAZAN was issued facility clothing, linens and hygiene supplies and he signed a receipt for these items. Detainee ALMAZAN did not provide the facility with a forwarding address and signed a form documenting this. He also signed a form acknowledging he received a copy of the local and national handbooks. Per Officer (b)(6); (b)(7)(C) he detainee was then sent to medical for intake screening. Officer (b)(6); (b)(7)(C) ecalled that detainee ALMAZAN moved slowly.

During his stay at KNSPC, detainee ALMAZAN was assigned to units four, five and six in building eight. Building eight houses high and medium high detainees and contains six units; units one through three on the lower level and units four through six on the upper level. On each floor there is a control pod in the center with an officer assigned at all times. Another officer is assigned to each pod for direct supervision of the detainees. On the upper level, pods four through six are located clockwise around the control center. Each pod is essentially identical with small variations in the unit set up.

Pod four has a capacity for 60 detainees with 30 bunk beds in the center of the unit. Upon entry to the unit, the officer's station is located to the left and there are a bank of phones along the left wall. To the right of the entry way is a kiosk for ordering commissary and sending requests or grievances. There are also numerous chairs for detainees to use while viewing the TV located on that wall. A second TV is mounted on the ceiling near the center of the unit. Along the right wall at the rear of the unit is a shower and toilet area separated from the open area by a half wall. There are long, narrow windows along the left and rear walls which allows natural light into the unit. There are four ceiling mounted cameras in the unit; appropriately none with a view of the bathroom area.

EARM documents that the detainee was originally on a manifest to transfer to Glades County Detention Center (GCDC) in Moore Haven, FL on **July 13, 2017;** however, he was removed from that trip for unknown reasons.

There is no record of any requests, visits, pone calls or unusual incidents involving detainee ALMAZAN during his stay at KNSPC. On August 11, 2017, detainee ALMAZAN's personal property was again inventoried for transfer to GCDC. A receipt for $9.00 in funds was signed by the detainee and a heck was issued at 3:08 p.m. per the Resident Transaction Receipt. The check notes, "Release Glades". Detainee ALAZAN was provided with the address and phone number of GCDC a,nd he signed a form acknowledging that he received the information. Per EARM, he was transferred out of KNSPC at 7:30 p.m.

Summary of Events

(b)(6); (b)(7)(C) RN documented a pre-screen at 5:47 p.m. on **July 12, 2017**, noting that detainee ALMARAZ arrived to the facility at 1500 hours, the latter time believed to be in error. Lieutenant (b)(6); (b)(7)(C) stated during interview he is alerted whenever detainees arrive. After verifying the detainee's name, nationality and date of birth on the Order to Detain or Release Alien 203 form, he stated it is his common practice to then ask the officer at the desk to tell him the time from the computer screen, and he notes the time on the form. In this case, the arrival time noted was 5:00 p.m. When asked if the time he documented could have been an error as medical had noted a medical screening was done at 3:00 p.m. the Lieutenant replied that he did not think that was possible as the time of arrival is verified by the officer at the desk. In addition, the EARM records document the detainee arrived at 5:00 p.m.

Interpretation assistance was not provided at the time of the pre-screen, as, "Detainee speaks English fluently," and there were no barriers to communication identified. (b)(6); (b)(7)(C) advised she does not speak Spanish but, "If I say do you have any medical questions and I can see he is struggling with my questions, I can get an interpreter." It was noted ALMAZAN had not transferred from another facility. He was noted to have current, unspecified health problems and was taking medication. He was placed on a Priority 2 status, which according t(b)(6); (b)(7)(C) means a provider must evaluate the detainee within 24 hours because of a chronic condition or if he is taking medications.

At 9:39 p.m. (b)(6); (b)(7)(C) RN, InGenesis, conducted the intake screen, noting that Detainee ALMAZAN was Spanish speaking, for which interpretation assistance was provided. Inconsistent with LT (b)(6); (b)(7)(C) note, RN (b)(6); (b)(7)(C) stated he had transferred from another facility, having arriving with a transfer summary. Attempts to locate a transfer form, however, found no evidence of its existence. Detainee ALMAZAN stated he was feeling fine and was not in pain. He offered his previous diagnosis of cirrhosis[1] and that he was on medication. The only medication listed, however, was sertraline (Zoloft), a medication to treat depression. When asked if he was now or ever had been treated by a doctor for a medical condition, he replied no. He denied symptoms of tuberculosis infection, and his chest x-ray was negative. He denied drug abuse but admitted to drinking 12 to 15 beers a day, having last used on April 1, 2017. He also admitted to being a smoker, smoking two cigarettes per night. The examination, mental health screening, and vital signs were all within normal limits (*See Appendix I for vitals)*. A Spanish version of the consent for medical treatment was signed. He was noted to have an abnormal intake screening and was referred to a medical provider. He was medically cleared for custody.

LT (b)(6); (b)(7)(C) RN documented a sick call visit on **July 16, 2017,** at 3:34 p.m. to assess an unspecified skin irritation. An interpreter was not used, as, "Detainee speaks English fluently." When questioned during interview as to how she determines when interpretation assistance is needed, she replied that she is able to understand the issue, sometimes using "sign

[1] Cirrhosis is liver damage from a variety of causes, such as alcohol abuse, leading to scarring and liver failure.

language" and since this visit occurred on a Sunday, "We probably had a Spanish speaking person to translate, and I didn't document it." Vital signs were all within normal limits, and ALMAZAN's general appearance was described as well developed, well nourished, and in no acute distress. In spite of the complaint of skin irritation, the skin was documented only as normal, warm and dry. His heart was regular in rate and rhythm, and his lungs were normal. Treatment included Clotrimazole cream[2], with application to the affected area twice a day for seven days, as keep-on-person (KOP) medication and hydrocortisone cream[3] with application to the affected area, externally, twice a day for seven days, also as a KOP medication. An English version of a KOP agreement was signed by ALMAZAN. Treatment notes refer only to "RN Guidelines for Foot Fungus", while a reference to a nursing guideline authorizing use of hydrocortisone cream was not filed. During interview, (b)(6); (b)(7)(C) admitted her failure to document the complete physical assessment and was unable to recall why she ordered the hydrocortisone cream, stating, "If I treated him, there was a reason I treated him".

Seven days following intake, on **July 19, 2017**, at 5:34 a.m., LCDR (b)(6); (b)(7)(C) NP, conducted an initial physical examination, noting that the intake screen was reviewed. An interpretation service was used, with the Language Line identification number recorded. During interview NP (b)(6); (b)(7)(C) stated, "Even if they say they speak a little bit of English, I use the service to make sure they understand." Detainee ALMAZAN denied all medical and dental complaints, with the exception of hepatitis and depression. He admitted to suicidal ideation one year ago but denied any attempts. NP (b)(6); (b)(7)(C) narrative states detainee ALMAZAN was taking medication for cirrhosis while in Metrowest Detention Center (MDC)[4]. He stated he felt fine, was eating and sleeping well, and had regular bowel movements. He denied homicidal or suicidal ideations or thoughts of potential for violence towards others. He denied chest pain, shortness of breath, nausea or vomiting, fever or chills, abdominal pain, diarrhea, constipation or any other complaints or concerns at that time. His vital signs were all within normal limits. His eye test showed a visual impairment[5] of 20/200 in the left eye, 20/100 in the right eye, and 20/70 in both eyes, without glasses. The general examination found him to be in no acute distress, well developed, well nourished, and calm and relaxed. He was noted to be asymptomatic[6] and clinically stable. The assessment diagnoses were alcoholic cirrhosis of liver without ascites[7] and visual disturbance. The treatment plan included renewal of sertraline, follow up with mental health, comprehensive laboratory studies on July 28, 2017, referral to ophthalmology[8], and referral to radiology for an ultrasound[9] of the liver. A medical consent was sent to MDC to obtain medical and medication

[2] Clotrimazole cream is an antifungal medication, commonly used to treat athlete's foot.

[3] Hydrocortisone cream is a steroid used to treat skin conditions.

[4] MDC is a Dade County prison in Doral, Florida

[5] A visual impairment refers to loss of vision and decreased ability to see. Normal vision is 20/20, while 20/200 is a significant vision loss.

[6] Asymptomatic means an absence of symptoms.

[7] Ascites is an abnormal accumulation of fluid in the abdominal cavity.

[8] Ophthalmology refers to a specialty in eye disease.

records. Detainee ALMAZAN was provided patient instructions and preventive health information.

The initial mental health screen was conducted on **July 20, 2017**, at 2:18 p.m. [(b)(6); (b)(7)(C)] Psychologist, STG recalled conducting the encounter in Spanish and was not aware of what ALMAZAN's level of English proficiency was. During questioning ALMAZAN verbalized that the father of a 43 year-old woman he had been dating was angry that he was going out with his daughter and later accused him of sexual assault. His past psychiatric history included hospitalization at Jackson Memorial Hospital (JMH) for alcohol abuse four years ago, but was later referred to mental health while at the hospital. He reported that he was drinking heavily due to depression and stress. He said he would experience sadness, crying spells, and had suicidal ideations. He said he felt this way because of not having a wife or significant other, not having his parents, having a sibling pass away, and losing his job. He reported that while at JMH he was seen by a psychiatrist who prescribed medication, which helped him significantly, but he did not recall the name of it. As per medical records, he was taking Zoloft (*sertraline*) 100 mg. He reported a history of suicidal ideations prior to his hospitalization, having had thoughts of jumping off a building, but he did not follow through as he began to think about his family, and he started to read the Bible. He also reported suicidal ideations three years ago with thoughts of cutting himself with a knife, but focusing on his faith, he did not follow through. He denied current suicidal/homicidal ideation, intent or plans. He also denied a history of perceptual disturbances or delusions. The substance abuse history noted detainee ALMAZAN had been convicted for driving under the influence of alcohol and participated in in-patient alcohol treatment. The assessment findings were 1. Major depressive disorder[10], recurrent, mild; and 2. Alcohol abuse, uncomplicated. Treatment included follow-up in two to three weeks and referral t[(b)(6); (b)(7)(C)] for medication management.

On **July 24, 2017**, at 5:46 p.m., LCDR [(b)(6); (b)(7)(C)], RN documented a progress note related to a sick call refusal, stating, "Patient called for sick call on evening shift but refused. Multiple calls were placed by PHS desk officer with no result. Will continue to monitor." RN [(b)(6); (b)(7)(C)] explained that detainees are typically seen in sick call between 8:00 a.m. to 3:00 p.m. every day, but in the event of a spill over, a list is made of those not seen, and the detainees who are returned to the housing until after 3:00 p.m. are called back on the evening shift of the same day. Prior to the sick call visit, nurses do not know the nature of the request. Three days later on **July 27, 2017**, at 12:19 p.m. [(b)(6); (b)(7)(C)] RN documented a late entry for a sick call visit conducted on July 26, 2017. An interpretation service was not used as "Detainee speaks English fluently." Detainee ALMAZAN stated he had been taking pills for his liver but had not yet received them." He denied pain, and his vital signs were all within normal limits. The nursing plan was to send a telephone encounter to a medical provider. The following day of July 28, 2017, at 12:00 p.m., RN [(b)(6); (b)(7)(C)]

[9] An Ultrasound is a diagnostic tool using sound waves to produce images of inside the body.

[10] Major depressive disorder is a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing a significant impairment in daily life.

documented another sick call visit for complaint of respiratory symptoms and sore throat. An interpreter was not used for his visit as, "Detainee speaks English fluently." Detainee ALMAZAN denied pain, and his vital signs were all within normal limits. He stated his cold symptoms were mild and had been present for a few days. His general appearance was described as pleasant, in no acute distress. His throat appeared normal, and his respirations were even and unlabored. He was instructed to do salt water gargles three times daily for three days and was returned to the dorm.

(b)(6); (b)(7)(C) RN, InGenesis documented a sick call assessment for complaint of skin itching on **August 2, 2017** at 1:39 p.m. An interpreter was not used, as, "Detainee speaks English fluently." Detainee ALMAZAN denied pain, and his vital signs were all within normal limits. He described moderate itchiness over his whole body, having started weeks ago. He was observed to be persistently scratching. His general examination found him to be alert, well hydrated, and in no acute distress. There were no suspicious lesions, and psychologically he was alert, oriented, cooperative with the exam, and showed intact cognitive[11] functioning. The nursing treatment plan included application of hydrocortisone cream to the affected areas twice daily, start polyvinyl alcohol ophthalmic solution[12] to the eyes four times daily, and patient instructions regarding bathing, avoidance of irritants, and increase of water intake. Following repeated requests for a RN Guideline addressing itching to verify the prescribed treatment of hydrocortisone cream, it was never produced.

(b)(6); (b)(7)(C) documented a follow-up mental health assessment on **August 4, 2017**, at 12:29 p.m., noting the conversation was in Spanish. Vital signs conducted by (b)(6); (b)(7)(C) RN were all within normal limits, and detainee ALMAZAN denied pain. He expressed having symptoms of depressed mood, but they were decreased from those previously reported. He stated he was participating in recreational activities and socializing with his peers. He presented as psychiatrically stable and was able to remain housed in the general population. He reported he had been complying with his psychiatric medication, with improvement in his level of sadness, energy, and motivation. His mood and attitude seemed better, and he no longer felt tearful. He offered he had talked to his sister who told him she was in the process of legalizing her stay in the U.S. and therefore did not want contact with him. He also discussed having gone to court the previous day, at which time the judge asked him if he found a lawyer with the list given to him. He said he informed the judge that no one returned his call. The judge asked him if he wanted to proceed with the case on his own which he replied yes to. An appointment was pending with (b)(6); (b)(7)(C) Psychologist on August 11, 2017, and he was scheduled for follow-up with (b)(6); (b)(7)(C) in three to four weeks.

At 2:32 p.m. the same day, (b)(6); (b)(7)(C) PA, STG documented a provider visit to review laboratory studies with detainee ALMARAZ. According to the laboratory reports, the blood samples were drawn and forwarded to the laboratory on July 28, 2017, results were received on

[11] Cognitive refers to the process of knowing and perceiving.

[12] Polyvinyl alcohol ophthalmic solution is also known as artificial tears, a treatment for dry eyes.

July 31, 2017, and (b)(6); (b)(7)(C) viewed them on August 3, 2017, noting, "MLP will discuss with patient tomorrow". Interpretation services were not used for this encounter, as PA Mederos-Perez speaks fluent Spanish. Detainee ALMAZAN reported that he takes pills for his liver and had not received them as yet. He stated he occasionally feels weak and tired, had been eating and sleeping well and was better adjusted in general population. He listed his medications as rifaximin[13] 550 mg twice daily, Folic acid[14] 1 mg once daily, docusate[15] 100 mg twice daily, multivitamin[16] one tablet daily, Aspirin[17] 81 mg once daily, and omeprazole[18] 20 mg once daily. He explained he had been taking rifaximin for six to seven years. He denied any bruises, bleeding, or abdominal pain. As over 50 laboratory values were obtained, only the abnormal levels are listed:

Test	Normal Range	Result
Hemoglobin A1c[19]	4.8-5.6	4.4
Prothrombin Time [20]	9.1-12.0	12.3
Hepatitis A Antibody[21]	Positive	Negative
Hepatitis B Core Antibody [22]	Positive	Negative
Bilirubin[23]	1.6	0.0-1.2
Albumin, Serum[24]	3.4	3.5-5.5
BUN/Creatinine Ratio[25]	23	9-20
Creatinine, Serum	0.57	0.76-1.27
Alkaline Phosphatase[26]	157	39-117
Serum Lipase[27]	67	0-59

[13] Rifaximin is a type of antibiotic, which treats traveler's diarrhea and irritable bowel syndrome with diarrhea.

[14] Folic acid is a B vitamin used to enhance red blood cell production.

[15] Docusate is a stool softener used to treat constipation.

[16] Multivitamin is a nutritional supplement.

[17] Aspirin is a pain reliever.

[18] Omeprazole is a medication used to treat heartburn and esophageal reflux disease (GERD).

[19] Hemoglobin A1c is a test, which provides an average of blood sugar over a two-month period.

[20] Prothrombin time is a blood test to determine how quickly the blood clots.

[21] Hepatitis A antibody is a protein which if present in the blood, signifies past exposure to hepatitis A.

[22] Hepatitis B core antibody is a protein, which if present in the blood, indicates previous or ongoing infection with hepatitis B

[23] Bilirubin is an orange, yellow pigment produced by the liver.

[24] Serum albumin is the most abundant protein in the blood and is also the major carrier of fatty acids in the blood.

[25] BUN (blood urea nitrogen)/Creatinine (a waste product from muscle breakdown) ratio is a test to check kidney function.

[26] Alkaline phosphatase is an enzyme found in the blood. Abnormal values can help determine the level of liver dysfunction.

Neutrophils[28]	1.3	1.4-7.0
Hemoglobin[29]	10.5	12.6-17.7
Red Blood Cells[30]	3.28	4.14-5.8
Hematocrit[31]	29.3	37.5-51.0
White Blood Cells [32]	2.0	3.4-10.8
Platelets[33]	37	150-379
Lymphocytes[34]	0.4	0.7-3.1

(b)(6); (b)(7)(C) MD, STG noted lab results would be discussed with detainee ALMAZAN. (b)(6); (b)(7)(C) listed the assessment findings as 1) Alcoholic cirrhosis of liver without ascites; 2) Other pancytopenia[35], and 3) Hepatitis B carrier. Creative Corrections notes that according to the CDC website, the hepatitis B results indicate immunity due to natural disease and do not indicate carrier status as diagnosed by (b)(6); (b)(7)(C) Treatment ordered for liver disease included rifaximin 550 mg twice daily; folic acid 1 mg daily; docusate 100 mg twice daily; multivitamin, one tablet daily; enteric coated[36] aspirin 81 mg daily; and omeprazole 20 mg daily. Follow-up laboratory studies were ordered to include serum uric acid[37], CBC[38] with differential[39], serum lipase, serum amylase, thyroid panel[40] with thyroid stimulating hormone[41], and GGT[42]. Rifaximin was non-formulary, so a request for authorization was completed. A referral was

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[27] Serum lipase is an enzyme, which can be found in abnormally high levels in the blood when the pancreas is damaged.

[28] Neutrophils are a type of white blood cells, which help fight infection by ingesting microorganisms

[29] Hemoglobin is the protein molecule in the red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the body back to the lungs.

[30] Red blood cells are the blood cells that contain hemoglobin and carry oxygen.

[31] Hematocrit is a volume percentage of red blood cells in the blood, usually at 47% in males.

[32] White blood cells are the cells involved in protecting the body against infection.

[33] Platelets, also called thrombocytes, are a component of blood whose function is to stop bleeding by clumping and clotting blood vessel injuries.

[34] Lymphocytes are a form of white blood cells that produce antibodies to fight infection.

[35] Pancytopenia is a medical condition in which there is a reduction in the number of red blood cells, white blood cells, and platelets.

[36] Enteric-coating is a polymer barrier applied on oral medication, which prevents its disintegration in the stomach.

[37] Serum uric acid is the chemical found in the blood when the body breaks down foods containing organic compounds called purines. If too much uric acid is being produced or if the kidneys are not able to remove it from the blood normally, the level increases, potentially causing solid crystals to form within the joints, causing gout.

[38] CBC, short for complete blood count tests levels of all types of blood cells to determine the presence of disease.

[39] A blood differential test measure the percentage of each type of white blood cells.

[40] Thyroid panel is a series of tests used to evaluate thyroid function and help diagnose hypo- or hyperthyroidism.

[41] Thyroid stimulating hormone is a hormone produced by the pituitary gland, which stimulates the thyroid gland to produce and release hormones into the blood.

[42] GGT is short for gamma-glutamyl transferase, which is elevated in some forms of liver disease.

submitted for hematology[43], pending approval. Detainee ALMAZAN was cleared for custody and scheduled for follow-up "as scheduled or sooner as needed."

On **August 9, 2017**, at 9:38 a.m., NP (b)(6); (b)(7)(C) conducted a follow-up assessment for pancytopenia and review of lab results. An interpreter was not used during this encounter. Questioned about why interpretation assistance was not used, as she had earlier voiced its importance at the time of the initial physical examination, she stated, "Maybe I forgot to note the interpreter was used, because as I said, if they only speak a little English, I get an interpreter." Detainee ALMAZAN denied pain and his vital signs were all within normal limits. He requested medication for skin itching, especially over his back. He also requested an eye appointment and medication for gas. He reported he had been eating and sleeping well and was doing well in general population. He denied any bruising, bleeding, or abdominal pain at that time. The general examination noted no acute distress, well developed, well nourished, and calm and relaxed. His skin was warm and dry with good turgor[44], and there was no bruising, hematomas[45], bleeding, or fragile capillaries. His heart assessment was normal. He was alert, oriented, and cooperative, demonstrating intact cognitive functioning and good eye contact. His gait was normal. The assessment diagnoses were 1) Other pancytopenia and 2) Tinea pedis[46]. Treatment for pancytopenia included lactulose[47] solution twice daily, Spironolactone 25 mg twice daily, hematology referral pending approval, and ophthalmology referral pending approval. Orders for tinea pedis included clotrimazole ceam twice daily for seven days and hydrocortisone cream twice daily for seven days. Aluminum-magnesium-simethicone suspension[48] 400 mg was ordered four times a day for seven days.

(b)(6); (b)(7)(C) MD, Psychiatrist conducted a psychiatric evaluation on **August 11, 2017**, at 9:40 a.m., noting that an interpretation service was not used as, "Detainee speaks English fluently." (b)(6); (b)(7)(C) noted she obtained her subjective information from the initial mental health intake, and following the narrative, documented, "Patient concurred with the above information. He currently denied any depressive, manic, psychotic, or anxiety symptoms, no suicidal ideation/homicidal ideation. He reports insomnia. Risks, benefits, and side effect of Trazodone were discussed with patient who consented." Creative Corrections observed English consent forms were signed for both Zoloft on July 19, 2017, and for Trazodone at the time of this encounter, suggesting that ALMAZAN may not have fully understood the indication and side effects of the medication. Vital signs conducted by RN (b)(6); (b)(7)(C) were all within normal limits, with the exception of a mildly

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[43] Hematology is the branch of medicine concerned with the study of the cause, diagnosis, treatment, and prevention of blood related diseases.

[44] Turgor is the degree of elasticity of the skin, assessment of which can determine the extent of dehydration of fluid loss in the body.

[45] A hematoma is a solid swelling of clotted blood within the tissues.

[46] Tinea pedis, also known as athlete's foot, is a fungal infection of the feet, usually beginning between the toes.

[47] Lactulose is a type of sugar solution used to treat chronic constipation and to reduce the amount of ammonia in the blood of patients with liver disease.

[48] Aluminum-magnesium-simethicone is

elevated body temperature of 99.3. The diagnosis was major depressive disorder, recurrent, mild, for which trazodone[49] 50 mg was ordered. Follow-up was scheduled for four weeks. As Dr. (b)(6); (b)(7)(C) was no longer employed at KNSPC at the time of the review.

At 4:23 p.m., RN (b)(6); (b)(7) documented a transfer summary for ALMAZAN's departure to Glades County Detention Center (GCDC) the same day. There were no special needs or medical, dental, or mental health reasons listed that would affect his transportation, nor were there any restrictions or special equipment required for travel. The disposition was "medically cleared for custody". The document included all current medications, but the only medical history listed was cirrhosis for eight years. There was no reference to pancytopenia, depression, or tinea pedis, all of which had been identified since his intake. Additionally, there was no reference to pending referrals for hematology, ophthalmology, and radiology for a liver ultrasound; nor were copies of laboratory studies and most current chronic care clinic records sent with the transfer summary to ensure efficient continuity of care by the receiving facility. The medical documentation failed to include a medical hold to ensure provider review prior to transfer.

During interview, CAPT (b)(6); (b)(7)(C) MD, Clinical Director addressed the adverse findings related to ALMAZAN's medical care, emphasizing that he had not rendered care so was "only looking at other things as the clinical director." He cited his main concern as the flow of appointments related to pancytopenia, chronic liver problems, and cirrhosis caused by abuse of alcohol. He described the platelet count of 37 as, "very low, he didn't have the building blocks for coagulation," adding that there was definitely a risk for bleeding and infections, but it may have been going on for years. Questioned about the length of time it took for the hematology referral, he replied, "We have no control," explaining that certain consulting specialties are difficult to access, and that it basically is no different from being seen in the community, which can take three to four weeks. With his specialty as a flight surgeon (b)(6); (b)(7)(C) tated low platelets would not affect clearance for air travel, and even with a low hemoglobin level of 10.5, "I would still clear someone at those levels to fly." In discussion of the transfer summary, which omitted serious diagnoses, (b)(6); (b)(7)(C) explained if providers failed to update the problem list, the conditions will not show at the time the nurse prepares the summary, agreeing that the problem list was not current and in addition to pancytopenia and depression, should have included varices[50] and portal hypertension[51]. He stated it would not be impossible to send applicable copies of the medical record with the summary, although, "It would take more work to include it." He did agree, however, that it would be helpful to include the last chronic care clinic. Regarding a medical hold, he stated there would not be a need for a medical hold if the receiving institution was aware of and followed up with the medical condition. He added that he would have no problem telling ICE a detainee can not go if there were pending consults, however, adding, "Whether it would have made a difference in the outcome,

[49] Trazodone is a medication used to treat depression and sleep difficulty.

[50] Varices are abnormal veins in the lower part of the tube running from the throat to the stomach.

[51] Portal hypertension refers to high blood pressure in the system of veins coming from the stomach, intestine, spleen, and pancreas which merge into the portal area before traveling through the liver.

hard to say." He voiced his opinion that GCDC was an appropriate facility to send a stabilized case, and that they had not any any significant issues with them.

APPENDIX I
Vital Signs

DATE	TEMPERATURE	PULSE	RESPIRATIONS	BLOOD PRESSURE	WEIGHT
July 12, 2017	98.1	74	16	114/68	171
July 16, 2017	97.6	74	16	107/66	170
July 19, 2017	98.5	69	16	110/70	175
July 20, 2017	97.9	68	16	101/61	175
July 27, 2017	98.1	73	16	115/61	170
August 2, 2017	98.2	82	16	105/63	170
August 4, 2017	98.1	72	16	100/63	172
August 8, 2017	98.4	71	16	102/64	165
August 11, 2017	99.3	74	16	97/57	170

CONCLUSIONS

Medical Compliance Findings

Creative Corrections finds the care provided to Filipe ALMAZAN-Ruiz by the Krome North Service Processing Center did not meet all requirements of the 2016-revised ICE PBNDS 2011, Medical Care. Deficiencies were identified in the following components of the standard:

ICE PBNDS 2016, Medical Care, section (V)(E), which states, "Each facility 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."

- On July 16, 2017**,** at 3:34 p.m. to assess an unspecified skin irritation. An interpreter was not used, as, "Detainee speaks English fluently."
- The keep-on-person agreement form signed on July 16, 2017, was in English and may not have ensured his full understanding.
- Consent forms for psychotropic medications were not provided in Spanish version to ensure full understanding of the indication and side effects of the medication.
- Nursing sick call encounters conducted on July 26, 2017, July 27, 2017, and August 2, 2017, failed to use interpretation assistance to ensure full and accurate information gathering and clear understanding of instructions provided.
- On August 9, 2017, a non-Spanish-speaking provider conducted a laboratory results follow-up encounter in the absence of interpretation assistance.

ICE PBNDS 2016, Medical Care, section (V)(G)(3), which states, "Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include: 3) prescription practices, including requirements that medications are prescribed only when clinically indicated, and that prescriptions are reviewed before being renewed."

- July 16, 2017, hydrocortisone cream was issued in the absence of assessment findings.
- On August 2, 2017, hydrocortisone cream was again issued as a KOP in the absence of a RN Guideline.

ICE PBNDS 2016, Medical Care, section (V)(M), which states, "Each facility's health care provider 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." Additionally:
NCCHC J-E-04 (*Essential*), section (5), which states, "Inmates identified with *clinically significant findings* as the result of a comprehensive receiving screening receive an initial health assessment as soon as possible, but no later than 2 working days after admission."

- Although the intake assessment identified cirrhosis, the initial physical assessment was not completed until one week following intake.

ICE PBNDS 2016, Medical Care, section (V)(N), which states, "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 facility. The facility administrator shall receive notice of all medical/psychiatric alerts or holds, and shall be responsible for notifying ICE/ERO 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 medical conditions requiring ongoing therapy, such as a.) active TB, b) infectious diseases, and c) chronic conditions."

- Medical documentation failed to include a medical hold to ensure provider review prior to transfer.

ICE PBNDS 2016, Medical Care, section (V)(W), which states, "Consistent with Standard 4.8 '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."

- Significant vision impairment identified one week following intake failed to result in the issuing of reading or prescription eyeglasses. Additionally, because the pending

ophthalmology referral was not forwarded to the receiving facility during transfer, the detainee never received glasses during his remaining detention period.

ICE PBNDS 2016, Medical Care, section (V)(X)(1), which states, "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 notification shall become part of the detainee's health record file."

- The medical record did not include a notification to the Field Office Director regarding the condition of potentially advanced cirrhosis and pancytopenia.

ICE PBNDS 2016, Medical Care, section (V)(Z), which states, "The facility 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."

- The transfer summary dated August 11, 2017, failed to include the serious chronic diagnoses of pancytopenia and depression. Additionally, there was no reference to pending referrals for hematology, ophthalmology, and radiology for a liver ultrasound; nor were copies of laboratory studies and most current chronic care clinic.

Areas of Note

In addition to the above deficiencies, Creative Corrections notes the following:

- Providers failed maintain a current problem list of serious illnesses, to include pancytopenia and depression, resulting in delayed continuity of care following transfer to another ICE facility.

Glades County Detention Center

Facility Description

GCDC is operated by the Glades County Sheriff's Office and houses county inmates as well as United States Marshall Service (USMS) and ICE male and female detainees. The facility, which opened in 2007, houses medium, medium high and high custody detainees and has a capacity of 540. On September 5, 2017, the facility count was 429 and was comprised of 369 ICE detainees

(298 male and 71 female), 40 county inmates (30 male and 10 female) and 20 male USMS detainees.

All staff with direct supervision responsibilities over detainees are sworn law enforcement officers. Officers must attend 500 hours of training at an academy to be certified by the state of Florida.

There are two main dormitory-style housing areas at GCDC – Dorm 1 and Dorm 2. There is also a 20 bed Special Management Unit. Detainee ALMAZAN was housed in Dorm 1 throughout his stay at GCDC. Per the Movement History, detainee ALMAZAN was assigned to Dorm 1, pod C, at 3:57 a.m. Dorm 1 has a capacity for 378 and is used primarily for ICE detainees. The dorm is comprised of four separate pods, A through D, each of which houses between 92 and 96 detainees. The pods encircle an elevated observation control center which is staffed by a civilian clerk who manages the doors to each pod and has no direct contact with detainees. A sergeant and officers are assigned to the dorm floor and provide supervision to the four separate pods. The housing pods are each two stories with eight four-bunk open bays on each level. A bathroom and shower area is on each level. The upper tier is accessed by a staircase on the left side of the pod. On the lower level are tables, a television and a video terminal for visitation.

Healthcare Services

Armor Correctional Health Services (ACHS), with headquarters in Miami, Florida has provided 24-hour medical care since the facility's activation in June 2007. GCDC earned their most recent accreditation through the National Commission on Correctional Healthcare (NCCHC) in May 2017, and at the current time, eight medical employees have earned status as Certified Correctional Health Professionals (CCHP)[52]. Full time positions include the Director of Nurses (DON), a licensed clinical social worker, the Administrative Assistant, and the Health Services Administrator (HSA), the latter of whom is not a clinician but has a health services administration background. Three part time registered nurses (RN) provide a total of 56 hours per week, and 13 part time licensed practical nurses (LPN) provide 460 hours per week. Other part time positions include a mental health physician assistant, two licensed mental health professionals, a dentist, and a dental assistant. The Clinical Director, a CCHP is licensed in Puerto Rico and Florida, with certification to work in critical need areas. He is available on site for clinical services four days per week. Staffing numbers were found to be sufficient for the provision of detainee healthcare, in accordance with the NDS, and all professional licenses were present, current and primary source verified.

The GCDC medical clinic houses a multi-workspace nursing station with a pass-through window connecting to an 18-chair waiting room. A custody officer's desk is located inside the waiting room providing direct supervision. The clinic houses four examination/treatment rooms, a

[52] A CCHP is a medical person who has demonstrated, through NCCHC testing, the possession, application, and interpretation of knowledge necessary for professional practice in correctional health care.

pharmacy, a one-chair dental suite, a specimen collection room, two administrative offices, and four medical observation rooms, three of which have negative air pressure capability for respiratory isolation. GCDC's electronic medical record (EMR) CorrecTek has been in place since May 2014, and language assistance for detainees with limited English proficiency is provided by Interpretalk Interpretive Services.

Detention Summary

EARM records document detainee ALMAZAN arrived at GCDC in Moore Haven, FL at 8:29 p.m. on **August 11, 2017.** At 9:28 p.m., detainee ALMAZAN was booked into the GCDC per the facility records. Upon arrival, detainee ALMAZAN was searched and photographed by Officer [redacted] and booked in by Officer [redacted] per the GCDC booking information form. When interviewed, Officer [redacted] did not recall the detainee but stated his typical process is to pat search the incoming detainee, issue them facility clothing and take their photograph. (Note: Major [redacted], the Facility Administrator sat in on the interviews with officer staff.) Officer [redacted] stated on interview that he did recall the detainee because he was quiet and respectful to staff. Officer [redacted] speaks Spanish and stated he uses the 216 Record of Persons and Property Transferred form to confirm the classification level as determined by ERO. In this case, the 216 form designated detainee ALMAZAN as medium high. The detainee's housing level was then marked as, "Close Observation" and he was approved for placement in general population with visits allowed.

On Saturday, **August 12, 2017,** at 2:28 a.m. his property was inventoried and he was allowed to retain possession of miscellaneous legal papers, a Bible, four pairs of underwear and a grey shirt and pants. The other items were placed in property bag 396. A property receipt was generated and signed by both the detainee and two officers at 2:45 a.m. on August 12, 2017. The $9.00 in personal funds he brought from KNSPC were placed into a commissary account he could access through a kiosk to buy phone time, snacks and personal care items. The detainee also signed an acknowledgement that he had received both the NDS and facility handbooks, PREA information and that he participated in the facility orientation program.

At 8:10 p.m. on **August 13, 2017**, detainee ALMAZAN made his free three-minute phone call per the Audio File List from GCDC. On **August 17, 2017**, an immigration judge ordered ALMAZAN removed to Mexico.

On **August 23, 2017**, detainee ALMAZAN purchased $5.00 in phone time per his account summary. At 3:23 p.m. on August 25, 2017, he completed a seven minute and 58 second phone call per the call record. This was the last phone call the detainee made while at GCDC.

On **August 30, 2017**, detainee ALMAZAN submitted a request asking for a job at the facility in the dorm or kitchen. He received medical clearance the following day to become a trustee and work at the facility. On the same date, he was moved to pod D. On **September 6, 2017**, he moved

to pod A. It is unclear when he began work in the food service area but both security and medical staff reported he served as a trustee and delivered meal trays into the medical unit. The account records confirm he was later paid for five days of work.

According to an email dated September 17, 2017 from Deputy Field Office Directo[redacted], in anticipation of approaching Hurricane Irma, ERO transferred detainee ALMAZAN by bus to Folkston Processing Center (FPC) in Folkston, GA, on **September 7, 2017,** at 3:43 a.m. (Note: EARM records document the time of departure from GCDC as 2:56 p.m. with arrival at FPC at 9:00 p.m.) The balance of $4.00 in his account was issued to him by check.

Following detainee ALMAZAN's transfer from GCDC, he received payroll for the five days he worked and $5.00 was deposited into his account at GCDC on September 13, 2017. These funds remained at GCDC and were still in his account during the review team's site visit. The issue was brought to the attention of Deportation Officer [redacted] who stated he would ensure the funds were transferred to ERO staff at IAH/PCDC for inclusion with the property stored there to be sent to the detainee's next of kin.

Detainee ALMAZAN remained at FPC for less than 24 hours and departed that facility for IAH/PCADC at 5:59 p.m. on **September 8, 2017**, per EARM records.

Summary of Events

At 3:15 a.m., on **August 12, 2017**, [redacted], LPN documented the medical intake screening, noting there were no barriers to communication, and responding "Yes" to ALMAZAN's ability to "Understand English". During interview she denied her personal ability to speak Spanish and when questioned about the level of ALMAZAN's English proficiency, she replied, "If I did the intake, he spoke English. We would use Interpretalk (*Language Service*) otherwise." When questioned about the frequency of Interpretalk use over a week period, she estimated, "maybe once or twice." Regarding Creative Correction's observation that all consent and agreement forms were in English, LPN [redacted] stated she was unaware of Spanish version forms. During interview [redacted] HSA stated Spanish forms are available for sick call requests and medical consents and agreed the Spanish versions should have been used for ALMAZAN. The intake screening documentation did not mention review of the medical summary sent by the Krome North Service Processing Center (KNSPC), with resulting failure to list current diagnoses and treatment. Vitals signs were recorded within normal limits (*See Appendix I for vital signs table*). The health questionnaire included a subjective history of liver cirrhosis[53], vision problems, and depression. He admitted to having tried or seriously considered killing or hurting himself, "Six times, about three years ago", but he denied current suicidal thinking. A chest x-ray was scheduled for tuberculosis[54] clearance, although there is no report evidencing this was done. He was noted,

[53] Liver cirrhosis is a chronic liver disease in which liver cells become inflamed and begin dying, causing scar tissue to form. Alcohol abuse is a common cause of cirrhosis.

however, to have had a normal chest x-ray on July 12, 2017, while at KNSPC, having remained in continual ICE custody. He was assigned to chronic care clinic, referred to a provider on an urgent basis, and cleared for general population. The intake screen was electronically approved by (b)(6); (b)(7)(C) RN, DON on August 15, 2017.

Two days later on Monday, **August 14, 2017**, at 10:26 a (b)(6); (b)(7)(C) conducted the intake mental health screening, noting ALMAZAN's diagnoses of liver cirrhosis, depression, and anxiety. He reported a history of alcohol dependence, having last used three months ago when he was arrested. He stated he had been prescribed trazadone[55] for the past three months while incarcerated in Metro West, Dade County. He was described as cooperative, with a calm demeanor, while presenting sadness and mild anxiety. He denied audiovisual hallucinations[56], delusions[57], and suicidal and homicidal ideations but reported bouts of depression and crying over the past three months. He attributed his sadness and anxiety to stress of his current situation, and having been divorced five years ago due to his alcohol problem. He reported his drinking worsened until he was incarcerated, having since suffered guilt, sadness and loss, using prayer and faith to manage his feelings. He admitted having, "tried to commit suicide many times by drinking excessively," but denied current intention, ideation, or plan. His mental health status was described as alert, appropriate in behavior, cooperative, fully oriented, neat, well-groomed, and appearing older than his stated age. His affect was good, and judgment was fair. He reported both sleep and appetite were within normal limits. The past medical history section of the assessment noted the only hospitalization was related to liver cirrhosis. His medications accurately reflected the pill line medications listed on the Krome medical summary, as listed:

Medication	Purpose
Clotrimazole 1%	Antifungal cream for athlete's foot
Ducosate Sodium 100 mg	Stool softener used to treat constipation
Folic Acid 1 mg	B vitamin used to enhance red blood cell production
Hydrocortisone 1%	Steroid used to treat skin conditions
Lactulose 10 GM/15 ml solution	Type of sugar solution used to treat chronic constipation and to reduce the amount of ammonia in the blood of patients with liver disease.
Maalox 30 cc	Antacid which neutralizes stomach acidity
Multivitamin	Nutritional supplement
Omeprazole 20 mg	Treatment of heartburn and esophageal reflux disease (GERD)[58]

[54] Tuberculosis is a serious bacterial infection which mostly affects the lungs.

[55] Trazadone is a sedative medication which can treat depression.

[56] Hallucinations are perceptions of having seen, heard, touched, tasked or smelled something that was not actually there, commonly a symptom of mental illness.

[57] Delusions are beliefs or altered reality persistently held despite evidence or agreement to the contrary, commonly a symptom of mental illness.

Proctosol 2.5%	Treatment of itching or swelling caused by hemorrhoids
Sertraline Hcl 100 mg	Treatment for depression and anxiety
Spironolactone 25 mg	Treatment for high blood pressure and fluid retention.
Trazodone 50 mg	Treatment for depression and sleep difficulty
Triamcinolone Acetonide 0.1%	Treatment for psoriasis
Rifaximin 550 mg	Treatment for irritable bowel syndrome with diarrhea

The mental health assessment findings were listed as depression, generalized anxiety disorder, and alcohol dependence, in remission. The plan was, "Appointment electronically created for patient to see psychiatrist as soon as possible." He was deemed eligible for program participation and job placement and was assigned to general population without segregation.

On the same day, at 10:27 a.m (b)(6); (b)(7)(C) MD conducted the initial chronic care clinic for cirrhosis, stating during interview he communicated with ALMAZAN in Spanish and was unaware of the detainee's English proficiency. He documented, "51 year old male with history of liver cirrhosis, GERD, possible portal hypertension[59], constipation here today for initial clinical evaluation, the patient diagnosed seven years ago and he's been on treatment since then." ALMAZAN's personal risk factors were identified as smoking, "two per day", and "a lot" of alcohol. He denied past surgeries or hospitalizations. He was described as appearing well, in no acute distress, obese, well developed, and well nourished. He complained of external hemorrhoids[60], dry itchy skin and eyes, and headaches. He denied chest pain, abdominal pain, and nausea and vomiting. The review of systems revealed no abnormal findings, and the vital signs were all within normal limits. The abdominal assessment was described as, "Positive bowel sounds, non-tender, no hepatosplenomegaly[61], no masses[62]." The assessment listing included 1) liver cirrhosis/fatty liver; 2) GERD; 3) possible portal hypertension; 4) IBS[63], and 5) eczema[64]. There was no reference to pancytopenia[65], as was noted in the last chronic care clinic at the Krome North SPC (KCSPC). When questioned about his suspicion of portal hypertension in the absence of KNSPC's previous diagnoses, he explained that once he was aware of the cirrhosis diagnosis he considered all possible outcomes and conducted laboratory testing to rule it out. He further

[58] GERD is short for gastroesophageal reflux disease, also known as acid reflux, is a digestive disease in which stomach acid or bile irritates the food pipe lining (esophagus).

[59] Portal hypertension refers to high blood pressure in the system of veins coming from the stomach, intestine, spleen, and pancreas which merge into the portal area before traveling through the liver.

[60] Hemorrhoids are swollen and inflamed veins in the rectum and anus which can cause discomfort and bleeding.

[61] Hepatosplenomegaly refers to abnormal enlargement of the liver and spleen.

[62] Masses are any localized enlargement or swelling in the human body.

[63] IBS, short for irritable bowel syndrome is an intestinal disorder causing pain in the belly, gas, diarrhea, and constipation.

[64] Eczema is a condition in which the skin becomes inflamed and itchy.

[65] Pancytopenia is a medical condition in which there is a reduction in the number of red and white blood cells, as well as platelets.

stated there were no varices[66] or spider webbing[67] noted during the abdominal assessment. The plan included 1) Triamcinolone Acetonide 0.1% cream twice daily for 60 days; 2) PT[68], PTT[69], INR[70], psa[71], cmp[72], cbc[73], lipid panel[74], h pylori test[75], ammonia level[76] tomorrow; 3) follow-up Thursday with lab results; 4) increase fluid intake; 5) continue with all other meds for 30 days; 6) please renew when finishing; 7) follow-up in 90 days; 8) Proctosol 2.5% topical cream twice daily for 30 days. During interview, (b)(6); explained that a nurse works directly with him to ensure his orders are carried out.

According to the laboratory report, the blood collection took place on August 17, 2017, with receipt in the lab and complete report forwarded on the following day, August 18, 2017. (b)(6); (b)(7)(C) reviewed the laboratory results, electronically noted as "Observation Report Date", on the same day as receipt. Questioned during interview, he stated that although the results were concerning, he knew ALMAZAN was scheduled for his follow-up clinic in two weeks, and because the PT and PTT were only slightly elevated, he felt comfortable waiting until the next appointment to address the seriously low platelet count[77] of 41. He further offered his opinion that he places urgency on levels lower than 30, at which time he transfers the patient to the hospital for treatment. On questioning whether he was aware of the pancytopenia condition previously diagnosed at KNSPC, he, along with Davies, Regional Vice President of ACHS, expressed surprise and disbelief, voicing they had not been aware of the diagnosis, nor the significantly low platelet count of 37. Regarding his treatment plan, (b)(6); (b)(7)(C) stated he believed he did the right thing in trying to excrete the excess ammonia in ALMAZAN's system. He further offered if he had been the physician at KNSPC and had known ICE was going to move him with his current medical condition, he would not have approved the transfer. When asked if a two to three hour flight

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[66] Varices are abnormal veins in the lower part of the tube running from the throat to the stomach.

[67] Spider webbing, otherwise known as Spider angiomas, refers to surfaced veins, which have a local spot and radiating vessels to appear web-like, commonly caused by advanced liver disease.

[68] PT is short for prothrombin test, a blood test to determine how quickly the blood clots.

[69] PTT is short for partial thromboplastin time, a blood test which measures the time it takes for blood to clot.

[70] INR is short for international normalized ration, a blood test which evaluates blood clotting.

[71] PSA is short for prostate specific antigen, a substance produced by the prostate gland, which is measure to determine prostate disease.

[72] CMP is short for comprehensive metabolic panel which tests blood glucose level, electrolytes levels, kidney function, liver function, and nutritional problems.

[73] CBC is short for complete blood count, which tests levels of all types of blood cells to determine presence of disease.

[74] Lipid panel is a series of lab tests, which determine levels of fats and cholesterol in the blood.

[75] H-pylori test is short for helicobacter pylori, bacteria that causes infection in the stomach, such as ulcers.

[76] An ammonia level test determines the amount of ammonia produced by bacteria in the intestines. Ammonia is normally converted by the liver, producing urea which is eliminated in the urine. With liver disease, ammonia levels can rise due to the inability for the liver to convert it.

[77] A platelet count is the number of clot-producing cells in the blood.

transfer would have been appropriate considering the current medical condition, he stated, "I might say no", basing his statement on the fact that because it is not known why the platelets are so low, the detainee might have an embolism.

Detainee ALMAZAN submitted an initial sick call request for vision problems, dated **August 16, 2017**, writing, "I Need See The Doctor be Cause He Tool mi I have 2 Apoimentes, Monday and Tuesday I ron't Recib Notin in My Dormitory Please Because I ron't See Noting and He Told my y Need Test for My Ayees PlEASE The Doctor is [redacted] Please Help My I conT Read Noting Please Help My" (*See Appendix II for sick call table*). [redacted] LPN documented receipt of the sick call request at 9:00 p.m. on August 17, 2017, referring him to nurse sick ca[redacted] LPN documented a sick call encounter, using "Nursing Protocol – Eyes, Ears, Nose, Teeth, and Throat." The date of August 18, 2017**,** was stamped at the top of the first page; however the note was not signed off until October 15, 2017, suggesting the note could have been written or altered at any time during that time. There was no reference to barriers of communication, language preference, or use of interpretation assistance. Vital signs were all recorded within normal limits, and his vision test showed 20/20 in the right eye and 20/200 in the left eye. Of note, the eye examination conducted by KNSPC on July 19, 2017, showed 20/100 in the left eye and 20/200 in the right eye, and the vision testing done during this physical assessment on August 24, 2017, showed 20/200 in both eyes, suggesting the 20/20 recording was erroneous. The nursing assessment diagnosis was disturbed sensory perception: rule out visual disturbance, and the plan, based on "not acute" vision disturbance was to allow ALMAZAN to obtain his glasses from home and to use proper lighting. Documentation failed to show inquiry into the current location of his glasses or what his home situation was. As was documented in the August 22, 2017, provider assessment, he had his glasses while at Krome and believed they were in his property. Consequently, [redacted] failed to adequately address his complaint, which remained unresolved. Creative Correction notes that the provided medical record did not include a copy of this sick call encounter; but rather, it was provided just prior to the review close-out. Consequently, I[redacted] as not interviewed.

A second Inmate/Detainee Request was dated **August 20, 2017**, in which ALMAZAN wrote, "DR – I need You Help Because My Medicates AHORA NO SEE MEDICIN I TAKE EVRY DA DR-[redacted] I fillin My EYES DRY. PLEASE I need My GLASES Please When I go To Court They Give to mi but I canT SEE NOTHING My EYES I filling Burning and MY HEAD I HAVE PAIN So I need My GLASES Please[redacted] The sick call response was left blank, but the request was signed as received by[redacted]e on **August 21**, **2017**. During interview LPN [redacted] reviewed the medical record and verified a sick call encounter was not present, stating that he was not seen in nursing sick call because he had a pending appointment with the provider for this evaluation.

[redacted] Advanced Registered Nurse Practitioner (ARNP) conducted a provider assessment on **August 22, 2017,** at 3:17 p.m. to address ALMAZAN's complaints of, "I am having a lot of pain in my joints. I cannot see, either. I had glasses at Krome but they say they are not in my

property here. My vision is very bad. The medication is helping some, but I still can only sleep two to three hours." There is no documentation of barriers to communication, language preference, or use of interpretation assistance. (b)(6); (b)(7)(C) documented his extensive history of alcohol dependence, and noted he was currently taking Zoloft and trazodone with some benefit. He was described as cooperative with a congruent affect[78], logical thought process, anxious mood, and a restless and fidgety manner. There is no objective assessment, including vital signs. The treatment plan was to continue Zoloft 100 mg daily and increase trazodone to 75 mg nightly to improve his insomnia. A Specific Authorization for Psychotropic Medications form was signed by ALMAZAN, but the specific medication was not indicated with a check mark. The treatment plan did not address the complaint of vision difficulty. He was electronically scheduled for follow-up in 60 days. As NP (b)(6); (b)(7)(C) no longer works for GCDC, an interview could not be conducted to clarify if the encounter was intended to serve only as a mental health follow-up, as opposed to a sick call assessment.

The initial health assessment was conducted by (b)(6); (b)(7)(C) RN on **August 24, 2017**, at 2:33 p.m., with review and approved electronic signature of (b)(6); on September 5, 2017. A review of the training and credentials file showed RN Bonner was trained for conducting initial medical and dental assessments on January 12, 2016 and on August 22, 2017. Detainee ALMAZAN identified current complaints as right knee pain and vision difficulty. He denied blood in his sputum, blood in his stools, or black tarry stools[79]. His vital signs and physical assessment were all within normal limits, including the abdomen, which was described as having normal bowel sounds and no masses or tenderness. Tremors were not observed, and his gait and coordination were normal. Examination of his skin showed no rashes, lesions[80] or infestations[81]. ALMAZAN's visual acuity using the Snellen Eye Chart measured 20/200 in the right eye, 20/200 in the left eye, and 20/200 in both eyes, without correction, for which he was referred to the doctor for visual disturbance. The dental screening found no missing teeth and "four upper implants per patient."

A third sick call request was submitted on **August 27, 2017**, in which ALMAZAN wrote, "I NEED SEE THE DOCTOR BECAUSE I have To Much Pain in My Bond's I Want Somthin XXXike Bengay is Hard THE PA A and I want A see The doctor THE LAST Went I see HE PuT in THE Sistem For Examen in My Eyes I Need glases PLE! I can'T Read NoThing I need Realy The Glases". The Triage Decision By Nursing Staff noted referral to nurse sick call and was signed two days later on **August 29, 2017**, at 9:00 p.m. by (b)(6); (b)(7)(C) LPN

[78] Congruent affect means a person's emotions are appropriate for the situation.

[79] Black tarry stools can indicate bleeding in the upper portion of the digestive tract.

[80] Lesions are regions of an organ or tissue which have suffered damage through injury or disease, such as a wound, ulcer or tumor.

[81] Infestations refer to a state of being invaded or overrun with pests or parasites.

(b)(6); (b)(7)(C) LPN, CCHP conducted a sick call assessment on **August 30, 2017**, at 2:24 p.m. to address ALMAZAN's complaint of pain in both shoulders and both knees. The pain was described as moderate, constant and worsening. A pain scale was not used to determine pain level. Vital signs were all recorded within normal limits. The general examination noted an uncomfortable appearance with tenderness on palpation. There was no swelling or gait abnormality. The nursing assessment was Alteration in Comfort in joints. The plan was to provide ibuprofen 400 mg twice daily for five days as needed in accordance with the Nursing Protocol on Muscular Skeletal problems. LPN (b)(6); (b)(7)(C) noted, "NO history of bleeding ulcers." He was provided patient education and instructed to return to sick call if symptoms worsen or persist more than seven days. Documentation fails to show ALMAZAN's complaint of vision difficulty was addressed. During interview, LPN (b)(6); (b)(7)(C) who triaged this sick call request, offered that nurses allow only one complaint per sick call request and that the detainees are expected to submit an individual request for each complaint they have, with the sick call nurse prioritizing the issues. HSA (b)(6); (b)(7)(C) and VP (b)(6); (b)(7)(C) both agreed during interview that the two issues absolutely should have been addressed in a single visit. RN (b)(6); (b)(7)(C) electronically approved the sick call assessment on August 31, 2017.

On September 1, 2017, ALMAZAN completed a fourth sick call request, stating, "I Need See The Doctor The Name of (b)(6); (b)(7)(C) I wan'T To Se becase I ned Glases THE Nurse OnLY No GIME Apoimen For Opticol I have Pain in Myy Head and My EYES in My EYES I fell likefire and The People I see Strange Aron'T Read Nothing Please I need See THE DOCTOR For My ApoinmenT an Medicinefo EYES LiKe Vicine SO<Thin DROPS for My Eyes THANK YOU (b)(6); (b)(7)(C) LPN documented receipt of the request the same day at 9:00 p.m. and referred him to nurse sick call. On **September 2, 2017,** at 4:56 p.m. (b)(6); (b)(7)(C) LPN conducted a sick call assessment to address ALMAZAN's complaint of having difficulty seeing, as things look blurry. He stated he had an appointment scheduled with an optometrist prior to entering the facility. Vital signs were all recorded within normal limits and his vision remained at 20/200 in both eyes. The assessment was disturbed sensory perception: Rule out visual disturbance. The plan included a "Routine referral to (b)(6); within five days secondary to patient having difficulty seeing, may need glasses. Made same complaint during initial health assessment." The note was electronically approved by (b)(6); (b)(7)(C) on September 5, 2017.

Four days later on Wednesday, **September 6, 2017,** at 9:48 a.m. (b)(6); (b)(7)(C) initiated a sick call visit for complaints of visual disturbance, along with a thirty-day chronic care evaluation. Forty-six laboratory results, completed on August 18, 2017, were addressed, along with additional results provided the following day. Only the abnormal levels are included below, with comparisons of those that had also been done at Krome:

Test	Krome Result	Glades Result	Normal Limits
Bilirubin[82]	1.6	1.7	0.0-1.2

[82] Bilirubin is an orange, yellow pigment produced by the liver.

Alkaline Phosphatase[83]	157	162	20-130
Hemoglobin[84]	10.5	11.3	13-18
Red Blood Cells[85]	3.28	3.65	4.5-5.9
Hematocrit[86]	29.3	34	40-52
White Blood Cells [87]	2.0	3.0	3.6-11
Platelets	37	41	150-400
Lymphocytes[88]	0.4	0.7	1.1-4.7
Ammonia		108	11-35
Activated PTT		41.6	50-89

ALMAZAN's general appearance and physical assessment findings were all within normal limits, with exception of the abdominal assessment, which described pain in the mid-epigastric area radiating to the chest. Bowel sounds were normal, and there was no tenderness, masses, or hepatosplenomegaly on palpation. The plan was written as follows:

"1===I will increase lactulose doses and will continue with the current meds. CBC weekly the follow-up ++see below prednisone 100 mg X3 days then 0 mg x 3 days then 60 mg po x 3 days then 50 mg x 3 days the 40 mg x 3 days then 30 mg x 3 days then 20 mg x 3 days the 10 mg x 2 days then 5 mg x 2 days the 2.5 mg x 2 days then d/c.
FERROUS SULFATE, 325 mg #90, Sig: 1 time per day for 90 days
2===+++++cbc weekly x 4 weeks+++++
3===d/c dulcolax
4========lactulose 40 ml po daily x 90 days=======
5==-FOLIC ACID, 1 MG #90, Sig: Take 1 Tablet by mouth 1 time per day for 90 days
6===MULTIVITAMIN, #90, Sig: Take 1 Tablet by mouth 1 time per day for 90 days
7===SPIRONOLACTONE, 25 MG #180, Sig: Take 1 Tablet by mouth 2 times per day for 90 days.
8===Xifaxan 550 mg po bid x 90 days
9===Patient c/o visual disturbance
10===OS 20/200 OD 20/200
11===ammonia level Q2 WEEK X 8 WEEKS
12===Renal diet x 180 days
13===cbc cmp lipid panel in 82 days

[83] Alkaline phosphatase is an enzyme found throughout the body, which can be elevated in liver disease.

[84] Hemoglobin is the protein molecule in the red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the body back to the lungs.

[85] Red blood cells are the blood cells that contain hemoglobin and carry oxygen.

[86] Hematocrit is a volume percentage of red blood cells in the blood, usually at 47% in men.

[87] White blood cells are the cells involved in protecting the body against infection.

[88] Lymphocytes are a form of white blood cells that produce antibodies to fight infection.

14===follow=up in 90 days
15===OMEPRAZOLE 40 MG #90, Sig: Take 1 Capsule by mouth 1 time per day for 90 days."

(b)(6); (b)(7)(C) signed off his note at 10:23 a.m. on the same day. Creative Corrections notes there was no referral to the optometrist for ALMAZAN's serious vision impairment. Without eyeglasses his ability to read written instructions, consents, or patient education was seriously declined. His frustration was clearly expressed in his sick call requests. Following is documentation of sick call requests and complaints during clinical encounters.

Date and Mode of Request	Date of Encounter Who Conducted	Treatment Plan	Completed
August 16, 2017 Sick Call Request	August 18, 2017 LPN	Approved to have glasses from home sent in.	No, as his glasses were not at his home
August 20, 2017 Sick Call Request	No sick call scheduled	None, as triage nurse believed detainee was scheduled for MD	No, as a provider failed to address the complaint.
August 22, 2017 Complained during encounter.	August 22, 2017 ARNP	None. Complaint was not addressed.	NA
August 24, 2017 during initial physical assessment.	August 24, 2017 RN	Referred to MD	No
August 27, 2017 Sick call	August 30, 2017 LPN	None, as only one of two complaints were addressed.	N/A
September 1, 2017 Chronic Care	September 1, 2017 MD	None, as not addressed in plan	N/A

The ACHS Medical policy J-E-07 Non-emergency Health Care Requests and Services, mirroring the NCCHC Standard of the same number and title, instructs that any patient who has been seen in sick call more than twice in 30 days for the same complaint, but who has not yet been seen by a practitioner will be scheduled for the clinician's clinic. Although the sick call nurses' dispositions were followed by provider assessments, the focus was limited to chronic care and mental health issues, leaving the vision problem unaddressed. A review of the commissary showed reading glasses were available for purchase, but with a maximum of $10.00 in his account at any given time, he would not have been able to pay the cost of $11.55. There is no indication that any attempts were made to obtain reading glasses for him, although according to HSA (b)(6); (b)(7)(C), an optometry appointment was pending but not completed because of his transfer.

The Transfer Summary, documented by (b)(6); (b)(7)(C) the same day as his departure, medically cleared him for travel. The listed diagnoses included only cirrhosis of the liver without alcohol, generalized anxiety disorder, and depression. The additional serious chronic care diagnoses of portal hypertension, pancytopenia, and irritable bowel syndrome were not listed, and with no accompanying medical records, to include laboratory results, most recent chronic care assessment,

and pending specialty services, these diagnoses were unknown on his arrival to PC. It remains unexplained why the cirrhosis diagnosis was erroneously changed to "cirrhosis without alcohol", but the diagnosis followed him to Polk on **September 8, 2017,** and to the hospital where he died nine days later.

APPENDIX I
Vital Signs

DATE	TEMPERATURE	PULSE	RESPIRATIONS	BLOOD PRESSURE	WEIGHT
August 12, 2017	98.1	66	18	106/70	168
August 14, 2017	98.3	62	18	101/66	165
August 16, 2017	97.0	59	18	104/70	164
August 24, 2017	98.4	65	16	112/78	163
August 30, 2017	98.6	74	18	106/68	165
September 2, 2017	98.3	83	18	113/77	166
September 6, 2017	97.6	80	18	122/76	170

APPENDIX II
Sick Call Requests

DATE SUBMITTED	COMPLAINT	DATE TRIAGED	DATE OF ASSESSMENT	TREATMENT PROVIDED
August 16, 2017	Vision difficulty	August 17, 2017	August 17, 2017	Instructed to get glasses sent in from home. Vision difficulty unresolved.
August 20, 2017	Vision difficulty with headache	August 21, 2017	August 24, 2017	Referred to the doctor. Not evaluated by MD for vision difficulty until September 6, 2017.
August 27, 2017	General body pain Vision difficulty	August 29, 2017	August 30, 2017	Ibuprofen provided for pain. Vision difficulty remained unresolved.
September 1, 2017	Vision difficulty with headache	September 1, 2107	September 2, 2017	Routine referral to (b)(6); (b)(7)(C) within five days. Was seen for vision difficulty during chronic care clinic on September 6, but no MD order written for optometry. Transferred same day due to hurricane.

CONCLUSION

Medical Compliance Findings

There were no NDS deficiencies found. Identified areas of concern are as follows:

- Sick call requests, consents for medical care and psychiatric medication use, and keep-on-person agreements were not provided in Spanish version. As evidenced during interviews, not all nurses were aware of the availability of Spanish version forms.
- There was no reference to barriers of communication, language preference, or use of interpretation assistance during most nursing and provider encounters. Throughout interviews with staff from all three facilities in which detainee ALMAZAN was detained, there is strong evidence he was not English proficient.
- A nursing note by a sick call LPN was not signed at the time of her August 16, 2017, encounter, but rather it was signed two months later on October 15, 2017. From a legal standpoint it cannot be determined the note was not initiated and/or altered immediately prior to the sign-off on the latter date.
- During the August 16, 2017, encounter the LPN failed to inquire about the location of the detainee's eyeglasses, which were not at his home, resulting in an unresolved issue. Creative Corrections considered this misinformation might have been a result of a preventable communication barrier related to the detainee's inability to proficiently speak and understand English.
- Multiple complaints on the same request form are not always addressed and nurses reported a practice of one complaint per request form, with prioritization of the complaint at the time of the sick call encounter.
- In spite of the detainee's early and repeated complaint of serious vision impairment, a request for optometry to get eyeglasses was never processed.
- Possibly related to the hurried nature of the hurricane evacuation, the transfer summary failed to ensure adequate continuity of care to by failing to include all relevant health information.

Security Compliance Findings

Creative Corrections cites the following deficiencies in relevant components of facility policies and post orders.

The GCDC Detainee Handbook, page 12 states, "Prior to departing the facility, any funds you have remaining will be returned to you."

Funds earned by the detainee were paid on September 13, 2017 following his transfer out of GCDC. However, no effort was made to forward the funds to the detainee at his next facility and the funds remained at GCDC during the site visit on December 7, 2017.

IAH/PCADC

Facility Description

IAH/PCADC is located in Livingston, TX, approximately 74 miles northeast of Houston, TX. The facility is operated by the Management and Training Corporation (MTC) of Centerville, Utah. According to their website, MTC entered the field of corrections in 1987 and now oversees more than 25,000 offenders and detainees at 21 facilities. The IAH/PCADC was established in January 2006. The original design was for 524 adult detainees. In July 2007, IAH/PCADC added an additional 528 beds to bring it to the current capacity of 1052. On September 17 2017, the date of detainee ALMAZAN's death, the population was 26 USMS male detainees and 337 male ICE detainees for a total population of 363. The IAH/PCADC received American Correctional Association accreditation on January 23, 2017.

A double fence with two rolls of razor wire along the top and five rolls between the fences encircles the facility. Visitors must enter through a secure external sallyport with both gates operated by central control. Once inside the gates, visitors must display identification before passing through a metal detector and being permitted to pass through a secure door into the facility. Video surveillance cameras are used throughout the facility, including in the housing units to monitor and record events.

Per the officers interviewed, upon hire they receive 40 hours of classroom training and 40 hours of on the job training with a veteran officer before they are approved to work on their own. Additional training is provided for specific job duties when the officer is assigned to a post.

On September 7, 2017, IAH/PCADC had 261 ICE detainees. On September 8, 2017, IAH/PCADC received 127 detainees due to Hurricane Irma approaching the Florida area and the population surged to 388 ICE detainees. On September 9, 2017, an additional 124 detainees were received and the population rose to 512 ICE detainees. Over 48 hours, the detainee population almost doubled.

Healthcare Services

MTC Medical, with headquarters in Houston, Texas provides 24-hour nursing coverage seven days per week. The facility earned reaccreditation by the American Correctional Association on January 23, 2017. Although the facility is contracted under the NDS, MTC policies and procedures address the elevated standards of PBNDS 2011. The HSA, a registered nurse (RN) who has worked with MTC since April 2016, assumed her administrative role in September 2017. The Clinical Director is a contract MD who has worked at PCADC for about ten years. He delivers on-site medical services one six-hour day per week. For medical reaso(b)(6); (b)(7)(C)

MD was not available during the three days detainee ALMAZAN was at the facility, and therefore he was unfamiliar with the case. He was not interviewed during this review. A part time certified physician assistant is on site from 6:00 p.m. to 7:00 p.m. on Mondays, Tuesdays, and Thursdays. On call coverage is shared between the two providers. A licensed professional counselor provides full time services, and an MTC psychiatrist is available via telemedicine four to six hours a week. Nursing staff includes a full time director of nurses (DON), three fulltime RNs and six licensed vocational nurses (LVN), all assigned twelve-hour shifts from six to six. Two medical assistants and one pharmacy technician provide clinical and administrative support. There were no vacancies at the time of the review. ODO finds staffing adequate to provide basic medical services for all detainees. A credential review found all professional licenses current and primary source verified. CHI St. Lukes in Livingston, approximately six minutes from PCADC and Conroe Hospital, approximately 50 miles are used for emergency and specialty care beyond the scope of services

The PCADC medical department consists of two examination rooms, a medical records room, x-ray room, medication room with a pill pass window, and a health services administrator (HSA) office. There are four medical observation cells, one suicide watch cell, and an infection control room with negative airflow. The detention officer's desk is located in the hallway, affording correctional supervision in the clinic. The clinic was found to be clean and adequately sized and equipped.

PCADC uses hard copy medical records, with the exception of chronic care appointment scheduling and electronic medication administration records. Detainees access sick call by filling out paper requests and depositing them into a locked box. Sick call request forms and deposit boxes were inconveniently located outside the locked cells in C Unit, where detainee ALMAZAN was housed. According to detainees who were residing in the same cell with detainee ALMAZAN, they request sick call forms from an officer and when completed put it up to the window so the officer who is making rounds can retrieve the requests. This practice does not ensure the confidentiality of detainees who request appointments for sensitive medical problems. According to the detainee handbook, "Detainees desiring routine medical care will fill out a sick call request which will be picked up daily by the nursing staff." Officer rounds are conducted through window observation only; however, intercoms are available in those units for contacting officers on duty.

Detention Summary

Detainee ALMAZAN arrived at IAH/PCADC on **Friday, September 8, 2017**. An I-203 Order to Detain form was present in the detention file but incorrectly listed the detainee's name as "Alaman" and his date of birth as June 6, 1966, rather than the correct date of June 26, 1966. Intake Officer (b)(6); (b)(7)(C) stated on interview that his main concern is ensuring the A numbers match and in this case they did. The IAH/PCADC records document the detainee arrived at 4:00 p.m. However, Officer (b)(6); (b)(7)(C) stated the document would have indicated the time the information was entered into the system, rather than the actual time of arrival. He was on duty the night the detainee arrived and recalled the bus arrived later in the evening. Video surveillance footage from

the vehicle sallyport shows the first of four buses arrived at 10:19 p.m. Detainees and their property were removed from the buses between the hours of 10:19 p.m. and 11:10 p.m.

The intake processing area contains a long bench with a curtain that can be drawn across the middle of the room. On the opposite side of the curtain are two folding tables and chairs. Acoustic boards for sound baffling have been added to the ceiling. Video surveillance footage from the intake area was reviewed. At 1:04 a.m. detainee ALMAZAN can be seen seated on the bench partially obscured by a curtain. At 1:21 a.m. a nurse arrives, sits next to him and appears to take his blood pressure. At 1:23 a.m. a blood pressure machine is wheeled to the detainee and his blood pressure is again taken. At 1:25 a.m. the detainee leaves the intake area.

The detention file contained intake screening forms for suicide and medical or mental impairments as well as screening for risk of victimization and abusiveness. Detainee ALMAZAN's classification review was completed on this date by Officer (b)(6); (b)(7)(C) It was documented that the detainee's primary language was Spanish. Officer (b)(6); acknowledged he does not speak Spanish and he recalled that a fellow intake officer who does sat with him and went over the intake process in Spanish with detainee ALMAZAN. The officer appropriately rated detainee ALMAZAN high custody based on the severity of his charge, his serious offense history and his prior convictions. This rating was approved by Reception and Discharge Supervisor (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) the same day.

On September 8, 2017, the clothing the detainee was wearing was inventoried. He had one pair of shoes, socks, underwear, sweatpants and one sweatshirt. Detainee ALMAZAN was issued facility clothing, linens and hygiene supplies. Neither the incoming property inventory form nor the facility property issued form were signed by the detainee. Officer (b)(6); (b)(7)(C) stated that because there was such a large influx of detainees on this date, medical staff took half of the group and the officers took the other half. When the property was inventoried, the detainee was with the medical staff and was not available to sign the forms. Detainee ALMAZAN did sign a form acknowledging he received a copy of the facility handbook and PREA information form and that he viewed the ICE orientation video. Documentation confirms he was also fingerprinted. The detainee financial transaction history report shows he had no funds on arrival. It is unknown what happened to the $4.00 check sent with the detainee from GCDC.

Office (b)(6); (b)(7)(C) stated that additional property arrived in red mesh bags clearly marked with each detainee's name and A#. However, no property inventory had been completed by the sending facility. Per M (b)(6); (b)(7)(C) ERO instructed staff not to inventory and distribute property from the mesh bags until the facility knew if the detainees would be retained at IAH/PCADC. (b)(6); (b)(7)(C) stated that 28 detainees stayed at IAH/PCADC and their mesh bags were inventoried and allowable property distributed to those detainees. All other mesh bags were stored and then transferred with the detainees when they left IAH/PCADC after their temporary stay.

Detainee ALMAZAN was assigned to Dorm C, Bed 20-04. The log maintained by the officers assigned to this unit documented the detainee's placement in cell C-20 at 2:40 a.m. on **September 9, 2017.** Cell C-20 is a four person handicap accessible unit. The unit is accessed through a sallyport with two steel doors. The doors are opened remotely from central control when an intercom is pressed and staff are identified. Inside the unit, four single metal bunks are welded to the floor with one on the left wall, two on the back wall and one on the right wall. In the middle of the unit is a picnic style metal table with a bench on each side. A TV is mounted on the wall on the left side. Detainee ALMAZAN's bunk was directly under the TV on the left wall. Two phones are on the wall by the entry door as is a camera which is mounted near the ceiling. A single handicap shower is located behind a curtain and a stainless steel toilet and sink with grab bars are located behind a partial partition on the right hand wall which blocks the camera view of the bathroom facilities. An intercom on the inside of the unit by the door alerts in central control. A large window in the hallway provides a direct view into the unit.

IAH/PCADC utilizes indirect supervision with an officer assigned to the hallway outside the dorm. Dorm officer post orders require that a security round be conducted twice per hour at irregular intervals with no more than 40 minutes elapsing between rounds. The officers are not required to enter each dorm during these rounds. Officers do enter the dorms during the seven official counts conducted daily and to distribute and retrieve trays for all meals. Indoor recreation is offered in an area directly across from the dorm. There is also a large recreation field outside. Detainees are permitted one hour of recreation daily.

Video surveillance footage from inside Dorm C for detainee ALMAZAN's detention period was viewed. At 2:44 a.m. on September 9, 2017, detainee ALMAZAN entered the dorm carrying a bag of property. Detainee ALMAZAN took a seat at the table and spoke to another detainee. At 2:50 a.m. an officer entered the unit and handed detainee ALMAZAN a mattress and pillow. Detainee ALMAZAN, with the assistance of the detainee he was speaking with, made up his bed. Detainee ALMAZAN then placed his property in his assigned property storage box and laid down at 2:57 a.m. Between 3:00 a.m. and 6:30 a.m. detainee ALMAZAN went to the bathroom four times. Other than that, he laid on his bunk. At 6:36 a.m. he showered. At 6:43 a.m. breakfast trays were delivered by an officer. Detainee ALMAZAN did not eat but rather gave his tray to the other detainees. Throughout the morning, detainee ALMAZAN slept, only rising to use the bathroom or watch TV for a few minutes. When the lunch tray was delivered at 11:45 a.m., detainee ALMAZAN sat on his bunk eating a portion of the meal and then handed his tray to the other three detainees for them to share the remaining food.

Detainee ALMAZAN slept, laid on his bunk and went to the bathroom throughout the afternoon. At 6:07 p.m. he walked to the unit door. As the door is obscured by a wall, it is not known if the detainee left the unit but it is surmised he did, perhaps for pill call. At 6:17 p.m. an officer delivered meal trays to the unit. Detainee ALMAZAN returned to his bunk at 6:27 p.m., appeared to take an item off of his food tray and then handed the tray with the remaining food items on it to the

other detainees who were seated at the table eating. Those detainees took and shared the food from the tray.

Throughout the evening, the other detainees played checkers, watched TV and read. Detainee ALMAZAN did not participate in any of these activities and simply laid on his bunk or went to the bathroom.

On **September 10, 2017**, detainee ALMAZAN went to the unit door at 5:53 a.m. and returned to his bunk at 6:03 a.m. Again, he ate some food from his meal tray while seated on his bunk but brought the tray to the other detainees to share the remaining food. Again, he slept and went to the bathroom numerous times. At 10:13 a.m. he sat up on his bunk and ate what appeared to be a piece of fruit. At 11:34 a.m. the lunch trays were delivered and he ate some food while sitting on his bunk and then placed some items from the tray into a brown paper sack which he retained by his bunk. He then took the tray to the other detainees who shared the remaining items. Between 8:00 a.m. and 4:30 p.m. he went to the bathroom area nine times.

Dinner trays were delivered at 6:40 p.m. and again, detainee ALMAZAN ate some items from the tray at his bunk and gave the remaining items away to the other detainees. At 8:01 p.m. he went to the door of the unit and returned to his bunk at 8:16 p.m. Throughout the evening, he slept or went to the bathroom.

On **September 11, 2017**, at 5:31 a.m. detainee ALMAZAN went to the unit door. He returned to his bunk at 5:42 a.m. carrying his breakfast tray. Again, he sat on his bunk eating and then brought the tray to the three detainees seated at the table eating. They could be seen taking food items off the tray. Between 5:00 a.m. and 11:00 a.m., he went to the bathroom four times. At 11:54 a.m. lunch trays were delivered and the detainee ate on his bunk. He placed some items from his tray in a separate container and then offered the remaining food items to the other detainees. At 12:12 p.m. another detainee walked to detainee ALMAZAN's bunk and appeared to offer him some food. Detainee ALMAZAN did not take the food item and the other detainee walked away.

At 1:43 p.m. detainee ALMAZAN went to the unit door and returned to the unit at 1:48 p.m. He stood up speaking with another detainee until he returned to his bunk at 2:05 p.m. For the next several hours he sat or laid on his bunk, went through his property bin or went to the bathroom. At 6:11 p.m. he went to the unit door and returned to his bunk at 6:36 p.m. carrying some paperwork which he placed under his mattress.

At 7:04 p.m. the dinner trays arrived and another detainee offered detainee ALMAZAN a tray but he did not take it. At 7:28 p.m. Officer (b)(6); (b)(7)(C) ntered the unit and a detainee spoke with the officer. The officer and the detainee then went to detainee ALMAZAN's bunk and appeared to speak with him while he remained laying down. Detainee ALMAZAN handed the officer his identification card and the officer walked away. A minute later, the officer returned to the

detainee's bunk and spoke with him again. The officer then walked toward the unit door while speaking on his handheld radio.

At 7:32 p.m. Office[redacted] returned to the unit with Officer[redacted] At 7:33 p.m. LVN's[redacted] arrived in the unit pushing a wheelchair. The six staff surrounded detainee ALMAZAN's bunk so the view of the detainee from the camera was blocked. At 7:34 p.m. it appeared the detainee was helped into a sitting position on his bunk and at 7:35 p.m. he was assisted into the wheelchair. At 7:35 p.m. the detainee was wheeled off the unit by the nurses. The video surveillance footage from other cameras throughout the facility showed the detainee was wheeled into the medical unit at 7:38 p.m. and was taken to the vehicle sallyport at 8:38 p.m. for transport to the hospital.

Two of the three detainees who were housed with detainee ALMAZAN during his detention at IAH/PCADC were still housed at the facility during this review and were interviewed. Detainee [redacted] recalled detainee ALMAZAN and stated he was a "little sick" when he arrived. He stated detainee ALMAZAN did not eat or drink much and slept most of the time and that he declined soup or other foods when offered. Detainee [redacted] stated detainee ALMAZAN didn't want to do anything and he thought he was sad or depressed. Detainee [redacted] recalled that on September 11, 2017, detainee ALMAZAN vomited three or four times. When he observed drops of blood on the floor and some dried blood around the mouth of detainee ALMAZAN he stated he alerted the dorm officer.

Detainee [redacted] recalled detainee ALMAZAN was always sleeping and that he would only eat a few bites of his meal tray. He and the other detainees in the dorm would try to get detainee ALMAZAN to attend recreation or to play cards or chess in the dorm but he refused. Detainee [redacted] noted that if another detainee is not open to mingling with other detainees, they cannot force it. While he did not observe detainee ALMAZAN vomit up blood on September 11, 2017, he did observe dried blood around the detainee's mouth.

Both detainees noted that once the officer arrived and assessed the situation, he called an emergency on his radio. They estimated that security and medical staff arrived within two or three minutes and detainee ALMAZAN was removed from the dorm in a wheelchair.

Officer [redacted] was assigned to Dorm C hallway for the 2:00 p.m. to 10:00 p.m. shift on September 11, 2017. Officer [redacted] recalled that he had pulled detainee ALMAZAN from the dorm to the medication pill window at 5:15 p.m. and the detainee was walking slow and appeared dizzy. He asked the detainee if he was okay and detainee ALMAZAN responded that his stomach hurt. Officer [redacted] served dinner trays at 6:00 p.m. When he later picked up the dinner trays he was told by the other detainees in Dorm C that detainee ALMAZAN had been vomiting up blood. Officer [redacted] who speaks Spanish, noted that detainee ALMAZAN did not speak English. He went to detainee ALMAZAN's bunk and asked him if he had been vomiting up blood. The detainee responded that he did not know because he just flushed the toilet after he vomited

without looking. Officer (b)(6); (b)(7)(C) observed blood on the detainee's lip and called a medical emergency on his radio.

The C Dorm logbook documents that the detainee was pulled for pill call at 6:14 p.m. At 7:00 p.m. dinner trays were served and at 7:30 p.m. one detainee was sent to medical. The C Dorm logbook had no entries related to this emergency, including the response of medical and security personnel. When asked, Officer N (b)(6); acknowledged his error in not documenting the medical emergency. He stated that since this event he has been recording any unusual incidents in the logbook. As for an incident report, Officer (b)(6); stated he was told by an unknown supervisor that medical would document the incident and he did not need to do so.

Upon hearing the emergency call, Sergeant (b)(6); (b)(7)(C) responded first along with Lieutenant (b)(6); (b)(7)(C) followed by the two nurses with a wheelchair and emergency medical bag. Sergeant (b)(6); stated that no staff observed the detainee vomiting blood so he was sent to medical to be evaluated.

(b)(6); (b)(7)(C) responded to the emergency medical call to Dorm C. (b)(6); (b)(7)(C) stated on interview that she observed dried blood on the detainee's lips. She recalled the detainee stated his chest hurt. Officer (b)(6); (b)(7)(C) translated for the medical staff and they had him ask detainee ALMAZAN how long he had been vomiting blood. (b)(6); (b)(7)(C) recalled the detainee responded that it had been five days. The detainee was then assisted into the wheelchair and wheeled to medical.

Physician's Assistant (b)(6); (b)(7)(C) was on duty and both LVN's stated they wheeled detainee ALMAZAN right in to the provider for examination. PA (b)(6); (b)(7)(C) ordered a blood draw. LVN (b)(6); (b)(7)(stated the detainee was able to transfer himself from the wheelchair to the chair for the blood draw. She took his blood pressure and recalled it was elevated but was lower the second time she took it. PA (b)(6); (b)(7)(C) then found out detainee ALMAZAN had cirrhosis so he cancelled the blood draw and said the detainee needed to go to the emergency room. PA (b)(6); (b)(7)(C) determined an ambulance wasn't necessary and he could go by facility van (b)(6); (b)(7)(C) recalled the detainee was able to transfer himself from the chair back to the wheelchair for transport to the facility vehicle.

(b)(6); (b)(7)(C) recalled on interview that the detainee was reluctant to tell him anything. (b)(6); (b)(7)(C) surmised the detainee didn't want staff to know he was sick and believed if he went to the hospital he wouldn't get to go home. (b)(6); (b)(7)(C) stated he observed blood around the detainee's mouth and the detainee reported he had been vomiting blood for five days. (b)(6); (b)(7)(C) stated it was "obvious" to him that the detainee had varicies.

(b)(6); (b)(7)(C) was no longer employed at IAH/PCADC at the time of this review and was therefore not available to be interviewed. According to the critical incident report completed by (b)(6); (b)(7)(C) the medical emergency was called at 7:52 p.m. and the Warden was notified at 7:53 p.m. Lt. (b)(6); (b)(7)(C) documented that upon arrival at C-20, detainee ALMAZAN was "lying in bed moaning".

After he was brought to medical and examined by Doctor (b)(6); (b)(7)(C) the doctor determined the detainee needed to be transported to CHI St. Luke's Health Memorial Hospital.

The Stationary Guard Roster report documented that on September 11, 2017, at 8:45 p.m. Officers (b)(6); (b)(7)(C) transported detainee ALMAZAN to CHI St. Luke's Health Memorial Hospital in Livingston, TX, a distance of 7 miles. They arrived at 9:00 p.m. On interview, Officer (b)(6); (b)(7)(C) stated that she assisted detainee ALMAZAN into the van because he was wearing leg irons, handcuffs and a waist belt. As with all detainees who are transported in restraints, she stated a crate was used for the detainee to step up on to safely enter the van. She recalled the detainee was quiet and cooperative during the transport. Officer (b)(6); carried the weapon and drove the van. Upon arrival at the hospital, she dropped the detainee and Officer (b)(6); at the door where they were met by hospital staff with a wheelchair. The detainee was wheeled into the ER for treatment and Officer (b)(6); (b)(7)(C) parked the van. Officer (b)(6); recalled the hospital staff had trouble getting an IV into detainee ALMAZAN's arm. The Hospital Activity Log the officers completed noted permission was received from the shift supervisor to remove one handcuff and the belly chain and to restrain the detainee with one cuff attached to the bed. These officers were relieved at 11:00 p.m. and returned to the facility at 11:15 p.m.

Officers (b)(6); (b)(7)(C) assumed vigil duty at 11:00 p.m. and documented that the detainee received an IV and the doctor informed them at 1:10 a.m. that the detainee needed to be transferred to another hospital. These officers stayed with the detainee until 6:15 a.m. on **September 12, 2017**. At 6:00 a.m. Officer (b)(6); (b)(7)(C) reported for vigil duty and relieved Officers (b)(6); (b)(7)(C)

A Texan EMS LLC report documents a paramedic and EMT responded to CHI St. Luke's Health Memorial Hospital at 6:45 a.m. to transport detainee ALMAZAN to Conroe Regional Medical Center (CRMC) in Conroe, TX for treatment of "upper GI bleed noticed when pt began vomiting blood @ 12 hours ago". The report noted detainee ALMAZAN was ambulatory and was able to walk to the stretcher. He was assessed and no abnormalities were found. It was documented he was being transported by ambulance due to the need to administer IV medications and oxygen en route. Upon arrival at CRMC at 8:13 a.m., EMS staff documented the detainee was able to ambulate to a chair and his care was turned over to staff at CRMC.

According to Sergeant (b)(6); (b)(7)(C) e is weapons certified so he followed the ambulance in the facility van while Offi (b)(6); (b)(7)(C) rode in the ambulance. Sergeant (b)(6); (b)(7)(C) tated the trip usually takes an hour but it took 90 minutes due to heavy traffic. They logged an arrival time of 8:13 a.m. at CRMC and noted the detainee was admitted to the ICU. Sergeant (b)(6); (b)(7)(C) ecalled that the detainee was alert when not sleeping, ate his meals and was able to sit up to urinate. The officers logged that they were relieved at 4:40 p.m.

[89] Officer (b)(6); (b)(7)(C) has since been promoted to sergeant at PCADC. She will be referred to as officer throughout this report.

Relieving Sergeant (b)(6); (b)(7)(C) were Officers (b)(6); (b)(7)(C) who arrived at 4:32 p.m. They documented in the Hospital Activity Log that technicians were in the room performing an EKG and an X-Ray at 5:10 p.m. As medical staff were having trouble with the IV in the detainee's neck, the officers requested and received permission from the facility to remove the handcuffs from the detainee so an IV could be placed in his arm.

Office(b)(6); (b)(7)(C) were relieved b(b)(6); (b)(7)(C) t 10:30 p.m. They documented that during their shift nursing staff checked the detainee's IV, changed his bedding, drew blood and assisted him to the restroom throughout the night.

On **September 13, 2017** Officers (b)(6); (b)(7)(C) reported for vigil duty at 6:26 a.m. Throughout their shift, they logged the detainee went for a procedure at 7:37 a.m. and returned to his room at 7:43 a.m. Staff logged that nursing staff changed his linens, brought him food and delivered pain medication throughout the shift. Officers (b)(6); (b)(7)(C) were relieved at 8:14 p.m. by Officers (b)(6); (b)(7)(C) hroughout their shift, they logged that nursing staff gave the detainee medication, walked him to the restroom, and checked his vital signs.

An email from Commander (b)(6); sent this date to ERO officials inquired as to the plan for detainee ALMAZAN upon discharge from the hospital. She noted, "His condition is chronic and will only get worse with time. GI bleeds can happen suddenly and can vary in severity depending on where the bleed occurs".

In written statements dated September 25, 2017 and submitted to SDD(b)(6); (b)(7)(C) and AFOD(b)(6); (b)(7)(C) documented a visit they made to the CRMC on September 13, 2017. They documented that upon their arrival, detainee ALMAZAN was asleep but he woke up while they were talking with MTC vigil officers. The deportation officers spoke with detainee ALMAZAN about the status of his immigration case and the detainee informed them he intended to appeal his case and had a petition pending. They then discussed with him whether he had family in the United States and he stated he had family in Florida and possibly New York. They then concluded their interview of detainee ALMAZAN. The deportation officers' statements do not document the time of their visit. The MTC hospital log does not document any visit to detainee ALMAZAN by ERO officers.

On **September 14, 2017** at 6:20 a.m. Officers (b)(6); (b)(7)(C) reported for vigil duty. They logged that nursing staff checked the detainee's vital signs and at 8:10 a.m. Doctor I(b)(6); informed the nurse the detainee should be moved from the ICU to a "regular room". At 1:15 p.m. officers logged the detainee was "complaining of chest pain". At 2:20 p.m. the detainee stated he "had gas". At 2:40 p.m. the detainee was moved from the ICU to room 141. At 3:15 p.m. the detainee reported he had pain. He was given Mylanta and other unknown medications per the log. At 6:56 p.m. Officers(b)(6); (b)(7)(C) reported for vigil duty. They logged nursing staff checked vitals, gave pain medication and took a blood sample during their shift. Also on

this date, AFOD (b)(6); (b)(7)(C) noted in an email to Commande (b)(6); (b)(7)(C) that the detainee, when discharged, would be moved to HCDF until he could be moved back to Florida.

On **September 15, 2017** at 6:20 a.m. Officers (b)(6); (b)(7)(C) reported for vigil duty. Throughout their shift they logged that nursing staff checked the detainee's blood pressure and gave him medication. They also noted the detainee took a shower at 2:00 p.m. These officers were relieved at 6:37 p.m. by Offic (b)(6); (b)(7)(C)

Commander (b)(6); (b)(7)(C) in an email this date to various ERO officials provided a medical update on detainee ALMAZAN. In the email, Commander (b)(6); (b)(7)(C) noted that a cardiac stress test was being scheduled and it was possible the detainee would be discharged in time to make a flight back to KNSPC scheduled for September 17, 2017. If the detainee was not released in time for the Sunday flight, Commande (b)(6); (b)(7)(C) recommended that he be moved, when discharged, to "Houston CDF due to his combined chronic medical issues".

Officers (b)(6); (b)(7)(C) who had assumed vigil duty logged that nursing staff met with the detainee at 7:04 p.m. to review paperwork with the detainee authorizing a stress test scheduled for the following day. At 5:38 a.m. on **September 16, 2017** the detainee signed the paperwork. At 6:40 a.m. Officers (b)(6); (b)(7)(C) arrived for vigil duty. At 9:18 a.m. they logged that the detainee went for his heart stress test and returned at 10:49 a.m.

Officer (b)(6); (b)(7)(C) reported for vigil duty at 6:10 p.m. They logged that three nurses and a doctor entered the room at 00:34 a.m. on **September 17, 2017**. At 00:55 officers contacted the warden to receive permission to remove handcuffs for "blood gas testing" and noted it was an "emergency". At 1:04 a.m. the detainee was moved to the ICU and a chest X-Ray and blood samples were taken. At 2:01 a.m. officers called the facility to report the detainee was on life support. At 2:11 a.m. chest X-rays were again taken. At 2:31 a.m. the cuffs and belly chain were noted as removed after permission was received by a shift sergeant. At 3:23 a.m (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) ntered to check on the detainee and searched for veins for IV picks. At 4:41 a.m. nursing staff asked if the facility could notify detainee ALMAZAN's next of kin to "prepare for the worst". At 4:57 a.m. the detainee went into cardiac arrest and nurses started CPR. At 5:15 a.m. the detainee was pronounced dead. At 5:18 a.m. Warden David Stacks was notified by the vigil officers of the detainee's death.

Per an email from Assistant Officer in Charge (b)(6); (b)(7)(C) at KNSPC, at 8:04 a.m. EST he notified the detainee's sister (b)(6); (b)(7)(C) that her brother had passed away.

Vigil duties were performed as follows:

Date	Officers	Arrival	Departure
September 12, 2017	(b)(6); (b)(7)(C)	4:32 p.m.	10:47 p.m.
		10:30 p.m.	7:15a.m.

September 13, 2017	(b)(6); (b)(7)(C)	6:26 a.m.	8:34 p.m.
		8:14 p.m.	6:35 a.m.
September 14, 2017		6:20 a.m.	7:25 p.m.
		6:56 p.m.	6:28 a.m.
September 15, 2017		6:20 a.m.	6:55 p.m.
		6:37 p.m.	7:23 a.m.
September 16, 2017		6:40 a.m.	6:22 p.m.
		6:10 p.m.	7:20 a.m.
September 17, 2017		6:01 a.m.	7:02 a.m.

Warden Stacks completed a Critical Incident Report on September 17, 2017. In the report he noted that detainee ALMAZAN had been transported to IAH/PCADC at approximately 11:00 p.m. on September 8, 2017, "due to expected imminent damage and dangers from Hurricane Irma to the state of Florida". Warden Stack also documented that the detainee arrived at the facility, "with noticeable jaundice skin". Warden Stacks' report lists the initial apparent cause of death as a heart attack. An autopsy was ordered by Precinct Judge Wayne Mack through Texas Ranger (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) per the Warden's report.

On **September 18, 2017** Detainee ALMAZAN's personal property was inventoried and photographed by Officer (b)(6); (b)(7)(C) . The property consisted of one pair of pants, four shirts, 11 pairs of socks, one sweatpants, two t-shirts, eight pairs of underwear, three pairs of shoes, one wash rag, one ID card, one wristband, books, legal paperwork, a Bible, a watch, necklace, wallet, sunglasses, a homemade ring, one clear cup and $2.10 in coins. Multiple hygiene items and multiple medications were also marked. (b)(6); (b)(7)(C) noted on interview that the shirt with elephants on it which the detainee was wearing upon admission to Krome and for his intake photo as well as a pair of his shorts had small spots on them with a "moldy, reddish tint" that may have been blood. (b)(6); (b)(7)(C) stated the property was turned over to Supervisory Detention and Deportation Officer (SDDO) (b)(6); (b)(7)(C)

Per SDDO (b)(6); (b)(7)(C) upon receipt of the property, it was taped shut in a cardboard box and secured in his office with the inventory sheet taped on top. The box was opened by the SDDO for the reviewers on October 18, 2017 and the contents were inspected. The various clothing items were reviewed and the elephant shirt and one pair of shorts did appear to have small spots of blood on them. The clothes he had worn on the trip from Folkston to IAH/PCADC were inspected and no blood was observed on the orange pants or cream colored t-shirt he wore during that trip.

Assistant Field Office Director (b)(6); (b)(7)(C) documented in an email dated September 18, 2017 that he was contacted that date by the brother of detainee ALMAZAN requesting that ERO assist with the payment to ship the body back to Florida.

On September 18, 2017, Texas Ranger (b)(6); (b)(7)(C) from Livingston, TX sent an email to AFOD (b)(6); stating he had been contacted by Montgomery County Justice of the Peace (b)(6); (b)(6); (b)(7)(C) Judge Mack advised Ranger (b)(6); (b)(7)(C) that he had ordered an inquest into the death of detainee ALMAZAN (incorrectly identified as Ruiz in the email) and requested that Ranger (b)(6); (b)(7)(C) conduct the investigation. Upon speaking with AFOD (b)(6); and being informed that an investigation into the death of the detainee was being conducted (b)(6); (b)(7)(C) sent the email to confirm with AFOD Canales that he was not conducting an investigation into the death.

The transportation of the body was funded by ERO and coordinated through All Faith's Mortuary per an invoice and purchase card transaction worksheet. The1 body was shipped via commercial air to Miami, FL on September 20, 2017. On the same date, the Field Office Director from the Houston Field Office notified the detainee's sister in writing of the death.

On September 20, 2017 the State of Texas issued a Certificate of Death which listed the cause of death as "pending".

Summary of Events

(b)(6); (b)(7)(C) conducted the medical intake screening at 11:30 p.m., noting that 51 year old detainee ALMAZAN spoke English, and therefore an interpreter was not used. During interview, however, (b)(6); (b)(7)(C) stated he spoke very little English but there was a medical person available who interpreted for her. She was unable to ascertain who provided this assistance. (b)(6); (b)(7)(C) Detention Officer who worked intake during the arrival of the Florida-evacuated detainees, recalled detainee ALMAZAN only spoke Spanish, requiring another intake officer to provide language assistance. (b)(6); (b)(7)(C) Detention Officer who was working in the detainee's unit, also stated detainee ALMAZAN spoke no English and that because he himself was fluent in Spanish, he provided interpretation assistance. Throughout interviews, other custody staff having had direct contact with detainee ALMAZAN also described his minimal ability to speak and understand English.

At five feet, one inch tall, detainee ALMAZAN weighed 170 pounds. A pain level of four on a scale of zero to ten was reported at the time of arrival, as he complained of general joint pain and discomfort in the upper right quadrant of his abdomen. The reviewer notes that pain in this location is common in liver cirrhosis. Vital signs were recorded within normal limits with the exception of a significantly elevated blood pressure of 180/109 (*See Appendix I*). Rechecks at unrecorded times noted a decrease in blood pressure to 164/100 and finally to 152/86, levels that remained abnormally high (*See Appendix II*). (b)(6); (b)(7)(C) stated during interview she did not contact the provider regarding these blood pressures, as detainee ALMAZAN told her he had not received his medication for an undetermined period of time. According to the MTC nursing protocol a blood pressure read of 160/100 requires provider contact, which (b)(6); (b)(7)(C) stated she was aware of. When questioned if he would have wanted to be notified of the abnormal read, (b)(6); (b)(7)(C) PA-

C stated that considering the diagnoses of cirrhosis and probable portal hypertension, it would have been important for him to know. (b)(6); (b)(7)(C) stated during interview that she was not aware what the interval period was between rechecks of the blood pressure, but she explained that she had administered his medication prior to the second and third check. However, (b)(6); (b)(7)(C) LVN, who said she was present at the time of detainee ALMAZAN's intake screen, stated during interview that she personally pulled him out of the screening area to help him relax and conducted the second and third blood pressure rechecks. When asked if she administered his medication prior to the rechecks, she stated she did not believe the meds had been given. A review of the medication administration record (MAR) does not indicate any of his medications were given until the 5:30 a.m. pill line the following morning. The MAR does indicated prescribed medications were regularly administered from that time until his hospital transfer. Of note, the next blood pressure check was not recorded until three days later prior to hospital transport.

Detainee ALMAZAN signed and dated a Spanish version of consent for medical treatment. He was noted to have had a chest x-ray on July 12, 2017, negative for tuberculosis, and he denied a history or current symptoms of infectious disease. Chronic medical issues, as supported by those listed on the medical summary from Glades County Detention Center (GCDC), included cirrhosis of the liver, depression, and generalized anxiety disorder (GAD). Other diagnoses established at both previous facilities, Krome Service Processing Center (KSPC) and GCDC but not listed on the medical summary, included portal hypertension[90], varices[91], pancytopenia[92], irritable bowel syndrome[93], and gastro-esophageal reflux disease[94]. The medical summary from GCDC also failed to include pending referrals initiated while he was detained at KSPC, including an abdominal ultrasound and specialty consults for hematology and ophthalmology. According to medical records received from KSPC and GCDC, the referrals were never completed; nor were there references to the pending state of these referrals on the transfer summary forwarded from KSPC and received by GCDC.

Detainee ALMAZAN reported not being a smoker, but admitted to a significant history of alcohol abuse, stating he used "mucho" beer and tequila, last using about three months ago. He had been hospitalized and went through "the program". He was noted to have tremors, which was listed as a withdrawal symptom, and he admitted to having gone through a period of withdrawal at the time of his hospitalization. His mental health assessment was all shown to be normal, although following a "no" response to the question if he ever tried to harm himself, (b)(6); (b)(7)(C) oted,

[90] Portal hypertension is an increase in the blood pressure within a system of veins called the portal venous system. Veins coming from the stomach, intestine, spleen, and pancreas merge into the portal vein, which branches into small vessels and travels through the liver. When a sick liver is unable to accommodate the blood, it pools back, causing vessel enlargement and weakness (varices).

[91] Varices are abnormal veins in the lower part of the esophagus and stomach.

[92] Pancytopenia is a deficiency of all three cellular components of the blood (red cells, white cells, and platelets)

[93] Irritable bowel syndrome is an intestinal disorder causing stomach pain, gas, diarrhea, and constipation.

[94] Gastro-esophageal reflux disease is a digestive disease in which stomach acid or bile irritated the lining of the esophagus and stomach.

"passive suicidal intent". When asked to clarify what this meant, she stated in the past he had thoughts of wanting to die. His mood and behavior were found to be appropriate. (b)(6); (b)(7)(C) completed MTC's "Treatment Plan: Special Needs and Restrictions" form, excusing him from a work program assignment for medical reasons. He was placed on no restrictions for the disciplinary process, and "chronically ill" was checked for special needs. Routine referrals were checked for mental health, medical doctor, and special diet (renal). He was assigned to a low bunk in handicap housing unit C-20.

(b)(6); (b)(7)(C) RN, HSA documented a verbal order from (b)(6); (b)(7)(C) PA to continue all medications as ordered by the previous facility. The transfer summary from GCDC listed his medication as follows:

Medication	Dosage	Indications
Sertraline	100 mg daily	Depression and anxiety
Trazadone	75 mg daily at bedtime	Depression and anxiety
Folic Acid	1 mg daily	Vitamin B folic acid deficiency related to liver disease.
Omeprazole	40 mg daily	Gastro-esophageal reflux disease (GERD)
Prednisone	100 mg daily for three days. Tapered doses: (100mg, 80mg, 60mg, 50 mg, 40 mg, 30 mg, 20 mg, each for three days; then 10 mg, 5 mg, 2.5 mg each for two days, then discontinue.	Steroid to treat inflammation
Spironolactone	25 mg twice daily	High blood pressure and fluid retention

The medications submitted on the MAR included a taper[95] on the prednisone, the addition of lactulose 30 mg twice daily, and the addition of Xifaxan 550 mg twice daily. Of note, Dr. (b)(6); (b)(7)(C) MD from GCDC added and/or adjusted medications on September 6, 2017. Neither the medication bottles nor the order information was forwarded to or received by PCADC. Specifically, he had increased lactulose to 40 ml, started ferrous sulfate (iron) 325 mg one time daily, and added a multivitamin, one daily. (b)(6); (b)(7)(C) Advanced Registered Nurse Practitioner from GCDC ordered an increase of trazodone to 75 mg nightly on August 22, 2017. The dosage on the medical summary was 50 mg, but during intervie (b)(6); (b)(7)(C) explained she reconciled the medication labels and noted the current dosage. The reviewer observed that detainee ALMAZAN had never been prescribed a beta-blocker[96] as an important adjunct in his cirrhosis treatment. PA

[95] Drug tapering is the gradual discontinuation or reduction of a therapeutic dose of a particular drug required by a patient over a prolonged period of time, as a means of reducing potentially severe side effects.

(b)(6); (b)(7)(C) reported during interview he had questioned if he was receiving a beta-blocker and was surprised he was not. According to an article published by the gastroenterology department of the National Institutes of Health, related to the use of non-selective beta-blockers (NSBB)[97], they remain the cornerstone of therapy in cirrhotic patients with portal hypertension. In primary prophylaxis, patients with high-risk small varices or large/medium varices should receive primary prophylaxis with NSBB, except when contraindication to these drugs exist, in which case endoscopic band ligation should be performed.

IAH/PCADC utilizes indirect supervision with an officer assigned to the hallway outside the dorm. Dorm officer post orders require that a security round be conducted twice per hour at irregular intervals with no more than 40 minutes elapsing between rounds. The officers are not required to enter each dorm during these rounds. Officers do enter the dorms during the seven official counts conducted daily and to distribute and retrieve trays for all meals. Indoor recreation is offered in an area directly across from the dorm. There is also a large recreation field outside. Detainees are permitted one hour of recreation daily.

(b)(6); (b)(7)(C) Licensed Professional Counselor, documented a mental health assessment following the referral for depression. Detainee ALMAZAN was described as clean, cooperative, fully oriented, and having normal speech. His mood was described as depressed, his affect was congruent, his thought process was logical, and he had no hallucinations or suicidal intent. His judgment and insight were fair. The narrative note stated, "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." He was not found to be a danger to himself or others. During interview, (b)(6); (b)(7)(C) did not recall detainee ALMAZAN ever discussing his medical condition, including any possibility that he had been vomiting or coughing up blood since his arrival.

According to MTC's policy addressing intake health screening, "When a referral for medical follow-up is initiated, the resident shall receive a health evaluation no later than two working days from the date of assessment." HSA (b)(6); (b)(7)(C) produced an electronic chronic care roster document, indicating that detainee ALMAZAN's chronic care clinic was pending at an unspecified date. He was transported to the hospital on Monday, September 11, the first working day since his arrival.

At 7:45 p.m. (b)(6); (b)(7)(C) LVN completed an emergency assessment form, noting, "Nurse called to tank C-20 because detainee was reportedly vomiting blood." Detainee ALMAZAN's vital signs were recorded as normal, with the exception of an abnormally elevated blood pressure of 151/95 and an abnormally rapid heart rate of 106. He was fully oriented to person, place, and time. He complained of pain in his mid chest. ERAU's review of the housing unit video clearly showed a

[96] Beta-blockers are a class of drug commonly used to treat high blood pressure. Nonselective beta-blockers are a subclass of beta-blockers, commonly used to treat portal hypertension.

[97] Gianelli V, Lattanzi B, Merli, M, Beta-blockers in liver cirrhosis, *Annals of Gastroenterology*. 2014:27(1):20-26.

second nurse responded to the unit when the call came through. This nurse was identified as (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) LVN. When questioned during interview as to why she did not document a note, she explained that (b)(6); (b)(7)(C) was taking charge of the situation. She did report assisting with the detainee's transfer from the bed to the wheelchair, however. According to the "Provider Progress Notes/Orders" (b)(6); (b)(7)(C) completed his evaluation of detainee ALMAZAN at 9:57 p.m. During interview (b)(6); (b)(7)(C) reported he incorrectly recorded the military time, intending to have signed off at 7:57 p.m. According to the note, he was brought to medical with complaints of vomiting blood, similar to an incident he reported having occurred seven years ago. He was believed to have cirrhosis with varices, information that was extracted from the chart, as (b)(6); (b)(7)(C) determined, "Pt [patient] poor historian". When questioned as to how he arrived at this description, (b)(6); (b)(7)(C) stated that detainee ALMAZAN offered no medical history, as if he did not want medical to know how sick he was. When directly questioned about his cirrhosis, however, he then admitted it. (b)(6); (b)(7)(C) voiced his opinion that the detainee did not speak English and that (b)(6); (b)(7)(C) Medical Assistant, provided interpretation. He was described as alert and oriented and appeared to be in no acute distress (b)(6); (b)(7)(C) stated there were no symptoms or patient behaviors at the time of assessment to suggest this was an emergency situation. Bright red blood was observed on both the inside and outside his mouth, but there was no blood on his shirt or pants. He was diagnosed with gastrointestinal bleed of five days duration and was sent to the emergency room for evaluation on a stat basis, but not via 911.

A "Timeline/Checklist – Depart from the Facility" form was completed by an unidentified medical staff member at 8:42 p.m. According to this document, (b)(6); (b)(7)(C) was notified of the need to transport detainee ALMAZAM to CHI St. Luke's via van with security escort. Hospital updates were recorded daily, as follows:

Reporting Nurse, Date, and Time	Report Summary
(b)(6); (b)(7)(C) September 12, 2017	Stable at this time. Most recent vitals: Blood pressure 99/58, pulse 75, and respirations 17. Pulse oxygen 97. Temperature remains normal. Two units of platelets given due to critical platelet level of 27. Post transfusion level is up to 55. All other labs remain within normal limits. Scheduled to have EGD[98] in the morning. Previously receiving cardene drip[99] via external jugular line. Has been stopped and is now receiving oral lisinopril[100].
(b)(6); (b)(7)(C) LVN September 13, 2017 5:35 p.m.	Alert and oriented. Blood pressure 117/58, pulse 88, R 19, Temperature 98.3, pulse oxygen 100. Received two units of platelets. Hemoglobin is 11.2, and platelets are 27.
LVN Pena	Alert and oriented. Blood pressure 101/51, pulse 69, respirations 14,

[98] An EGD, short for esophagogastroduodenoscopy is a scope used to examine the lining of the esophagus, stomach, and duodenum (upper part of the small intestine)

[99] A cardene drip is an intravenous therapy infused with medication to treat high blood pressure.

[100] Lisinopril is a medication to treat hypertension.

September 14, 2017 6:41 a.m.	temperature 98.3, pulse oxygen 99. Continues lisinopril orally. Denied pain throughout the night.
(b)(6); (b)(7)(C) N September 14, 2017 6:31 p.m.	Alert and oriented. Blood pressure 125/73, pulse 79, respirations 18, temperature 98.7, and pulse oxygen 99. Continues oral lisinopril. Pain is eight of ten, reporting severe GERD. Moved to medical-surgical unit.
(b)(6); (b)(7)(C) September 15, 2017 5:40 a.m.	Remains stable. Removed from ICU room 18 to medical surgical floor, room 141. Blood pressure 93/54, temperature 98.1, pulse 72, respirations 18, pulse oxygen 97.
(b)(6); (b)(7)(C) RN September 16, 2017 7:24 p.m.	Remains stable. Blood pressure 1006/65, temperature 98.2, pulse 72, respirations 16, pulse oxygen 98. Had a normal cardiac stress test earlier in the day. Medications remain Zoloft, folic acid, metoprolol[101], Protonix[102], lactulose, and aldactone. Possible discharge Sunday after seen by doctor.
(b)(6); (b)(7)(C) September 17, 2017 2:32 a.m.	At about 1:00 a.m. patient coded and is now critical and has been moved to ICU, room 36. He is on life support and is intubated with agonal[103] breathing. When able to get a blood pressure, it is in the 50s by palpation[104]. Hemoglobin is 5. Blood being given. Warden Stacks has notified ICE personnel (b)(6); (b)(7)(C)

On September 20, 2017 the State of Texas issued a Certificate of Death which listed the cause of death as "pending".

APPENDIX I

Vital Signs

DATE	TEMPERATURE	PULSE	RESPIRATIONS	BLOOD PRESSURE	Oxygen
September 8, 2017	97.0	98	14	180/109	98
				164/100	
				152/86	
September 11, 2017	97.5	106	18	151/95	100

APPENDIX II

[101] Metoprolol is a beta-blocker to treat high blood pressure.

[102] Protonix is a treatment for GERD.

[103] Agonal breathing is abnormal respirations characterized by gasping, and labored breathing.

[104] Palpation is a method of examining the body using the hands.

American Heart Association Blood Pressure Parameter

Blood Pressure Category	Systolic (Upper number)		Diastolic (Lower number)
Normal Blood Pressure	Less than 120	and	Less than 80
Prehypertension	120-139	or	80-89
Stage One Hypertension	140-159	or	90-99
Stage Two Hypertension	160 or higher	or	100 or higher
Hypertension Crisis	Higher than 180	or	Higher than 110

CONCLUSIONS

Medical Compliance Findings

Medical Care, Section (III)(D), which states, "Non-English speaking detainees and detainees who are deaf or hard of hearing will be provided interpretation or translation services or other assistance as needed for medical care activities. Language assistance may be provided by another staff member competent in the language or by a professional service, such as a telephone translation service."

- During the intake screening (b)(6); (b)(7)(C) noted ALMAZAN spoke English and therefore did not require language assistance. During interview, however, (b)(6); (b)(7)(C) stated he "spoke very little English" but that an unidentified medical person provided interpretation. There was no documentation to substantiate this. (b)(6); (b)(7)(C) Intake Detention Officer recalled detainee ALMAZAN only spoke Spanish, requiring another intake officer to provide language assistance. (b)(6); (b)(7)(C) , Detention Officer who was working in the detainee's unit, also stated detainee ALMAZAN spoke no English and required interpretation assistance. There is no telephone access in the medical intake area.

Medical Care, Section (III)(D), which states, "Medical and mental health interviews and examinations shall be conducted in settings that respect detainees' privacy."

- Curtain dividers and ceiling-mounted acoustic boards do not fully protect a detainee's privacy to fully and comfortably discuss sensitive medical information.

Medical Care, Section (III)(D), which states, "The clinical medical authority shall be responsible for review of all health screening forms within 24 hours or next business day to assess the priority for treatment (for example Urgent, Today, or Routine).

- The intake screen does not include a signature of review by the clinical medical authority. Of note, the evening detainee ALMAZAN was transferred to the hospital was the first business day for that review.

Medical Care, Section (III)(B), which states, "Health care personnel perform duties 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."

- A seriously elevated blood pressure of 180/102 was not reported to a provider in accordance with MTC's Nursing Protocols. Additionally, regular blood pressure monitoring was not done during the three days detainee ALMAZAN was detained at PCADC.

Areas of Concern

- Sick call forms and deposit boxes are inconveniently placed in the hallway outside the locked unit. Detainees reported they access them when they go to recreation and after completion, hold them to the window when the officer passes by doing rounds. The officer then takes the request and deposits it in the locked box. This practice does not protect the privacy and confidentiality of the detainees. Detainee ALMAZAN did not request a sick call appointment during his detention.

Safety and Security Compliance Findings

Creative Corrections cites the following deficiencies in relevant components of facility policies and post orders.

Dorm Officer Post Orders, section III 8. Post Activity Log Entries requires unusual incidents to be recorded in the log.

- The medical emergency called to the detainee's dorm and the response of both security and medical staff was not logged.

Stationary Guard Medical Officer Post Orders, section II, 9.B requires the assigned officer to maintain a daily log of activities to include visits by physicians, nurses, room attendants, and any other relevant information.

- Assigned vigil officers did not log the visit by two deportation officers to detainee ALMAZAN while he was hospitalized.

From: (b)(6); (b)(7)(C)
Sent: 23 Jul 2018 17:33:53 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: ALMAZAN
Attachments: ALMAZAN DDR Merged Report.docx

(b)(6); (b)(7)(C)
Management & Program Analyst
ICE/OPR/ERAU
950 L'Enfant Plaza SW (b)(6);
Washington, DC 20536
202-7 (b)(6); (b)(7)(C) desk)
202-2 cell)

From: (b)(6); (b)(7)(C)
Sent: Monday, February 05, 2018 11:06 AM
To: (b)(6); (b)(7)(C) .gov>
Subject: FW: ALMAZAN

From: (b)(6); (b)(7)(C)
Sent: Friday, February 02, 2018 3:50 PM
To: (b)(6); (b)(7)(C)
Subject: ALMAZAN

Detainee Death Review: ALMAZAN-Ruiz, Felipe A028866428
Healthcare and Security Compliance Analysis
Krome North Service Processing Center, Miami, Florida
Glades County Detention Center, Moore Haven, Florida
Polk County Adult Detention Center, West Livingston, Texas

As requested by the ICE Office of Professional Responsibility, Office of Detention Oversight (ODO), Creative Corrections participated in a review of the death of detainee Sergio Alonso LOPEZ who had been detained at the Krome Service Processing Center (KSPC) from July 12 to August 11, 2017, Glades County Detention Center (GCDC) from August 11 to September 8, 2017, and Polk County Adult Detention Center (PCADC) from September 8 until his death on September 17, 2017. Site visits were conducted at each of these facilities by members of a review team comprised of (b)(6); (b)(7)(C) External Reviews and Analysis Unit, and Management and Program (b)(6); (b)(7)(C) accompanied by Creative Corrections contract personnel (b)(6); (b)(7)(C), Security Subject (b)(6); (b)(7)(C) Healthcare Subject Matter Expert. Creative Corrections' participation was requested to determine compliance with the National Detention standards at GCDC and PCADC and the 2016-revised 2011 Performance Based National Detention Standards (PBNDS) at KNSPC. The reviews were conducted from October 17-19, 2017, at IAH/PCADC, from December 4-5, 2017, at Krome North Service Processing Center (KNSPC) and from December 6-7, 2017, at Glades County Detention Center (GCDC).

The information and findings herein are based on analysis of detainee LOPEZ' medical record and detention file, tour of housing units and the medical area, interviews of staff, and review of facility policy, video surveillance footage, hospital records, and supporting documentation.

Synopsis

Per the ERO Form 213, Felipe ALMAZAN entered the United States on or around May 4, 1985, at or near San Ysidro, CA, without having been admitted by an immigration officer. Once in the United States he acquired an extensive criminal history which included convictions for Larceny in August 1994, and July 1998, Indecent Exposure in July 1998, and Driving under the Influence of Liquor in May 2001. Per the Miami-Dade Police booking form, ALMAZAN was arrested at 10:20 p.m. on April 14, 2017, for alcoholic beverages/drinking in public and engaging in sexual act with a familial child. On **July 10, 2017**, he was convicted of two counts of Child Abuse/Aggravated/Great Bodily Harm and Torture and sentenced to 15 years of probation. The Miami Dade Probation Office notified the Miami Fugitive Operations Team about his case on **July 12, 2017,** and he was taken into custody at the Miami Dade Probation Office in Miami, FL and transported to Krome North Service Processing Center (KNSPC) for processing.

Detainee ALMAZAN had an extensive criminal history and was placed on probation for a term of 15 years after being convicted of child abuse aggravated, causing great bodily harm and torture. ERO transported him from the Miami-Dade probation office to KNSPC on July 12, 2017. He was detained at KNSPC for 30 days. During his stay there he made no phone calls, had no visits and had no disciplinary issues.

He was next transferred to GCDC. While there, he completed three phone calls and worked for five days as a trustee in the food service area earning $1.00 per day. After 26 days at GCDC, he was transferred to the Folkston Processing Center in anticipation of the approaching Hurricane Irma. One day later he was transported to the PCADC when the projected path of Hurricane Irma changed. He was housed at IAH/PCADC from September 8 to September 11, 2017. During that time he filed no grievances, had no disciplinary violations and made no phone calls. A review of the video surveillance footage from inside his housing pod showed that he slept almost all of the time and ate very little from his food trays.

On September 11, 2017, other detainees in his housing unit alerted the officer that detainee ALMAZAN was vomiting blood. Both security and medical staff responded and the provider ordered him to be sent to the hospital. He was transported to a local hospital and then transported a day later to a regional medical center for treatment of cirrhosis of the liver. On September 17, 2017 he coded and was transferred to the Intensive Care Unit where he was placed on life support. He was declared dead at 5:15 a.m. on the same date.

There were minor security deficiencies noted at two of the three facilities detainee ALMAZAN was housed at. None of these issues contributed to his death.

Krome North Service Processing Center

Facility Description

KNSPC is owned by ICE and managed by ERO, Miami Field Office. The facility has a capacity of 581. While female detainees are temporarily brought to KNSPC for court, only male detainees are detained overnight. On September 12, 2017, the population was 608. There are approximately 90 ICE employees on staff at the facility. Contractors Akima Global Services (AGS), with regional headquarters in Herndon, Virginia, and AKAL Security, with corporate headquarters in Espanola, New Mexico, provide security and armed transportation services. AGS officers are not weapons certified and supervise detainees in areas such as housing units and the cafeteria inside the facility. AKAL officers are weapons certified and work the processing/intake area, transport detainees and provide vigils when detainees are at one of the three hospitals used by KNSPC. There are 177 AKAL contract security staff. All officers involved in this event were AKAL staff.

Healthcare Services

KNSPC's primary health care provider is ICE Health Service Corps (IHSC), supported by contractor InGenesis Medical Staffing based in San Antonio, Texas. InGenesis Medical Staffing sub-contracts STG International, Incorporated. Medical services are provided 24 hours a day, seven days a week. The staffing plan includes 21 commissioned Public Health Service officers, five GS employees, and 31 contract employees. Additionally, there are four casual nurses. The commissioned officers include the Health Services Administrator (HSA), assistant HSA, Clinical Director, three mental health professionals, dentist, pharmacist, three mid level providers, nurse manager, program manager, and eight registered nurses (RN). The GS employees include three medical records technicians, a dental assistant, and a radiology technician. (b)(7)(E)

(b)(7)(E)

(b)(7)(E) A casual pool of three contract RNs and one contract LPN supplement the staffing model. According to the (b)(6); (b)(7)(C) vacancies at the time of ALMAZAN's detention included five RNs and a radiology technician. Credential files were reviewed and found to be current and primary source verified. KNSPC achieved American Correctional Association accreditation in August 2015, and National Commission on Correctional Health Care accreditation in April 2015.

IHSC's electronic medical record system, e-Clinical Works (eCW), is used at KNSPC. It is noted that unless indicated, the times of medical encounters identified in this report are the times nurses and providers electronically entered their notes, per system-produced timestamps. The times encounters were actually conducted are not available unless documented in the notes.

Detention Summary

Detention Office (b)(6); (b)(7)(C) processed detainee ALMAZAN into KNSPC, documenting that the detainee's primary language was Spanish. Officer (b)(6); knowledged he does not speak Spanish and he stated that he typically obtains assistance from a bilingual fellow officer when processing the detainee into the facility. On interview, Officer (b)(6); (b)(7)(C) tated he had only slight recollection of this detainee but would have followed his usual practice when processing him. He initially pat searches each detainee when they arrive and he completed a Record of Search form confirming no contraband was found on detainee ALMAZAN. Officer (b)(6); stated he would next provide the detainee the opportunity to shower and then send the detainee to be classified. Detainee ALMAZAN's classification review was completed by other members of the processing team and he was appropriately classified as medium high. The classification level was approved by a supervisor on the same date.

Once classified, detainee ALMAZAN was sent back to Officer (b)(6); (b)(7)(C) so the proper color uniforms could be issued as well as facility linens, hygiene supplies and other clothing. The detainee would have next been sent to property to have his personal property inventoried and his funds placed into an account. The detainee's inventory form documents he arrived with one

billfold, one pair of jeans, two pairs of shorts, some personal papers, two pairs of shoes, one pair of sunglasses, two t-shirts and valuables that were not identified. These items were placed in property bin #3666037. A receipt for the property was signed by the detainee. The detainee also arrived with a check for $9.00 and the funds were deposited into the kiosk system for his use at commissary. Detainee ALMAZAN was issued facility clothing, linens and hygiene supplies and he signed a receipt for these items. Detainee ALMAZAN did not provide the facility with a forwarding address and signed a form documenting this. He also signed a form acknowledging he received a copy of the local and national handbooks. Per Officer (b)(6); the detainee was then sent to medical for intake screening. Officer (b)(6); (b)(7)(C) recalled that detainee ALMAZAN moved slowly.

During his stay at KNSPC, detainee ALMAZAN was assigned to units four, five and six in building eight. Building eight houses high and medium high detainees and contains six units; units one through three on the lower level and units four through six on the upper level. On each floor there is a control pod in the center with an officer assigned at all times. Another officer is assigned to each pod for direct supervision of the detainees. On the upper level, pods four through six are located clockwise around the control center. Each pod is essentially identical with small variations in the unit set up.

Pod four has a capacity for 60 detainees with 30 bunk beds in the center of the unit. Upon entry to the unit, the officer's station is located to the left and there are a bank of phones along the left wall. To the right of the entry way is a kiosk for ordering commissary and sending requests or grievances. There are also numerous chairs for detainees to use while viewing the TV located on that wall. A second TV is mounted on the ceiling near the center of the unit. Along the right wall at the rear of the unit is a shower and toilet area separated from the open area by a half wall. There are long, narrow windows along the left and rear walls which allows natural light into the unit. There are four ceiling mounted cameras in the unit; appropriately none with a view of the bathroom area.

EARM documents that the detainee was originally on a manifest to transfer to Glades County Detention Center (GCDC) in Moore Haven, FL on **July 13, 2017;** however, he was removed from that trip for unknown reasons.

There is no record of any requests, visits, pone calls or unusual incidents involving detainee ALMAZAN during his stay at KNSPC. On August 11, 2017, detainee ALMAZAN's personal property was again inventoried for transfer to GCDC. A receipt for $9.00 in funds was signed by the detainee and a heck was issued at 3:08 p.m. per the Resident Transaction Receipt. The check notes, "Release Glades". Detainee ALAZAN was provided with the address and phone number of GCDC a,nd he signed a form acknowledging that he received the information. Per EARM, he was transferred out of KNSPC at 7:30 p.m.

Summary of Events

(b)(6); (b)(7)(C) RN documented a pre-screen at 5:47 p.m. on **July 12, 2017**, noting that detainee ALMARAZ arrived to the facility at 1500 hours, the latter time believed to be in error. Lieutenant (b)(6); (b)(7)(C) stated during interview he is alerted whenever detainees arrive. After verifying the detainee's name, nationality and date of birth on the Order to Detain or Release Alien 203 form, he stated it is his common practice to then ask the officer at the desk to tell him the time from the computer screen, and he notes the time on the form. In this case, the arrival time noted was 5:00 p.m. When asked if the time he documented could have been an error as medical had noted a medical screening was done at 3:00 p.m. the Lieutenant replied that he did not think that was possible as the time of arrival is verified by the officer at the desk. In addition, the EARM records document the detainee arrived at 5:00 p.m.

Interpretation assistance was not provided at the time of the pre-screen as, "Detainee speaks English fluently," and there were no barriers to communication identified. (b)(6); (b)(7)(C) advised she does not speak Spanish but, "If I say do you have any medical questions and I can see he is struggling with my questions, I can get an interpreter." It was noted ALMAZAN had not transferred from another facility. He was noted to have current, unspecified health problems and was taking medication. He was placed on a Priority 2 status, which according to (b)(6); (b)(7)(C), means a provider must evaluate the detainee within 24 hours because of a chronic condition or if he is taking medications.

At 9:39 p.m. (b)(6); (b)(7)(C) nGenesis, conducted the intake screen, noting that Detainee ALMAZAN was Spanish speaking, for which interpretation assistance was provided. Inconsistent with (b)(6); (b)(7)(C)'s note, (b)(6); (b)(7)(C) stated he had transferred from another facility, having arriving with a transfer summary. Attempts to locate a transfer form, however, found no evidence of its existence. Detainee ALMAZAN stated he was feeling fine and was not in pain. He offered his previous diagnosis of cirrhosis[1] and that he was on medication. The only medication listed, however, was sertraline (Zoloft), a medication to treat depression. When asked if he was now or ever had been treated by a doctor for a medical condition, he replied no. He denied symptoms of tuberculosis infection, and his chest x-ray was negative. He denied drug abuse but admitted to drinking 12 to 15 beers a day, having last used on April 1, 2017. He also admitted to being a smoker, smoking two cigarettes per night. The examination, mental health screening, and vital signs were all within normal limits (*See Appendix I for vitals)*. A Spanish version of the consent for medical treatment was signed. He was noted to have an abnormal intake screening and was referred to a medical provider. He was medically cleared for custody.

LT (b)(6); (b)(7)(C) RN documented a sick call visit on **July 16, 2017,** at 3:34 p.m. to assess an unspecified skin irritation. An interpreter was not used, as, "Detainee speaks English fluently." When questioned during interview as to how she determines when interpretation assistance is needed, she replied that she is able to understand the issue, sometimes using "sign

[1] Cirrhosis is liver damage from a variety of causes, such as alcohol abuse, leading to scarring and liver failure.

language" and since this visit occurred on a Sunday, "We probably had a Spanish speaking person to translate, and I didn't document it." Vital signs were all within normal limits, and ALMAZAN's general appearance was described as well developed, well nourished, and in no acute distress. In spite of the complaint of skin irritation, the skin was documented only as normal, warm and dry. His heart was regular in rate and rhythm, and his lungs were normal. Treatment included Clotrimazole cream[2], with application to the affected area twice a day for seven days, as keep-on-person (KOP) medication and hydrocortisone cream[3] with application to the affected area, externally, twice a day for seven days, also as a KOP medication. An English version of a KOP agreement was signed by ALMAZAN. Treatment notes refer only to "RN Guidelines for Foot Fungus", while a reference to a nursing guideline authorizing use of hydrocortisone cream was not filed. During interview, (b)(6); (b)(7)(C) admitted her failure to document the complete physical assessment and was unable to recall why she ordered the hydrocortisone cream, stating, "If I treated him, there was a reason I treated him".

Seven days following intake, on **July 19, 2017**, at 5:34 a.m., LCDR (b)(6); (b)(7)(C) NP, conducted an initial physical examination, noting that the intake screen was reviewed. An interpretation service was used, with the Language Line identification number recorded. During interview NP (b)(6); stated, "Even if they say they speak a little bit of English, I use the service to make sure they understand." Detainee ALMAZAN denied all medical and dental complaints, with the exception of hepatitis and depression. He admitted to suicidal ideation one year ago but denied any attempts. NP (b)(6); narrative states detainee ALMAZAN was taking medication for cirrhosis while in Metrowest Detention Center (MDC)[4]. He stated he felt fine, was eating and sleeping well, and had regular bowel movements. He denied homicidal or suicidal ideations or thoughts of potential for violence towards others. He denied chest pain, shortness of breath, nausea or vomiting, fever or chills, abdominal pain, diarrhea, constipation or any other complaints or concerns at that time. His vital signs were all within normal limits. His eye test showed a visual impairment[5] of 20/200 in the left eye, 20/100 in the right eye, and 20/70 in both eyes, without glasses. The general examination found him to be in no acute distress, well developed, well nourished, and calm and relaxed. He was noted to be asymptomatic[6] and clinically stable. The assessment diagnoses were alcoholic cirrhosis of liver without ascites[7] and visual disturbance. The treatment plan included renewal of sertraline, follow up with mental health, comprehensive laboratory studies on July 28, 2017, referral to ophthalmology[8], and referral to radiology for an ultrasound[9] of the liver. A medical consent was sent to MDC to obtain medical and medication

[2] Clotrimazole cream is an antifungal medication, commonly used to treat athlete's foot.

[3] Hydrocortisone cream is a steroid used to treat skin conditions.

[4] MDC is a Dade County prison in Doral, Florida

[5] A visual impairment refers to loss of vision and decreased ability to see. Normal vision is 20/20, while 20/200 is a significant vision loss.

[6] Asymptomatic means an absence of symptoms.

[7] Ascites is an abnormal accumulation of fluid in the abdominal cavity.

[8] Ophthalmology refers to a specialty in eye disease.

records. Detainee ALMAZAN was provided patient instructions and preventive health information.

The initial mental health screen was conducted on **July 20, 2017**, at 2:18 p.m. (b)(6); (b)(7)(C) Psychologist, STG recalled conducting the encounter in Spanish and was not aware of what ALMAZAN's level of English proficiency was. During questioning ALMAZAN verbalized that the father of a 43 year-old woman he had been dating was angry that he was going out with his daughter and later accused him of sexual assault. His past psychiatric history included hospitalization at Jackson Memorial Hospital (JMH) for alcohol abuse four years ago, but was later referred to mental health while at the hospital. He reported that he was drinking heavily due to depression and stress. He said he would experience sadness, crying spells, and had suicidal ideations. He said he felt this way because of not having a wife or significant other, not having his parents, having a sibling pass away, and losing his job. He reported that while at JMH he was seen by a psychiatrist who prescribed medication, which helped him significantly, but he did not recall the name of it. As per medical records, he was taking Zoloft (*sertraline*) 100 mg. He reported a history of suicidal ideations prior to his hospitalization, having had thoughts of jumping off a building, but he did not follow through as he began to think about his family, and he started to read the Bible. He also reported suicidal ideations three years ago with thoughts of cutting himself with a knife, but focusing on his faith, he did not follow through. He denied current suicidal/homicidal ideation, intent or plans. He also denied a history of perceptual disturbances or delusions. The substance abuse history noted detainee ALMAZAN had been convicted for driving under the influence of alcohol and participated in in-patient alcohol treatment. The assessment findings were 1. Major depressive disorder[10], recurrent, mild; and 2. Alcohol abuse, uncomplicated. Treatment included follow-up in two to three weeks and referral to (b)(6); (b)(7)(C) for medication management.

On **July 24, 2017**, at 5:46 p.m., LCDR (b)(6); (b)(7)(C) RN documented a progress note related to a sick call refusal, stating, "Patient called for sick call on evening shift but refus[illegible]. Multiple calls were placed by PHS desk officer with no result. Will continue to monitor." RN (b)(6); (b)(7)(C) explained that detainees are typically seen in sick call between 8:00 a.m. to 3:00 p.m. every day, but in the event of a spill over, a list is made of those not seen, and the detainees who are returned to the housing until after 3:00 p.m. are called back on the evening shift of the same day. Prior to the sick call visit, nurses do not know the nature of the request. Three days later on **July 27, 2017**, at 12:19 p.m., (b)(6); (b)(7)(C) RN documented a late entry for a sick call visit conducted on July 26, 2017. An interpretation service was not used as "Detainee speaks English fluently." Detainee ALMAZAN stated he had been taking pills for his liver but had not yet received them." He denied pain, and his vital signs were all within normal limits. The nursing plan was to send a telephone encounter to a medical provider. The following day of July 28, 2017, at 12:00 p.m., RN (b)(6); (b)(7)(C)

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[9] An Ultrasound is a diagnostic tool using sound waves to produce images of inside the body.

[10] Major depressive disorder is a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing a significant impairment in daily life.

documented another sick call visit for complaint of respiratory symptoms and sore throat. An interpreter was not used for his visit as, "Detainee speaks English fluently." Detainee ALMAZAN denied pain, and his vital signs were all within normal limits. He stated his cold symptoms were mild and had been present for a few days. His general appearance was described as pleasant, in no acute distress. His throat appeared normal, and his respirations were even and unlabored. He was instructed to do salt water gargles three times daily for three days and was returned to the dorm.

(b)(6); (b)(7)(C) RN, InGenesis documented a sick call assessment for complaint of skin itching on **August 2, 2017** at 1:39 p.m. An interpreter was not used, as, "Detainee speaks English fluently." Detainee ALMAZAN denied pain, and his vital signs were all within normal limits. He described moderate itchiness over his whole body, having started weeks ago. He was observed to be persistently scratching. His general examination found him to be alert, well hydrated, and in no acute distress. There were no suspicious lesions, and psychologically he was alert, oriented, cooperative with the exam, and showed intact cognitive[11] functioning. The nursing treatment plan included application of hydrocortisone cream to the affected areas twice daily, start polyvinyl alcohol ophthalmic solution[12] to the eyes four times daily, and patient instructions regarding bathing, avoidance of irritants, and increase of water intake. Following repeated requests for a RN Guideline addressing itching to verify the prescribed treatment of hydrocortisone cream, it was never produced.

(b)(6); (b)(7)(C) documented a follow-up mental health assessment on **August 4, 2017**, at 12:29 p.m., noting the conversation was in Spanish. Vital signs conducted by (b)(6); (b)(7)(C) RN were all within normal limits, and detainee ALMAZAN denied pain. He expressed having symptoms of depressed mood, but they were decreased from those previously reported. He stated he was participating in recreational activities and socializing with his peers. He presented as psychiatrically stable and was able to remain housed in the general population. He reported he had been complying with his psychiatric medication, with improvement in his level of sadness, energy, and motivation. His mood and attitude seemed better, and he no longer felt tearful. He offered he had talked to his sister who told him she was in the process of legalizing her stay in the U.S. and therefore did not want contact with him. He also discussed having gone to court the previous day, at which time the judge asked him if he found a lawyer with the list given to him. He said he informed the judge that no one returned his call. The judge asked him if he wanted to proceed with the case on his own which he replied yes to. An appointment was pending with I(b)(6); (b)(7)(C) Psychologist on August 11, 2017, and he was scheduled for follow-up with(b)(6); (b)(7)(C) in three to four weeks.

At 2:32 p.m. the same day,(b)(6); (b)(7)(C) PA, STG documented a provider visit to review laboratory studies with detainee ALMARAZ. According to the laboratory reports, the blood samples were drawn and forwarded to the laboratory on July 28, 2017, results were received on

[11] Cognitive refers to the process of knowing and perceiving.

[12] Polyvinyl alcohol ophthalmic solution is also known as artificial tears, a treatment for dry eyes.

July 31, 2017, and [redacted] reviewed them on August 3, 2017, noting, "MLP will discuss with patient tomorrow". Interpretation services were not used for this encounter, as [redacted] speaks fluent Spanish. Detainee ALMAZAN reported that he takes pills for his liver and had not received them as yet. He stated he occasionally feels weak and tired, had been eating and sleeping well and was better adjusted in general population. He listed his medications as rifaximin[13] 550 mg twice daily, Folic acid[14] 1 mg once daily, docusate[15] 100 mg twice daily, multivitamin[16] one tablet daily, Aspirin[17] 81 mg once daily, and omeprazole[18] 20 mg once daily. He explained he had been taking rifaximin for six to seven years. He denied any bruises, bleeding, or abdominal pain. As over 50 laboratory values were obtained, only the abnormal levels are listed:

Test	Normal Range	Result
Hemoglobin A1c[19]	4.8-5.6	4.4
Prothrombin Time [20]	9.1-12.0	12.3
Hepatitis A Antibody[21]	Positive	Negative
Hepatitis B Core Antibody [22]	Positive	Negative
Bilirubin[23]	1.6	0.0-1.2
Albumin, Serum[24]	3.4	3.5-5.5
BUN/Creatinine Ratio[25]	23	9-20
Creatinine, Serum	0.57	0.76-1.27
Alkaline Phosphatase[26]	157	39-117
Serum Lipase[27]	67	0-59

[13] Rifaximin is a type of antibiotic, which treats traveler's diarrhea and irritable bowel syndrome with diarrhea.

[14] Folic acid is a B vitamin used to enhance red blood cell production.

[15] Docusate is a stool softener used to treat constipation.

[16] Multivitamin is a nutritional supplement.

[17] Aspirin is a pain reliever.

[18] Omeprazole is a medication used to treat heartburn and esophageal reflux disease (GERD).

[19] Hemoglobin A1c is a test, which provides an average of blood sugar over a two-month period.

[20] Prothrombin time is a blood test to determine how quickly the blood clots.

[21] Hepatitis A antibody is a protein which if present in the blood, signifies past exposure to hepatitis A.

[22] Hepatitis B core antibody is a protein, which if present in the blood, indicates previous or ongoing infection with hepatitis B

[23] Bilirubin is an orange, yellow pigment produced by the liver.

[24] Serum albumin is the most abundant protein in the blood and is also the major carrier of fatty acids in the blood.

[25] BUN (blood urea nitrogen)/Creatinine (a waste product from muscle breakdown) ratio is a test to check kidney function.

[26] Alkaline phosphatase is an enzyme found in the blood. Abnormal values can help determine the level of liver dysfunction.

Neutrophils[28]	1.3	1.4-7.0
Hemoglobin[29]	10.5	12.6-17.7
Red Blood Cells[30]	3.28	4.14-5.8
Hematocrit[31]	29.3	37.5-51.0
White Blood Cells [32]	2.0	3.4-10.8
Platelets[33]	37	150-379
Lymphocytes[34]	0.4	0.7-3.1

(b)(6); (b)(7)(C) MD, STG noted lab results would be discussed with detainee ALMAZAN. (b)(6); (b)(7)(C) listed the assessment findings as 1) Alcoholic cirrhosis of liver without ascites; 2) Other pancytopenia[35], and 3) Hepatitis B carrier. Creative Corrections notes that according to the CDC website, the hepatitis B results indicate immunity due to natural disease and do not indicate carrier status as diagnosed by (b)(6); (b)(7)(C) Treatment ordered for liver disease included rifaximin 550 mg twice daily; folic acid 1 mg daily; docusate 100 mg twice daily; multivitamin, one tablet daily; enteric coated[36] aspirin 81 mg daily; and omeprazole 20 mg daily. Follow-up laboratory studies were ordered to include serum uric acid[37], CBC[38] with differential[39], serum lipase, serum amylase, thyroid panel[40] with thyroid stimulating hormone[41], and GGT[42]. Rifaximin was non-formulary, so a request for authorization was completed. A referral was

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[27] Serum lipase is an enzyme, which can be found in abnormally high levels in the blood when the pancreas is damaged.

[28] Neutrophils are a type of white blood cells, which help fight infection by ingesting microorganisms

[29] Hemoglobin is the protein molecule in the red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the body back to the lungs.

[30] Red blood cells are the blood cells that contain hemoglobin and carry oxygen.

[31] Hematocrit is a volume percentage of red blood cells in the blood, usually at 47% in males.

[32] White blood cells are the cells involved in protecting the body against infection.

[33] Platelets, also called thrombocytes, are a component of blood whose function is to stop bleeding by clumping and clotting blood vessel injuries.

[34] Lymphocytes are a form of white blood cells that produce antibodies to fight infection.

[35] Pancytopenia is a medical condition in which there is a reduction in the number of red blood cells, white blood cells, and platelets.

[36] Enteric-coating is a polymer barrier applied on oral medication, which prevents its disintegration in the stomach.

[37] Serum uric acid is the chemical found in the blood when the body breaks down foods containing organic compounds called purines. If too much uric acid is being produced or if the kidneys are not able to remove it from the blood normally, the level increases, potentially causing solid crystals to form within the joints, causing gout.

[38] CBC, short for complete blood count tests levels of all types of blood cells to determine the presence of disease.

[39] A blood differential test measure the percentage of each type of white blood cells.

[40] Thyroid panel is a series of tests used to evaluate thyroid function and help diagnose hypo- or hyperthyroidism.

[41] Thyroid stimulating hormone is a hormone produced by the pituitary gland, which stimulates the thyroid gland to produce and release hormones into the blood.

[42] GGT is short for gamma-glutamyl transferase, which is elevated in some forms of liver disease.

submitted for hematology[43], pending approval. Detainee ALMAZAN was cleared for custody and scheduled for follow-up "as scheduled or sooner as needed."

On **August 9, 2017**, at 9:38 a.m. (b)(6); (b)(7)(C) conducted a follow-up assessment for pancytopenia and review of lab results. An interpreter was not used during this encounter. Questioned about why interpretation assistance was not used, as she had earlier voiced its importance at the time of the initial physical examination, she stated, "Maybe I forgot to note the interpreter was used, because as I said, if they only speak a little English, I get an interpreter." Detainee ALMAZAN denied pain and his vital signs were all within normal limits. He requested medication for skin itching, especially over his back. He also requested an eye appointment and medication for gas. He reported he had been eating and sleeping well and was doing well in general population. He denied any bruising, bleeding, or abdominal pain at that time. The general examination noted no acute distress, well developed, well nourished, and calm and relaxed. His skin was warm and dry with good turgor[44], and there was no bruising, hematomas[45], bleeding, or fragile capillaries. His heart assessment was normal. He was alert, oriented, and cooperative, demonstrating intact cognitive functioning and good eye contact. His gait was normal. The assessment diagnoses were 1) Other pancytopenia and 2) Tinea pedis[46]. Treatment for pancytopenia included lactulose[47] solution twice daily, Spironolactone 25 mg twice daily, hematology referral pending approval, and ophthalmology referral pending approval. Orders for tinea pedis included clotrimazole ceam twice daily for seven days and hydrocortisone cream twice daily for seven days. Aluminum-magnesium-simethicone suspension[48] 400 mg was ordered four times a day for seven days.

(b)(6); (b)(7)(C) MD, Psychiatrist conducted a psychiatric evaluation on **August 11, 2017**, at 9:40 a.m., noting that an interpretation service was not used as, "Detainee speaks English fluently." (b)(6); (b)(6); noted she obtained her subjective information from the initial mental health intake, and following the narrative, documented, "Patient concurred with the above information. He currently denied any depressive, manic, psychotic, or anxiety symptoms, no suicidal ideation/homicidal ideation. He reports insomnia. Risks, benefits, and side effect of Trazodone were discussed with patient who consented." Creative Corrections observed English consent forms were signed for both Zoloft on July 19, 2017, and for Trazodone at the time of this encounter, suggesting that ALMAZAN may not have fully understood the indication and side effects of the medication. Vital signs conducted by (b)(6); (b)(7)(C) were all within normal limits, with the exception of a mildly

[43] Hematology is the branch of medicine concerned with the study of the cause, diagnosis, treatment, and prevention of blood related diseases.

[44] Turgor is the degree of elasticity of the skin, assessment of which can determine the extent of dehydration of fluid loss in the body.

[45] A hematoma is a solid swelling of clotted blood within the tissues.

[46] Tinea pedis, also known as athlete's foot, is a fungal infection of the feet, usually beginning between the toes.

[47] Lactulose is a type of sugar solution used to treat chronic constipation and to reduce the amount of ammonia in the blood of patients with liver disease.

[48] Aluminum-magnesium-simethicone is

elevated body temperature of 99.3. The diagnosis was major depressive disorder, recurrent, mild, for which trazodone[49] 50 mg was ordered. Follow-up was scheduled for four weeks. A (b)(6); (b)(7)(C) was no longer employed at KNSPC at the time of the review.

At 4:23 p.m (b)(6); (b)(7)(C) documented a transfer summary for ALMAZAN's departure to Glades County Detention Center (GCDC) the same day. There were no special needs or medical, dental, or mental health reasons listed that would affect his transportation, nor were there any restrictions or special equipment required for travel. The disposition was "medically cleared for custody". The document included all current medications, but the only medical history listed was cirrhosis for eight years. There was no reference to pancytopenia, depression, or tinea pedis, all of which had been identified since his intake. Additionally, there was no reference to pending referrals for hematology, ophthalmology, and radiology for a liver ultrasound; nor were copies of laboratory studies and most current chronic care clinic records sent with the transfer summary to ensure efficient continuity of care by the receiving facility. The medical documentation failed to include a medical hold to ensure provider review prior to transfer.

During interview, CAPT (b)(6); (b)(7)(C) MD, Clinical Director addressed the adverse findings related to ALMAZAN's medical care, emphasizing that he had not rendered care so was "only looking at other things as the clinical director." He cited his main concern as the flow of appointments related to pancytopenia, chronic liver problems, and cirrhosis caused by abuse of alcohol. He described the platelet count of 37 as, "very low, he didn't have the building blocks for coagulation," adding that there was definitely a risk for bleeding and infections, but it may have been going on for years. Questioned about the length of time it took for the hematology referral, he replied, "We have no control," explaining that certain consulting specialties are difficult to access, and that it basically is no different from being seen in the community, which can take three to four weeks. With his specialty as a flight surgeon, (b)(6); (b)(7)(C) ated low platelets would not affect clearance for air travel, and even with a low hemoglobin level of 10.5, "I would still clear someone at those levels to fly." In discussion of the transfer summary, which omitted serious diagnoses (b)(6); (b)(7)(C) explained if providers failed to update the problem list, the conditions will not show at the time the nurse prepares the summary, agreeing that the problem list was not current and in addition to pancytopenia and depression, should have included varices[50] and portal hypertension[51]. He stated it would not be impossible to send applicable copies of the medical record with the summary, although, "It would take more work to include it." He did agree, however, that it would be helpful to include the last chronic care clinic. Regarding a medical hold, he stated there would not be a need for a medical hold if the receiving institution was aware of and followed up with the medical condition. He added that he would have no problem telling ICE a detainee can not go if there were pending consults, however, adding, "Whether it would have made a difference in the outcome,

[49] Trazodone is a medication used to treat depression and sleep difficulty.

[50] Varices are abnormal veins in the lower part of the tube running from the throat to the stomach.

[51] Portal hypertension refers to high blood pressure in the system of veins coming from the stomach, intestine, spleen, and pancreas which merge into the portal area before traveling through the liver.

hard to say." He voiced his opinion that GCDC was an appropriate facility to send a stabilized case, and that they had not any any significant issues with them. (b)(6)

(b)(6);

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

APPENDIX I
Vital Signs

DATE	TEMPERATURE	PULSE	RESPIRATIONS	BLOOD PRESSURE	WEIGHT
July 12, 2017	98.1	74	16	114/68	171
July 16, 2017	97.6	74	16	107/66	170
July 19, 2017	98.5	69	16	110/70	175
July 20, 2017	97.9	68	16	101/61	175
July 27, 2017	98.1	73	16	115/61	170
August 2, 2017	98.2	82	16	105/63	170
August 4, 2017	98.1	72	16	100/63	172
August 8, 2017	98.4	71	16	102/64	165
August 11, 20	(b)(6); (b)(7)(C)	74	16	97/57	170

CONCLUSIONS

Medical Compliance Findings

Creative Corrections finds the care provided to Filipe ALMAZAN-Ruiz by the Krome North Service Processing Center did not meet all requirements of the 2016-revised ICE PBNDS 2011, Medical Care. Deficiencies were identified in the following components of the standard: (b)(6); (b)(7)(C)

ICE PBNDS 2016, Medical Care, section (V)(E), which states, "Each facility shall provide (b)(6); (b)(7)(C) 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."

- On July 16, 2017**,** at 3:34 p.m. to assess an unspecified skin irritation. An interpreter was not used, as, "Detainee speaks English fluently."
- The keep-on-person agreement form signed on July 16, 2017, was in English and may not have ensured his full understanding.
- Consent forms for psychotropic medications were not provided in Spanish version to ensure full understanding of the indication and side effects of the medication.
- Nursing sick call encounters conducted on July 26, 2017, July 27, 2017, and August 2, 2017, failed to use interpretation assistance to ensure full and accurate information gathering and clear understanding of instructions provided.
- On August 9, 2017, a non-Spanish-speaking provider conducted a laboratory results follow-up encounter in the absence of interpretation assistance.

ICE PBNDS 2016, Medical Care, section (V)(G)(3), which states, "Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include: 3) prescription practices, including requirements that medications are prescribed only when clinically indicated, and that prescriptions are reviewed before being renewed."

- July 16, 2017, hydrocortisone cream was issued in the absence of assessment findings.
- On August 2, 2017, hydrocortisone cream was again issued as a KOP in the absence of a RN Guideline.

ICE PBNDS 2016, Medical Care, section (V)(M), which states, "Each facility's health care provider 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." Additionally:
NCCHC J-E-04 (*Essential*), section (5), which states, "Inmates identified with *clinically significant findings* as the result of a comprehensive receiving screening receive an initial health assessment as soon as possible, but no later than 2 working days after admission."

- Although the intake assessment identified cirrhosis, the initial physical assessment was not completed until one week following intake.

ICE PBNDS 2016, Medical Care, section (V)(N), which states, "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 facility. The facility administrator shall receive notice of all medical/psychiatric alerts or holds, and shall be responsible for notifying ICE/ERO 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 medical conditions requiring ongoing therapy, such as a.) active TB, b) infectious diseases, and c) chronic conditions."

- Medical documentation failed to include a medical hold to ensure provider review prior to transfer.

ICE PBNDS 2016, Medical Care, section (V)(W), which states, "Consistent with Standard 4.8 '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."

- Significant vision impairment identified one week following intake failed to result in the issuing of reading or prescription eyeglasses. Additionally, because the pending

ophthalmology referral was not forwarded to the receiving facility during transfer, the detainee never received glasses during his remaining detention period.

ICE PBNDS 2016, Medical Care, section (V)(X)(1), which states, "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 notification shall become part of the detainee's health record file."

- The medical record did not include a notification to the Field Office Director regarding the condition of potentially advanced cirrhosis and pancytopenia.

ICE PBNDS 2016, Medical Care, section (V)(Z), which states, "The facility 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."

- The transfer summary dated August 11, 2017, failed to include the serious chronic diagnoses of pancytopenia and depression. Additionally, there was no reference to pending referrals for hematology, ophthalmology, and radiology for a liver ultrasound; nor were copies of laboratory studies and most current chronic care clinic.

Areas of Note

In addition to the above deficiencies, Creative Corrections notes the following:

- Providers failed maintain a current problem list of serious illnesses, to include pancytopenia and depression, resulting in delayed continuity of care following transfer to another ICE facility.

Glades County Detention Center

Facility Description

GCDC is operated by the Glades County Sheriff's Office and houses county inmates as well as United States Marshall Service (USMS) and ICE male and female detainees. The facility, which opened in 2007, houses medium, medium high and high custody detainees and has a capacity of 540. On September 5, 2017, the facility count was 429 and was comprised of 369 ICE detainees

(298 male and 71 female), 40 county inmates (30 male and 10 female) and 20 male USMS detainees.

All staff with direct supervision responsibilities over detainees are sworn law enforcement officers. Officers must attend 500 hours of training at an academy to be certified by the state of Florida.

There are two main dormitory-style housing areas at GCDC – Dorm 1 and Dorm 2. There is also a 20 bed Special Management Unit. Detainee ALMAZAN was housed in Dorm 1 throughout his stay at GCDC. Per the Movement History, detainee ALMAZAN was assigned to Dorm 1, pod C, at 3:57 a.m. Dorm 1 has a capacity for 378 and is used primarily for ICE detainees. The dorm is comprised of four separate pods, A through D, each of which houses between 92 and 96 detainees. The pods encircle an elevated observation control center which is staffed by a civilian clerk who manages the doors to each pod and has no direct contact with detainees. A sergeant and officers are assigned to the dorm floor and provide supervision to the four separate pods. The housing pods are each two stories with eight four-bunk open bays on each level. A bathroom and shower area is on each level. The upper tier is accessed by a staircase on the left side of the pod. On the lower level are tables, a television and a video terminal for visitation.

Healthcare Services

Armor Correctional Health Services (ACHS), with headquarters in Miami, Florida has provided 24-hour medical care since the facility's activation in June 2007. GCDC earned their most recent accreditation through the National Commission on Correctional Healthcare (NCCHC) in May 2017, and at the current time, eight medical employees have earned status as Certified Correctional Health Professionals (CCHP)[52]. Full time positions include the Director of Nurses (DON), a licensed clinical social worker, the Administrative Assistant, and the Health Services Administrator (HSA), the latter of whom is not a clinician but has a health services administration background. Three part time registered nurses (RN) provide a total of 56 hours per week, and 13 part time licensed practical nurses (LPN) provide 460 hours per week. Other part time positions include a mental health physician assistant, two licensed mental health professionals, a dentist, and a dental assistant. The Clinical Director, a CCHP is licensed in Puerto Rico and Florida, with certification to work in critical need areas. He is available on site for clinical services four days per week. Staffing numbers were found to be sufficient for the provision of detainee healthcare, in accordance with the NDS, and all professional licenses were present, current and primary source verified.

The GCDC medical clinic houses a multi-workspace nursing station with a pass-through window connecting to an 18-chair waiting room. A custody officer's desk is located inside the waiting room providing direct supervision. The clinic houses four examination/treatment rooms, a

[52] A CCHP is a medical person who has demonstrated, through NCCHC testing, the possession, application, and interpretation of knowledge necessary for professional practice in correctional health care.

pharmacy, a one-chair dental suite, a specimen collection room, two administrative offices, and four medical observation rooms, three of which have negative air pressure capability for respiratory isolation. GCDC's electronic medical record (EMR) CorrecTek has been in place since May 2014, and language assistance for detainees with limited English proficiency is provided by Interpretalk Interpretive Services.

Detention Summary

EARM records document detainee ALMAZAN arrived at GCDC in Moore Haven, FL at 8:29 p.m. on **August 11, 2017.** At 9:28 p.m., detainee ALMAZAN was booked into the GCDC per the facility records. Upon arrival, detainee ALMAZAN was searched and photographed by Officer (b)(6); (b)(7)(C) nd booked in by Office (b)(6); (b)(7)(C) per the GCDC booking information form. When interviewed, Offic (b)(6); (b)(7)(C) did not recall the detainee but stated his typical process is to pat search the incoming detainee, issue them facility clothing and take their photograph. (Note: (b)(6); (b)(7)(C) he Facility Administrator sat in on the interviews with officer staff.) Officer (b)(6); (b)(7)(C) tated on interview that he did recall the detainee because he was quiet and respectful to staff. (b)(6); (b)(7)(C) peaks Spanish and stated he uses the 216 Record of Persons and Property Transferred form to confirm the classification level as determined by ERO. In this case, the 216 form designated detainee ALMAZAN as medium high. The detainee's housing level was then marked as, "Close Observation" and he was approved for placement in general population with visits allowed.

On Saturday, **August 12, 2017,** at 2:28 a.m. his property was inventoried and he was allowed to retain possession of miscellaneous legal papers, a Bible, four pairs of underwear and a grey shirt and pants. The other items were placed in property bag 396. A property receipt was generated and signed by both the detainee and two officers at 2:45 a.m. on August 12, 2017. The $9.00 in personal funds he brought from KNSPC were placed into a commissary account he could access through a kiosk to buy phone time, snacks and personal care items. The detainee also signed an acknowledgement that he had received both the NDS and facility handbooks, PREA information and that he participated in the facility orientation program.

At 8:10 p.m. on **August 13, 2017**, detainee ALMAZAN made his free three-minute phone call per the Audio File List from GCDC. On **August 17, 2017**, an immigration judge ordered ALMAZAN removed to Mexico.

On **August 23, 2017**, detainee ALMAZAN purchased $5.00 in phone time per his account summary. At 3:23 p.m. on August 25, 2017, he completed a seven minute and 58 second phone call per the call record. This was the last phone call the detainee made while at GCDC.

On **August 30, 2017**, detainee ALMAZAN submitted a request asking for a job at the facility in the dorm or kitchen. He received medical clearance the following day to become a trustee and work at the facility. On the same date, he was moved to pod D. On **September 6, 2017**, he moved

to pod A. It is unclear when he began work in the food service area but both security and medical staff reported he served as a trustee and delivered meal trays into the medical unit. The account records confirm he was later paid for five days of work.

According to an email dated September 17, 2017 from Deputy Field Office Director (b)(6); (b)(7)(C) in anticipation of approaching Hurricane Irma, ERO transferred detainee ALMAZAN by bus to Folkston Processing Center (FPC) in Folkston, GA, on **September 7, 2017,** at 3:43 a.m. (Note: EARM records document the time of departure from GCDC as 2:56 p.m. with arrival at FPC at 9:00 p.m.) The balance of $4.00 in his account was issued to him by check.

Following detainee ALMAZAN's transfer from GCDC, he received payroll for the five days he worked and $5.00 was deposited into his account at GCDC on September 13, 2017. These funds remained at GCDC and were still in his account during the review team's site visit. The issue was brought to the attention of Deportation Officer (b)(6); (b)(7)(C) who stated he would ensure the funds were transferred to ERO staff at IAH/PCDC for inclusion with the property stored there to be sent to the detainee's next of kin.

Detainee ALMAZAN remained at FPC for less than 24 hours and departed that facility for IAH/PCADC at 5:59 p.m. on **September 8, 2017**, per EARM records.

Summary of Events

At 3:15 a.m., on **August 12, 201** (b)(6); (b)(7)(C) LPN documented the medical intake screening, noting there were no barriers to communication, and responding "Yes" to ALMAZAN's ability to "Understand English". During interview she denied her personal ability to speak Spanish and when questioned about the level of ALMAZAN's English proficiency, she replied, "If I did the intake, he spoke English. We would use Interpretalk (*Language Service*) otherwise." When questioned about the frequency of Interpretalk use over a week period, she estimated, "maybe once or twice." Regarding Creative Correction's observation that all consent and agreement forms were in English, LPN (b)(6); (b)(7)(C) stated she was unaware of Spanish version forms. During interview (b)(6); (b)(7)(C) HSA stated Spanish forms are available for sick call requests and medical consents and agreed the Spanish versions should have been used for ALMAZAN. The intake screening documentation did not mention review of the medical summary sent by the Krome North Service Processing Center (KNSPC), with resulting failure to list current diagnoses and treatment. Vitals signs were recorded within normal limits (*See Appendix I for vital signs table*). The health questionnaire included a subjective history of liver cirrhosis[53], vision problems, and depression. He admitted to having tried or seriously considered killing or hurting himself, "Six times, about three years ago", but he denied current suicidal thinking. A chest x-ray was scheduled for tuberculosis[54] clearance, although there is no report evidencing this was done. He was noted,

[53] Liver cirrhosis is a chronic liver disease in which liver cells become inflamed and begin dying, causing scar tissue to form. Alcohol abuse is a common cause of cirrhosis.

however, to have had a normal chest x-ray on July 12, 2017, while at KNSPC, having remained in continual ICE custody. He was assigned to chronic care clinic, referred to a provider on an urgent basis, and cleared for general population. The intake screen was electronically approved by (b)(6); (b)(7)(C) RN, DON on August 15, 2017.

Two days later on Monday, **August 14, 2017**, at 10:26 a.m. (b)(6); (b)(7)(C) conducted the intake mental health screening, noting ALMAZAN's diagnoses of liver cirrhosis, depression, and anxiety. He reported a history of alcohol dependence, having last used three months ago when he was arrested. He stated he had been prescribed trazadone[55] for the past three months while incarcerated in Metro West, Dade County. He was described as cooperative, with a calm demeanor, while presenting sadness and mild anxiety. He denied audiovisual hallucinations[56], delusions[57], and suicidal and homicidal ideations but reported bouts of depression and crying over the past three months. He attributed his sadness and anxiety to stress of his current situation, and having been divorced five years ago due to his alcohol problem. He reported his drinking worsened until he was incarcerated, having since suffered guilt, sadness and loss, using prayer and faith to manage his feelings. He admitted having, "tried to commit suicide many times by drinking excessively," but denied current intention, ideation, or plan. His mental health status was described as alert, appropriate in behavior, cooperative, fully oriented, neat, well-groomed, and appearing older than his stated age. His affect was good, and judgment was fair. He reported both sleep and appetite were within normal limits. The past medical history section of the assessment noted the only hospitalization was related to liver cirrhosis. His medications accurately reflected the pill line medications listed on the Krome medical summary, as listed:

Medication	Purpose
Clotrimazole 1%	Antifungal cream for athlete's foot
Ducosate Sodium 100 mg	Stool softener used to treat constipation
Folic Acid 1 mg	B vitamin used to enhance red blood cell production
Hydrocortisone 1%	Steroid used to treat skin conditions
Lactulose 10 GM/15 ml solution	Type of sugar solution used to treat chronic constipation and to reduce the amount of ammonia in the blood of patients with liver disease.
Maalox 30 cc	Antacid which neutralizes stomach acidity
Multivitamin	Nutritional supplement
Omeprazole 20 mg	Treatment of heartburn and esophageal reflux disease (GERD)[58]

[54] Tuberculosis is a serious bacterial infection which mostly affects the lungs.

[55] Trazadone is a sedative medication which can treat depression.

[56] Hallucinations are perceptions of having seen, heard, touched, tasked or smelled something that was not actually there, commonly a symptom of mental illness.

[57] Delusions are beliefs or altered reality persistently held despite evidence or agreement to the contrary, commonly a symptom of mental illness.

Proctosol 2.5%	Treatment of itching or swelling caused by hemorrhoids
Sertraline Hcl 100 mg	Treatment for depression and anxiety
Spironolactone 25 mg	Treatment for high blood pressure and fluid retention.
Trazodone 50 mg	Treatment for depression and sleep difficulty
Triamcinolone Acetonide 0.1%	Treatment for psoriasis
Rifaximin 550 mg	Treatment for irritable bowel syndrome with diarrhea

The mental health assessment findings were listed as depression, generalized anxiety disorder, and alcohol dependence, in remission. The plan was, "Appointment electronically created for patient to see psychiatrist as soon as possible." He was deemed eligible for program participation and job placement and was assigned to general population without segregation.

On the same day, at 10:27 a.m., (b)(6); (b)(7)(C) , MD conducted the initial chronic care clinic for cirrhosis, stating during interview he communicated with ALMAZAN in Spanish and was unaware of the detainee's English proficiency. He documented, "51 year old male with history of liver cirrhosis, GERD, possible portal hypertension[59], constipation here today for initial clinical evaluation, the patient diagnosed seven years ago and he's been on treatment since then." ALMAZAN's personal risk factors were identified as smoking, "two per day", and "a lot" of alcohol. He denied past surgeries or hospitalizations. He was described as appearing well, in no acute distress, obese, well developed, and well nourished. He complained of external hemorrhoids[60], dry itchy skin and eyes, and headaches. He denied chest pain, abdominal pain, and nausea and vomiting. The review of systems revealed no abnormal findings, and the vital signs were all within normal limits. The abdominal assessment was described as, "Positive bowel sounds, non-tender, no hepatosplenomegaly[61], no masses[62]." The assessment listing included 1) liver cirrhosis/fatty liver; 2) GERD; 3) possible portal hypertension; 4) IBS[63], and 5) eczema[64]. There was no reference to pancytopenia[65], as was noted in the last chronic care clinic at the Krome North SPC (KCSPC). When questioned about his suspicion of portal hypertension in the absence of KNSPC's previous diagnoses, he explained that once he was aware of the cirrhosis diagnosis he considered all possible outcomes and conducted laboratory testing to rule it out. He further

[58] GERD is short for gastroesophageal reflux disease, also known as acid reflux, is a digestive disease in which stomach acid or bile irritates the food pipe lining (esophagus).

[59] Portal hypertension refers to high blood pressure in the system of veins coming from the stomach, intestine, spleen, and pancreas which merge into the portal area before traveling through the liver.

[60] Hemorrhoids are swollen and inflamed veins in the rectum and anus which can cause discomfort and bleeding.

[61] Hepatosplenomegaly refers to abnormal enlargement of the liver and spleen.

[62] Masses are any localized enlargement or swelling in the human body.

[63] IBS, short for irritable bowel syndrome is an intestinal disorder causing pain in the belly, gas, diarrhea, and constipation.

[64] Eczema is a condition in which the skin becomes inflamed and itchy.

[65] Pancytopenia is a medical condition in which there is a reduction in the number of red and white blood cells, as well as platelets.

stated there were no varices[66] or spider webbing[67] noted during the abdominal assessment. The plan included 1) Triamcinolone Acetonide 0.1% cream twice daily for 60 days; 2) PT[68], PTT[69], INR[70], psa[71], cmp[72], cbc[73], lipid panel[74], h pylori test[75], ammonia level[76] tomorrow; 3) follow-up Thursday with lab results; 4) increase fluid intake; 5) continue with all other meds for 30 days; 6) please renew when finishing; 7) follow-up in 90 days; 8) Proctosol 2.5% topical cream twice daily for 30 days. During interview, (b)(6); xplained that a nurse works directly with him to ensure his orders are carried out.

According to the laboratory report, the blood collection took place on August 17, 2017, with receipt in the lab and complete report forwarded on the following day, August 18, 2017. (b)(6); (b)(7)(C) reviewed the laboratory results, electronically noted as "Observation Report Date", on the same day as receipt. Questioned during interview, he stated that although the results were concerning, he knew ALMAZAN was scheduled for his follow-up clinic in two weeks, and because the PT and PTT were only slightly elevated, he felt comfortable waiting until the next appointment to address the seriously low platelet count[77] of 41. He further offered his opinion that he places urgency on levels lower than 30, at which time he transfers the patient to the hospital for treatment. On questioning whether he was aware of the pancytopenia condition previously diagnosed at KNSPC, he, along with (b)(6); (b)(7)(C) Regional Vice President of ACHS, expressed surprise and disbelief, voicing they had not been aware of the diagnosis, nor the significantly low platelet count of 37. Regarding his treatment plan (b)(6); (b)(7)(C) stated he believed he did the right thing in trying to excrete the excess ammonia in ALMAZAN's system. He further offered if he had been the physician at KNSPC and had known ICE was going to move him with his current medical condition, he would not have approved the transfer. When asked if a two to three hour flight

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[66] Varices are abnormal veins in the lower part of the tube running from the throat to the stomach.

[67] Spider webbing, otherwise known as Spider angiomas, refers to surfaced veins, which have a local spot and radiating vessels to appear web-like, commonly caused by advanced liver disease.

[68] PT is short for prothrombin test, a blood test to determine how quickly the blood clots.

[69] PTT is short for partial thromboplastin time, a blood test which measures the time it takes for blood to clot.

[70] INR is short for international normalized ration, a blood test which evaluates blood clotting.

[71] PSA is short for prostate specific antigen, a substance produced by the prostate gland, which is measure to determine prostate disease.

[72] CMP is short for comprehensive metabolic panel which tests blood glucose level, electrolytes levels, kidney function, liver function, and nutritional problems.

[73] CBC is short for complete blood count, which tests levels of all types of blood cells to determine presence of disease.

[74] Lipid panel is a series of lab tests, which determine levels of fats and cholesterol in the blood.

[75] H-pylori test is short for helicobacter pylori, bacteria that causes infection in the stomach, such as ulcers.

[76] An ammonia level test determines the amount of ammonia produced by bacteria in the intestines. Ammonia is normally converted by the liver, producing urea which is eliminated in the urine. With liver disease, ammonia levels can rise due to the inability for the liver to convert it.

[77] A platelet count is the number of clot-producing cells in the blood.

transfer would have been appropriate considering the current medical condition, he stated, "I might say no", basing his statement on the fact that because it is not known why the platelets are so low, the detainee might have an embolism.

Detainee ALMAZAN submitted an initial sick call request for vision problems, dated **August 16, 2017**, writing, "I Need See The Doctor be Cause He Tool mi I have 2 Apoimentes, Monday and Tuesday I ron't Recib Notin in My Dormitory Please Because I ron't See Noting and He Told my y Need Test for My Ayees PlEASE The Doctor is Emmanuel Please Help My I conT Read Noting Please Help My" (*See Appendix II for sick call table*[(b)(6); (b)(7)(C)] LPN documented receipt of the sick call request at 9:00 p.m. on August 17, 2017, referring him to nurse sick ca[(b)(6); (b)(7)(C)] LPN document[(b)(6); (b)(7)(C)] l encounter, using "Nursing Protocol – Eyes, Ears, Nose, Teeth, and Throat." The date of August 18, 2017**,** was stamped at the top of the first page; however the note was not signed off until October 15, 2017, suggesting the note could have been written or altered at any time during that time. There was no reference to barriers of communication, language preference, or use of interpretation assistance. V[(b)(6); (b)(7)(C)] corded within normal limits, and his vision test showed 20/20 in the right eye and 20/[(b)(6); (b)(7)(C)] left eye. Of note, the eye examination conducted by KNSPC on July 19, 2017, showed 20/100 in the left eye and 20/200 in the right eye, and the vision testing done during this physical assessment on August 24, 2017, showed 20/200 in both eyes, suggesting the 20/20 recording was erroneous. The nursing assessment diagnosis was disturbed sensory perception: rule out visual disturbance, and the plan, based on "not acute" vision disturbance was to allow ALMAZAN to obtain his glasses from home and to use proper lighting. Documentation failed to show inquiry into the current location of his glasses or what his home situation was. As was documented in the August 22, 2017, provider assessment, he had his glasses while at Krome and believed they were in his property. Consequently, [(b)(6); (b)(7)(C)] failed to adequately address his complaint, which remained unresolved. Creative Correction notes that the provided medical record did not include a copy of this sick call encounter; but rather, it was provided just prior to the review close-out. Consequently, I[(b)(6); (b)(7)(C)] was not interviewed.

A second Inmate/Detainee Request was dated **August 20, 2017**, in which ALMAZAN wrote, "DR – I need You Help Because My Medicates AHORA NO SEE MEDICIN I TAKE EVRY DA DR-[(b)(6); (b)(7)(C)] I fillin My EYES DRY. PLEASE I need My GLASES Please When I go To Court They Give to mi but I canT SEE NOTHING My EYES I filling Burning and MY HEAD I HAVE PAIN So I need My GLASES Please I[(b)(6); (b)(7)(C)] The sick call response was left blank, but the request was signed as received by [(b)(6);] on **August 21**, **2017**. During interview LPN [(b)(6); (b)(7)(C)] iewed the medical record and verified a sick call encounter was not present, stating that he was not seen in nursing sick call because he had a pending appointment with the provider for this evaluation.

[(b)(6); (b)(7)(C)] Advanced Registered Nurse Practitioner (ARNP) conducted a provider assessment on **August 22, 2017,** at 3:17 p.m. to address ALMAZAN's complaints of, "I am having a lot of pain in my joints. I cannot see, either. I had glasses at Krome but they say they are not in my

property here. My vision is very bad. The medication is helping some, but I still can only sleep two to three hours." There is no documentation of barriers to communication, language preference, or use of interpretation assistance (b)(6); (b)(7)(C) documented his extensive history of alcohol dependence, and noted he was currently taking Zoloft and trazodone with some benefit. He was described as cooperative with a congruent affect[78], logical thought process, anxious mood, and a restless and fidgety manner. There is no objective assessment, including vital signs. The treatment plan was to continue Zoloft 100 mg daily and increase trazodone to 75 mg nightly to improve his insomnia. A Specific Authorization for Psychotropic Medications form was signed by ALMAZAN, but the specific medication was not indicated with a check mark. The treatment plan did not address the complaint of vision difficulty. He was electronically scheduled for follow-up in 60 days. As (b)(6); (b)(7)(C) no longer works for GCDC, an interview could not be conducted to clarify if the encounter was intended to serve only as a mental health follow-up, as opposed to a sick call assessment.

The initial health assessment was conducted by (b)(6); (b)(7)(C) RN on **August 24, 2017**, at 2:33 p.m., with review and approved electronic signature of (b)(6); (b)(7)(C) September 5, 2017. A review of the training and credentials file showed (b)(6); (b)(7)(C) was trained for conducting initial medical and dental assessments on January 12, 2016 and on August 22, 2017. Detainee ALMAZAN identified current complaints as right knee pain and vision difficulty. He denied blood in his sputum, blood in his stools, or black tarry stools[79]. His vital signs and physical assessment were all within normal limits, including the abdomen, which was described as having normal bowel sounds and no masses or tenderness. Tremors were not observed, and his gait and coordination were normal. Examination of his skin showed no rashes, lesions[80] or infestations[81]. ALMAZAN's visual acuity using the Snellen Eye Chart measured 20/200 in the right eye, 20/200 in the left eye, and 20/200 in both eyes, without correction, for which he was referred to the doctor for visual disturbance. The dental screening found no missing teeth and "four upper implants per patient."

A third sick call request was submitted on **August 27, 2017**, in which ALMAZAN wrote, "I NEED SEE THE DOCTOR BECAUSE I have To Much Pain in My Bond's I Want Somthin XXXike Bengay is Hard THE PA A and I want A see The doctor THE LAST Went I see HE PuT in THE Sistem For Examen in My Eyes I Need glases PLE! I can'T Read NoThing I need Realy The Glases". The Triage Decision By Nursing Staff noted referral to nurse sick call and was signed two days later on **August 29, 2017**, at 9:00 p.m. b(b)(6); (b)(7)(C), LPN

[78] Congruent affect means a person's emotions are appropriate for the situation.

[79] Black tarry stools can indicate bleeding in the upper portion of the digestive tract.

[80] Lesions are regions of an organ or tissue which have suffered damage through injury or disease, such as a wound, ulcer or tumor.

[81] Infestations refer to a state of being invaded or overrun with pests or parasites.

(b)(6); (b)(7)(C) LPN, CCHP conducted a sick call assessment on **August 30, 2017**, at 2:24 p.m. to address ALMAZAN's complaint of pain in both shoulders and both knees. The pain was described as moderate, constant and worsening. A pain scale was not used to determine pain level. Vital signs were all recorded within normal limits. The general examination noted an uncomfortable appearance with tenderness on palpation. There was no swelling or gait abnormality. The nursing assessment was Alteration in Comfort in joints. The plan was to provide ibuprofen 400 mg twice daily for five days as needed in accordance with the Nursing Protocol on Muscular Skeletal problems. (b)(6); (b)(7)(C) noted, "NO history of bleeding ulcers." He was provided patient education and instructed to return to sick call if symptoms worsen or persist more than seven days. Documentation fails to show ALMAZAN's complaint of vision difficulty was addressed. During interview, (b)(6); (b)(7)(C) who triaged this sick call request, offered that nurses allow only one complaint per sick call request and that the detainees are expected to submit an individual request for each complaint they have, with the sick call nurse prioritizing the issues. HSA (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C) both agreed during interview that the two issues absolutely should have been addressed in a single visit. (b)(6); (b)(7)(C) electronically approved the sick call assessment on August 31, 2017.

On September 1, 2017, ALMAZAN completed a fourth sick call request, stating, "I Need See The Doctor The Name of Hem is Emmanuel. I wan'T To Se becase I ned Glases THE Nurse OnLY No GIME Apoimen For Opticol I have Pain in Myy Head and My EYES in My EYES I fell likefire and The People I see Strange Aron'T Read Nothing Please I need See THE DOCTOR For My ApoinmenT an Medicinefo EYES LiKe Vicine SO<Thin DROPS for My Eyes THANK YOU". (b)(6); (b)(7)(C) LPN documented receipt of the request the same day at 9:00 p.m. and referred him to nurse sick call. On **September 2, 2017,** at 4:56 p.m., (b)(6); (b)(7)(C), LPN conducted a sick call assessment to address ALMAZAN's complaint of having difficulty seeing, as things look blurry. He stated he had an appointment scheduled with an optometrist prior to entering the facility. Vital signs were all recorded within normal limits and his vision remained at 20/200 in both eyes. The assessment was disturbed sensory perception: Rule out visual disturbance. The plan included a "Routine referral to (b)(6); within five days secondary to patient having difficulty seeing, may need glasses. Made same complaint during initial health assessment." The note was electronically approved by (b)(6); (b)(7)(C) n September 5, 2017.

Four days later on Wednesday, **September 6, 2017,** at 9:48 a.m. (b)(6); (b)(7)(C) itiated a sick call visit for complaints of visual disturbance, along with a thirty-day chronic care evaluation. Forty-six laboratory results, completed on August 18, 2017, were addressed, along with additional results provided the following day. Only the abnormal levels are included below, with comparisons of those that had also been done at Krome:

Test	Krome Result	Glades Result	Normal Limits
Bilirubin[82]	1.6	1.7	0.0-1.2

[82] Bilirubin is an orange, yellow pigment produced by the liver.

Alkaline Phosphatase[83]	157	162	20-130
Hemoglobin[84]	10.5	11.3	13-18
Red Blood Cells[85]	3.28	3.65	4.5-5.9
Hematocrit[86]	29.3	34	40-52
White Blood Cells [87]	2.0	3.0	3.6-11
Platelets	37	41	150-400
Lymphocytes[88]	0.4	0.7	1.1-4.7
Ammonia		108	11-35
Activated PTT		41.6	50-89

ALMAZAN's general appearance and physical assessment findings were all within normal limits, with exception of the abdominal assessment, which described pain in the mid-epigastric area radiating to the chest. Bowel sounds were normal, and there was no tenderness, masses, or hepatosplenomegaly on palpation. The plan was written as follows:

"1===I will increase lactulose doses and will continue with the current meds. CBC weekly the follow-up ++see below prednisone 100 mg X3 days then 0 mg x 3 days then 60 mg po x 3 days then 50 mg x 3 days the 40 mg x 3 days then 30 mg x 3 days then 20 mg x 3 days the 10 mg x 2 days then 5 mg x 2 days the 2.5 mg x 2 days then d/c.
FERROUS SULFATE, 325 mg #90, Sig: 1 time per day for 90 days
2===+++++cbc weekly x 4 weeks+++++
3===d/c dulcolax
4========lactulose 40 ml po daily x 90 days=======
5==-FOLIC ACID, 1 MG #90, Sig: Take 1 Tablet by mouth 1 time per day for 90 days
6===MULTIVITAMIN, #90, Sig: Take 1 Tablet by mouth 1 time per day for 90 days
7===SPIRONOLACTONE, 25 MG #180, Sig: Take 1 Tablet by mouth 2 times per day for 90 days.
8===Xifaxan 550 mg po bid x 90 days
9===Patient c/o visual disturbance
10===OS 20/200 OD 20/200
11===ammonia level Q2 WEEK X 8 WEEKS
12===Renal diet x 180 days
13===cbc cmp lipid panel in 82 days

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[83] Alkaline phosphatase is an enzyme found throughout the body, which can be elevated in liver disease.

[84] Hemoglobin is the protein molecule in the red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the body back to the lungs.

[85] Red blood cells are the blood cells that contain hemoglobin and carry oxygen.

[86] Hematocrit is a volume percentage of red blood cells in the blood, usually at 47% in men.

[87] White blood cells are the cells involved in protecting the body against infection.

[88] Lymphocytes are a form of white blood cells that produce antibodies to fight infection.

14===follow=up in 90 days
15===OMEPRAZOLE 40 MG #90, Sig: Take 1 Capsule by mouth 1 time per day for 90 days."

(b)(6); (b)(7)(C) signed off his note at 10:23 a.m. on the same day. Creative Corrections notes there was no referral to the optometrist for ALMAZAN's serious vision impairment. Without eyeglasses his ability to read written instructions, consents, or patient education was seriously declined. His frustration was clearly expressed in his sick call requests. Following is documentation of sick call requests and complaints during clinical encounters.

Date and Mode of Request	Date of Encounter Who Conducted	Treatment Plan	Completed
August 16, 2017 Sick Call Request	August 18, 2017 LPN	Approved to have glasses from home sent in.	No, as his glasses were not at his home
August 20, 2017 Sick Call Request	No sick call scheduled	None, as triage nurse believed detainee was scheduled for MD	No, as a provider failed to address the complaint.
August 22, 2017 Complained during encounter.	August 22, 2017 ARNP	None. Complaint was not addressed.	NA
August 24, 2017 during initial physical assessment.	August 24, 2017 RN	Referred to MD	No
August 27, 2017 Sick call	August 30, 2017 LPN	None, as only one of two complaints were addressed.	N/A
September 1, 2017 Chronic Care	September 1, 2017 MD	None, as not addressed in plan	N/A

The ACHS Medical policy J-E-07 Non-emergency Health Care Requests and Services, mirroring the NCCHC Standard of the same number and title, instructs that any patient who has been seen in sick call more than twice in 30 days for the same complaint, but who has not yet been seen by a practitioner will be scheduled for the clinician's clinic. Although the sick call nurses' dispositions were followed by provider assessments, the focus was limited to chronic care and mental health issues, leaving the vision problem unaddressed. A review of the commissary showed reading glasses were available for purchase, but with a maximum of $10.00 in his account at any given time, he would not have been able to pay the cost of $11.55. There is no indication that any attempts were made to obtain reading glasses for him, although according to HSA (b)(6); (b)(7)(C) an optometry appointment was pending but not completed because of his transfer.

The Transfer Summary, documented by RN (b)(6); (b)(7)(C) the same day as his departure, medically cleared him for travel. The listed diagnoses included only cirrhosis of the liver without alcohol, generalized anxiety disorder, and depression. The additional serious chronic care diagnoses of portal hypertension, pancytopenia, and irritable bowel syndrome were not listed, and with no accompanying medical records, to include laboratory results, most recent chronic care assessment,

and pending specialty services, these diagnoses were unknown on his arrival to PC. It remains unexplained why the cirrhosis diagnosis was erroneously changed to "cirrhosis without alcohol", but the diagnosis followed him to Polk on **September 8, 2017,** and to the hospital where he died nine days later.

APPENDIX I
Vital Signs

DATE	TEMPERATURE	PULSE	RESPIRATIONS	BLOOD PRESSURE	WEIGHT
August 12, 2017	98.1	66	18	106/70	168
August 14, 2017	98.3	62	18	101/66	165
August 16, 2017	97.0	59	18	104/70	164
August 24, 2017	98.4	65	16	112/78	163
August 30, 2017	98.6	74	18	106/68	165
September 2, 2017	98.3	83	18	113/77	166
September 6, 2017	97.6	80	18	122/76	170

APPENDIX II
Sick Call Requests

DATE SUBMITTED	COMPLAINT	DATE TRIAGED	DATE OF ASSESSMENT	TREATMENT PROVIDED
August 16, 2017	Vision difficulty	August 17, 2017	August 17, 2017	Instructed to get glasses sent in from home. Vision difficulty unresolved.
August 20, 2017	Vision difficulty with headache	August 21, 2017	August 24, 2017	Referred to the doctor. Not evaluated by MD for vision difficulty until September 6, 2017.
August 27, 2017	General body pain Vision difficulty	August 29, 2017	August 30, 2017	Ibuprofen provided for pain. Vision difficulty remained unresolved.
September 1, 2017	Vision difficulty with headache	September 1, 2107	September 2, 2017	Routine referral to (b)(6); (b)(7)(C) within five days. Was seen for vision difficulty during chronic care clinic on September 6, but no MD order written for optometry. Transferred same day due to hurricane.

CONCLUSION

Medical Compliance Findings

There were no NDS deficiencies found. Identified areas of concern are as follows:

- Sick call requests, consents for medical care and psychiatric medication use, and keep-on-person agreements were not provided in Spanish version. As evidenced during interviews, not all nurses were aware of the availability of Spanish version forms.
- There was no reference to barriers of communication, language preference, or use of interpretation assistance during most nursing and provider encounters. Throughout interviews with staff from all three facilities in which detainee ALMAZAN was detained, there is strong evidence he was not English proficient.
- A nursing note by a sick call LPN was not signed at the time of her August 16, 2017, encounter, but rather it was signed two months later on October 15, 2017. From a legal standpoint it cannot be determined the note was not initiated and/or altered immediately prior to the sign-off on the latter date.
- During the August 16, 2017, encounter the LPN failed to inquire about the location of the detainee's eyeglasses, which were not at his home, resulting in an unresolved issue. Creative Corrections considered this misinformation might have been a result of a preventable communication barrier related to the detainee's inability to proficiently speak and understand English.
- Multiple complaints on the same request form are not always addressed and nurses reported a practice of one complaint per request form, with prioritization of the complaint at the time of the sick call encounter.
- In spite of the detainee's early and repeated complaint of serious vision impairment, a request for optometry to get eyeglasses was never processed.
- Possibly related to the hurried nature of the hurricane evacuation, the transfer summary failed to ensure adequate continuity of care to by failing to include all relevant health information.

Security Compliance Findings

Creative Corrections cites the following deficiencies in relevant components of facility policies and post orders.

The GCDC Detainee Handbook, page 12 states, "Prior to departing the facility, any funds you have remaining will be returned to you."

Funds earned by the detainee were paid on September 13, 2017 following his transfer out of GCDC. However, no effort was made to forward the funds to the detainee at his next facility and the funds remained at GCDC during the site visit on December 7, 2017.

IAH/PCADC

Facility Description

IAH/PCADC is located in Livingston, TX, approximately 74 miles northeast of Houston, TX. The facility is operated by the Management and Training Corporation (MTC) of Centerville, Utah. According to their website, MTC entered the field of corrections in 1987 and now oversees more than 25,000 offenders and detainees at 21 facilities. The IAH/PCADC was established in January 2006. The original design was for 524 adult detainees. In July 2007, IAH/PCADC added an additional 528 beds to bring it to the current capacity of 1052. On September 17 2017, the date of detainee ALMAZAN's death, the population was 26 USMS male detainees and 337 male ICE detainees for a total population of 363. The IAH/PCADC received American Correctional Association accreditation on January 23, 2017.

A double fence with two rolls of razor wire along the top and five rolls between the fences encircles the facility. Visitors must enter through a secure external sallyport with both gates operated by central control. Once inside the gates, visitors must display identification before passing through a metal detector and being permitted to pass through a secure door into the facility. Video surveillance cameras are used throughout the facility, including in the housing units to monitor and record events.

Per the officers interviewed, upon hire they receive 40 hours of classroom training and 40 hours of on the job training with a veteran officer before they are approved to work on their own. Additional training is provided for specific job duties when the officer is assigned to a post.

On September 7, 2017, IAH/PCADC had 261 ICE detainees. On September 8, 2017, IAH/PCADC received 127 detainees due to Hurricane Irma approaching the Florida area and the population surged to 388 ICE detainees. On September 9, 2017, an additional 124 detainees were received and the population rose to 512 ICE detainees. Over 48 hours, the detainee population almost doubled.

Healthcare Services

MTC Medical, with headquarters in Houston, Texas provides 24-hour nursing coverage seven days per week. The facility earned reaccreditation by the American Correctional Association on January 23, 2017. Although the facility is contracted under the NDS, MTC policies and procedures address the elevated standards of PBNDS 2011. The HSA, a registered nurse (RN) who has worked with MTC since April 2016, assumed her administrative role in September 2017. The Clinical Director is a contract MD who has worked at PCADC for about ten years. He delivers on-site medical services one six-hour day per week. For medical reasons, (b)(6); (b)(7)(C)

MD was not available during the three days detainee ALMAZAN was at the facility, and therefore he was unfamiliar with the case. He was not interviewed during this review. A part time certified physician assistant is on site from 6:00 p.m. to 7:00 p.m. on Mondays, Tuesdays, and Thursdays. On call coverage is shared between the two providers. A licensed professional counselor provides full time services, and an MTC psychiatrist is available via telemedicine four to six hours a week. Nursing staff includes a full time director of nurses (DON), three fulltime RNs and six licensed vocational nurses (LVN), all assigned twelve-hour shifts from six to six. Two medical assistants and one pharmacy technician provide clinical and administrative support. There were no vacancies at the time of the review. ODO finds staffing adequate to provide basic medical services for all detainees. A credential review found all professional licenses current and primary source verified. CHI St. Lukes in Livingston, approximately six minutes from PCADC and Conroe Hospital, approximately 50 miles are used for emergency and specialty care beyond the scope of services

The PCADC medical department consists of two examination rooms, a medical records room, x-ray room, medication room with a pill pass window, and a health services administrator (HSA) office. There are four medical observation cells, one suicide watch cell, and an infection control room with negative airflow. The detention officer's desk is located in the hallway, affording correctional supervision in the clinic. The clinic was found to be clean and adequately sized and equipped.

PCADC uses hard copy medical records, with the exception of chronic care appointment scheduling and electronic medication administration records. Detainees access sick call by filling out paper requests and depositing them into a locked box. Sick call request forms and deposit boxes were inconveniently located outside the locked cells in C Unit, where detainee ALMAZAN was housed. According to detainees who were residing in the same cell with detainee ALMAZAN, they request sick call forms from an officer and when completed put it up to the window so the officer who is making rounds can retrieve the requests. This practice does not ensure the confidentiality of detainees who request appointments for sensitive medical problems. According to the detainee handbook, "Detainees desiring routine medical care will fill out a sick call request which will be picked up daily by the nursing staff." Officer rounds are conducted through window observation only; however, intercoms are available in those units for contacting officers on duty.

Detention Summary

Detainee ALMAZAN arrived at IAH/PCADC on **Friday, September 8, 2017**. An I-203 Order to Detain form was present in the detention file but incorrectly listed the detainee's name as "Alaman" and his date of birth as June 6, 1966, rather than the correct date of June 26, 1966. Intake Officer Tristan Adams stated on interview that his main concern is ensuring the A numbers match and in this case they did. The IAH/PCADC records document the detainee arrived at 4:00 p.m. However, Officer Adams stated the document would have indicated the time the information was entered into the system, rather than the actual time of arrival. He was on duty the night the detainee arrived and recalled the bus arrived later in the evening. Video surveillance footage from

the vehicle sallyport shows the first of four buses arrived at 10:19 p.m. Detainees and their property were removed from the buses between the hours of 10:19 p.m. and 11:10 p.m.

The intake processing area contains a long bench with a curtain that can be drawn across the middle of the room. On the opposite side of the curtain are two folding tables and chairs. Acoustic boards for sound baffling have been added to the ceiling. Video surveillance footage from the intake area was reviewed. At 1:04 a.m. detainee ALMAZAN can be seen seated on the bench partially obscured by a curtain. At 1:21 a.m. a nurse arrives, sits next to him and appears to take his blood pressure. At 1:23 a.m. a blood pressure machine is wheeled to the detainee and his blood pressure is again taken. At 1:25 a.m. the detainee leaves the intake area.

The detention file contained intake screening forms for suicide and medical or mental impairments as well as screening for risk of victimization and abusiveness. Detainee ALMAZAN's classification review was completed on this date by Officer (b)(6); (b)(7)(C). It was documented that the detainee's primary language was Spanish. Officer (b)(6); (b)(7)(C) acknowledged he does not speak Spanish and he recalled that a fellow intake officer who does sat with him and went over the intake process in Spanish with detainee ALMAZAN. The officer appropriately rated detainee ALMAZAN high custody based on the severity of his charge, his serious offense history and his prior convictions. This rating was approved by Reception and Discharge Supervisor (b)(6); (b)(7)(C) the same day.

On September 8, 2017, the clothing the detainee was wearing was inventoried. He had one pair of shoes, socks, underwear, sweatpants and one sweatshirt. Detainee ALMAZAN was issued facility clothing, linens and hygiene supplies. Neither the incoming property inventory form nor the facility property issued form were signed by the detainee. (b)(6); (b)(7)(C) stated that because there was such a large influx of detainees on this date, medical staff took half of the group and the officers took the other half. When the property was inventoried, the detainee was with the medical staff and was not available to sign the forms. Detainee ALMAZAN did sign a form acknowledging he received a copy of the facility handbook and PREA information form and that he viewed the ICE orientation video. Documentation confirms he was also fingerprinted. The detainee financial transaction history report shows he had no funds on arrival. It is unknown what happened to the $4.00 check sent with the detainee from GCDC.

Officer (b)(6); (b)(7)(C) stated that additional property arrived in red mesh bags clearly marked with each detainee's name and A#. However, no property inventory had been completed by the sending facility. Per (b)(6); (b)(7)(C) ERO instructed staff not to inventory and distribute property from the mesh bags until the facility knew if the detainees would be retained at IAH/PCADC. (b)(6); (b)(7)(C) stated that 28 detainees stayed at IAH/PCADC and their mesh bags were inventoried and allowable property distributed to those detainees. All other mesh bags were stored and then transferred with the detainees when they left IAH/PCADC after their temporary stay.

Detainee ALMAZAN was assigned to Dorm C, Bed 20-04. The log maintained by the officers assigned to this unit documented the detainee's placement in cell C-20 at 2:40 a.m. on **September 9, 2017.** Cell C-20 is a four person handicap accessible unit. The unit is accessed through a sallyport with two steel doors. The doors are opened remotely from central control when an intercom is pressed and staff are identified. Inside the unit, four single metal bunks are welded to the floor with one on the left wall, two on the back wall and one on the right wall. In the middle of the unit is a picnic style metal table with a bench on each side. A TV is mounted on the wall on the left side. Detainee ALMAZAN's bunk was directly under the TV on the left wall. Two phones are on the wall by the entry door as is a camera which is mounted near the ceiling. A single handicap shower is located behind a curtain and a stainless steel toilet and sink with grab bars are located behind a partial partition on the right hand wall which blocks the camera view of the bathroom facilities. An intercom on the inside of the unit by the door alerts in central control. A large window in the hallway provides a direct view into the unit.

IAH/PCADC utilizes indirect supervision with an officer assigned to the hallway outside the dorm. Dorm officer post orders require that a security round be conducted twice per hour at irregular intervals with no more than 40 minutes elapsing between rounds. The officers are not required to enter each dorm during these rounds. Officers do enter the dorms during the seven official counts conducted daily and to distribute and retrieve trays for all meals. Indoor recreation is offered in an area directly across from the dorm. There is also a large recreation field outside. Detainees are permitted one hour of recreation daily.

Video surveillance footage from inside Dorm C for detainee ALMAZAN's detention period was viewed. At 2:44 a.m. on September 9, 2017, detainee ALMAZAN entered the dorm carrying a bag of property. Detainee ALMAZAN took a seat at the table and spoke to another detainee. At 2:50 a.m. an officer entered the unit and handed detainee ALMAZAN a mattress and pillow. Detainee ALMAZAN, with the assistance of the detainee he was speaking with, made up his bed. Detainee ALMAZAN then placed his property in his assigned property storage box and laid down at 2:57 a.m. Between 3:00 a.m. and 6:30 a.m. detainee ALMAZAN went to the bathroom four times. Other than that, he laid on his bunk. At 6:36 a.m. he showered. At 6:43 a.m. breakfast trays were delivered by an officer. Detainee ALMAZAN did not eat but rather gave his tray to the other detainees. Throughout the morning, detainee ALMAZAN slept, only rising to use the bathroom or watch TV for a few minutes. When the lunch tray was delivered at 11:45 a.m., detainee ALMAZAN sat on his bunk eating a portion of the meal and then handed his tray to the other three detainees for them to share the remaining food.

Detainee ALMAZAN slept, laid on his bunk and went to the bathroom throughout the afternoon. At 6:07 p.m. he walked to the unit door. As the door is obscured by a wall, it is not known if the detainee left the unit but it is surmised he did, perhaps for pill call. At 6:17 p.m. an officer delivered meal trays to the unit. Detainee ALMAZAN returned to his bunk at 6:27 p.m., appeared to take an item off of his food tray and then handed the tray with the remaining food items on it to the

other detainees who were seated at the table eating. Those detainees took and shared the food from the tray.

Throughout the evening, the other detainees played checkers, watched TV and read. Detainee ALMAZAN did not participate in any of these activities and simply laid on his bunk or went to the bathroom.

On **September 10, 2017**, detainee ALMAZAN went to the unit door at 5:53 a.m. and returned to his bunk at 6:03 a.m. Again, he ate some food from his meal tray while seated on his bunk but brought the tray to the other detainees to share the remaining food. Again, he slept and went to the bathroom numerous times. At 10:13 a.m. he sat up on his bunk and ate what appeared to be a piece of fruit. At 11:34 a.m. the lunch trays were delivered and he ate some food while sitting on his bunk and then placed some items from the tray into a brown paper sack which he retained by his bunk. He then took the tray to the other detainees who shared the remaining items. Between 8:00 a.m. and 4:30 p.m. he went to the bathroom area nine times.

Dinner trays were delivered at 6:40 p.m. and again, detainee ALMAZAN ate some items from the tray at his bunk and gave the remaining items away to the other detainees. At 8:01 p.m. he went to the door of the unit and returned to his bunk at 8:16 p.m. Throughout the evening, he slept or went to the bathroom.

On **September 11, 2017**, at 5:31 a.m. detainee ALMAZAN went to the unit door. He returned to his bunk at 5:42 a.m. carrying his breakfast tray. Again, he sat on his bunk eating and then brought the tray to the three detainees seated at the table eating. They could be seen taking food items off the tray. Between 5:00 a.m. and 11:00 a.m., he went to the bathroom four times. At 11:54 a.m. lunch trays were delivered and the detainee ate on his bunk. He placed some items from his tray in a separate container and then offered the remaining food items to the other detainees. At 12:12 p.m. another detainee walked to detainee ALMAZAN's bunk and appeared to offer him some food. Detainee ALMAZAN did not take the food item and the other detainee walked away.

At 1:43 p.m. detainee ALMAZAN went to the unit door and returned to the unit at 1:48 p.m. He stood up speaking with another detainee until he returned to his bunk at 2:05 p.m. For the next several hours he sat or laid on his bunk, went through his property bin or went to the bathroom. At 6:11 p.m. he went to the unit door and returned to his bunk at 6:36 p.m. carrying some paperwork which he placed under his mattress.

At 7:04 p.m. the dinner trays arrived and another detainee offered detainee ALMAZAN a tray but he did not take it. At 7:28 p.m. Office(b)(6); (b)(7)(C) entered the unit and a detainee spoke with the officer. The officer and the detainee then went to detainee ALMAZAN's bunk and appeared to speak with him while he remained laying down. Detainee ALMAZAN handed the officer his identification card and the officer walked away. A minute later, the officer returned to the

detainee's bunk and spoke with him again. The officer then walked toward the unit door while speaking on his handheld radio.

At 7:32 p.m. Officer M[redacted] returned to the unit with Office[redacted] Sergeant [redacted] and Lieutenant [redacted] At 7:33 p.m. LVN [redacted] rrived in the unit pushing a wheelchair. The six staff surrounded detainee ALMAZAN's bunk so the view of the detainee from the camera was blocked. At 7:34 p.m. it appeared the detainee was helped into a sitting position on his bunk and at 7:35 p.m. he was assisted into the wheelchair. At 7:35 p.m. the detainee was wheeled off the unit by the nurses. The video surveillance footage from other cameras throughout the facility showed the detainee was wheeled into the medical unit at 7:38 p.m. and was taken to the vehicle sallyport at 8:38 p.m. for transport to the hospital.

Two of the three detainees who were housed with detainee ALMAZAN during his detention at IAH/PCADC were still housed at the facility during this review and were interviewed. Detainee [redacted] recalled detainee ALMAZAN and stated he was a "little sick" when he arrived. He stated detainee ALMAZAN did not eat or drink [redacted] slept most of the time and that he declined soup or other foods when offered. Detaine[redacted] tated detainee ALMAZAN didn't want to do anything and he thought he was sad or depressed. Detainee Garcia recalled that on September 11, 2017, detainee ALMAZAN vomited three or four times. When he observed drops of blood on the floor and some dried blood around the mouth of detainee ALMAZAN he stated he alerted the dorm officer.

Detainee [redacted] recalled detainee ALMAZAN was always sleeping and that he would only eat a few bites of his meal tray. He and the other detainees in the dorm would try to get detainee ALMAZAN to attend recreation or to play cards or chess in the dorm but he refused. Detainee [redacted] oted that if another detainee is not open to mingling with other detainees, they cannot force it. While he did not observe detainee ALMAZAN vomit up blood on September 11, 2017, he did observe dried blood around the detainee's mouth.

Both detainees noted that once the officer arrived and assessed the situation, he called an emergency on his radio. They estimated that security and medical staff arrived within two or three minutes and detainee ALMAZAN was removed from the dorm in a wheelchair.

Office[redacted] was assigned to Dorm C hallway for the 2:00 p.m. to 10:00 p.m. shift on September 11, 2017. Office[redacted] recalled that he had pulled detainee ALMAZAN from the dorm to the medication pill window at 5:15 p.m. and the detainee was walking slow and appeared dizzy. He asked the detainee if he was okay and detainee ALMAZAN responded that his stomach hurt. Officer [redacted] rved dinner trays at 6:00 p.m. When he later picked up the dinner trays he was told by the other detainees in Dorm C that detainee ALMAZAN had been vomiting up blood. Officer [redacted] who speaks Spanish, noted that detainee ALMAZAN did not speak English. He went to detainee ALMAZAN's bunk and asked him if he had been vomiting up blood. The detainee responded that he did not know because he just flushed the toilet after he vomited

without looking. Office[(b)(6); (b)(7)(C)] observed blood on the detainee's lip and called a medical emergency on his radio.

The C Dorm logbook documents that the detainee was pulled for pill call at 6:14 p.m. At 7:00 p.m. dinner trays were served and at 7:30 p.m. one detainee was sent to medical. The C Dorm logbook had no entries related to this emergency, including the response of medical and security personnel. When asked, Office[(b)(6); (b)(7)(C)] acknowledged his error in not documenting the medical emergency. He stated that since this event he has been recording any unusual incidents in the logbook. As for an incident report, Office[(b)(6);] stated he was told by an unknown supervisor that medical would document the incident and he did not need to do so.

Upon hearing the emergency call, Sergean[(b)(6); (b)(7)(C)] responded first along with Lieutenant[(b)(6); (b)(7)(C)] followed by the two nurses with a wheelchair and emergency medical bag. Sergeant[(b)(6); (b)(7)(C)] stated that no staff observed the detainee vomiting blood so he was sent to medical to be evaluated.

[(b)(6); (b)(7)(C)] esponded to the emergency medical call to Dorm C. [(b)(6); (b)(7)(C)] stated on interview that she observed dried blood on the detainee's lips. She recalled the detainee stated his chest hurt. [(b)(6); (b)(7)(C)] translated for the medical staff and they had him ask detainee ALMAZAN how long he had been vomiting blood. LVN[(b)(6); (b)(7)(C)] recalled the detainee responded that it had been five days. The detainee was then assisted into the wheelchair and wheeled to medical.

Physician's Assistan[(b)(6); (b)(7)(C)] was on duty and both LVN's stated they wheeled detainee ALMAZAN right in to the provider for examination. [(b)(6); (b)(7)(C)] ordered a blood draw. LVN [(b)(6);] stated the detainee was able to transfer himself from the wheelchair to the chair for the blood draw. She took his blood pressure and recalled it was elevated but was lower the second time she took it. [(b)(6); (b)(7)(C)] hen found out detainee ALMAZAN had cirrhosis so he cancelled the blood draw and said the detainee needed to go to the emergency room[(b)(6); (b)(7)(C)] determined an ambulance wasn't necessary and he could go by facility van[(b)(6); (b)(7)(C)] recalled the detainee was able to transfer himself from the chair back to the wheelchair for transport to the facility vehicle.

[(b)(6); (b)(7)(C)] recalled on interview that the detainee was reluctant to tell him anything. [(b)(6); (b)(7)(C)] surmised the detainee didn't want staff to know he was sick and believed if he went to the hospital he wouldn't get to go home. [(b)(6); (b)(7)(C)] tated he observed blood around the detainee's mouth and the detainee reported he had been vomiting blood for five days. [(b)(6); (b)(7)(C)] stated it was "obvious" to him that the detainee had varicies.

[(b)(6); (b)(7)(C)] was no longer employed at IAH/PCADC at the time of this review and was therefore not available to be interviewed. According to the critical incident report completed b[(b)(6); (b)(7)(C)] the medical emergency was called at 7:52 p.m. and the Warden was notified at 7:53 p.m. Lt. [(b)(6); (b)(7)(C)] ocumented that upon arrival at C-20, detainee ALMAZAN was "lying in bed moaning".

After he was brought to medical and examined by (b)(6); (b)(7)(C) the doctor determined the detainee needed to be transported to CHI St. Luke's Health Memorial Hospital.

The Stationary Guard Roster report documented that on September 11, 2017, at 8:45 p.m. Officers (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C) transported detainee ALMAZAN to CHI St. Luke's Health Memorial Hospital in Livingston, TX, a distance of 7 miles. They arrived at 9:00 p.m. On interview (b)(6); (b)(7)(C) stated that she assisted detainee ALMAZAN into the van because he was wearing leg irons, handcuffs and a waist belt. As with all detainees who are transported in restraints, she stated a crate was used for the detainee to step up on to safely enter the van. She recalled the detainee was quiet and cooperative during the transport. Officer (b)(6); carried the weapon and drove the van. Upon arrival at the hospital, she dropped the detainee and Officer (b)(6); at the door where they were met by hospital staff with a wheelchair. The detainee was wheeled into the ER for treatment and (b)(6); (b)(7)(C) parked the van. (b)(6); (b)(7)(C) recalled the hospital staff had trouble getting an IV into detainee ALMAZAN's arm. The Hospital Activity Log the officers completed noted permission was received from the shift supervisor to remove one handcuff and the belly chain and to restrain the detainee with one cuff attached to the bed. These officers were relieved at 11:00 p.m. and returned to the facility at 11:15 p.m.

Officers (b)(6); (b)(7)(C) assumed vigil duty at 11:00 p.m. and documented that the detainee received an IV and the doctor informed them at 1:10 a.m. that the detainee needed to be transferred to another hospital. These officers stayed with the detainee until 6:15 a.m. on **September 12, 2017**. At 6:00 a.m. (b)(6); (b)(7)(C) reported for vigil duty and relieved (b)(6); (b)(7)(C)

A Texan EMS LLC report documents a paramedic and EMT responded to CHI St. Luke's Health Memorial Hospital at 6:45 a.m. to transport detainee ALMAZAN to Conroe Regional Medical Center (CRMC) in Conroe, TX for treatment of "upper GI bleed noticed when pt began vomiting blood @ 12 hours ago". The report noted detainee ALMAZAN was ambulatory and was able to walk to the stretcher. He was assessed and no abnormalities were found. It was documented he was being transported by ambulance due to the need to administer IV medications and oxygen en route. Upon arrival at CRMC at 8:13 a.m., EMS staff documented the detainee was able to ambulate to a chair and his care was turned over to staff at CRMC.

According to (b)(6); (b)(7)(C), he is weapons certified so he followed the ambulance in the facility van while (b)(6); (b)(7)(C) rode in the ambulance. (b)(6); (b)(7)(C) stated the trip usually takes an hour but it took 90 minutes due to heavy traffic. They logged an arrival time of 8:13 a.m. at CRMC and noted the detainee was admitted to the ICU. (b)(6); (b)(7)(C) recalled that the detainee was alert when not sleeping, ate his meals and was able to sit up to urinate. The officers logged that they were relieved at 4:40 p.m.

(b)(6); (b)(7)(C) has since been promoted to sergeant at PCADC. She will be referred to as officer throughout this report.

Relieving Sergeant (b)(6); (b)(7)(C) and Officer (b)(6); (b)(7)(C) were Officers (b)(6); (b)(7)(C) nd J (b)(6); (b)(7)(C) who arrived at 4:32 p.m. They documented in the Hospital Activity Log that technicians were in the room performing an EKG and an X-Ray at 5:10 p.m. As medical staff were having trouble with the IV in the detainee's neck, the officers requested and received permission from the facility to remove the handcuffs from the detainee so an IV could be placed in his arm.

Officers (b)(6); (b)(7)(C) were relieved by (b)(6); (b)(7)(C) t 10:30 p.m. They documented that during their shift nursing staff checked the detainee's IV, changed his bedding, drew blood and assisted him to the restroom throughout the night.

On **September 13, 2017** Officers (b)(6); (b)(7)(C) reported for vigil duty at 6:26 a.m. Throughout their shift, they logged the detainee went for a procedure at 7:37 a.m. and returned to his room at 7:43 a.m. Staff logged that nursing staff changed his linens, brought him food and delivered pain medication throughout the shift. Officer (b)(6); (b)(7)(C) were relieved at 8:14 p.m. by Officers (b)(6); (b)(7)(C) Throughout their shift, they logged that nursing staff gave the detainee medication, walked him to the restroom, and checked his vital signs.

An email from Commande (b)(6); (b)(7)(C) sent this date to ERO officials inquired as to the plan for detainee ALMAZAN upon discharge from the hospital. She noted, "His condition is chronic and will only get worse with time. GI bleeds can happen suddenly and can vary in severity depending on where the bleed occurs".

In written statements dated September 25, 2017 and submitted to SDDO (b)(6); (b)(7)(C) nd AFOD (b)(6); (b)(7)(C) documented a visit they made to the CRMC on September 13, 2017. They documented that upon their arrival, detainee ALMAZAN was asleep but he woke up while they were talking with MTC vigil officers. The deportation officers spoke with detainee ALMAZAN about the status of his immigration case and the detainee informed them he intended to appeal his case and had a petition pending. They then discussed with him whether he had family in the United States and he stated he had family in Florida and possibly New York. They then concluded their interview of detainee ALMAZAN. The deportation officers' statements do not document the time of their visit. The MTC hospital log does not document any visit to detainee ALMAZAN by ERO officers.

On **September 14, 2017** at 6:20 a.m (b)(6); (b)(7)(C) eported for vigil duty. They logged that nursing staff checked the detainee's vital signs and at 8:10 a.m. Doctor (b)(6); informed the nurse the detainee should be moved from the ICU to a "regular room". At 1:15 p.m. officers logged the detainee was "complaining of chest pain". At 2:20 p.m. the detainee stated he "had gas". At 2:40 p.m. the detainee was moved from the ICU to room 141. At 3:15 p.m. the detainee reported he had pain. He was given Mylanta and other unknown medications per the log. At 6:56 p.m. Officers (b)(6); (b)(7)(C) reported for vigil duty. They logged nursing staff checked vitals, gave pain medication and took a blood sample during their shift. Also on

this date, (b)(6); (b)(7)(C) noted in an email to Commander (b)(6); (b)(7)(C) that the detainee, when discharged, would be moved to HCDF until he could be moved back to Florida.

On **September 15, 2017** at 6:20 a.m. Officers (b)(6); (b)(7)(C) reported for vigil duty. Throughout their shift they logged that nursing staff checked the detainee's blood pressure and gave him medication. They also noted the detainee took a shower at 2:00 p.m. These officers were relieved at 6:37 p.m. by Officers (b)(6); (b)(7)(C)

Commander (b)(6); (b)(7)(C), in an email this date to various ERO officials provided a medical update on detainee ALMAZAN. In the email, Commander (b)(6); (b)(7)(C) noted that a cardiac stress test was being scheduled and it was possible the detainee would be discharged in time to make a flight back to KNSPC scheduled for September 17, 2017. If the detainee was not released in time for the Sunday flight, Commander (b)(6); (b)(7)(C) recommended that he be moved, when discharged, to "Houston CDF due to his combined chronic medical issues".

Officers (b)(6); (b)(7)(C) who had assumed vigil duty logged that nursing staff met with the detainee at 7:04 p.m. to review paperwork with the detainee authorizing a stress test scheduled for the following day. At 5:38 a.m. on **September 16, 2017** the detainee signed the paperwork. At 6:40 a.m. Officers (b)(6); (b)(7)(C) arrived for vigil duty. At 9:18 a.m. they logged that the detainee went for his heart stress test and returned at 10:49 a.m.

Officers (b)(6); (b)(7)(C) reported for vigil duty at 6:10 p.m. They logged that three nurses and a doctor entered the room at 00:34 a.m. on **September 17, 2017**. At 00:55 officers contacted the warden to receive permission to remove handcuffs for "blood gas testing" and noted it was an "emergency". At 1:04 a.m. the detainee was moved to the ICU and a chest X-Ray and blood samples were taken. At 2:01 a.m. officers called the facility to report the detainee was on life support. At 2:11 a.m. chest X-rays were again taken. At 2:31 a.m. the cuffs and belly chain were noted as removed after permission was received by a shift sergeant. At 3:23 a.m. Doctors (b)(6); (b)(7)(C) and Slaughter entered to check on the detainee and searched for veins for IV picks. At 4:41 a.m. nursing staff asked if the facility could notify detainee ALMAZAN's next of kin to "prepare for the worst". At 4:57 a.m. the detainee went into cardiac arrest and nurses started CPR. At 5:15 a.m. the detainee was pronounced dead. At 5:18 a.m. Warden David Stacks was notified by the vigil officers of the detainee's death.

Per an email from Assistant Officer in Charg (b)(6); (b)(7)(C) at KNSPC, at 8:04 a.m. EST he notified the detainee's sister (b)(6); (b)(7)(C) hat her brother had passed away.

Vigil duties were performed as follows:

Date	Officers	Arrival	Departure
September 12, 2017	(b)(6); (b)(7)(C)	4:32 p.m.	10:47 p.m.
		10:30 p.m.	7:15a.m.

September 13, 2017	(b)(6); (b)(7)(C)	6:26 a.m.	8:34 p.m.
		8:14 p.m.	6:35 a.m.
September 14, 2017		6:20 a.m.	7:25 p.m.
		6:56 p.m.	6:28 a.m.
September 15, 2017		6:20 a.m.	6:55 p.m.
		6:37 p.m.	7:23 a.m.
September 16, 2017		6:40 a.m.	6:22 p.m.
		6:10 p.m.	7:20 a.m.
September 17, 2017		6:01 a.m.	7:02 a.m.

Warden Stacks completed a Critical Incident Report on September 17, 2017. In the report he noted that detainee ALMAZAN had been transported to IAH/PCADC at approximately 11:00 p.m. on September 8, 2017, "due to expected imminent damage and dangers from Hurricane Irma to the state of Florida". Warden Stack also documented that the detainee arrived at the facility, "with noticeable jaundice skin". Warden Stacks' report lists the initial apparent cause of death as a heart attack. An autopsy was ordered by Precinct Judge Wayne Mack through Texas Range (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) per the Warden's report.

On **September 18, 2017**, Detainee ALMAZAN's personal property was inventoried and photographed by Officer (b)(6); (b)(7)(C) The property consisted of one pair of pants, four shirts, 11 pairs of socks, one sweatpants, two t-shirts, eight pairs of underwear, three pairs of shoes, one wash rag, one ID card, one wristband, books, legal paperwork, a Bible, a watch, necklace, wallet, sunglasses, a homemade ring, one clear cup and $2.10 in coins. Multiple hygiene items and multiple medications were also marked. (b)(6); (b)(7)(C) oted on interview that the shirt with elephants on it which the detainee was wearing upon admission to Krome and for his intake photo as well as a pair of his shorts had small spots on them with a "moldy, reddish tint" that may have been blood. (b)(6); (b)(7)(C) stated the property was turned over to Supervisory Detention and Deportation Officer (SDDO (b)(6); (b)(7)(C)

Per SDDO (b)(6); (b)(7)(C) upon receipt of the property, it was taped shut in a cardboard box and secured in his office with the inventory sheet taped on top. The box was opened by the SDDO for the reviewers on October 18, 2017 and the contents were inspected. The various clothing items were reviewed and the elephant shirt and one pair of shorts did appear to have small spots of blood on them. The clothes he had worn on the trip from Folkston to IAH/PCADC were inspected and no blood was observed on the orange pants or cream colored t-shirt he wore during that trip.

Assistant Field Office Directo (b)(6); (b)(7)(C) documented in an email dated September 18, 2017 that he was contacted that date by the brother of detainee ALMAZAN requesting that ERO assist with the payment to ship the body back to Florida.

On September 18, 2017, Texas Ranger (b)(6); (b)(7)(C) from Livingston, TX sent an email to AFOD (b)(6); (b)(7)(C) stating he had been contacted by Montgomery County Justice of the Peace (b)(6); (b)(7)(C) Judge Mack advised (b)(6); (b)(7)(C) that he had ordered an inquest into the death of detainee ALMAZAN (incorrectly identified as (b)(6); (b)(7)(C) in the email) and requested that Ranger (b)(6); (b)(7)(C) conduct the investigation. Upon speaking with AFOD (b)(6); (b)(7)(C) and being informed that an investigation into the death of the detainee was being conducted (b)(6); (b)(7)(C) sent the email to confirm with AFOD (b)(6); (b)(7)(C) that he was not conducting an investigation into the death.

The transportation of the body was funded by ERO and coordinated through All Faith's Mortuary per an invoice and purchase card transaction worksheet. The1 body was shipped via commercial air to Miami, FL on September 20, 2017. On the same date, the Field Office Director from the Houston Field Office notified the detainee's sister in writing of the death.

On September 20, 2017 the State of Texas issued a Certificate of Death which listed the cause of death as "pending".

Summary of Events

(b)(6); (b)(7)(C) RN, DON conducted the medical intake screening at 11:30 p.m., noting that 51 year old detainee ALMAZAN spoke English, and therefore an interpreter was not used. During interview, however, (b)(6); (b)(7)(C) stated he spoke very little English but there was a medical person available who interpreted for her. She was unable to ascertain who provided this assistance. (b)(6); (b)(7)(C) Detention Officer who worked intake during the arrival of the Florida-evacuated detainees, recalled detainee ALMAZAN only spoke Spanish, requiring another intake officer to provide language assistance. (b)(6); (b)(7)(C) Detention Officer who was working in the detainee's unit, also stated detainee ALMAZAN spoke no English and that because he himself was fluent in Spanish, he provided interpretation assistance. Throughout interviews, other custody staff having had direct contact with detainee ALMAZAN also described his minimal ability to speak and understand English.

At five feet, one inch tall, detainee ALMAZAN weighed 170 pounds. A pain level of four on a scale of zero to ten was reported at the time of arrival, as he complained of general joint pain and discomfort in the upper right quadrant of his abdomen. The reviewer notes that pain in this location is common in liver cirrhosis. Vital signs were recorded within normal limits with the exception of a significantly elevated blood pressure of 180/109 (*See Appendix I*). Rechecks at unrecorded times noted a decrease in blood pressure to 164/100 and finally to 152/86, levels that remained abnormally high (*See Appendix II*). RN (b)(6); (b)(7)(C) stated during interview she did not contact the provider regarding these blood pressures, as detainee ALMAZAN told her he had not received his medication for an undetermined period of time. According to the MTC nursing protocol a blood pressure read of 160/100 requires provider contact, which RN (b)(6); (b)(7)(C) stated she was aware of. When questioned if he would have wanted to be notified of the abnormal read, (b)(6); (b)(7)(C) A-

C stated that considering the diagnoses of cirrhosis and probable portal hypertension, it would have been important for him to know. R[redacted] stated during interview that she was not aware what the interval period was between rechecks of the blood pressure, but she explained that she had administered his medication prior to the second and third check. However[redacted]LVN, who said she was present at the time of detainee ALMAZAN's intake screen, stated during interview that she personally pulled him out of the screening area to help him relax and conducted the second and third blood pressure rechecks. When asked if she administered his medication prior to the rechecks, she stated she did not believe the meds had been given. A review of the medication administration record (MAR) does not indicate any of his medications were given until the 5:30 a.m. pill line the following morning. The MAR does indicated prescribed medications were regularly administered from that time until his hospital transfer. Of note, the next blood pressure check was not recorded until three days later prior to hospital transport.

Detainee ALMAZAN signed and dated a Spanish version of consent for medical treatment. He was noted to have had a chest x-ray on July 12, 2017, negative for tuberculosis, and he denied a history or current symptoms of infectious disease. Chronic medical issues, as supported by those listed on the medical summary from Glades County Detention Center (GCDC), included cirrhosis of the liver, depression, and generalized anxiety disorder (GAD). Other diagnoses established at both previous facilities, Krome Service Processing Center (KSPC) and GCDC but not listed on the medical summary, included portal hypertension[90], varices[91], pancytopenia[92], irritable bowel syndrome[93], and gastro-esophageal reflux disease[94]. The medical summary from GCDC also failed to include pending referrals initiated while he was detained at KSPC, including an abdominal ultrasound and specialty consults for hematology and ophthalmology. According to medical records received from KSPC and GCDC, the referrals were never completed; nor were there references to the pending state of these referrals on the transfer summary forwarded from KSPC and received by GCDC.

Detainee ALMAZAN reported not being a smoker, but admitted to a significant history of alcohol abuse, stating he used "mucho" beer and tequila, last using about three months ago. He had been hospitalized and went through "the program". He was noted to have tremors, which was listed as a withdrawal symptom, and he admitted to having gone through a period of withdrawal at the time of his hospitalization. His mental health assessment was all shown to be normal, although following a "no" response to the question if he ever tried to harm himself, RN[redacted]ted,

[90] Portal hypertension is an increase in the blood pressure within a system of veins called the portal venous system. Veins coming from the stomach, intestine, spleen, and pancreas merge into the portal vein, which branches into small vessels and travels through the liver. When a sick liver is unable to accommodate the blood, it pools back, causing vessel enlargement and weakness (varices).

[91] Varices are abnormal veins in the lower part of the esophagus and stomach.

[92] Pancytopenia is a deficiency of all three cellular components of the blood (red cells, white cells, and platelets)

[93] Irritable bowel syndrome is an intestinal disorder causing stomach pain, gas, diarrhea, and constipation.

[94] Gastro-esophageal reflux disease is a digestive disease in which stomach acid or bile irritated the lining of the esophagus and stomach.

"passive suicidal intent". When asked to clarify what this meant, she stated in the past he had thoughts of wanting to die. His mood and behavior were found to be appropriate. RN (b)(6); completed MTC's "Treatment Plan: Special Needs and Restrictions" form, excusing him from a work program assignment for medical reasons. He was placed on no restrictions for the disciplinary process, and "chronically ill" was checked for special needs. Routine referrals were checked for mental health, medical doctor, and special diet (renal). He was assigned to a low bunk in handicap housing unit C-20.

(b)(6); (b)(7)(C) RN, HSA documented a verbal order from (b)(6); (b)(7)(C) PA to continue all medications as ordered by the previous facility. The transfer summary from GCDC listed his medication as follows:

Medication	Dosage	Indications
Sertraline	100 mg daily	Depression and anxiety
Trazadone	75 mg daily at bedtime	Depression and anxiety
Folic Acid	1 mg daily	Vitamin B folic acid deficiency related to liver disease.
Omeprazole	40 mg daily	Gastro-esophageal reflux disease (GERD)
Prednisone	100 mg daily for three days. Tapered doses: (100mg, 80mg, 60mg, 50 mg, 40 mg, 30 mg, 20 mg, each for three days; then 10 mg, 5 mg, 2.5 mg each for two days, then discontinue.	Steroid to treat inflammation
Spironolactone	25 mg twice daily	High blood pressure and fluid retention

The medications submitted on the MAR included a taper[95] on the prednisone, the addition of lactulose 30 mg twice daily, and the addition of Xifaxan 550 mg twice daily. Of note, Dr. (b)(6); (b)(7)(C) MD from GCDC added and/or adjusted medications on September 6, 2017. Neither the medication bottles nor the order information was forwarded to or received by PCADC. Specifically, he had increased lactulose to 40 ml, started ferrous sulfate (iron) 325 mg one time daily, and added a multivitamin, one daily. (b)(6); (b)(7)(C) Advanced Registered Nurse Practitioner from GCDC ordered an increase of trazodone to 75 mg nightly on August 22, 2017. The dosage on the medical summary was 50 mg, but during interview, (b)(6); explained she reconciled the medication labels and noted the current dosage. The reviewer observed that detainee ALMAZAN had never been prescribed a beta-blocker[96] as an important adjunct in his cirrhosis treatment. PA

[95] Drug tapering is the gradual discontinuation or reduction of a therapeutic dose of a particular drug required by a patient over a prolonged period of time, as a means of reducing potentially severe side effects.

young reported during interview he had questioned if he was receiving a beta-blocker and was surprised he was not. According to an article published by the gastroenterology department of the National Institutes of Health, related to the use of non-selective beta-blockers (NSBB)[97], they remain the cornerstone of therapy in cirrhotic patients with portal hypertension. In primary prophylaxis, patients with high-risk small varices or large/medium varices should receive primary prophylaxis with NSBB, except when contraindication to these drugs exist, in which case endoscopic band ligation should be performed.

IAH/PCADC utilizes indirect supervision with an officer assigned to the hallway outside the dorm. Dorm officer post orders require that a security round be conducted twice per hour at irregular intervals with no more than 40 minutes elapsing between rounds. The officers are not required to enter each dorm during these rounds. Officers do enter the dorms during the seven official counts conducted daily and to distribute and retrieve trays for all meals. Indoor recreation is offered in an area directly across from the dorm. There is also a large recreation field outside. Detainees are permitted one hour of recreation daily.

(b)(6); (b)(7)(C) Licensed Professional Counselor, documented a mental health assessment following the referral for depression. Detainee ALMAZAN was described as clean, cooperative, fully oriented, and having normal speech. His mood was described as depressed, his affect was congruent, his thought process was logical, and he had no hallucinations or suicidal intent. His judgment and insight were fair. The narrative note stated, "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." He was not found to be a danger to himself or others. During interview, (b)(6); (b)(7)(C) did not recall detainee ALMAZAN ever discussing his medical condition, including any possibility that he had been vomiting or coughing up blood since his arrival.

According to MTC's policy addressing intake health screening, "When a referral for medical follow-up is initiated, the resident shall receive a health evaluation no later than two working days from the date of assessment." HSA (b)(6); (b)(7)(C) produced an electronic chronic care roster document, indicating that detainee ALMAZAN's chronic care clinic was pending at an unspecified date. He was transported to the hospital on Monday, September 11, the first working day since his arrival.

At 7:45 p.m. (b)(6); (b)(7)(C) LVN completed an emergency assessment form, noting, "Nurse called to tank C-20 because detainee was reportedly vomiting blood." Detainee ALMAZAN's vital signs were recorded as normal, with the exception of an abnormally elevated blood pressure of 151/95 and an abnormally rapid heart rate of 106. He was fully oriented to person, place, and time. He complained of pain in his mid chest. ERAU's review of the housing unit video clearly showed a

[96] Beta-blockers are a class of drug commonly used to treat high blood pressure. Nonselective beta-blockers are a subclass of beta-blockers, commonly used to treat portal hypertension.

[97] Gianelli V, Lattanzi B, Merli, M, Beta-blockers in liver cirrhosis, *Annals of Gastroenterology*. 2014:27(1):20-26.

second nurse responded to the unit when the call came through. This nurse was identified as (b)(6); (b)(7)(C). When questioned during interview as to why she did not document a note, she explained that (b)(6); (b)(7)(C) was taking charge of the situation. She did report assisting with the detainee's transfer from the bed to the wheelchair, however. According to the "Provider Progress Notes/Orders", P(b)(6); (b)(7)(C) completed his evaluation of detainee ALMAZAN at 9:57 p.m. During interview (b)(6); (b)(7)(C) reported he incorrectly recorded the military time, intending to have signed off at 7:57 p.m. According to the note, he was brought to medical with complaints of vomiting blood, similar to an incident he reported having occurred seven years ago. He was believed to have cirrhosis with varices, information that was extracted from the chart, as (b)(6); (b)(7)(C) determined, "Pt [patient] poor historian". When questioned as to how he arrived at this description, (b)(6); (b)(7)(C) stated that detainee ALMAZAN offered no medical history, as if he did not want medical to know how sick he was. When directly questioned about his cirrhosis, however, he then admitted it. (b)(6); (b)(7)(C) voiced his opinion that the detainee did not speak English and that (b)(6); (b)(7)(C) Medical Assistant, provided interpretation. He was described as alert and oriented and appeared to be in no acute distress. (b)(6); (b)(7)(C) stated there were no symptoms or patient behaviors at the time of assessment to suggest this was an emergency situation. Bright red blood was observed on both the inside and outside his mouth, but there was no blood on his shirt or pants. He was diagnosed with gastrointestinal bleed of five days duration and was sent to the emergency room for evaluation on a stat basis, but not via 911.

A "Timeline/Checklist – Depart from the Facility" form was completed by an unidentified medical staff member at 8:42 p.m. According to this document (b)(6); (b)(7)(C) was notified of the need to transport detainee ALMAZAM to CHI St. Luke's via van with security escort. Hospital updates were recorded daily, as follows:

Reporting Nurse, Date, and Time	Report Summary
(b)(6); (b)(7)(C) September 12, 2017	Stable at this time. Most recent vitals: Blood pressure 99/58, pulse 75, and respirations 17. Pulse oxygen 97. Temperature remains normal. Two units of platelets given due to critical platelet level of 27. Post transfusion level is up to 55. All other labs remain within normal limits. Scheduled to have EGD[98] in the morning. Previously receiving cardene drip[99] via external jugular line. Has been stopped and is now receiving oral lisinopril[100].
(b)(6); (b)(7)(C) LVN September 13, 2017 5:35 p.m.	Alert and oriented. Blood pressure 117/58, pulse 88, R 19, Temperature 98.3, pulse oxygen 100. Received two units of platelets. Hemoglobin is 11.2, and platelets are 27.
(b)(6); (b)(7)(C)	Alert and oriented. Blood pressure 101/51, pulse 69, respirations 14,

[98] An EGD, short for esophagogastroduodenoscopy is a scope used to examine the lining of the esophagus, stomach, and duodenum (upper part of the small intestine)

[99] A cardene drip is an intravenous therapy infused with medication to treat high blood pressure.

[100] Lisinopril is a medication to treat hypertension.

September 14, 2017 6:41 a.m.	temperature 98.3, pulse oxygen 99. Continues lisinopril orally. Denied pain throughout the night.
(b)(6); (b)(7)(C) RN September 14, 2017 6:31 p.m.	Alert and oriented. Blood pressure 125/73, pulse 79, respirations 18, temperature 98.7, and pulse oxygen 99. Continues oral lisinopril. Pain is eight of ten, reporting severe GERD. Moved to medical-surgical unit.
(b)(6); (b)(7)(C) September 15, 2017 5:40 a.m.	Remains stable. Removed from ICU room 18 to medical surgical floor, room 141. Blood pressure 93/54, temperature 98.1, pulse 72, respirations 18, pulse oxygen 97.
(b)(6); (b)(7)(C), RN September 16, 2017 7:24 p.m.	Remains stable. Blood pressure 1006/65, temperature 98.2, pulse 72, respirations 16, pulse oxygen 98. Had a normal cardiac stress test earlier in the day. Medications remain Zoloft, folic acid, metoprolol[101], Protonix[102], lactulose, and aldactone. Possible discharge Sunday after seen by doctor.
(b)(6); (b)(7)(C) September 17, 2017 2:32 a.m.	At about 1:00 a.m. patient coded and is now critical and has been moved to ICU, room 36. He is on life support and is intubated with agonal[103] breathing. When able to get a blood pressure, it is in the 50s by palpation[104]. Hemoglobin is 5. Blood being given. Warden Stacks has notified ICE personnel Simpson.

On September 20, 2017 the State of Texas issued a Certificate of Death which listed the cause of death as "pending".

APPENDIX I

Vital Signs

DATE	TEMPERATURE	PULSE	RESPIRATIONS	BLOOD PRESSURE	Oxygen
September 8, 2017	97.0	98	14	180/109	98
				164/100	
				152/86	
September 11, 2017	97.5	106	18	151/95	100

APPENDIX II

[101] Metoprolol is a beta-blocker to treat high blood pressure.

[102] Protonix is a treatment for GERD.

[103] Agonal breathing is abnormal respirations characterized by gasping, and labored breathing.

[104] Palpation is a method of examining the body using the hands.

American Heart Association Blood Pressure Parameter

Blood Pressure Category	Systolic (Upper number)		Diastolic (Lower number)
Normal Blood Pressure	Less than 120	and	Less than 80
Prehypertension	120-139	or	80-89
Stage One Hypertension	140-159	or	90-99
Stage Two Hypertension	160 or higher	or	100 or higher
Hypertension Crisis	Higher than 180	or	Higher than 110

CONCLUSIONS

Medical Compliance Findings

Medical Care, Section (III)(D), which states, "Non-English speaking detainees and detainees who are deaf or hard of hearing will be provided interpretation or translation services or other assistance as needed for medical care activities. Language assistance may be provided by another staff member competent in the language or by a professional service, such as a telephone translation service."

- During the intake screenin(b)(6); (b)(7)(C)pted ALMAZAN spoke English and therefore did not require language assistance. During interview, however,(b)(6); (b)(7)(C) stated he "spoke very little English" but that an unidentified medical person provided interpretation. There was no documentation to substantiate this. (b)(6); (b)(7)(C) Intake Detention Officer recalled detainee ALMAZAN only spoke Spanish, requiring another intake officer to provide language assistance.(b)(6); (b)(7)(C) Detention Officer who was working in the detainee's unit, also stated detainee ALMAZAN spoke no English and required interpretation assistance. There is no telephone access in the medical intake area.

Medical Care, Section (III)(D), which states, "Medical and mental health interviews and examinations shall be conducted in settings that respect detainees' privacy."

- Curtain dividers and ceiling-mounted acoustic boards do not fully protect a detainee's privacy to fully and comfortably discuss sensitive medical information.

Medical Care, Section (III)(D), which states, "The clinical medical authority shall be responsible for review of all health screening forms within 24 hours or next business day to assess the priority for treatment (for example Urgent, Today, or Routine).

- The intake screen does not include a signature of review by the clinical medical authority. Of note, the evening detainee ALMAZAN was transferred to the hospital was the first business day for that review.

Medical Care, Section (III)(B), which states, "Health care personnel perform duties 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."

- A seriously elevated blood pressure of 180/102 was not reported to a provider in accordance with MTC's Nursing Protocols. Additionally, regular blood pressure monitoring was not done during the three days detainee ALMAZAN was detained at PCADC.

Areas of Concern

- Sick call forms and deposit boxes are inconveniently placed in the hallway outside the locked unit. Detainees reported they access them when they go to recreation and after completion, hold them to the window when the officer passes by doing rounds. The officer then takes the request and deposits it in the locked box. This practice does not protect the privacy and confidentiality of the detainees. Detainee ALMAZAN did not request a sick call appointment during his detention.

Safety and Security Compliance Findings

Creative Corrections cites the following deficiencies in relevant components of facility policies and post orders.

Dorm Officer Post Orders, section III 8. Post Activity Log Entries requires unusual incidents to be recorded in the log.

- The medical emergency called to the detainee's dorm and the response of both security and medical staff was not logged.

Stationary Guard Medical Officer Post Orders, section II, 9.B requires the assigned officer to maintain a daily log of activities to include visits by physicians, nurses, room attendants, and any other relevant information.

- Assigned vigil officers did not log the visit by two deportation officers to detainee ALMAZAN while he was hospitalized.

From: (b)(6); (b)(7)(C)
Sent: 27 Dec 2017 09:22:42 -0500
To: (b)(6); (b)(7)(C)
Subject: FW: Almazan - Prelim findings

From: (b)(6); (b)(7)(C)
Sent: Friday, December 22, 2017 12:21 PM
To: (b)(6); (b)(7)(C)
Subject: Almazan - Prelim findings

- Almazan's serious medical conditions were omitted from his transfer summary for his transfer from KNSPC to GCDC, and copies of his abnormal laboratory reports and chronic care clinics did not accompany the transfer summary.
- KNSPC did not place a medical hold on Almazan pending his evaluation and treatment by a hematology specialist.
- KNSPC medical staff conducted at least two sick call encounters in English without the use of an interpreter or interpretation line.
- KNSPC medical staff did not completed a medical alert form for Almazan's diagnoses of two chronic diseases.

From: (b)(6); (b)(7)(C)
Sent: 29 Aug 2018 11:47:29 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: ALMAZAN

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

I'm hoping we don't have too many more questions, but I have a few below:

- Was it your understanding that (b)(6); (b)(7)(C) gave him BP medication between the first and second check, or once before the second and once before the third?
    - And do we know for sure she gave him his missed dose of Spironolactone as the medication? I didn't see that anywhere, but I may have missed that.
- Did we get the nursing protocol for BP for Polk, I don't have it in my documents? We wrote up, "Creative Corrections notes MTC nursing protocol requires provider contact after a blood pressure reading of 160/100 or higher". Would you say this is correct?
- PA Young states that (b)(6); (b)(7)(C) should have contacted him about the high BP considering ALMAZAN had been diagnosed with cirrhosis and possible portal hypertension, but the transfer summary does not list portal hypertension at all. Should (b)(6); (b)(7)(C) have known there was a likelihood of portal hypertension? This will help me reword this.

Thank you and I hope you are enjoying the California weather! 😊

(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: 15 Nov 2017 19:37:55 +0000
To: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: ALMAZAN

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

(b)(6); (b)(7)(C)
Management & Program Analyst
ICE/OPR/ERAU
950 L'Enfant Plaza S(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: 17 Oct 2017 15:54:06 +0000
To: (b)(6); (b)(7)(C)
Subject: ALMAZAN

Here are the A numbers for the cell mates –

(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
202-732 (b)(6); (b)(7)(C) (desk)
202-253 (cell)

Glades County Detention Center

(b)(6), (b)(7)(C)

Not ACA cert
NCCHC ✓

NDS

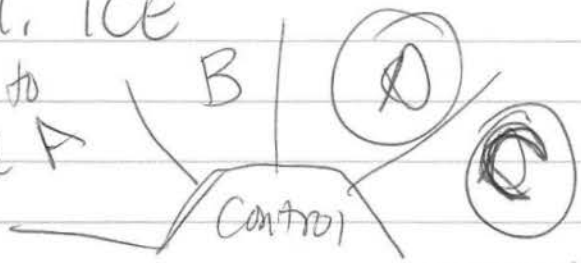
Pay trustee $1 a day

Sheriffs office - Sworn Deputies

housing
2 main areas
Housing 1 318 beds
4 ext. rec fields

excl. ICE

try not to co-mingle A



Housed in [redacted]?

- Grievances > Paper
- medical

- satellite Feed

Intial comes to intake
Formal full in med.

- Admin office for med.
- U.S. Marshal / Attorney Room / Med.

Interpret talk in intake - not in room but available.

Med pass done in the housing unit
4 observations - 2 reg. pressure (can do suicide in ob.)
Cert. Suicide cell in booking area
Dentist room 1 to 2 weeks

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

Title: LPN
Length: 2 years (Per diem)
Company: Armor

- Give availability from full time off
- Recieved training/orientation
- Aching bones
- Sick calls picked up evening, done very next day
  - take back to medical (sick call sheet)
  - If emergency seen right away
  - This one was referred to just RN sick call
- Pops up on a task list
- 8/29 she triaged, sick call done 8/30
- eye glass issue addressed? not until 9/2
- 1 complaint per sick call
- Lock box in each dorm

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

Title: HSA, CCHP
Length: 11 years – (HSA 4 years)
Company: Armor

- CCHP = 6
- Britney Jones did intake not CCHP
- Vacancies – 1 LPN night shift
- Never a challenge w/ staffing
- Cat. 4 built facility, boxed up everything & printed summaries.
- Found out a day prior that they needed to get out
- Pharmacy packaged up here, got other meds from the local pharmacy.
- Said they do not do just 1 issue per sick call, all issues can be addressed at 1 time
- Document use of interpatalk w/ detainee name
- Spanish & English consent form
- When intake screen done – asks yes to understood english
- Lab process, use IRL. (Draw labs, package in cooler, fedex picks up & goes to laboratory for results) Quick turn around.
- 19 day delay from when labs were reviewed and when they were signed off on. → Clarification: collection date was 9/17
* Need to see documentation of when doctor reviewed!
- Did not know him
- Optometry – some one comes on site. Sub contractor
  - If urgent can send off site
- Referal put in, next day left.
- EMC (b)(6); (b)(7)(C)

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

Title: Doctor – MD

length: 9 years

Company: Armor

- Fluent in Spanish
- 8/14: suspicious of Portal Hypertension after he said chirrosis was it suspicious of varices.
  Did not know about the panoptepenia
- Would have kept him here if he was my transfering ~~do~~ do it would have sent
- Palm West 35min, Hendry 15 min – Hospitals
- Not a good idea to fly
- Not sure if the problem list shows up. but it should have been on transfer form
- Think it was alcohol related chirrosis, not Hep virus
- Ammonia level can take a while to get
- If see platelet level below 30s get to hospital

Name: (b)(6); (b)(7)(C)
Title: RN, DON
Length: Per diem Oct, Apr. DON
Company: Armor

- Sign off on Sick Call to ensure they are doing it correct, (LPN)
- Nursing protocols are signed off on by MD
- LPNs supervised by DON
- Transfer summary - pull chart, fill in summary appropriately Diagnoses should come up automatically on transfer form. Meds. too

Name: (b)(6); (b)(7)(C)
Title: LPN, CCHP
Length: 10 years
Company: Armor

- 8/30, 2:30pm: pain in both knees & shoulders
- Seup he spoke english
- Have done sick call since she started
- Received training at orientation, DON & checks in
- Nursing protocol - pain: mild, mod., severe tells you what to do next
- Doesn't recall mounting eye glasses
- Remembers him bc he was a kitchen trustee

Name: (b)(6); (b)(7)(C)
Title: Clinical MH Counselor
Length: Apr. 2017 pt
Company: Armor

- 12-16 hrs a week
- 8/12 encounter - believes it was conducted in English even though she is a Spanish Speaker
- Remembers he spoke about chimois
- Do not recall if transfer forms came w him
- Initial MH Consent form would have been given in English translated to Spanish then signed

Name: (b)(6); (b)(7)(C)
Title: Sgt
Length: 10.5 year
Company: Glades County Sheriff

- Booking clerk started then went through academy.
- FL. Meyer training academy
- End of April promoted to Sgt.
- Remembers he was quite respectful
- If someone doesn't speak Spanish, ex. Russian, try to find another detainee who speaks it.
- Dress them, go through property,
- Classification based on 216
- Inventory property - even if a transfer
- Comes in a red bag, put in a box and kept in a room
- Check comes in, get a receipt, drop the check in the box.

Name: (b)(6); (b)(7)(C)
Title: Correction Dep-Sh.
Length: July 2017 — worked in prison 2005, did Security for a bit, then Came here

- Sponsored to go through academy
- Work 4a-4p
- Assigned to housing 1, then 2, now ~~intake~~ booking
- Took his picture
- Doesn't remember him
- Dressed him out
- Determine ~~custody~~ classification by 216.

Name (b)(6); (b)(7)(C)
Title: LPN
Length: 8 months
Company: Armor

would have noted using interpreter

- said if she did the intake then she did intake
- If he verbalize that them understand then thats all they need to do
- Doesn't use interpretalk much — only 1 or 2 x a week [?]
- Didn't recognize that his vision being bad was an issue of communicate

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

Title: LPN

Length: March 2017

Company: Armor

- Aug 16: seen 8/18
  - Electronically submitted to be scheduled
  - Should see the request w/in 48 hrs of request, seen by 24hrs

- Aug 20: sick call
  possible nurse who saw sick call request knew he was having an exam

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

Title: LPN

length: 5 months

Company: Armor

- Recalls him but just his face.
- Gave meds
- Sick call 9/1
- Would not consider him fluent in english
- Believes he could understand what was being said to him in English.
- Will look at computer to see if he had

Name (b)(6); (b)(7)(C)
Title RN
length 4 years
Company Armor

- Remembers him, friendly.
- Intial health assessment 8/24. did eye exam
- Referred to physician, not sure how long it should take
- Says he spoke English very well, didn't use language line
- Spoke w/ him a lot (?)
- Has deficiencies about dental & does a view of the mouth, and initial dental assessment.

A

Name: (b)(6); (b)(7)(C)
Title: LPN
length: 16 months
Company: Armor

- sick call 9/2
- recalls him from the visit
- all referred to MD then does the referal for optometrist
- used nursing protocol
- Not sure, but believes there are reading glasses in the commissary.
- Do not know if they contacted Krome about his glasses

Dean, Wringiers, Morgan & Laton

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

- VP Armor

- Is there a way to get glasses/readers? Not sure. Could get from family but didn't apply in this case.
- Transfer sheet? Lactolose was not on b/c ordered day we transferred
  Xifaxin - had been on while, not sure why it wouldn't have been on the transfer form.
  Multi-Vitamin wasn't on either
  Dragonses - Thrombocytopenia wasn't on b/c when it was entered in the system.
- Does facility just stop Med Notes after someone leaves facility? Yes
- Asking about chirrosis of liver w/o ascites then chirrosis of liver w/o alcohol? Not sure how that happened it was is a manual entry. Would NA have pulled from them checking no alcohol use

Glades medication

8/12 Clotrimazole
Xifaxan

8/13 Xifaxan
Clomtrimazole

8/14 Xi faxan

8/15 Lactulose
Folic acid
Hydrocortisone
Xifaxan
triamcinolone

IAH – Visit 10/17 - , 2017

Arrived @ POLK 9/8/17 from FOLKSTON
- Med. Intake (immediate health service referal for Dep., Anx, Cirrhosis) 2330
- Consent for medication in Spanish - signed
- Chest xray
- Continue meds from previous facility - ordered by HSA & PAC

9/11/17
- mental health assessment done - R. Jefferson

9/12/17
- Brought to med from dorm for vomitting blood. Transfered to hospital on Van - per R. ~~Jefferson~~ Young (1757 9/11)
- Nurse note @ 1945 (at time reported)
- Detainee admitted to hospital and Van returns
- Admission date 9/12

9/12/17
- Moved from CHI St. Lukes to Conroe Regional for treatment via ambulance @ 6:45, arrive to conroe @ 8:13

Daily hospital upates given.

9/15/17
- moved from ICU to Med Surg.

9/16/17
- noted doing better, possible discharge following day

9/17/17
- 1:00 coded, critical moved to ICU. On life support.
- Time of death 5:15 am

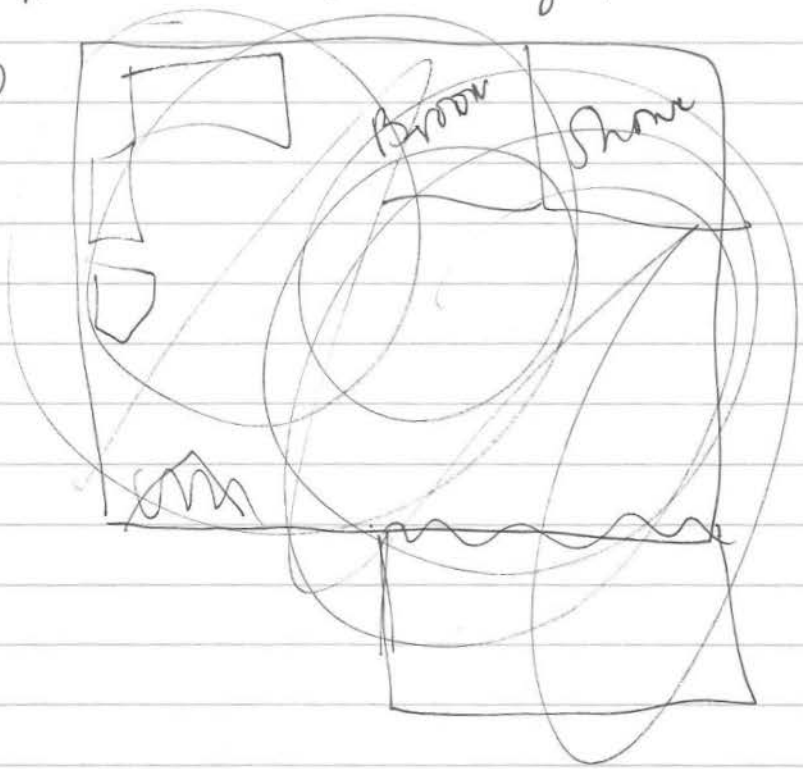
- ICE Blue Magic Red
- Marshals White or Striped

Dorms (24 or 8) → Windows in
outside inside

Mexico - Cent. Amer → few from South America

5 days if vomiting → officer & roommates
Reds activity morning, outside afternoon

C-20



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

10/17/17

HSA, RN
April 16 – Sept 16 (HSA)
MTC

- Policies from PBNDS 2011 → facility in NDS
- Pablo Spleoner ~~Medical~~ Clinical Director → been here 10 years
- Psych – Dr. Erika Spice good used by telephone (Telemed) through MTC
  If need telepsych just call her.
  Very good, quick
- PAC → has a clinic → comes M T Th 6–7 pm
  . seeing chronic care, sick call
  . He reviews labs, exams (also Dr. Splenser)
- Nurse coverage 12 hrs shift. Always a nurse here. There a times when there is an LPN w/o an RN.
- 1 med. record staff
- No vacancies (layoffs in July)
- used Kingwood hospital (toward Houston)
- EMS good
- Livingston Hospital nearby.
- Speak little spanish
- 1 speaks spanish RN – Does intake screening
- use a Language Line
- 1 neg pressure cell (for TB) – Chicken Pox / Shingles
- 4 med. observation
- 1 suicide Cell
- No one knew he was vomiting blood
- Detainees come to Pill window
- Instructed on sick call for inmates.

Continue - (b)(6); (b)(7)(C)

- Funds done by supervisor
- Finger print detainees
- Get phone cards - $10 a card (Horton)
- Can order commissary over phone (Morris)

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

Title - RN, DON

Length - 14 month

Company - MTC

- ACA accredited, was here for last accredation 1/23/17
- Not NCCHC certified
- 12 hr shifts, 2 PRN positions
- No vaccancies
- Nurses fairly easy to recruit
- Nurses feel comfotable calling provider after hours
- PA & Dr both involved (PA = minor, Dr = More serious)
- Transfer Summary, Medications, Property
  * Have medications at time of intake
  * match up med. bottles & transfer summary
  * 2 med. ordered & 1 increased at other facility and did not know
- Will call other facilities to clarity
- If received lab work would have gone into chart
- Medical personnel was translating - Rosa Martinez & Villarale - In clinic can do Language Line, in clinic have access.
- He said he had not had medicine. Rechecked BP Had not had BP med, received it at intake
- Told her he had been in alcohol Rehab 3 mon. prior

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

Title: RAD Sup

length: 9 1/2 years

Company: MTC

- started as Det. Officer
- 40 hrs Pre service and OJT. started at intake moved up
- Vaguely remembers detainee
- Turned property over on 9/18/17 & given to Bennet
- Was told to not touch the property until they knew what they were doing — roughly 28 detainees stayed there & property from there inventoried & stored there
- Some detainees did have accounts open
- Did not sign property form (on him) b/c he went straight to medical
- Pull off bus, take money, over see everything
- Had extra staff for this surge.
- Buses came from Airport
- C-20 & C-1 are for medical units
- No other contact w/ detainees

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

TDCJ: Sgt.

Length: 1.5 year

Company: MTC

- Started as officer, made Sgt 11-5 month.
- Worked at TX Death row 8 yrs, some lapse in time btw
- Lt is supervisor
- Lt. Walker → quit
- Working 2-10 then now permanent graveyard
- No contact other than emergency
- Officer called emergency - said blood
- Got him to hospital
- Went the next day to hospital, no more vigils after that from him
- He said it was blood he vomited
- Followed down to medical, once he saw Dr. Banks and said he needed to go to hospital got officers to take him. Only select few are weapons certified
- Went to Livingston first, then transported him to Conroe by ambulance. Officer rode w/ in ambulance, he drove van.
- Did not get up off bed for the bathroom ~~[illegible]~~ Nurse did have to help him.
- Had 2 IVs
- Very cooperative.
- Surprised he died
- EPA offered to officers that were there when he died

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

Title: LVN

length: 1 year

Company: MTC

- Part time, 24 a week
- Came in that day to finish paper work. (b)(6); (b)(7)(C) was the nurse one, that is why she only filled out anything.
- Wheeled him to medical
- Wanted blood drawn, but when he decided to send to hospital canceled the blood draw
- ALMAZAN was able to get up and down from chair & wheel chair.
- Nothing seemed like he needed emergency transport
- Translator used - possibly Martinez (possibly got the record as well)
- Took vitals, very calm
- Remembers him from intake - may have taken BP again

*Sick logs from Glades → reach to POC on those (Push back)

*IHSC - Chief (b)(6); (b)(7)(C) took him off original move to Glade 9/13 no xray

10/18/17

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

Title: FNC → started 9/5/17

Company: IHSC

- If needed will talk to CNOSR. (b)(6); (b)(7)(C)
- Wasn't aware of him until he went to the ER
- Only receive a 216 (name) before hand
- Get the transfer form
- Trying to figure out how DON had varies
- ICE has top priority on movement. Doesn't believe he was on a medical hold.
- Chemical stress test
- Doesn't know why he went from KROME to GLADES
- Need to get more better on transfer of medical doc.
- less than a day at FOLKSTON
- Medicine for BP given a 5am, not at INTAKE
- Facility is NDS → going to PBNDS 2011 (possibly)

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

- Took us to the property
- Told to keep until this was done

Disposition of property

C-20 9/9-9/11

10/18/17

A# (b)(6); (b)(7)(C)

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

- Didn't talk much
- Never eat much, tried to encourage him to eat
- Walked very slow
- Witnessed him vomiting blood
- Seemed sick when arrived
- Seemed like he wanted to die, very sad, sleep all day
- Didn't verbally say he was depressed
- ~~Didn't~~ didn't drink much.
- Walked to pill window, slow, then straight back to bed
- Would not talk to nurse at pill window
- 3-4 x of vomiting, last one was blood
- ~~DARA~~ Didn't talk to anyone
- Knows can get forms and put on window for sick call
- Response was really fast from security & medical

10/18/17

A#: (b)(6); (b)(7)(C)

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

- Tried to talk to him about health
- Tried to help him eat more
- Tried to get him out to yard but wouldn't go
- Noticed ~~vomit~~ blood (other roomate saw)
- Wouldn't eat much. a few bites thats it. Would drink some water
- Tried to talk to him about family, take a little then wanted to go to sleep
- Knocks how to get form and let them know, get it going to yard or ask guard to get.
-

Name: (b)(6); (b)(7)(C)
Title: Detention Officer now Sgt
length: 7.5 years
Company: MTC

- No Detention experience before
- No Contact prior
- Didn't responded to the dorm
- Just happened to be the one on for transportation.
- Weapon Certified
- Heath had weapon at livingston hospital
- Helped him in van
- Didn't speak on drive
- Cooperative
- Hospital had trouble getting an IV in.
- Hsipital brought a wheel chair to get him out of van
- Worked next day at hospital in Conroe
- In ICU on that day
- Says he spoke english
- Didn't get up to use restroom
- would eat some

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

Title: Detention Officer

Length: 9 years +

Company: MTC

* Did not speak English

- No contact before hospital
- 2-10 shift, rotate posts
- only went to the hospital on 9/16, arrived at 6:10pm
- Relieved garth waite & barns
- Howell had weapon
- Didn't speak w/ him b/c he doesn't speak Spanish
- Wanted water, he didn't do it had nurse do it.
- He started yelling, wanted urinal, got grover gave it to him
- Needed to go to the bathroom, asked to take off hand cuffs, tried to get out of bed. Pressed nurse button
- Nurse came in, he asked for medicine, said lower abdomen hurt.
- Nurse gave him medicine by IV. He got drowsy, started to fall asleep. He goes out to where officer Howell was.
- 30-45 min pass, he is yelling that he was hurting
- Started trying to get hand cuffs off
- Switched w/ Howell w/ the weapon
- Heard nurse call code Blue
- Howell was in room w/ RUMAZAN when everything happened
- Detainee no longer awake or response
- moved to CCU, a lot of staff going in and out
- Was told by nurse to contact next of kin
- Was told he went into cardiac arrest 3x
- Last time they worked on him for around 20 minutes
- After detainee died contacted warden stacks, told to stay until relieved

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

Security AGS

- Glades med. contractor Armor Correctional Health Care

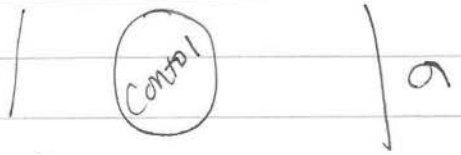
Building 8 — 1, 2, 3 bottom
4, 5, 6 upper

Pod A (30 bunks)
60 beds

5

1 officer each Pod

TV on wall
TV from ceiling
2 Camera above door
2 others in pod
Cameras



Kiosk machine

Talk to AOIC about sitting w/ us to go over his wear abouts start to Glades (why to Glades?)

Pod 4,
Pod 5,
Pod 6, Bunk 34

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

Title: RN

Length: May 2017

Company: UTHSC -

- Sick call July 16 3:34 pm
- Unspecified skin issue
- Omitted the physical exam of skin (per witness)
- Would have examined skin if given treatment

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

Title: RN

Length: 2013 (contractor), 2015 PHS

Company: PHS

- Pre-screen speak to the detainee one-on-one - ask a lot of questions regarding potential health & security threats
- If you notice struggling language use interpreter
- Done where interpretation line service available
- Transfer summaries come w/ them
- If he came from a jail he'd have a transfer summary
- Priority 2 status - needs a medical provider w/in 24 hours ~ scheduled at intake
- Intake sometimes the detainee will say they are not on medications.

Nam (b)(6); (b)(7)(C) (LT, CMD)
Title: NP
length: 8 years
Company: PHS

- Looks familiar
- Used interpretation service, ask if they speak english if they say no or a little use language line.
- It has happened that one does not recieve transfer summaries
- Doesn't remember if he came straight from metro west
- Seen transfer summaries in past from metro west
- Don't remember if he said he drinks a lot to try to kill self
- Would have to be sent out to see opthamologist, can take a couple weeks to get an appointment
- Administrator ~~schedules~~ appointments - (b)(6); (b)(7)(C)
- Mental Health referal is in house
- Abdominal exam - does not remember exam on this particular detainee
- 8/9 - follow up for abnormal labs results. Did not use language line
- PA Mederos - Perez - if he was off would see patient
- Was skin issues due to chirrosis - not sure?
- Put in for asn U/S (takes a couple weeks)
- Ordered a hematology consult
- ~~one~~ Janell would be monitoring the time frame of patients seeing Specialist
- Can not recall if a Medical hold on ALMAZAN
- Medical transfers done by RNs - can pull up ECW to see all diagnosis to put on medical transfer summary

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

Title: HSA, CPT

Length: 2007

Company: PHS

- 5 vacancies - down 5 nurses & also radiology techs
- Other unit shut down - now ~~closed~~ as they have them
- Hematology referals are hard to get
- Not sure why U/S was hard to get
- Opthamology 30 days - not excessive
- Depends on who is approving referals is how fast
- Referals do not transfer w/ them - next facility would have to start from scratch
- Do not know if he was on a medical hold
- Nurses trained on how to do a transfer summary
  - Templates are in computer - populates it
- eCW sign off time is not accurate
- Review signature - not sure why it says that
- Action - for detainee ex. Nurse to do EKG
- If doctor wants wants a follow up it will just be scheduled not as an action
- Have a lot of issues w/ eCW
- Nurse puts in referral, the provider will see and schedule
- Go to unit and announce sick call
- Keep a log, a section for what compliant
- Expected that staff went to school, should know disease processes
- Mid level providers are the ones who really should know disease processes

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

Title: LCDR RN

Length: 2010

Company: PHS (2015)

- July 24 2017 - sick call refusal
- Sick call done 8a - 3p
  - Someone does sick call 8 - Pod 1-3, 4-6
  - Outside buildings done by someone else
- In dorms - call each POD individually
- Day shift nurse makes note of ~~left~~ overs go to Pod and call out individually
- Desk officer in Medical
- Spill over isn't often
- Complaint is not on the spill over list
- Refusal decision made when calling for it multiple times and doesn't show up
- 7/26 encounter was not a reschedule of the missed sick call
- Will continue to monitor is that she keeps calling to see if they want to come.

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

Title: Security Officer

Length: 5y 9mo

Company: AKAL

- Normal post processing 4
- PAA Did the interview w/ Detainee Almazan
- Interview one at a time
- Gets another officer that speaks Spanish to help.
- He gives uniform based on classification. Search them. Sign for uniforms & property.
- Ask for a forwarding address for any property that is left behind - he did not provide one.
- Came at 1700 - have him for a couple hours then Medical would get them
- Do not always get a list ahead of time.
- Processing 1 or 2 would do Photo
- Property intake is done by Property Officer - values & cash too.
- Don't assign bunks
- Med intake done in Intake
- ~~Processing 3 would do~~ JPAT would have out processed
- Shouldn't have sat ~~for~~ 2 hours

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

Title: LT

Length: 2.5 y

Company: Akal

- Came w/ AGS, got promoted to Akal
- Work transportation
- Racing LT that detainee
- Recgonize him
- Come and ask information of detainees.
- Had just come in to sally port
- Not possible that he was sitting from Pre-screen to intake for 2 hours.
- His part is "Processing" not intake
- Supervisor reviews checklist and signs off on it

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

- Transfer Summary Metro West?
- Picked up at probation office by FUG Ops
- Move out due to room and if not ready to be sent home. Krome is a staging facility to send out.
- Folkston would have had the information on how he got to Polk

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

Title: RN

length: 1 year +

Company: Agencies

- Does not remember him
- Speaks english is pre-populated
- Described itchiness over entire body
- When you go into eCW can look at problem list
- Would you know the connection btw chronic & itchiness? NO
- Should have documented that there was an issue w/ his eyes if prescribed an eye drop.

Name - (b)(6), (b)(7)(C)
Title - Psychologist
Length - 3 year
Company - STG, Int.

- Speaks Spanish, did not evaluate if he spoke Spanish
- Mentioned Chronics
- Alcohol abuse uncomplicated - b/c no w/drawl issues b/c had not been drinking for 3 months
- Saw Dr. Binder
- Typical that it took 2 weeks, if needed sooner would have made note
- Can diagnos, did for depression - would go on to the next facility

Name: (b)(6); (b)(7)(C)
TITLE: Family Dr
Length: 4.5 year
Company: STG

- Lab review 814
- Explain ~ has chirrosis, had Hep B (-), platelets can be low, ALT, AST go up.
- Platelet was 37, very low, risk of uncontrolled bleeding
- Complains of nose bleeds - don't know if it is controlled
- If everything controlled it's ok that it took time to get specialist
- Should all of this information have gone to the other facility. Should have been on the transfer form
- Transfer form was lacking important info
- Diagonisis should have been active and that's why those dx's show on transfer summary
- Medical hold could have been placed.
- Ascites can just come up.

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

Title: MD FS → Trauma surgery Clinical Director

length: 7/5/11

Company: PHS

- Patient Low RBC, WBC, Platelet
- Def. at risk for bleeding
- Probably been going for years
- Had referral to hematology, never went due to being transferred.
- Urgent basis would have been sent to ER
- Would have still cleared him to fly
- His conditions should have been on the ~~form~~ Transfer summary
- He would have put the Pancytopenia
- Although ~ problem list should list chronic issues
- Labs are not included in transfer summary
- 100% compliance rate
- With consult pending maybe a med. hold but hard to say. Should have stayed to get consults.
- Glades will not take a patient if they can't handle one.
- Med. Provider can put a patient in a hold
- He scheduler has own staff.
- Actions are to notify other staff members of what to do.
- ~~Telephone encounter~~ Amendments to a note will show.
- Time Stamps ~ should be what the time zone they are in. MST must have been a glitch.
- Nurses know they should stay w/ in there scope.

Name: (b)(6), (b)(7)(C)
Title: RN
Length: 1 Year
Company: Organized

- le organized contractors left
- Intake
- If he came from another facility he would have had a med. summary.
- e QW would have it, should have been scanned in
- Used interruptation
- Does not recall him having glasses w/ him
- Did not mention that he drank to die.
- Trained to see alcohol w/drawl
- Abnormal intake based on cirrosis
- Only came in w/ 20 oft

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

Title: NP

Length: Lengthy

Company: STG

- 8/4 - (b)(6); (b)(7)(C) asked her to see (b)(6); (b)(7)(C), NP
- Spanish Spanish
- Told he was exposed to Hep B
- Said he was on meds that he didn't tell the NP. He know the meds well.
- Said he had been taken Rifamixcin (4-7 years)
- Hep B - had a history
- Discontinued Aspirin
- Had no active bleeding
- Did not check on referrals
- Didn't ~~feel~~ feel he was critical
- Hemoglobin of 9 would be sent to hospital
- Platelet was critical (change in thought?)
- Med hold should have been placed.

Name : (b)(6); (b)(7)(C)
Title : RN
length : 10.5 years
Company : STG, Int.

- 7/27: Late entry noted (due to having too much sick call date)
  - ~~Not filling in tablet at the same time~~
  - Documentation done after sick call
  - If a complaint is something not able to address send to provider. Can go back into record to see if provider has seen it.
- Doesn't speak ~~English~~ Spanish, did not use interpretation line.
- Would use RN protocol for sore throat.
  - If checked throat, would have documented findings
- Only encounter said no findings on throat but told him to gargle w/ salt water
- Doesn't remember if he seemed sick

From: (b)(6); (b)(7)(C)
Sent: 4 Oct 2018 17:34:00 +0000
To: (b)(6); (b)(7)(C)
Subject: ALMAZAN - Polk Questions

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

I am really hoping this is it for ALMAZAN 😊. Just two questions below:

- During intake to Polk he reported significant alcohol abuse and for the first time exhibited tremors. Is that unusual that he had tremors and this was the first time it's reported?
- How did Polk know to do the taper on the steroid if they didn't that on the transfer summary? Did they have the medication labels or was it because it is common practice? I believe they did not have his medicines, since we found them in his property.

(b)(6); (b)(7)(C)
Management & Program Analyst
ICE/OPR/ERAU
950 L'Enfant Plaza SW, 1st Floor (b)(6); (b)(7)(C)
Washington, DC 20536
202-732-(b)(6); (b)(7)(C) (desk)
202-253- (cell)

From: (b)(6); (b)(7)(C)
Sent: 7 Aug 2018 13:41:37 +0000
To: (b)(6); (b)(7)(C)
Subject: ALMAZAN Glades Medical Intake

Hi Joyce,

I am searching everywhere for the medical intake screening at Glades for ALMAZAN. I know we have it but for some reason in my file it's missing. Could you send me a copy of yours? Thank you!!

(b)(6); (b)(7)(C)
Management & Program Analyst
ICE/OPR/ERAU
950 L'Enfant Plaza SW; 1(b)(6); (b)(7)(C)
Washington, DC 20536
202-732-(b)(6); (b)(7)(desk)
202-253-4 ell)

From: (b)(6); (b)(7)(C)
Sent: 18 Sep 2018 20:34:04 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: logged on

Signing off.

Worked on (b)(6); (b)(7)(C) nd ALMAZAN. Also administrative COR work.

(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: Tuesday, September 18, 2018 3:48 PM
To: (b)(6); (b)(7)(C)
Subject: RE: logged on

Back on.

(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: Tuesday, September 18, 2018 2:08 PM
T (b)(6); (b)(7)(C)
Subject: RE: logged on

Going to my doctors appointment

(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: Tuesday, September 18, 2018 6:58 AM
To: (b)(6); (b)(7)(C)
Subject: logged on

From: (b)(6); (b)(7)(C)
Sent: 13 Oct 2017 11:21:07 -0400
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: OPR Interviews -IAH

Thank you!

Sent with BlackBerry Work
(www.blackberry.com)

From (b)(6); (b)(7)(C)
Date: Friday, Oct 13, 2017, 11:18 AM
To (b)(6); (b)(7)(C)
Cc
Subject: FW: OPR Interviews -IAH

FYSA-Change in interview times as requested.

(b)(6); (b)(7)(C)
Supervisory Detention and Deportation Officer
COR/Exotic/ERA
500 Hilbig Road
Conroe, Texas 77301
863-87(b)(6);

From: (b)(6); (b)(7)(C)
Sent: Friday, October 13, 2017 10:17 AM
To (b)(6); (b)(7)(C)
Cc
Subject: FW: OPR Interviews -IAH

FYI. In regard to the OPR interviews.

Sent with BlackBerry Work
(www.blackberry.com)

From: IAH MDM <iah.mdm@icloud.com>
Date: Friday, Oct 13, 2017, 10:15 AM
To: (b)(6); (b)(7)(C)
C (b)(6); (b)(7)(C) 1>
Subject: OPR Interviews -IAH

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

Be advised I have changed and set up, at OPR's request, a new interview time and date for Officer (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)

The two officers will be at the fron[redacted]obby conference room on the date of 10-18-17. Officer (b)(6); (b)(7)(C) will interview at 3:00 p.m. and Officer (b)(6); (b)(7)(C) will interview at 4:00 p.m.

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

Sent from my iPhone

From: (b)(6); (b)(7)(C)
Sent: 5 Oct 2017 13:12:50 -0400
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Polk County Jail

Thank you for the update! Looks like we are rescheduling for the second week of November.

R/

(b)(6); (b)(7)(C)
CDR, USPHS
IHSC Investigations Unit Chief, RN
DHS/ICE/ERO/IHSC
610 W. Ash St., Ste (b)(6); (b)(7)(C)
San Diego, CA 92101
(619) 338- (b)(6); (b)(7)(C) ffice
(202) 321- B
(866) 833-7133 Fax (secure)

From (b)(6); (b)(7)(C)
Sent: Thursday, October 05, 2017 8:00 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Polk County Jail

I confirmed wit (b)(6); (b)(7)(C) (copied above), one of the ODO Section Chiefs, and yes their staff is conducting the national detention standards inspection the week of October 29, 2017.

(b)(6); (b)(7)(C)
ICE - OPR
202-423- (b)(6);
- sent with BB, so excuse typos -

From (b)(6); (b)(7)(C)
Date: Thursday, Oct 05, 2017, 10:33 AM
To: (b)(6); (b)(7)(C)

Cc: (b)(6); (b)(7)(C) >
Subject: RE: Polk County Jail

Ma'am,

Do you know if there is annual inspection scheduled for the last week of October 31 thru November 2nd? We're trying to lessen the impact on the facility.

R/

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

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

CDR, USPHS
IHSC Investigations Unit Chief, RN
DHS/ICE/ERO/IHSC
610 W. Ash St., Ste. 1(b)(6); (b)(7)(C)
San Diego, CA 92101
(619) 338(b)(6); (b)(7)(C) Office
(202) 321 3B
(866) 833-7133 Fax (secure)

From: (b)(6); (b)(7)(C)
Sent: Thursday, October 05, 2017 7:31 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Polk County Jail

Yes, I overheard the discussion during the DMC Meeting yesterday, so I was expecting an email from you. Thank(b)(6); (b)(7)(C)

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

Section Chief
ERAU – OPR – ICE
202-423(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Thursday, October 05, 2017 10:28 AM
To: (b)(6); (b)(7)(C)

Cc: (b)(6); (b)(7)(C)
Subject: RE: Polk County Jail

Great, thank you! We are trying to reschedule our visit due to funding. We were originally scheduled for next week; however, will possible be on-site the last week of Oct. or early Nov.

R /
(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)
CDR, USPHS
IHSC Investigations Unit Chief, RN
DHS/ICE/ERO/IHSC
610 W. Ash St., Ste (b)(6);
San Diego, CA 92101
(619) 338 (b)(6); (b)(7)(C) Office
(202) 321 3B
(866) 833-7133 Fax (secure)

From: (b)(6); (b)(7)(C)
Sent: Thursday, October 05, 2017 7:16 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Polk County Jail

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

Our team is slated to be on-site at Polk County Detention Center for the ALMAZAN DDR the week of October 16, 2017.

(b)(6); (b)(7)(C)
Section Chief
ERAU – OPR – ICE
202-423 (b)(6);

From: (b)(6); (b)(7)(C)
Sent: Thursday, October 05, 2017 10:13 AM
To: (b)(6); (b)(7)(C)
Subject: Polk County Jail

Good morning,

Can you please confirm your dates for the Polk County Jail detainee death review? We'd liked to schedule our on-site review so it doesn't conflict with your dates.

R/

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

CDR, USPHS
IHSC Investigations Unit Chief, RN
DHS/ICE/ERO/IHSC
610 W. Ash St., S(b)(6);
San Diego, CA 92101
(619) 338(b)(6); (b)(7)(C) Office
(202) 321 BB
(866) 833-7133 Fax (secure)

From: (b)(6); (b)(7)(C)
Sent: 24 Sep 2018 20:29:30 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: signed on

Signing off. I worked on ALMAZAN and (b)(6); (b)(7)(C) as well as COR issuance letter for PREA contract. There is some more information I'll need on that I will get Wednesday. Then you'll sign it 😊

See you tomorrow.

(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: Monday, September 24, 2018 7:01 AM
To: (b)(6); (b)(7)(C)
Subject: signed on

From: Walder, Alison L
Sent: 12 Feb 2018 16:20:32 -0500
To: Dennis, Chelsea Y
Subject: Status of DDRs

(b)(5)

Status of FY17 DDRs (re the highlighted deaths, the TLs have all been advised to prioritize writing of these reports when not on travel for PREA or a DDR):

(b)(6); (b)(7)(C) - in the final iteration of edits/comments, and will Chelsea will take them upstairs as soon as you sign off.

(b)(6); (b)(7)(C) - in the final iteration of edits/comments, and will Chelsea will take them upstairs as soon as you sign off.

(b)(6); – currently being drafted by the TL, and should be ready for my review when I return next week.

(b)(6); (b)(7)(C) un-merged SME reports received week of Feb 5 (I've asked Creative to come back to this one once Samimi is finished, time permitting)

(b)(6); (b)(7)(C) -merged SME reports received week of Feb 5
erged SME reports received week of Feb 12
un-merged SME reports received week of Feb 5
-merged SME reports received week of Feb 5

Status of FY18 DDRs:

(b)(6); (b)(7)(C) - Creative report expected March 2, 2017
onsite review scheduled for March 6-8, 2017

From: (b)(6); (b)(7)(C)
To:
Subject: RE: DDR Files
Date: Wednesday, April 11, 2018 9:45:55 PM

Only (b)(6); (b)(7)(C) as been published. Everything else is still pending.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C)
Date: Wednesday, Apr 11, 2018, 5:56 PM
To: (b)(6); (b)(7)(C)
Subject: RE: DDR Files

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

I will be preparing the last batch of old DDR files this week for submission. I understand that I should submit anything that has been published. Can you tell me which DDR's have yet to be published? Obviously (b)(6); But have (b)(6); (b)(7)(C) Almazan o (b)(6); (b)(7)(C) been published?
Thank you!

From (b)(6); (b)(7)(C)
Sent: Tuesday, March 27, 2018 2:42 PM
To (b)(6); (b)(7)(C)
Cc
Subject: RE: DDR Files

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

I hope you had a great trip. Miami was much nicer than the snow they got here in DC ☺

Thank you for the update. This is perfect. If anything changes I will let you know.

(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 cell)

From (b)(6); (b)(7)(C)
Sent: Tuesday, March 27, 2018 2:37 PM
To (b)(6); (b)(7)(C)
Cc:
Subject: DDR Files

Hell (b)(6); (b)(7)(C)
I hope you are doing well and had an uneventful week in Miami.

I am gathering old DDR files and putting them in folders for mailing to you, similar to how I handled the FOIA request files. These folders will include all materials received prior to the review and while on site, all videos and my working notes. The following files will be sent in the next day or so:

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

Please let me know if there are any changes you wish to make to this process. I will email you each time I prepare a shipment. I estimate that I have another 10- 15 files to submit.
Thank you!

From: (b)(6); (b)(7)(C)
To:
Subject: RE: DDR Files
Date: Thursday, April 12, 2018 8:56:29 AM

Thank you!

From (b)(6); (b)(7)(C)
Sent: Wednesday, April 11, 2018 9:45 PM
To (b)(6); (b)(7)(C)
Subject: RE: DDR Files

Only (b)(6); (b)(7)(C) has been published. Everything else is still pending.

Sent with BlackBerry Work
(www.blackberry.com)

From (b)(6); (b)(7)(C)
Date: Wednesday, Apr 11, 2018, 5:56 PM
To: (b)(6); (b)(7)(C) >
Subject: RE: DDR Files

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

I will be preparing the last batch of old DDR files this week for submission. I understand that I should submit anything that has been published. Can you tell me which DDR's have yet to be published? Obviously (b)(6); (b)(7)(C). But have (b)(6); (b)(7)(C), Almazan or (b)(6); (b)(7)(C) been published?
Thank you!

From (b)(6); (b)(7)(C)
Sent: Tuesday, March 27, 2018 2:42 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: DDR Files

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

I hope you had a great trip. Miami was much nicer than the snow they got here in DC ☺

Thank you for the update. This is perfect. If anything changes I will let you know.

(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)(7)(C) (cell)

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

Sent: Tuesday, March 27, 2018 2:37 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: DDR Files

Hello (b)(6); (b)(7)(C)
I hope you are doing well and had an uneventful week in Miami.

I am gathering old DDR files and putting them in folders for mailing to you, similar to how I handled the FOIA request files. These folders will include all materials received prior to the review and while on site, all videos and my working notes. The following files will be sent in the next day or so:

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

Please let me know if there are any changes you wish to make to this process. I will email you each time I prepare a shipment. I estimate that I have another 10- 15 files to submit.
Thank you!

From: (b)(6); (b)(7)(C)
To:
Subject: RE: DDR Files
Date: Wednesday, April 11, 2018 5:56:55 PM

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

I will be preparing the last batch of old DDR files this week for submission. I understand that I should submit anything that has been published. Can you tell me which DDR's have yet to be published? Obviously (b)(6); . But have (b)(6); (b)(7)(C) , Almazan or (b)(6); been published?
Thank you!

From (b)(6); (b)(7)(C)
Sent: Tuesday, March 27, 2018 2:42 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: DDR Files

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

I hope you had a great trip. Miami was much nicer than the snow they got here in DC ☺

Thank you for the update. This is perfect. If anything changes I will let you know.

(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) esk)
202-253- ell)

From (b)(6); (b)(7)(C)
Sent: Tuesday, March 27, 2018 2:37 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: DDR Files

Hello (b)(6); (b)(7)(
I hope you are doing well and had an uneventful week in Miami.

I am gathering old DDR files and putting them in folders for mailing to you, similar to how I handled the FOIA request files. These folders will include all materials received prior to the review and while on site, all videos and my working notes. The following files will be sent in the next day or so:

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

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

Please let me know if there are any changes you wish to make to this process. I will email you each time I prepare a shipment. I estimate that I have another 10- 15 files to submit.
Thank you!

MTC Medical

Elevated Blood Pressure

Subjective: as stated, _____

Date/Time of Onset:_____ □ New Onset □ Chronic

History: □ None □ Cardiovascular x's __ years □ Renal disease x's _____ years □ Family history

Recent changes or discontinuation of meds? □ No □ Yes:_____

Special Diet? □ No □ Yes: Type_____ Compliance with medications, diet etc. □ No □ Yes

Pain Scale 0-10 _____ Aggravating Factors:_____

Quality: _____ Alleviating Factors:_____

Location:_____ Does the pain radiate? Y / N If Yes _____ Duration:_____

Objective: Vital Signs: Temp_____ Pulse _____ Resp _____ B/P _____ Pulse Ox: _____Weight_____

Orthostatic B/P: Time _____ Sitting _____ Standing _____ Lying _____

General Appearance: □ No Acute Distress □ Acute Distress: _____

Skin: □ Warm Hot □ Cool □ Dry □ Pale □ Ashen □ Moist / Clammy

Mental Status: □ Alert & Oriented X's 4 □ Confused □ Delusional □ Combative

Pulse: □ Normal □ Strong □ Tachy □ Thready □ Weak □ Bounding

Pupils: □ PERLA **OR** □ Pupils Unequal □ Constricted □ Dilated

□ Right Size _____ mm □ Left Size _____mm

Gait: □ Steady □ Unsteady □ Unable to stand

Lung Sounds:

Right		Left
□	Clear	□
□	Wheezing	□
□	Rhonchi	□
□	Diminished	□
□	Crackles	□

Heart Sounds: □ Normal □ Dull / Toned

Assessment Decision: Does the patient have any of the objective findings below present? → **If YES: Contact Provider**

- □ Blood pressure - systolic ≥ 160, diastolic ≥ 100
- □ Change in mental status / Level of consciousness
- □ Noncompliance with diet/medications, etc.
- □ Visual disturbances □ Severe headache
- □ Decreased Urine Output □ Chest pain

Date/Time:_____

Person Contacted:_____

□ See T.O. □ See Progress Note

□ No further orders received

□ Follow up scheduled with_____

Plan as ordered by provider:

- □ Bedrest x's 48 hours
- □ If chronic or ongoing/continuing problem, bedrest until seen by Provider
- □ BP checks everyday x's 3 days
- □ other:_____

→ **If NO:** No treatment is required:

- □ No action indicated at this time - instructed to RTC is symptoms persist or worsen
- □ Other: _____

Education:

- □ Instructions to return if condition worsens or if no improvement
- □ Instructed on medication(s), dosage, administration times, and expected outcome of each medication given/recommended
- □ Patient verbalizes understanding of the plan, risks, benefits, and alternatives and agrees to plan.

• Note above medication orders have been approved by the physician. No changes in dosage, duration, or medication may be made unless prior approval by a provider has been obtained, i.e. Telephone Order **Documented** in the chart.

Medical Staff Signature:_____ Date/Time:_____

Interpreter? Y / N Name:_____ Language:_____

Provider Speaks: English / Spanish / Other:_____ Patient Speaks: English / Spanish / Other:_____

Patient Name:	Allergies:_____
Patient ID#	
DOB	Medications:_____

From: (b)(6); (b)(7)(C)
Sent: 10 Oct 2018 12:33:02 +0000
To: (b)(6); (b)(7)(C)
Subject: Re: ALMAZAN Questions
Attachments: 2018_10_10_08_29_03.pdf

Good morning, Kara. Here is MTC's blood pressure protocol (aka nursing guideline) as requested. Let me know if there is anything else you need.

From (b)(6); (b)(7)(C)
Sent: Tuesday, October 9, 2018 8:09:53 AM
To (b)(6); (b)(7)(C)
Subject: RE: ALMAZAN Questions

Thank you! Very helpful.

Do you have a copy of the MTC Hypertension Nursing Guidelines? Thank you!!

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

Management & Program Analyst
ICE/OPR/ERAU
950 L'Enfant Plaza S (b)(6); (b)(7)(C)
Washington, DC 20536
202-732-((b)(6); (b)(7)(desk)
202-253-4 C) cell)

From (b)(6); (b)(7)(C)
Sent: Monday, October 8, 2018 9:49 AM
To: (b)(6); (b)(7)(C)
Subject: Re: ALMAZAN Questions

Thank you for the clarifications, (b)(6); (b)(7)(C) Hope all is well in ERAU Land! 😊

Fro (b)(6); (b)(7)(C)
Sent: Friday, October 5, 2018 12:40 PM
To: (b)(6); (b)(7)(C)
Subject: FW: ALMAZAN Questions

I'm not going to say last question any more when it comes to this one. There were two comments you replied you weren't' sure what we were asking. I've updated them to hopefully make it clearer. If you still have a question let me know! They are on page 4 and 5.

Thank you!

(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: Monday, September 24, 2018 9:01 AM
(b)(6); (b)(7)(C)
Subject: Re: ALMAZAN Questions

Happy Monday (b)(6); (b)(7)(C) 😊

My responses for KNSPC are attached. I have one document to scan to you later today. I have a lengthy dental appointment in Mnpls today but will get the scan and GCDC responses to you either later today or early tomorrow.

From: (b)(6); (b)(7)(C)
Sent: Wednesday, September 19, 2018 2:23:02 PM
To: (b)(6); (b)(7)(C)
Subject: ALMAZAN Questions

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

Attached are comments and questions from Alison on ALMAZAN. I went through what she had sent and tried to answer as much as I could but a few things I need confirmation on or just didn't know. Let me know if you have any questions. Thank you!

(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) esk)
202-253- ell)

MTC Medical

Elevated Blood Pressure

Subjective: as stated, _____

Date/Time of Onset: _____ ☐ New Onset ☐ Chronic

History: ☐ None ☐ Cardiovascular x's __ years ☐ Renal disease x's _____ years ☐ Family history

Recent changes or discontinuation of meds? ☐ No ☐ Yes: _____

Special Diet? ☐ No ☐ Yes: Type _____ Compliance with medications, diet etc. ☐ No ☐ Yes

Pain Scale 0-10 _____ Aggravating Factors: _____

Quality: _____ Alleviating Factors: _____

Location: _____ Does the pain radiate? Y / N If Yes _____ Duration: _____

Objective: Vital Signs: Temp _____ Pulse _____ Resp _____ B/P _____ Pulse Ox: _____ Weight _____

Orthostatic B/P: Time _____ Sitting _____ Standing _____ Lying _____

General Appearance: ☐ No Acute Distress ☐ Acute Distress: _____

Skin: ☐ Warm Hot ☐ Cool ☐ Dry ☐ Pale ☐ Ashen ☐ Moist / Clammy

Mental Status: ☐ Alert & Oriented X's 4 ☐ Confused ☐ Delusional ☐ Combative

Pulse: ☐ Normal ☐ Strong ☐ Tachy ☐ Thready ☐ Weak ☐ Bounding

Pupils: ☐ PERLA **OR** ☐ Pupils Unequal ☐ Constricted ☐ Dilated

☐ Right Size _____ mm ☐ Left Size _____ mm

Gait: ☐ Steady ☐ Unsteady ☐ Unable to stand

Lung Sounds:	**Right**		**Left**
	☐	Clear	☐
	☐	Wheezing	☐
	☐	Rhonchi	☐
	☐	Diminished	☐
	☐	Crackles	☐

Heart Sounds: ☐ Normal ☐ Dull / Toned

Assessment Decision: Does the patient have any of the objective findings below present? → **If YES: Contact Provider**

- ☐ Blood pressure - systolic ≥ 160, diastolic ≥ 100
- ☐ Change in mental status / Level of consciousness
- ☐ Noncompliance with diet/medications, etc.
- ☐ Visual disturbances ☐ Severe headache
- ☐ Decreased Urine Output ☐ Chest pain

Date/Time: _____

Person Contacted: _____

☐ See T.O. ☐ See Progress Note

☐ No further orders received

☐ Follow up scheduled with _____

Plan as ordered by provider:

- ☐ Bedrest x's 48 hours
- ☐ If chronic or ongoing/continuing problem, bedrest until seen by Provider
- ☐ BP checks everyday x's 3 days
- ☐ other: _____

→ **If NO:** No treatment is required:

- ☐ No action indicated at this time - instructed to RTC is symptoms persist or worsen
- ☐ Other: _____

Education:

- ☐ Instructions to return if condition worsens or if no improvement
- ☐ Instructed on medication(s), dosage, administration times, and expected outcome of each medication given/recommended
- ☐ Patient verbalizes understanding of the plan, risks, benefits, and alternatives and agrees to plan.

- Note above medication orders have been approved by the physician. No changes in dosage, duration, or medication may be made unless prior approval by a provider has been obtained, i.e. Telephone Order **Documented** in the chart.

Medical Staff Signature: _____ Date/Time: _____

Interpreter? Y / N Name: _____ Language: _____

Provider Speaks: English / Spanish / Other: _____ Patient Speaks: English / Spanish / Other: _____

Patient Name:	Allergies: _____
Patient ID#	
DOB	Medications: _____

From: (b)(6); (b)(7)(C)
Sent: 23 Oct 2018 12:36:22 +0000
To: (b)(6); (b)(7)(C)
Subject: Re: ALMAZAN - Question about Blood Draw at KNSPC

Another Outlook problem, as this was sent yesterday.

Fro (b)(6); (b)(7)(C)
Sent: Monday, October 22, 2018 6:45:05 AM
To: (b)(6); (b)(7)(C)
Subject: Re: ALMAZAN - Question about Blood Draw at KNSPC

Good mornin (b)(6); (b)(7)(C)

For some strange reason my last week's reply to this question disappeared into a dark hole somewhere, but I am happy to answer it again in case you didn't get it. These specific dates could be the result of various reasons:

- The provider wanted to wait a certain period of time to see if treatment was effective.
- For current accuracy, the provider wanted the result to be obtained just prior to the next assessment.
- The labs might have been deemed non-urgent, in order to allow the tech better availability to do urgent testing.

Have a great week!!!

From: (b)(6); (b)(7)(C)
Sent: Thursday, October 18, 2018 3:24:55 PM
To (b)(6); (b)(7)(C)
Subject: ALMAZAN - Question about Blood Draw at KNSPC

Hi J (b)(6); (b)(7)(C)

We noticed that for the initial health assessment and for the pancytopenia (and I spelled that right the first time 😊)follow up, that blood draws were ordered for days after. So from the 7/19 appointment the provider ordered for the draw to take place on 7/28 and the 8/4 appointment the provider ordered for the draw to take place on 8/11. Do you have any insight as to why that would be, such as techs only come to the facility certain days? Thanks!

(b)(6); (b)(7)(C)
Management & Program Analyst
ICE/OPR/ERAU
950 L'Enfant Plaza SW (b)(6);
Washington, DC 20536
202-732 (b)(6); desk)
202-253 (b)(7)(C) cell)

From: (b)(6); (b)(7)(C)
Sent: 25 Sep 2018 12:58:55 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: ALMAZAN - GCDC Comments/Questions

Thank you (b)(6); (b)(7)(C)

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C)
Date: Tuesday, Sep 25, 2018, 8:52 AM
(b)(6); (b)(7)(C)
Subject: Re: ALMAZAN - GCDC Comments/Questions

Good morning, (b)(6); (b)(7)(C) I attached my responses to the Glades questions and scanned intake screen you requested. As far as the Krome question addressing the KOP agreement, I can't find one either and wonder if it was mistakenly the Glades one being referred to. I will let you know if I find anything else to better clarify.

++

From: (b)(6); (b)(7)(C)
Sent: Friday, September 21, 2018 9:28:16 AM
To (b)(6); (b)(7)(C)
Subject: ALMAZAN - GCDC Comments/Questions

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

Here is GCDC's comments and questions from Alison. The very first section is on the intake which I wrote "(b)(6); (b)(7)(C)" on the ones I know I can answer but I can't find the intake screening anywhere in my files even though I know I have it! Could you send me the intake screening? Let me know if you have any questions or concerns! Thanks, I hope you had a nice vacation ☺!

(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: 8 Aug 2018 21:12:07 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: ALMAZAN DDR Medical Narrative Polk County Adult Detention Center

Can you cc (b)(6); (b)(7)(C) on all the Almazan documents that you return back. Thank you!

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) >
Date: Wednesday, Aug 08, 2018, 1:20 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: ALMAZAN DDR Medical Narrative Polk County Adult Detention Center

Good afternoon (b)(6); (b)(7)(C)

Here is the Polk DDR comments. Please let me know if you have any concerns or need anything clarified. Thanks!

(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: 24 Sep 2018 15:03:33 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: ALMAZAN Questions

Thank yo(b)(6); (b)(7)(C)

I hope everything goes well at the dentist 😊

(b)(6); (b)(7)(C)
Management & Program Analyst
ICE/OPR/ERAU
950 L'Enfant Plaza SW; (b)(6);
Washington, DC 20536
202-73(b)(6); desk)
202-25(b)(7)(C) cell)

From: (b)(6); (b)(7)(C)
Sent: Monday, September 24, 2018 9:01 AM
(b)(6); (b)(7)(C)
Subject: Re: ALMAZAN Questions

Happy Monday, (b)(6); (b)(7)(C) 😊

My responses for KNSPC are attached. I have one document to scan to you later today. I have a lengthy dental appointment in Mnpls today but will get the scan and GCDC responses to you either later today or early tomorrow.

From: (b)(6); (b)(7)(C)
Sent: Wednesday, September 19, 2018 2:23:02 PM
To: (b)(6); (b)(7)(C)
Subject: ALMAZAN Questions

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

Attached are comments and questions from Alison on ALMAZAN. I went through what she had sent and tried to answer as much as I could but a few things I need confirmation on or just didn't know. Let me know if you have any questions. Thank you!

(b)(6); (b)(7)(C)
Management & Program Analyst

ICE/OPR/ERAU
950 L'Enfant Plaza SW
Washington, DC 20536
202-73 (b)(6); (b)(7)(C) desk)
202-25 cell)

From: (b)(6); (b)(7)(C)
Sent: 18 Oct 2018 16:57:55 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: ALMAZAN Questions

Thank you (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)
Management & Program Analyst
ICE/OPR/ERAU
950 L'Enfant Plaza SW (b)(6);
Washington, DC 20536
202-732- (b)(6); (b)(7)(desk)
202-253- cell)

From: (b)(6); (b)(7)(C)
Sent: Thursday, October 18, 2018 11:20 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: Re: ALMAZAN Questions

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

IHSC's EMR automatically schedules any "abnormal intake" for a 24 -hour H&P by a provider; so it can only be assumed the appointment had been made by the intake nurse who noted it as abnormal. IF that was the case, the nurse would not be responsible for ensuring the detainee was seen within that 24-hour period, as the responsibility would have been electronically handed off to the provider. We have no evidence of an appointment having been scheduled within that time period; nor do we know at what point the process broke down, only that it was seriously delayed.

I hope this answers your question...please let me know if further clarification is needed.

From: (b)(6); (b)(7)(C)
Sent: Wednesday, October 17, 2018 9:23 AM
To: (b)(6); (b)(7)(C)
Subject: FW: ALMAZAN Questions

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

I need to clarify one thing at KNSPC. At intake he was priority 2 status, and should have been seen in 24 hours. We know his appointment didn't happen for 7 days. Did we ever have an appointment that was made for him that was within 24 hours? I don't believe we did, but just double checking. Also, would it have been the responsibility of the RN that conducted his intake to make sure the appointment had been scheduled in 24 hours?

Thanks!

(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)((desk)
202-253 (cell)

From: (b)(6); (b)(7)(C)
Sent: Tuesday, October 9, 2018 9:10 AM
To: (b)(6); (b)(7)(C)
Subject: RE: ALMAZAN Questions

Thank you! Very helpful.

Do you have a copy of the MTC Hypertension Nursing Guidelines? Thank you!!

(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)((desk)
202-253 (cell)

From: (b)(6); (b)(7)(C)
Sent: Monday, October 8, 2018 9:49 AM
To: (b)(6); (b)(7)(C)
Subject: Re: ALMAZAN Questions

Thank you for the clarifications, (b)(6); (b)(7)(C) Hope all is well in ERAU Land! 😊

From: (b)(6); (b)(7)(C)
Sent: Friday, October 5, 2018 12:40 PM
To (b)(6); (b)(7)(C)
Subject: FW: ALMAZAN Questions

I'm not going to say last question any more when it comes to this one. There were two comments you replied you weren't' sure what we were asking. I've updated them to hopefully make it clearer. If you still have a question let me know! They are on page 4 and 5.

Thank you!

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

Management & Program Analyst
ICE/OPR/ERAU
950 L'Enfant Plaza SW; (b)(6);
Washington, DC 20536
202-732 (b)(6); desk)
202-253 (b)(7)(C cell)

From: (b)(6); (b)(7)(C)
Sent: Monday, September 24, 2018 9:01 AM
(b)(6); (b)(7)(C)
Subject: Re: ALMAZAN Questions

Happy Monday, (b)(6); (b)(7)(C) 😊

My responses for KNSPC are attached. I have one document to scan to you later today. I have a lengthy dental appointment in Mnpls today but will get the scan and GCDC responses to you either later today or early tomorrow.

From: (b)(6); (b)(7)(C)
Sent: Wednesday, September 19, 2018 2:23:02 PM
To: (b)(6); (b)(7)(C)
Subject: ALMAZAN Questions

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

Attached are comments and questions from (b)(6); (b)(7)(C) n ALMAZAN. I went through what she had sent and tried to answer as much as I could but a few things I need confirmation on or just didn't know. Let me know if you have any questions. Thank you!

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

Management & Program Analyst
ICE/OPR/ERAU
950 L'Enfant Plaza SW (b)(6); (b)(7)(C)
Washington, DC 20536
202-7(b)(6); (b)(7)(C) desk)
202-2(b)(6); (b)(7)(C) cell)

From: (b)(6); (b)(7)(C)
Sent: 9 Aug 2018 14:12:26 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Detainee Death Review Healthcare and Security Compliance Analysis (b)(6); (b)(7)(C) FINAL 8-3-18

Great. Thank you.

(b)(6); (b)(7)(C)
Management and Program Analyst
External Reviews and Analysis Unit
Office of Professional Responsibility
Immigration and Customs Enforcement
950 L'Enfant Plaza, SW
Washington, DC 20536
Office: (202) 73(b)(6);
Cell: (202) 425-(b)(6);

From: (b)(6); (b)(7)(C)
Sent: Wednesday, August 8, 2018 4:12 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Detainee Death Review Healthcare and Security Compliance Analysis (b)(6); (b)(7)(C) INAL 8-3-18

Hey there (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) has been away, and has questions from (b)(6); (b)(7)(C awaiting her on the ALMAZAN DDR. Since you have only one more, I will ask her to give (b)(6); (b)(7)(C) priority so you put this report behind you ☺.

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

From: (b)(6); (b)(7)(C)
Sent: Wednesday, August 8, 2018 3:23 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: Detainee Death Review Healthcare and Security Compliance Analysis (b)(6); (b)(7)(C) INAL 8-3-18

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

There's just one more items I need to get addressed. It's not in your report and it's fine, I just wanted bit of guidance/input fro (b)(6); (b)(7)(C)

Thank you!

(b)(6); (b)(7)(C)
Management and Program Analyst

External Reviews and Analysis Unit
Office of Professional Responsibility
Immigration and Customs Enforcement
950 L'Enfant Plaza, SW
Washington, DC 20536
Office: (202) 73(b)(6); (b)(7)(C)
Cell: (202) 425-

From: (b)(6); (b)(7)(C)
Sent: 3 Oct 2017 16:52:58 +0000
To: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Hotel Change - ALMAZAN DDR

Good afternoon,

After talking with (b)(6); (b)(7)(C) about going all the way to Lufkin, we decided the better choice would be the Woodlands area. I found a SpringHill Suites at the government rate for the entire week. It will be much closer to civilization and also the airport. From this hotel is will be just over an hour to the facility, Lufkin if roughly the same amount of time.

Here is the link: https://www.marriott.com/hotels/travel/houln-springhill-suites-houston-the-woodlands/

Let me know if you have any issues getting into this hotel or canceling the other ones.

(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: 5 Dec 2017 09:39:59 -0500
To: (b)(6); (b)(7)(C)
Cc:
Subject: Interviews today - Almazan

Good morning (b)(6); (b)(7)(C)

We're having some issues getting our medical interviewees today. I understand you're out of the office – can you please let me know who can assist?

Thanks,
(b)(6); (b)(7)(C)

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) ance: RN

9-8-17 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 HS	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 TRANSPORATION

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?

Sign & Print Name – Certifying Health Authority:
(b)(6); (b)(7)(C) RN

Phone Number: 863-946-1(b)(6); (b)(7)(C)

Date Signed:

Original – Upon Transfer

Form USM-553
(Est. 6/98)

MTC Medical

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	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

Reviewed Sept 2016 / mb

MTC Medical

TREATMENT PLAN

SPECIAL NEEDS & RESTRICITONS

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)

Date: 1/8/2017 Time: 2330

028 866 428
ALMAZAN-RUIZ, FELIPE
ADM 09/08/17 DOB 06/26/66

Reviewed May 2017 / mb

MTC Medical

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.***

Heartbeat 164 → 100 Recheck 152 80bpm

Do you have a family history of any Medical conditions? Yes ____ No ✓ If yes list conditions:

Are you experiencing any pain? ____NO ✓ YES - Rate 3 /10

0 2 4 6 8 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** ____

If yes

✓ Current Medication listed on transfer paperwork - ***See Orders***

____Patient states he/she is on the current medications, however they are not t received.

Comments: c/o R quad abd pain

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

DON 9/8/2017 Date 2330 Time

028 866 428
ALMAZAN-RUIZ, FELIPE
ADM 09/08/17 DOB 06/26/66

Allergies: NKDA

MTC Medical

INTAKE SCREEN - Mental Health

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)

last use 3 months ago "hospitalized went thru the program"

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?___

denies current thoughts of SI or self-harm

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?___

you ___NO ___YES (If yes, notify Security Supervisory ***immediately*** !)

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

9/8/2017
Date

2330
Time

028 866 428
ALMAZAN-RUIZ, FELIPE
ADM 09/08/17 DOB 06/26/66

MTC Medical

INTAKE SCREEN

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?

☒ NO

☒ Appearance - appropriate
☒ Appropriate behavior
☒ Normal gait
☒ Alert responsive

☐ YES

☐ Weakness	☐ Seeing visions	☐ Yellowing of skin or eyes/jaundice
☐ Slurred Speech	☐ Unusual suspiciousness	☐ Rashes
☐ Hyperventilation	☐ Disheveled	☐ Infestations (lice/crabs)
☐ Persistent cough	☐ Hearing voices	☐ Evidence of self mutilation
☐ Body deformities	☐ Bizarre / insensible	☐ Alcohol or drug withdrawal
☐ Abnormal gait	☐ Loud / obnoxious	☐ Communication difficulties
☐ Tremors	☐ Disorderly	☐ Other physical abnormalities
☐ Lethargy	☐ Sweating	☐ Assaultive or violent behavior
☐ Needle Marks	☐ Other:	

Is his/her mood?

☒ WNL / Cooperative	☐ Crying/Tearful	☐ Confused	☐ Embarrassed
	☐ Incoherent	☐ Passive	☐ Uncooperative
	☐ Depressed	☐ Intoxicated	☐ Scared ☐ 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

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

☐ None
☒ MD/NP/PA
☒ Pharmacy / Order Meds
☐ Request Records / Call MD
☒ Mental Health Services 9/11/20
☒ Special Dietary Need Renal
☒ Instructed detainee to submit sick call request for non-urgent health care need
☐ Dental Clinic

Provider Speaks: English / Spanish / Other: _____ Patient Speaks: English / Spanish / Other: _____

Language: _____

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

9/8/20 Date

2330 Time

Patient Name:
028 866 428
ALMAZAN-RUIZ, FELIPE
ADM 09/08/17 DOB 06/26/66

MTC Medical

FORMA DE CONSENTIMIENTO MEDICO

PROGRAMA DE CUIDADO DE SALUD

FORMA DE CONSENTIMIENTO MEDICO

El propósito de la clínica es proveer a usted atneción médica. Los informes médicos que te obtengan seran niatenidos en us expediente medico, 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. Tambien consiento a cualquier otra evaluación o procedimiento médico, cuidado rutiniarlio, 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 estales para la vigilancia y control de enfermedades.

Esta forma se me has explicado completamente y yo entiendo su contenido. Tambien entiendo que no se me han hecho garantia con respecto al resultado de tratamientos o examenes administrados en la clinica.

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 proveidos 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

9/8/2017 Date
2336 Time

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

9/8/2017 Date
2330 Time

028 866 428
ALMAZAN-RUIZ, FELIPE
ADM 09/08/17 DOB 06/26/66

MTC Medical

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 01/12/2017 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)

9/8/2017 Date

2330 Time

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: NKDA

MTC Medical

Telephone Orders

028 866 428

Facility: ALMAZAN-RUIZ, FELIPE
ADM 09/08/17 DOB 06/26/66

Patient Name ______ Patient # ______

Date	Time	Order:	Signature
9/18/2017	2330	Cont all medications as ordered by previous facility. - VORB R. Young / H. Lewins LVN, HSA	

(b)(6); (b)(7)(C) [redacted]

MTC **Mental Health Progress Note**

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.

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

C, LPC-S, LMFT
NCC, LPC-S, LMFT, PhD Candidate

MTC Medical

Provider Progress Notes/Orders

Use progress notes for additional documentation

SUBJECTIVE DATA: (what is the patient being seen for): Pt brought to medical c c/o vomiting blood. Hes Hx of same 7yrs ago. Med Hx (+) for Cirrhosis c varices

Pain Scale 0-10 _____ Aggravating Factors: Pt poor historian

Quality: _____ Alleviating Factors: got Hx from Chart

Location: _____ Does the pain radiate? Y / N If Yes _____ Duration: _____

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 Sao 100%

Heart		**Ears**	Pt in NAD A&O
Lungs		**Nose**	blood noted to mouth and
Neck		**Throat**	oral cavity only.
Abdomen		**Skin**	
Extremities		Blood noted to Lips & mouth bright	
Additional Findings		Red, No blood to Shirt or pants.	

REVIEW OF CURRENT MEDICATIONS ☐ _____ Initials

ASSESSMENT (DIAGNOSIS): Varices - GI Bleed x 5days

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 Sy

☐ Patient verb nefits, and alternatives and agrees to the plan

Provider Signature/ Title: _____ Date/Time: 9/11/17 1757

Interpreter? Y / N Name: _____ Language: Spanish

Provider Speaks: English / Spanish / Other: _____ Patient Speaks: English / Spanish / Other: _____

028 866 428
ALMAZAN-RUIZ, FELIPE
ADM 09/08/17 DOB 06/26/66

Allergies: NKDA

MTC Medical

Emergency / Injury Assessment

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&O x 3 - c/o pain to mid chest. PA ordered to send out UA (+) Hx of cirhosis & 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:

(b)(6); (b)(7)(C) on further medical interventions required

izes 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

MTC Medical

Timeline / Checklist - Depart from the Facility

Departing Facility Via:

Transport via VAN:

Date	Time	Initials	Comments
9/11/17	2042	(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C) Security Supervis ___ notified of need to transport via VAN to CHI St. Luke's ☑ MAR ☐ Progress notes ☑ 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 _____ ☐ MAR ☐ 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
☐ Continue previous orders			☐ New orders from provider noted ☐ New medication(s) entered into pharmacy system

Assessment / Notes: _____

Telephone Order: _____

(b)(6); (b)(7)(C) ne Order per Provider — Date/Time

Medical Staff Signature — Date / Time

028 866 428
ALMAZAN-RUIZ, FELIPE
ADM 09/08/17 DOB 06/26/66

Allergies: NKDA

Medications: See MAR

MTC Medical

Emergency Treatment Order

Date	Time	Initials
9/11/17	1957	(b)(6); (b)(7)(C)

Transport Patient to CHI St Luke's

ER for further evaluation and treatment related to: vomiting blood ē Hx of cirrhosis ē varices

Per Provider Transport - ☐ Via EMS ☒ Via Facility Van

Verbal order

Provider (b)(6); (b)(7)(C) Date/Time 9/11/17 1957

Receiving staff member - Sig (b)(6); (b)(7)(C) Date/Time 9/11/17 2000

Name Printe (b)(6); (b)(7)(C) Title: LVN

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

028 866 428
ALMAZAN-RUIZ, FELIPE
ADM 09/08/17 DOB 06/26/66

MTC Medical

UM call prep

11 2017 - 1466 #1

Patient Name: _____ Patient ID#: 028 8666 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

ER 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:
Today	98.3	69	14	101/51	100% RA	

Diagnosis from the hospital: Cirrhosis liver NPO → advanced liquid

EGD Hypertensive portal gastropathy fundus, body of the Stomach and antrum

Recommendations from the hosptial:

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: XXXXXXXXXXXXX
ALIEN NUMBER: XXXXXXXXXXXX
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-(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) LVN
AH-SADF-POLK
Livingston, Tx 77351
936-967-(b)(6); (b)(7)(C)
936-967-8846-Fax

MTC Medical

(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:
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 Dee, RN 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,

(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)
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 Desiree RN 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 Desiree RN 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

Moved to Med-Surg floor

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

Direct number to floor 936-5

(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 # 4
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 Arlene, RN 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) LVN
MTC Medical
LAH 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
MTC Medical
A Leader in Detention Medical

(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 B (b)(6); (b)(7)(C)
CONROE REGIONAL HOSPITAL
(936) 539-(b)(6);

Any further questions please contact medical dept.

Thank you,

(b)(6); (b)(7)(C)
Weekends/nightshift
MTC Medical/IAH Detention Center
Livingston, Texas
Tel: 936-96(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 Stacks has notified ICE personal Simpson.
DISCHARGE PLAN: none
REPORT GIVEN BY: (b)(6); (b)(7)(C)
CONROE REGIONAL HOSPITAL
(936) 539-(b)(6); (b)(7)(C)

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

TOTAL NO. OF PAGES, INCLUDING COVER:

FAX NUMBER:

PHONE NUMBER: (936) 539 (b)(6); (b)(7)(C)

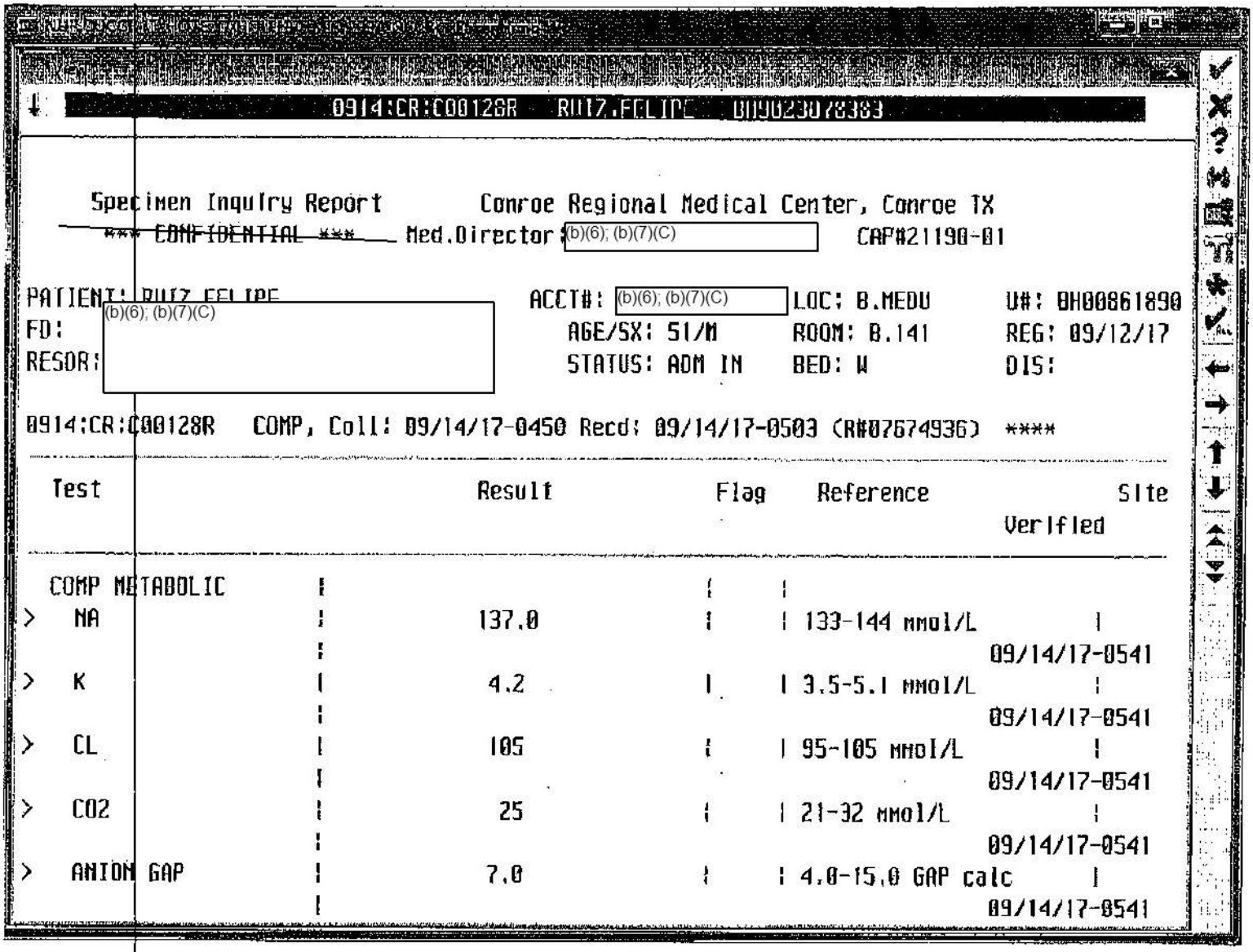
RE: Ruiz, Felipe labs

FAX NUMBER: (936) 788-8037

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

~~PATIENT INFORMATION *PLEASE KEEP CONFIDENTIAL*~~



0914:CR:C00128R RUIZ,FELIPE 0090230783383

Specimen Inquiry Report Conroe Regional Medical Center, Conroe TX

~~*** CONFIDENTIAL ***~~ Med.Director: (b)(6); (b)(7)(C) CAP#21190-01

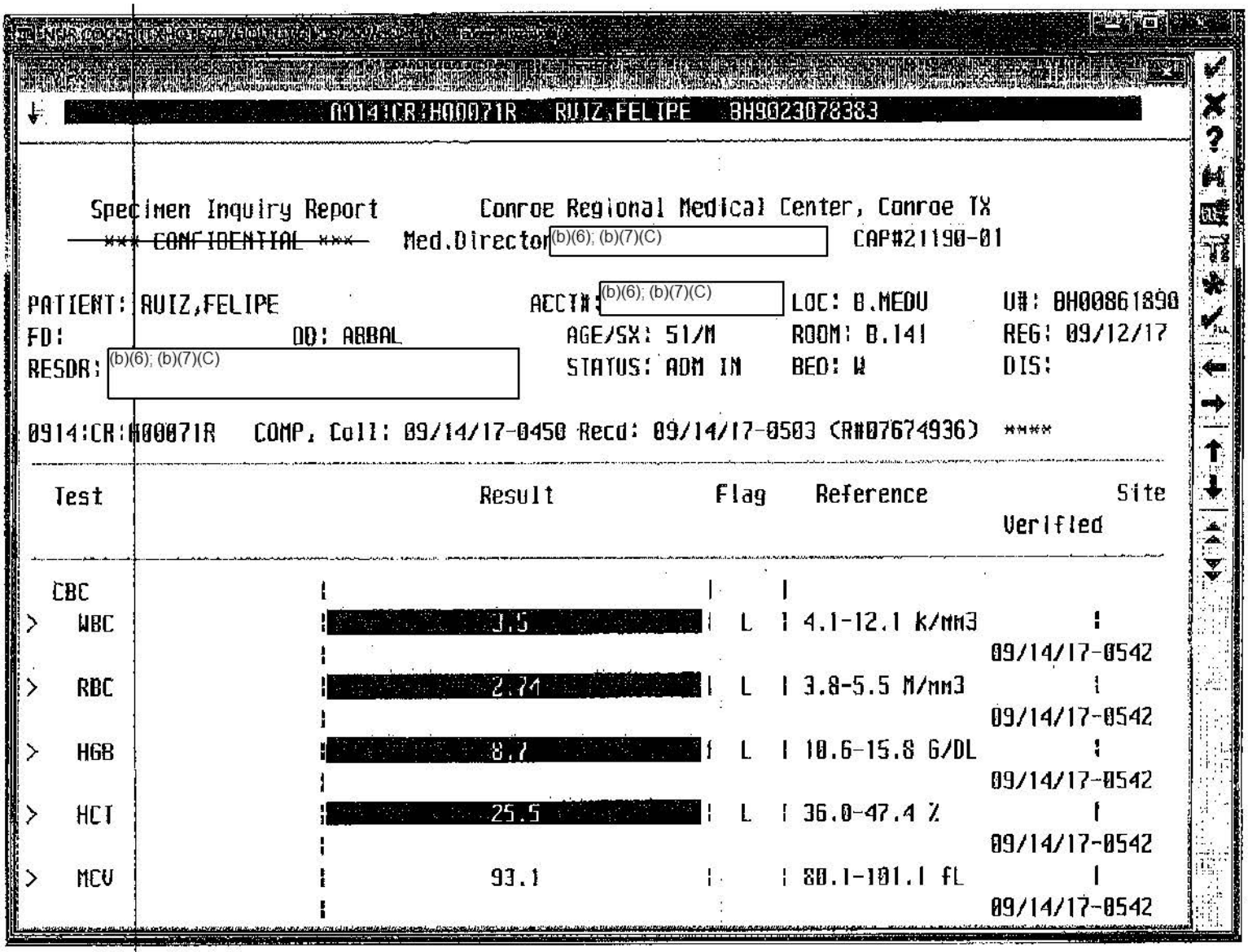
PATIENT: RUIZ FELIPE ACCT#: (b)(6); (b)(7)(C) LOC: B.MEDU U#: 0H00861890

FD: (b)(6); (b)(7)(C) AGE/SX: 51/M ROOM: B.141 REG: 09/12/17

RESDR: STATUS: ADM IN BED: W DIS:

0914:CR:C00128R 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:H00071R RUIZ,FELIPE BH9023078383

Specimen Inquiry Report — Conroe Regional Medical Center, Conroe TX

~~*** CONFIDENTIAL ***~~ Med.Director (b)(6); (b)(7)(C) CAP#21190-01

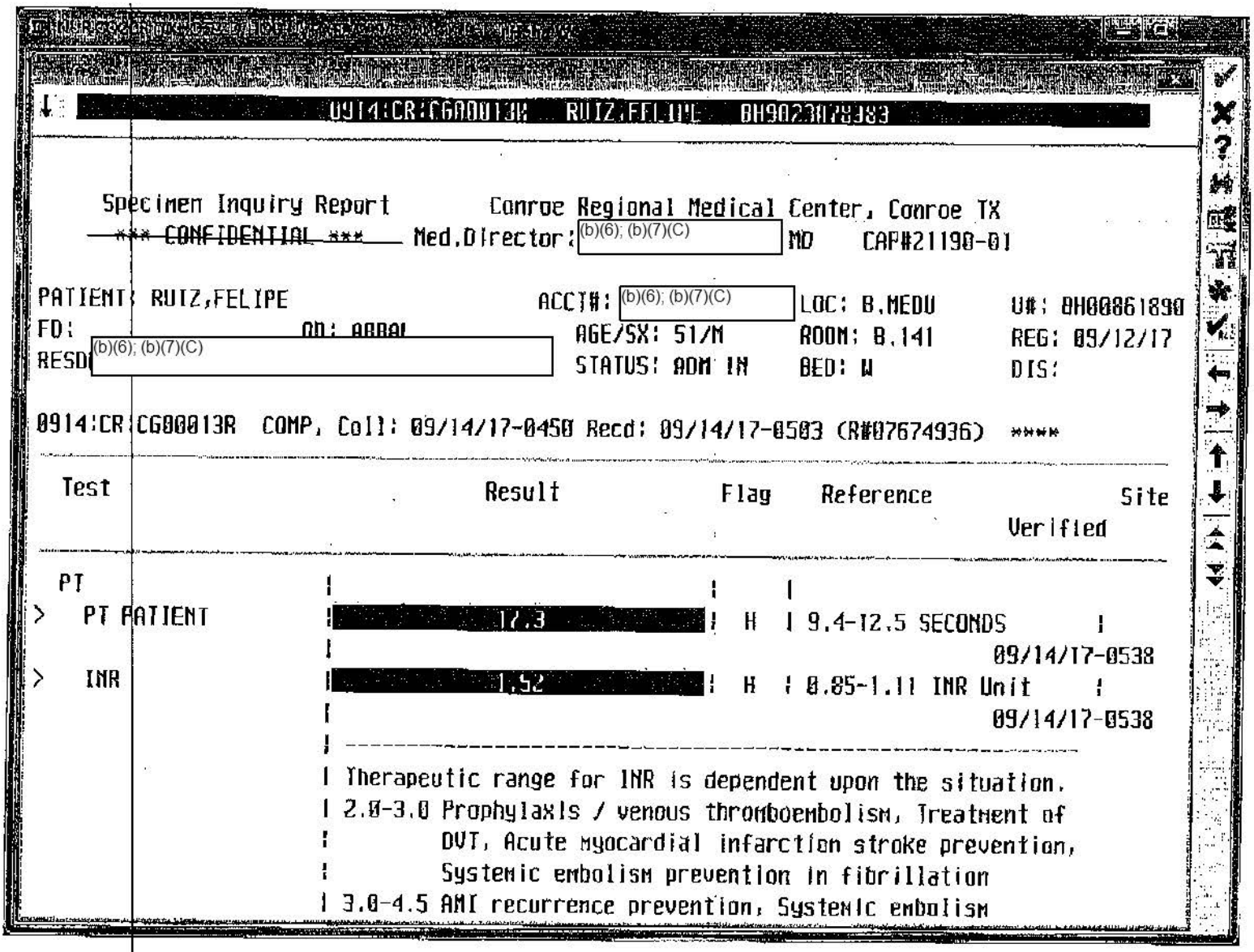
PATIENT: RUIZ,FELIPE ACCT#: (b)(6); (b)(7)(C) LOC: B.MEDU U#: BH00861890

FD: DD: ABBAL AGE/SX: 51/M ROOM: B.141 REG: 09/12/17

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



0914:CR:CG00013R RUIZ,FELIPE 8H90230728983

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)(6); (b)(7)(C) LOC: B.MEDU U#: 8H00861890
FD: DD: 08/08/ AGE/SX: 51/M ROOM: B.141 REG: 09/12/17
RESD: (b)(6); (b)(7)(C) 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-(b)(6)

Hospital Address: 504 MEDICAL CENTER BLVD CONROE, TX 77304

Patient Demographics

Patient Name: RUIZ, FELIPE
Medical Rec #: U-29245316 **SSN:** (b)(6); (b)(7)(C)
Marital Status: Single **Gender:** M
Date of Birth: 06-26-1966 **Age:** 51
Religion: NONE
Episode ID: BH9023078383
Height:
Weight:

Admit and Length of Stay Information

Unit: CR
Admit Type: ELECTIVE **Room:** BJCU4
Admission Date: 09-12-2017 **Bed:** BJCU18
Est. Discharge Date: 09-14-2017 **ALC Date:**
Pt. Functional Status Prior to Admission: Bed Only
PC (b)(6); (b)(7)(C)
Attending Physician (b)(6); (b)(7)(C)
Phone Number:

Diagnosis Information:

Rugs: **Primary:** UPPER GI BLEED **Secondary:**

Discharge Notes:

Notes:

Mode of Transportation:
Will patient receive radiation or dialysis off-site?
☐ Yes ☐ No

Payer Source:
Schedule of Treatments:

Patient Address

Living Arrangement: Select One
Facility Name:
Street: 3400 FM 350 SOUTH
City: LIVINGSTON
State/Zip: TX 77351
Home Phone: 936-96(b)(6); (b)(7)(C)
Work Phone: 999-999

Next of Kin

First Name/MI: FELIPE
Last Name: RUIZ
Street: 3400 FM 350 SOUTH
City: LIVINGSTON
State/Zip: TX 77351
Home Phone: 936-967 (b)(6); (b)(7)(C)
Work Phone:
Relation: 01
☐ Emerg. Contact ☐ POA

Emergency Contact:

First Name/MI:
Last Name:
Street:
City:
State/Zip:
Home Phone:
Work Phone:
Relation:
☐ Emerg. Contact ☐ POA

Payer Information:

Primary Payer: OVERRIDE WITH PAYOR NAME **Ins. Group ID#:** **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: OVERRIDE WITH PAYOR N **Member ID** (b)(6); (b)(7)(C) **Phone #:**
Other Payer: **Member ID#:** **Phone #:**

Income if known: ☐ Private Funds ☐ Pension ☐ SSA ☐ VA ☐ SSI ☐ 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(b)(6); (b)(7)(C) **Date:** 09-12-2017

naviHealth Form 450 Rev 7/2012

For Facility: Conroe Regional Medical Center

ENCOUNTER / HCM DATA

Acct No.: BH9023078383 Patient Name: RUIZ,FELIPE Age: 51Y DOB: 6/26/1966

Start Date: 9/12/2017 8:20AM Adm Phys: (b)(6); (b)(7)(C) MD MRN: BH00861890
Location: CR-3 INTENSIVE C Att Phys: MD Fac: Conroe Regio
Room: B.ICU18-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: 999-999-9999 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/I Insur No: 028866428
OVERRIDE WITH PAYOR NAME Status: S Cert?
Auth No: NR/I 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:
---9/12/2017 1531 by (b)(6); (b)(7)(C)
Point of entry: per cpoe admit inpt payer override with payror 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:
PT/OT/ST:

Referral From: Conroe Regional Medical Center

From:	(b)(6); (b)(7)(C)	To:	IAH Immigration
Phone:	(936) 539-(b)(6); (b)(7)(C)	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: RUI,F
SSN: XXX-XX-5555
Member ID: 028866428

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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9/12/2017 2130
VS- 68 97 96%
106/56

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

DIC

EGD

admitting H/H 55/1
2 units platelets 9.

For Facility: Conroe Regional Medical Center

Acct No.: BH9023078383 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 IJ 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 PO 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

========== CONFIDENTIALITY STATEMENT ==========

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:	**RUI,F**
SSN:	XXX-XX-5555
Member ID:	028866428

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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For Facility: Conroe Regional Medical Center

========== ENCOUNTER / HCM DATA ==========

Acct No.: BH9023078383 Patient Name: RUIZ,FELIPE Age: 51Y DOB: 6/26/1966

Start Date: 9/12/2017 8:20AM Adm Phys: (b)(6); (b)(7)(C) MD MRN: BH00861890
Location: CR-3 INTENSIVE C Att Phys: MD Fac: Conroe Regio
Room: B.ICU16-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);
Work Phone: 999-999-9999 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) ==========

OVERRIDE 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:

OVERRIDE WITH PAYOR NAME Status: S Cert?
Auth No: NR/I Insur No: 028866428

========== CURRENT REVIEW (b)(6); (b)(7)(C) ==========

Review Date Care Date Review Category
9/13/2017 9/13/2017

Severity Intensity

Reviewer Comments: (b)(6); (b)(7)(C)
---9/13/2017 1133 E
Vital signs:
36.6, 57, 109/66 IC 89/54, 94 %

For Facility: Conroe Regional Medical Center

Acct No.: BH9023078383 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 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

For Facility: Conroe Regional Medical Center

Acct No.: BH902307838 Patient Name: RUIZ,FELIPE Age: 51Y DOB: 6/26/1966
Facility: Conroe Regional Medical Center

PAYER(S) (continued)

CONFIDENTIALITY STATEMENT

CONFIDENTIAL - Contains proprietary information. Not intended for external distribution.

CONROE MEDICAL CENTER (COCCR)
Clinical Note
REPORT#:0912-0490 REPORT STATUS: Signed
DATE:09/12/17 TIME: 1522

PATIENT: RUIZ,FELIPE
ACCOUNT#: (b)(6); (b)(7)(C)
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) MD on 09/12/17 at 1522

Addendum 1: 09/12/17 1524 b (b)(6); (b)(7)(C)

2035363

Electronically Signed by (b)(6); (b)(7)(C) MD 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 UNIT #: BH00861890
ACCOUNT#: (b)(6); (b)(7)(C) 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:

* 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

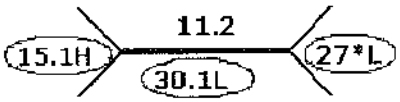
Nicardipine/Sodium Chloride 250 ML .STK-MED ONE IV (DC)

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

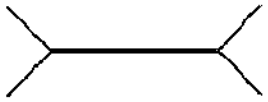
Results

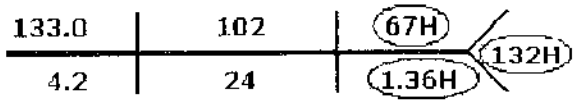
Findings/Data:
Laboratory Tests

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 *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
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#:
BH9023078383

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:	JAH IMMIGRATION DETENTION
Phone:	(936) 539(b)(6);	Attention:	(b)(6); (b)(7)(C)
Fax:	(936) 788-8076		
Comment:	TAX ID: (b)(6); (b)(7)(C)	AX : 936-788-8076	

Regarding Patient:	**RUI F**
SSN:	XXX-XX-5555
Member ID:	028866428

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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For Facility: Conroe Regional Medical Center

========== ENCOUNTER / HCM DATA ==========

Acct No.: (b)(6); (b)(7)(C) Patient Name: RUIZ,FELIPE Age: 51Y DOB: 6/26/1966

Start Date: 9/12/2017 8:20AM Adm Phys (b)(6); (b)(7)(C) MD MRN: BHC0861890
Location: CR-3 INTENSIVE C Att Phys MD Fac: Conroe Regio
Room: B.ICU16-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: 936-967-8000
Work Phone: 999-999-9999 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) ==========

OVERRIDE 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:

OVERRIDE WITH PAYOR NAME Status: S Cert?
Auth No: NR/I Insur No: 028866428

========== CURRENT REVIEW ==========

Review Date 9/13/2017 Care Date 9/13/2017 Review Category (b)(6); (b)(7)(C)

Severity Intensity

Reviewer Comments: (b)(6); (b)(7)(C)
---9/13/2017 1133 by
Vital signs:
36.6, 57, 109/68 TO 89/54, 94 %

For Facility: Conroe Regional Medical Center

Acct No.: (b)(6); (b)(7)(C) 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

For Facility: Conroe Regional Medical Center

Acct No.: BH9023078383 Patient Name: RUIZ,FELIPE Age: 51Y DOB: 6/26/1966
Facility: Conroe Regional Medical Center

========== PAYER(S) (continued) ==========

========== CONFIDENTIALITY STATEMENT ==========
CONFIDENTIAL - Contains proprietary information. Not intended for external distribution.

FAX: (b)(6); (b)(7)(C) 936-585-4(b)(6); (b)(7)(C) Campus: C St: ADM
FAX: 936-585-4

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)
DOB: 06/26/1966 AGE: 51 SEX: M
ACCT NO: (b)(6); (b)(7)(C) LOC: B.ICU18 W
EXAM DATE: 09/12/2017 STATUS: ADM IN
RAD NO: DC Dt:

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

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: Tammy Snow - Agency
Trnscrbd D/T: 09/12/2017 (1909) t.SDR.RH16
Orig Print D/T: S: 09/12/2017 (1913) Probe:

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

PATIENT NAME: RUIZ,FELIPE
ACCOUNT NO: BH9023078383
MEDICAL RECORD NO: BH00861890
REPORT TYPE: HISTORY AND PHYSICAL

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

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

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

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 #: BH9023078383

DT: 09/12/2017 19:48:10
Conf#: 2035335/DID#: 3991040

PATIENT NAME: RUIZ,FELIPE ACCOUNT #: BH9023078383

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

* 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	

(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 (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

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

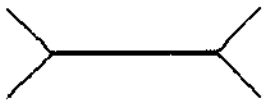
Sodium Chloride 1,000 ML .Q13H20M IV
Lisinopril 20 MG DAILY PO (DC)
Nicardipine/Sodium Chloride 250 ML ASDIR IV
Nicardipine/Sodium Chloride 250 ML .STK-MED ONE IV (DC)

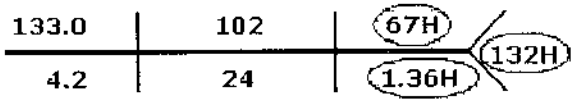
General appearance: alert, awake

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

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

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

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) MD

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

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 extemities
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 octreotidie 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)(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) MD ANSNA 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
CBC				
> 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 #	1.01		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)(6); (b)(7)(C) Unit#BHC0861890

SPEC #: 0912.CR.H00272R PATIENT: RUIZ,FELIPE #BH9023078383 (Continued)

Test	Result	Flag	Reference	Site Verified
> 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#BH9023078383 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) 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#BH9023078383 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: Ansari,Nazia MD 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 Acct#BH9023078383 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) 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)(6); (b)(7)(C) Unit#BH00861890

SPEC #: 0913.CR H00074R PATIENT: RUIZ,FELIPE #BH9023078383 (Continued)

Test	Result	Flag	Reference	Site Verified
> MONO #	0.68	H	0.11-0.59 K/mm3	09/13/17-0649
> EOS #	0.16		0.0-0.4 K/mm3	09/13/17-0649
> BASO #	0.01		0.0-0.1 K/mm3	09/13/17-0649
> NRBC#	0.02		0.00-0.05 K/mm3	09/13/17-0649

Name: RUIZ,FELIPE Age/Sex: 51/M Acct#BH9023078383 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) 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 Verified
COMP METABOLIC				
> 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
	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.			
	--- DRUG DOSAGE ALERT --- *Drug dosage adjustments utilize different calculation parameters.*			
> CREAT	0.81		0.55-1.30 MG/DL	09/13/17-0653
	Results may be depressed if patient is taking N-Acetylcysteine (NAC) and Metamizole (Dipyrone).			
> 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 Acct#BH9023078383 Unit#BHC0861890

SPEC #: 0913.CR.C00117R **PATIENT:** RUIZ,FELIPE #BH9023078383 **(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

Specimen Inquiry Report Conroe Regional Medical Center, Conroe TX
*** CONFIDENTIAL *** Med Director: (b)(6); (b)(7)(C) D 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) MD 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
PT				
> 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

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 prevention in prosthetic heart
3.0-5.4 AMI mortality reduction

Name: RUIZ,FELIPE Age/Sex: 51/M Acct#BH9023078383 Unit#BH00861890

0913-0004

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

PATIENT NAME: RUIZ,FELIPE
ACCOUNT NO: BH9023078383
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) MD on 09/13/17 at 0714

Patient Care Inquiry (PCI: OE Database COCCR)

Run: 09/13/17-11:21 by (b)(6); (b)(7)(C)

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

PATIENT NAME: RUIZ,FELIPE
ACCOUNT NO: BH9023078383
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/FAKAL/NTS
DD: 09/12/2017 15:25:01
DT: 09/12/2017 19:14:36
Conf#: 2035363/DID#: 3991068

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: OP: ABBAL AGE/SX: 51/M ROOM: B ICU18 REG: 09/12/17
RESDE (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) Fakhri,Alifiya
Source: URINE Desc: CLEAN CATCH

Procedure	Result	Verified	Site
> URINE CULTURE Preliminary		09/13/17-0910	
ROUTINE WORKUP	<10,000 CFU/ML GRAM POSITIVE FLORA		

Name: RUIZ,FELIPE Age/Sex: 51/M Acct#BH9023078383 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)(6); (b)(7)(C)
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:
Seen9/13
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)(6); (b)(7)(C)
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)

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

RUIZ,FELIPE NURS: B.ICU4 MR: BH00861890
ACCT: (b)(6); (b)(7)(C) BED: B.ICU18-W
SEX: M DOB: 06/26/66 AGE: 51 ADMIT: 09/12/17 ATN 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	

CURRENT MEDICATIONS (*D = Deactivated Order)

MED	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	
FOLVITE	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	
ZOFRAN	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) MD: 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 20:20	09/12/17 15:30	09/12/17 12:00	09/12/17 11:55
HEMATOLOGY				
WBC	8.9		H 15.1	
RBC	L 2.78		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 0000 TO: 09/13/17 0236

	09/12/17 20:20	09/12/17 15:30	09/12/17 12:00	09/12/17 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	
SEG			73	
LYMPH			L 12	
MONOCYTE			H 14	
EOS			1	
NRBC			H 7	
POLYCHROM			SLIGHT	
HYPO			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
BILD		H 3.35
BILI INDIRECT		H 3.21
AST		H 81
ALT		49
ALKP TOTAL		107
AMM	*H 90.0	
BNP	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 20:20	09/12/17 15:30	09/12/17 12:00	09/12/17 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 02:00	09/13/17 01:00	09/13/17 00:00	09/12/17 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 22:10	09/12/17 22:00	09/12/17 21:45	09/12/17 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 21:15	09/12/17 21:01	09/12/17 21:00	09/12/17 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 20:30	09/12/17 20:15	09/12/17 20:00	09/12/17 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 19:36	09/12/17 19:30	09/12/17 19:15	09/12/17 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 18:45	09/12/17 18:38	09/12/17 18:30	09/12/17 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 18:15	09/12/17 18:00	09/12/17 17:35	09/12/17 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 16:00	09/12/17 15:00	09/12/17 14:47	09/12/17 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 14:15	09/12/17 14:00	09/12/17 13:45	09/12/17 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 13:15	09/12/17 13:00	09/12/17 12:45	09/12/17 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 0000 TO: 09/13/17 0236

	09/12/17 12:15	09/12/17 12:01	09/12/17 11:45	09/12/17 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	46
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	24 HR TOTAL
IV #1:		825		825
IVPBs :		100		100
IV #2:		45		45
IV #3:		75		75
Bld 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)(6); (b)(7)(C)
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.

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

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 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 14.28, 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) MD

WT: EP:R.HIM/FAKAI/NTS
DD: 09/12/2017 15:22:12

PATIENT NAME: RUIZ,FELIPE ACCOUNT #: (b)(6); (b)(7)(C)

DT: 09/12/2017 19:48:18

Patient Name: RUIZ,FELIPE Unit No: EH00861890

EXAMS: CPT CODE:
020697791 US ABDOMEN LTD 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)

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

Technologist: (b)(6); (b)(7)(C) - Agency
Trnscrbd 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)(6); (b)(7)(C) LOC: B.ICU18 W
EXAM DATE: 09/12/2017 STATUS: ADM IN
RAD NO:

Specimen Inquiry Report Conroe [redacted] Center, Conroe TX
*** CONFIDENTIAL *** Med Director: [redacted], MD CAP#21190-01

PATIENT: RUIZ,FELIPE ACCT#: [redacted] LOC: B ICU4 U#: BH00861690
RD: DR: ABBAL AGE/SX: 51/M ROOM: B ICU18 REG: 09/12/17
RESDR: A [redacted] 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	11.1	H	7.6-10.4 fL	09/14/17-0542
> NEUT %	56.4		37.8-82.6 %	09/14/17-0542
> IMM GRAN %	2.6	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	0.00-0.03 K/mm3	09/14/17-0542
> LYMPH #	0.95		0.6-3.8 K/mm3	09/14/17-0542

Name: RUIZ,FELIPE Age/Sex: 51/M Acct#BH5023078383 Unit#BH00861690

SPEC #: 0914.CR.H00071R PATIENT: RUIZ,FELIPE #BH902)078383 (Continued)

Test	Result	Flag	Reference	Site Verified
> MONO #	0.32		0.11-0.59 K/mm3	09/14/17-0542
> EOS #	0.16		0.0-0.4 K/mm3	09/14/17-0542
> BASO #	0.00		0.0-0.1 K/mm3	09/14/17-0542
> NREC#	0.00		0.00-0.05 K/mm3	09/14/17-0542

Name: RUIZ,FELIPE Age/Sex: 51/M Acct# (b)(6); (b)(7)(C) Unit#BH0026190

0913-0070

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

EGD

PATIENT NAME: RUIZ,FELIPE
ACCOUNT NO: (b)(6); (b)(7)(C)
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) MD
ATTENDING PHYSICIAN MD

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.

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

Procedure Codes: [43235] EGD
Version 1, electronically signed by [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]

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/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	
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

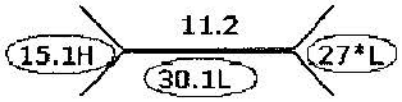
Nicardipine/Sodium Chloride 250 ML .STK-MED ONE IV (DC)

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

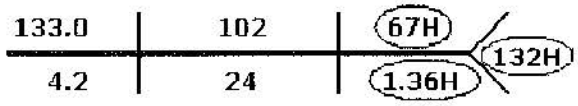
Results

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

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) 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
HEPACUTE				
> HAVMAB	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)(6); (b)(7)(C) Unit#BH00861890

CONROE MEDICAL CENTER (COCCR)
Clinical Note
REPORT#:0912-0490 REPORT STATUS: Signed
DATE:09/12/17 TIME: 1522

PATIENT: RUIZ,FELIPE UNIT #: BH00861890
ACCOUNT#: (b)(6); (b)(7)(C) 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:

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

See Addendum

Clinical Note

Note:
2035335

Electronically Signed b (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) 936-585 (b)(6); (b)(7)(C) Campus: C St: ADM
FAX: 936-58

Patient Name: RUIZ,FELIPE Unit No: BH00861890

EXAMS: CPT CODE:
C20697794 XR CHEST 1 V 71010

CXR

Location: T 18

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

CLINICAL HISTORY: Leukocytosis, TCU 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: A (b)(6); (b)(7)(C)

Dictated Date/Time: 09/12/2017 (1726)
Technologis (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)(6); (b)(7)(C) LOC: B.ICU18 W
EXAM DATE: 09/12/2017 STATUS: ADM IN
RAD NO: DC Dt:

To: 1st A-nobody

Fax: 919369678846

From: CHKR

Phone

Pages: 45 (including banner)

IMNET/EPRS fax request.

CHI St. Luke's Health

MEMORANDUM OF TRANSFER

0300267948 GOVT
ALMAZON RUIZ, FELIPE
9519 ZAHEER, SYED
ED 09/11/2017
DOB: 06/26/1966 0010282353
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
   Phone Number: Livingston Texas 77351
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: Ø
   Physical Handicaps: Ø
3. Next of Kin information (if known)
   Next of Kin: Ø
   Address: Ø
   Phone Number: (Ø)
4. Date of Arrival: 9/11/17 Time: 2102
5. Initial contact with receiving hospital:
   Date: 9/12/17 Time: 0139
   Name (b)(6); (b)(7)(C) ng hospital:
6. Accepting physician secured by transferring physician:
   Date: 9/12/17 Time: 0440
   Name of accepting physician (b)(6); (b)(7)(C)
   Address: 5021 Medical Center Blvd
   Conroe, TX 77304
   Phone Number: (936) 539 1111
7. Transferring physician's signature (b)(6); (b)(7)(C) nder physician's orders: ngsto
   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: 0440
   Na (b)(6); (b)(7)(C)
10. (b)(6); (b)(7)(C)
11. Type of vehicle, company used, equipment and personnel in attendance: Texan EMS ground ambulance, RN / IV access cardiac monitor
12. Name of Receiving Hospital: Conroe Regional
    Address: 5021 Medical center Blvd
    Conroe TX 77304
    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 (b)(6); (b)(7)(C) nable expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks of the tra of labor, 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 which has/has 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 recei (b)(6); (b)(7)(C)
Patient o Date/Time 9/12/17 0506
Witness: Date/Time

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.

WHITE - To Receiving Facility YELLOW - To be retained by Transferring Facility (09/06/06) Kwik Kopy Printing

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

Age:	DOB:	Room:	Bed:	Visit #:
51Y	06/26/1966	RM4	A	0300267948

Attending Physician:	Created By:	Creation Date:
(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)	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)

CHI St. Luke's Health

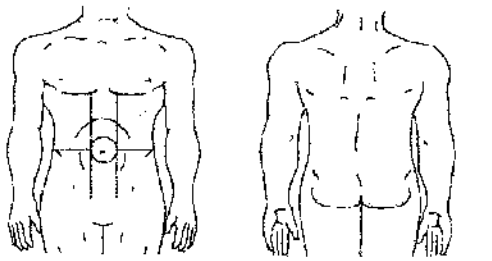
MMC LIVINGSTON

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

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)

CHI St. Luke's Health

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Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

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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

FINAL (SIGNED)

CHI St. Luke's Health

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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

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

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) 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

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FINAL (SIGNED)

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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

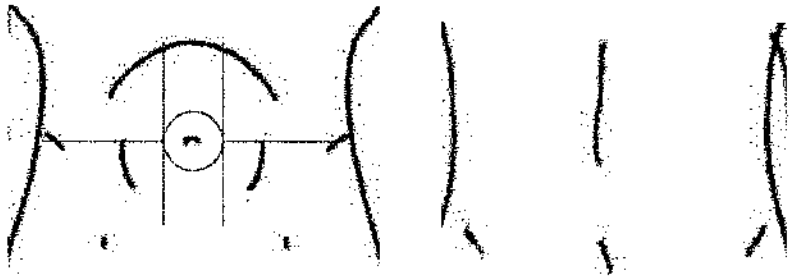
(equal pulses / full) murmur: grade /6 systolic diastolic

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

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FINAL (SIGNED)

CHI St. Luke's Health

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Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

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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 R L
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

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Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

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ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353

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

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CHI St. Luke's Health

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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

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CHI St. Luke's Health

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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)

CHI St. Luke's Health

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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

PROTIME PT INR	INR	1.4 H	(0.9-1.1)	INR results are intended ONLY to monitor Oral Anticoagulant therapy in stablized 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

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CHI St. Luke's Health

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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

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CHI St. Luke's Health

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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) O_2 L/min FiO_2 %

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

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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

FINAL (SIGNED)

CHI St. Luke's Health

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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

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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)	Dates Met
9/11/2017	Insert Saline Lock	STAT		Dates Met
9/11/2017	Obtain Consent for Procedure / Place in Chart	STAT		Dates Met
9/11/2017	Transfusion Vital Signs per Protocol	STAT		Dates Met
9/11/2017	TYPE AND SCREEN	STAT		Dates Met
9/11/2017	CROSSMATCH X 2	STAT		Dates Met
9/11/2017	Transfuse 2 units PRBCs	STAT		Dates Met
9/11/2017	UA URINALYSIS WITH MICROSCOPY	Once		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)

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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

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)

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	0010282363

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: (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:

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, (b)(6); (b)(7)(C) e, 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

Mid-level Signature OR Scribe Signature

09/12/2017 05:17
Date/Time

Emergency Physician Attestation

X 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) *ges have been reviewed and completed*

Authorized Signature

09/12/2017 05:18
Date/Time

Circle (positives) strikethrough ~~negatives~~ unmarked = not applicable

Printed: 09/11/2017 21:36:16
Page 1 of 1

MMC LIVINGSTON
LIV ED Triage Report

Patient: ALMAZON RUIZ, FELIPE
Visit ID: 0300267948
Age: 51Y DOB:08/26/1966 Sex: M Acuity: 3
Med Rec: 0010282353

Chief Complaint:	Hemoptysis	Onset: 2 days	Head Circum.:

Triage D/T	09/11/2017 21:25	EMS:	
Room/Bed:		EMS Unit:	Radio Call: N
Arrival D/T:	09/11/2017 21:02	Pre Hospital Care:	
Arrived from:	Forensic Facility	[None entered]	
Mode of Arrival:	Law Enforcement		
Accompanied by:	Other		
Informant:	Self	Consent to Treat?:	

Infection Control:

Screening: *Domestic Violence, *TB, Out US Last 30 Days NO

Suicide Risk: Screened - No Suicide Risk

Pregnant?: LMP:

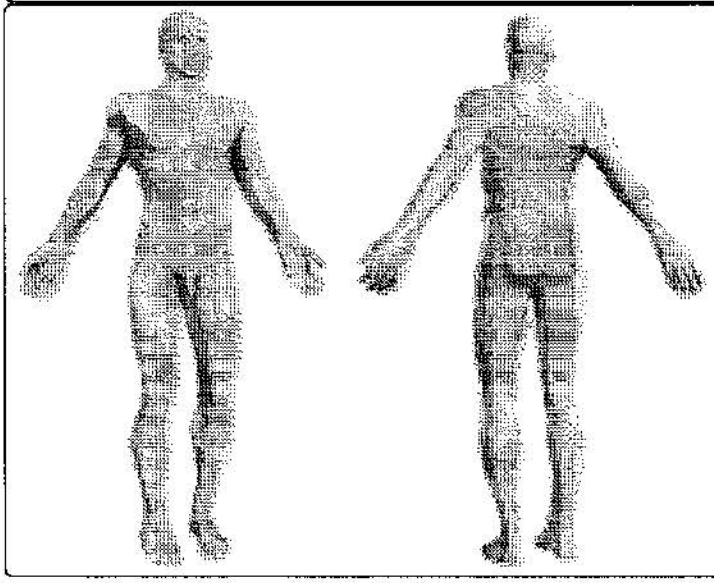
Patient Narrative:
hx varices and cirhosis of liver; co vomiting up blood and abd pain ; pt came here from mtc detention center; came here from center in florida.
(b)(6); (b)(7)(C)

Stroke Assessment Last Known Well:

NPO since: Last Intake Solid: D/T Last Intake Liquid: D/T

BP	Temperature	Pulse	Respirations	SpO_2	FSBS	GCS	Height
149/97 mmHg	98.1 F	99 bpm	18	99% 0 L/m		15	61 in
Site: Arm,Upper Lt	Site: Forehead	Site:	Qly:	O2Del:		M - 6	Weight
Pos:		Qly:				V - 5	
Type:		Type:				E - 4	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)
PCP: NONE, NONE

Electronically Signed By: WRIGHT, BRENDA

Dt Signed: 09/11/2017 21:36:10

CHI ST. LUKE'S HEALTH - LIVINGSTON
ABORATORY - 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 #: V0300267948
ATTD.PHYSICIAN: (b)(6); (b)(7)(C) ADMITTED:09/11/2017

HEMATOLOGY

			Reference	Units
Collected	09/11/2017 23:29[1]			
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	/100WBC
Nucleated RBC	0		0-2	/100WBC

Manual Differentials

[1]AUTO DIFF
Critical values were called to (b)(6); (b)(7)(C) 0045 by FS30723 on 09/12/2017 00:46 AM. Results were read back by (b)(6); (b)(6); (b)(7)(C)
[2]MPV NOT MEASURED WHEN INSTRUMENT HAS SUPRESSED 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.

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PATIENT: **ALMAZON RUIZ, FELIPE** MR #: V0010282353
DOB: 06/26/1966
SEX: M LOC: ER LIVINGSTON
ENCOUNTER #: V0300267948
ATTD PHYSICIAN: (b)(6); (b)(7)(C) ADMITTED:09/11/2017

			Reference	Units
Collected	09/11/2017 23:29[a]			
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.			

[a]AUTO DIFF
Critical values were called to (b)(6); (b)(7)(C) by FS30723 on 09/12/2017 00:46 AM. Results were read back by (b)(6); (b)(7)(C)

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ABORATORY - CLIA # 45D0697930
1717 HIGHWAY 59 BYPASS
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PATIENT: **ALMAZON RUIZ, FELIPE** MR #: V0010282353
DOB: 06/26/1966
SEX: M LOC: ER LIVINGSTON
ENCOUNTER #: V0300267948
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[1]	H		0.9-1.1	
	aPTT	22.1	L	seconds	25.3-35.7	

[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

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PATIENT: **ALMAZON RUIZ, FELIPE** MR #: V0010282353
DOB: 06/26/1966
SEX: M LOC: ER LIVINGSTON
ENCOUNTER #: V0300267948
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		5.1-8.7	gm/dl
Albumin	3.3	L	3.5-4.8	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[5]		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	11-60	U/L
Alkaline Phos	123	H	47-114	U/L

[5]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)]

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PATIENT: **ALMAZON RUIZ, FELIPE** MR #: V0010282353
DOB: 06/26/1966
SEX: M LOC: ER LIVINGSTON
ENCOUNTER #: V0300267948
ATTD.PHYSICIAN (b)(6); (b)(7)(C) ADMITTED:09/11/2017

			Reference	Units
Collected	09/11/2017 23:29			
Ord Physician	ZAHEER, SYED J. MD			
Amylase	112	H	12-103	U/L
Lipase	367	H	8-223	U/L
EGFR if African American	>60			mL/min/1.73m^2
EGFR if Non-African American	52*			mL/min/1.73m^2

CARDIAC SECTION

*Estimated 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 .

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PATIENT: **ALMAZON RUIZ, FELIPE** MR #: V0010282353
DOB: 06/26/1966
SEX: M LOC: ER LIVINGSTON
ENCOUNTER #: V0300267948
ATTD.PHYSICIAN: ZAHEER, SYED J, MD ADMITTED:09/11/2017

			Reference	Units
Collected	09/11/2017 23:29[7]			
Ord Physician	ZAHEER, SYED J, MD			
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

[7]Critical values were called (b)(6); (b)(7)(C) RN by I B 32001 on 09/12/2017 00:03 AM. Results were read back by (b)(6); (b)(7)(C).
[8]RESULT CALLED TO (b)(6); (b)(7)(C) RN (ER) AT 0003 THEN READ BACK //HH/
[9]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.

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PATIENT: **ALMAZON RUIZ, FELIPE** MR #: V0010282353
DOB: 06/26/1966
SEX: M LOC: ER LIVINGSTON
ENCOUNTER #: V0300267948
ATTD.PHYSICIAN: (b)(6); (b)(7)(C) ADMITTED:09/11/2017

		Reference	Units
Collected	09/11/2017 23:29[18]		
Ord Physician	ZAHEER, SYED J, MD		
Pro-BNP(B-Peptide)	**4850**[11] **HP**	0-125	pg/ml

[18]Critical values were called (b)(6); (b)(7)(C) by I-H32001 on 09/12/2017 00:03 AM. Results were read back b (b)(6); (b)(7)(C) RN.
[11]RESULT CALLED TO (b)(6); (b)(7)(C) (ER) AT 0003 THEN READ BACK //HH/

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PATIENT: **ALMAZON RUIZ, FELIPE** MR #: V0010282353
DOB: 06/26/1966
SEX: M LOC: ER LIVINGSTON
ENCOUNTER #: V0300267948
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	O	ZAHEER, SYED J, MD
		Rh	Positive	
		Antibody Screen	Negative	
09/11/2017 22:13	CROSSMATCH x 2	Crossmatch	Completed: Compatible	ZAHEER, SYED J, MD

CHI St. Luke's Health

Lufkin • Livingston • San Augustine
Memorial Specialty

BLOOD BANK TRANSFUSION RECORD

0300287948 SPA
ALMAZON RUIZ, FELIPE
ED 09/11/2017 0010282353
DOB: 06/26/1956 51Y M

Patient ABO/Rh: O POSITIVE

Donor ABO/Rh: O POSITIVE

Product: LR - PRBC

Donor Unit W0446 17 361217

Crossmatch Interpretation: COMPATIBLE

Tech ID (b)(6); (b)(7)(C)

Blood Band #: [redacted]

Antibody Screen: NEGATIVE

Segment # : E5204141A

Expiry Date: 10-21-17

Unit # : 192

Date/Time: 9/17 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.

X _____ Date _____ Time _____

X _____ Date _____ Time _____

REV. (01/30/15) KWIK KOPY PRINTING

CHI St. Luke's Health

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Memorial Specialty

BLOOD BANK TRANSFUSION RECORD

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-PRBC

Donor Unit W046 17 361220
Crossmatch Interpretation: COMPATIBLE

Tech ID: (b)(6); (b)(7)(C)

Blood Band #: [redacted]

Antibody Screen: NEGATIVE
Segment # : E5204109A
Expiry Date: 11-24-17
Unit # : 2092

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. (01/2015) KWIK KOPY PRINTING

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BLOOD BANK TRANSFUSION RECORD

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 - PRBC
Donor Unit W046 17 361217
Crossmatch Interpretation: COMPATIBLE
Tech ID: (b)(6); (b)(7)(C)

RELEASED
9/12/17
(b)(6); (b)(7)(C)

Blood Band #: [redacted]
Antibody Screen: NEGATIVE
Segment # : E5204141A
Expiry Date: 10-21-17
Unit # : 1 of 2

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 KOPY PRINTING

CHI St. Luke's Health

Lufkin • Livingston • San Augustine
Memorial Specialty

BLOOD BANK TRANSFUSION RECORD

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 - PRBC
Donor Unit W046 17 361220
Crossmatch Interpretation: COMPATIBLE
Tech ID: (b)(6); (b)(7)(C)

RELEASED
9/12/17

Blood Band #: [redacted]
Antibody Screen: NEGATIVE
Segment # : E5204109A
Expiry Date: 10-21-17
Unit # : 2 of 2

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								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 Medications			
	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:	**06/26/1966**
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:	Zaheer	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	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		25mcg	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.	09/12/2017 02:33
		Personal needs met	
		Other	

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		
	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 Pt resting, no complaints voiced at this time Pt. denies any complaints at this time.	09/12/2017 02:33

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. EJ by	(b)(6);	**09/12/2017 02:36**
	Rounding Status	Pt resting, no complaints voiced at this time Pt. denies any complaints at this time.	09/12/2017 02:35

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 Pt resting, no complaints voiced at this time Pt. denies any complaints at this time.	09/12/2017 06:18

MMC LIVINGSTON

Daily Focus Assessment Report

09/11/2017 21:02 Through **09/14/2017 04:01**

Patient Name:	**ALMAZON RUIZ, FELIPE**				
Visit ID:	**0300267940**	MR Number:	**0010282353**	DOB:	**08/26/1986**
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: **0010282353** DOB: **06/26/1966**
Discharged: **09/12/2017 07:00** Attending: (b)(6); (b)(7)(C)

Allergies	**Allergy Date**
No Known Allergies Last Documented by (b)(6); (b)(7)(C) on 09/11/2017 21:35	09/11/2017

Vitals **Entered By:** (b)(6); (b)(7)(C) **Pt. Location:** UNKNOWN_LOCATION UNKNOWN_BED

	Temp	Pulse	Resp	BP	O2 %	Ht	Wt	Entry Date
09/11/2017 21:36	98.1 F Forehead		18		99.0%	61.00 in	77.13 kgs	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	Entry Date
09/12/2017 00:49		91						09/12/2017 02:37
09/12/2017 04:10				142/109 Arm,Upper Lt				09/12/2017 05:58

Assessment Date **Transfer** **Entered By:** (b)(6); (b)(7)(C) **Pt. Location:** LIV EMERGENCY DEPARTMENT RM-04-A

			Entry Date
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 06:56**
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 infusin**		**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: [redacted] 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) n 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:**	

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: **08/26/1966**

Admitted: **09/11/2017 21:02** Attending: (b)(6); (b)(7)(C)

Assessment Date ***IV Site:*** ***Jugular, Left***

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**
Visit Id: **0300267948**
Birth Date: **08/26/1966**
Attend Phys: (b)(6); (b)(7)(C)

Med Rec No: **0010282353**
Admitted: **09/11/2017 21:02**
Discharged: **09/12/2017 07:00**

Vital Type	Assess Date/Time: 09/11/2017 21:36 Bed: UNKNOWN_BE	Assess Date/Time: 09/12/2017 00:29 Bed: RM-04-A	Assess Date/Time: 09/12/2017 00:31 Bed: RM-04-A	Assess Date/Time: 09/12/2017 00:34 Bed: RM-04-A	Assess Date/Time: 09/12/2017 00:37 Bed: RM-04-A	Assess Date/Time: 09/12/2017 00:40 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
	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	90 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**
Birth Date: **06/26/1966**
Attend Phys (b)(6); (b)(7)(C)

Med Rec No: **0010282353**
Admitted: **09/11/2017 21:02**
Discharged: **09/12/2017 07:00**

Vital Type	Assess Date/Time: 09/12/2017 04:10 Bed: RM-04-A	Assess Date/Time: 09/12/2017 04:40 Bed: RM-04-A	Assess Date/Time: 09/12/2017 05:10 Bed: RM-04-A	Assess Date/Time: 09/12/2017 05:40 Bed: RM-04-A
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

The cells below display the Vital Signs, Notes, Documenter, Co-signer (if applicable), and Date/Time entered.

* = calculation

Staff IDs:
brwr (b)(6); (b)(7)(C)
gelb

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

ATTN:

From: Texan EMS

Subject: EMS Patient Care Report **Fax/Print Date:** 09/18/2017

To: Conroe Regional (**Fax:**)
From: TEXAN EMS LLC (**Phone:** 0)

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:	06:45:56	**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

Allergies: NKDA
Current Medication: no list presented
Pertinent Past History: HTN

Patient Information

Last Name: Almazon Ruiz
First Name: Felipe **Middle Initial:**
DOB: 06/26/1966 **Weight (lb):** **Height (ft):**
Physician Name: none
Address: 3400 FM 350 S.
City: LIVINGSTON **State:** TX **Zip:** 77351
County: POLK **Phone:** 9369678000

Next of Kin

Name: **Phone:**

Origin

Facility: CHI St. Lukes of East Texas
Street Address: 1717 Hwy 59 Bypass
City: LIVINGSTON **Zip:** 77351
County POLK **Phone #:** 936-327-8500

Patient Assessment

Suspected Illnesses: Abdominal pain/problems
Skin: Normal
Abdominal: Normal
Breathing: Clear L+R
EKG Revealed: NSR (07:04:55)
Amputations:
Extremities:
Decubitus To:
Site of Pain: **Pain Scale:**
Patient Has In Place: IV octreomide 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)

Vital Signs & Interventions

Interventions: Assessment, Cardiac monitoring, IV fluids, IV medicaton, Oxygen

Vitals

BP	Pulse	Resp	SpO_2	$+O_2$	$EtCO_2$	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/h	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 Paramedic (b)(6); (b)(7)(C) responded to CHI St. Lukes of East Texas on 1717 Hwy 59 Bypas (b)(6); for a 51 year old Male requiring transport to Conroe Regional on 504 Medical Center Blvd, CONROE for tx 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 Abnormalties. EKG: (07:04:55) NSR. Primary Assessment: [Pt has no compaints. Pt receiving O2 2lpm via NC. EKG reveals NSR.C]. Secondary Assessment: HEENT: Head: Assessed with No Abnormalties. Ears: Assessed with No Abnormalties. Throat: Assessed with No Abnormalties. Chest: Assessed with No Abnormalties. BBS: Clear L+R. ABD (b)(6); (b)(7)(Assessed with No Abnormalties. Back: Assessed with No Abnormalties. PMS: no abnormalties 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 n place: IV octreomide 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 Nam** (b)(6); (b)(7)(C)

Report Ends.

PARALLON
BUSINESS SOLUTIONS

HOUSTON SSC FAX

TO:	(b)(6); (b)(7)(C)	FROM:	(b)(6); (b)(7)(C) - Houston
FAX:	919369678845	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:	TIME OF DEATH:	DEATH PRONOUNCED BY:
9/17/17	0515	☒ 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
Death certificate to be completed by: ☒ Attending physician
☐ Other: _____
☐ JP: _____

JUSTICE OF THE PEACE (JP) NOTIFICATION: ☐ NA
☒ JP notified: Judge Mack
Reason: Prisoner
☐ JP released remains *(Send email to RM with patient information)*
☒ JP requested autopsy
**Note: Consent from next of kin is not required if an autopsy is ordered by a Justice of the Peace or Medical Examiner as part of a death inquest.*

(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
   ☒ 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**" (EDEMF9773).*

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, I 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: EICKENHORST FUNERAL SERVICES c/o MONT. COUNTY FORENSICS CEN.
Address: 350 WILKE RD CONROE TX 77301 Telephone number: 936 539-3791

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 (b)(6); (b)(7)(C) nicable disease on tag per policy.
Funeral (b)(6); (b)(7)(C)
☐ For transportation service only.
Remains to be transported to above named funeral home.
Signature _____ Date: 9-17-2017 Time: 9:30 AM
Witness: _____ Date: 9-17-17 Time: 0930

EDEMF0322 CRMCHCCP02 09/17/2017 05:37 OWZ9489

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

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

TOD 0515

Conroe Regional MEDICAL CENTER

DOD 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	COMM	09/12/17	BH9023078383

PATIENT
Soc Sec No: xxx-xx-5555 DOB: 06/26/66 Age: 51 Sex: M MS: S Race: Othe Religion: NON
Address: 3400 FM 350 SOUTH
LIVINGSTON,TX 77351
Home Ph: 936-967-8000 County:

PATIENT EMPLOYER
UNEMPLOYED
UMEMPLOYED
N/A,TX 99999
Work Phone: 999-999-9999
Occupation: UNEM

GUARANTOR
RUIZ,FELIPE SS#: xxx-xx-5555
Address: 3400 FM 350 SOUTH
LIVINGSTON,TX 77351
Home Ph:936-967-8000 County:
Relationship to Patient: SELF DOB: 01/01/01

GUARANTOR EMPLOYER
UNEMPLOYED
UMEMPLOYED
N/A,TX 99999
Work Phone: 999-999-9999
Occupation: UNEM

OTHER GUARANTOR
IAH DENTENTION,SERVICE SS#: 777 77 7777
Address:
Home Ph: County:
Relationship to Patient: OTHER DOB: 01/01/01

OTHER GUARANTOR EMPLOYER
Work Phone:
Occupation:

PERSON TO NOTIFY
RUIZ,FELIPE
3400 FM 350 SOUTH
LIVINGSTON,TX 77351
Home: 936-867-8000 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/I
Ins Verif: 09/12/17
Verf 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/I
Ins Verif: 09/12/17
Verf Phone: SEE CARD
Pre Cert Phone:
Contact:

INSURANCE # 3
Phone:

Ins # 3:
Policy #:
Subscriber:
Rel to Pt:
Eff: To: Rel: Assign:
Group:

AUTHORIZATION
Treat/Precert:
Ins Verif:
Verf 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 Prgm.:
Preferred Lang: ENG

PHYSICIANS
Attending Physician: Ansari,Nazia MD
Admitting Physician: Ansari,Nazia MD
Emergency Room Physician:
Prime Care Physician: Abbas,Ali MD
Family Physican:
Other Physician: Abbas,Ali MD

ADMISSION/REGISTRATION

Date:	Time:	Source:	Rm/Bed:	Arrival:	Principal Admitting Diagnosis/Reason for Visit:	Admitted by:
09/12/17	08:20	Trns From a Hospital	CCU36/D		UPPER GI BLEED	R.BAD.SR1

FACILITY COPY

Printed By/ Device/ Printer: B.NUR.ADA / CRMCH3NUW35.2 / CRMCHCCP02

UH9023078383

FELIPE

FACE
FACESHEET

Conroe Regional Medical Center

Page 1 of 1
EADMF0001 / Rev. Date

c RUIZ,FELIPE
Acct # BH9023078383 MR# 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:	TIME OF DEATH:	DEATH PRONOUNCED BY:
9/17/17	0515	☒ 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
Death certificate to be completed by: ☒ Attending physician
☐ Other: _____
☐ JP: _____

JUSTICE OF THE PEACE (JP) NOTIFICATION: ☐ NA
☒ JP notified: Judge Mack
Reason: Prisoner
☐ JP released remains *(Send email to RM with patient information)*
☒ JP requested autopsy
**Note: Consent from next of kin is not required if an autopsy is ordered by a Justice of the Peace or Medical Examiner as part of a death inquest.*

(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 MS ☒ 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" (EDEMF9773).*

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, I 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: EICKENHORST FUNERAL SERVICES c/o MONT. COUNTY FORENSICS CEN.
Address: 350 HILMX RD. CONROE TX 77301 Telephone number: 936 539-3791

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.

Funeral Home License: 113959
(b)(6); (b)(7)(C)
☐ For transportation service only.
Remains to be transported to above named funeral home.
Signature: _____ Date: 9-17-2017 Time: 9:30 AM
Witness: _____ Date: 9-17-17 Time: 0930

EDEMF0322 CRMCHCCP02 09/17/2017 05:37 OWZ9489

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 Org: (b)(6); (b)(7)(C) 6562 to determine eligibility for organ donation.
2. LifeGift Coordinator: 2017-09-1502
3. LifeGift Response:
   - [X] 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 Services at (713) 797-8111 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:
   - [X] 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:_____

EDEMF0322 CRMCHCCP32 09/17/2017 05:37 QWZ9480

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 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:
   - [X] 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:
   - [X] 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) 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:_____

EDEMF0322 CRMCHICCP02 09/17/2017 05:37 OWZ9489

Conroe Regional MEDICAL CENTER

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

Patient	Unit #	Service/Location	Status	F/C	Date	Account#
c RUIZ,FELIPE	BH00861890	CORONARY CARE	DIS IN	COMM	09/12/17	BH9023078383

PATIENT
Soc Sec No: xxx-xx-5555 DOB: 06/26/66 Age: 51 Sex: M MS: S Race: Othe Religion: NON
Address: 3400 FM 350 SOUTH
LIVINGSTON,TX 77351
Home Ph: 936-967-8000 County:

PATIENT EMPLOYER
UNEMPLOYED
UMEMPLOYED
N/A,TX 99999
Work Phone: 999-999-9999
Occupation: UNEM

GUARANTOR
RUIZ,FELIPE SS# xxx-xx-5555
Address: 3400 FM 350 SOUTH
LIVINGSTON,TX 77351
Home Ph: 936-967-8000 County:
Relationship to Patient: SELF DOB: 01/01/01

GUARANTOR EMPLOYER
UNEMPLOYED
UMEMPLOYED
N/A,TX 99999
Work Phone: 999-999-9999
Occupation: UNEM

OTHER GUARANTOR
IAH DENTENTION,SERVICE SS#: 777 77 7777
Address:
Home Ph: County:
Relationship to Patient: OTHER DOB: 01/01/01

OTHER GUARANTOR EMPLOYER
Work Phone:
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
Exp:
Comment:

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/I
Ins Verif: 09/12/17
Verf 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/I
Ins Verif: 09/12/17
Verf Phone: SEE CARD
Pre Cert Phone:
Contact:

INSURANCE #3
Phone:

Ins # 3:
Policy #:
Subscriber:
Rel to Pt:
Eff: To: Rel: Assign:
Group:

AUTHORIZATION
Treat/Precert:
Ins Verif:
Verf Phone:
Pre Cert Phone:
Contact:

OCCURRENCES

Code	Type	Date	Time
11	ONSET OF SYMPTOMS/ILLNESS	09/12/17	

CONDITIONS
Code Type

ACCIDENT INFO
Accident:
Type:
Location of Accident:
Date: Time:
Other persons involved:

Adm Priority: EL
Admission Comment:
Fin. Class: COMM
Special Prgm.:
Preferred Lang: ENG

PHYSICIANS
Attending Physician: (b)(6); (b)(7)(C)
Admitting Physician: (b)(6); (b)(7)(C)
Emergency Room Physician:
Prime Care Physician: (b)(6); (b)(7)(C)
Family Physician:
Other Physician: (b)(6); (b)(7)(C)

ADMISSION/REGISTRATION

Date	Time	Source	Rm/Bed	Arrival	Principal Admitting Diagnosis/Reason for Visit	Admitted by
09/12/17	08:20	Trns From a Hospital	CCU36/D		UPPER GI BLEED	R.BAD.SR1

FACILITY COPY

0913-0071

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

PATIENT NAME: RUIZ,FELIPE
ACCOUNT NO: BH9023078383
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)

WT: HP:B.HIM/FAKAL/NTS
DD: 09/12/2017 15:25:01
DT: 09/12/2017 19:14:36
Conf#: 2035363/DID#: 3001068
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 #: BH9023078383

0912-0324

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

PATIENT NAME: RUIZ,FELIPE
ACCOUNT NO: BH9023078383
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) MD
ATTENDING PHYSICIAN 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

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) MD

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 #: BH9023078383

Conf#: 2035335/DID#: 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 #: BH9023078383

0917-0047

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

PATIENT NAME: RUIZ,FELIPE
ACCOUNT NO: BH9023078383
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) MD
ATTENDING PHYSICIAN MD

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 Dr. Varia 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 treponema with a troponin level of 0.076 and 0.027. He was followed by Dr. Adnan 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.

CONSULTANTS:
1. (b)(6); (b)(7)(C) from GI.
(b)(6); (b)(7)(C) from critical care, (b)(6); (b)(7)(C) from critical care.
3. (b)(6); (b)(7)(C) from cardiology.

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

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

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 #: BH9023078383

0916-0091

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

PATIENT NAME: RUIZ, FELIPE
ACCOUNT NO: BH9023078383
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) MD
ATTENDING PHYSICIAN: MD

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 C[redacted] In the hospital, he was started on octreotide drip and was followed b[redacted] (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 also had mild troponinemia with a troponin level of 0.076 and 0.27. He was followed by (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 #: BH9023078383

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

CONSULTANTS: (b)(6); (b)(7)(C) from GI an (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) MD 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 #: BH9023078383

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#: BH9023078383 ROOM/BED: B.CCU36-D
DOB: 06/26/66 AGE: 51 SEX: M ATTEND: (b)(6); (b)(7)(C)
ADM DT: 09/12/17 AUTHOR:
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:
MR RUIZ IS A 51 YO HM WHO PRESENTED TO MEDICAL ATTENTION VIA A LOCAL JAIL POST TX FROM FLLORIDA 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#:BH00861890
Date:09/17/17 Acct#:
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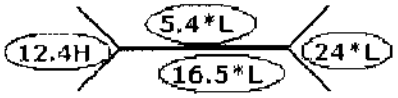
Pulse	101	09/17 0115
Resp	20	09/17 0115
B/P	87/59	09/16 2348
O2 Delivery	Room air	09/16 2348
Temp	37.2	09/16 2348

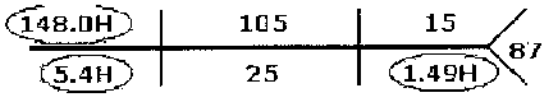
General appearance: altered mental state, respiratory support
Head/Eyes: abnl conjunctiva/sclera (ICTERUS), atraumatic, normocephalic
ENT: normal ear left, normal ear right, normal nose
Neck: full range of motion, non-tender, normal thyroid
Cardiovascular: normal heart sounds, normal S1 S2, regular rate 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:

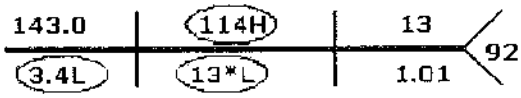
Findings/Data:
Laboratory Tests

09/17/17 0330:

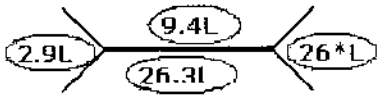


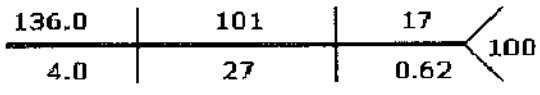


09/17/17 0127:



09/16/17 0535:





Laboratory Tests

09/17 09/17

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

	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
Aller 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	82
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	
Liter Flow (0 L/MIN)	0	
FiO2 (21 - 100 % (calc))	> 100 H	100
Tidal Volume (ML)	500	500
PEEP (0.0 - 99.9 cm H20)	5	5
Pressure Support (0 cm H20)	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	

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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 Acct#:
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	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

Patient: RUIZ,FELIPE
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		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
Eos % (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 #CELLS)		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 Acct#:
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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 (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: (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 Acct#:
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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 POIN THEP T SEEMS TO BE DOING POORLY DESOPITE AGGRESSIVE MEDICAL MANAGEMENT. I AM CONCERNED AOBUT HIS SEPTI SHOCK AND HEMORRHAGIC SHOCK ASSOCIATED WITH CIRRHOSIS AND GIB.L CERTAINLY THE PROGNOSIS ISX QUITE PIOOR. WILL PLAN
DW RN/FP
VIEWED CXR
C LINE
A LINE
NGT TO SUCTION
PRBC
FFP
PLATELETS
PRESSOR SUPPORT/IV FLUIDS
ALBUMION
COANULT HEME/GI
ATX
NEBS
THIAMINE

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

NUTRITION CONSULT
PHARM CONSULT
PAN CULTURES

Electronically Signed b (b)(6); (b)(7)(C) MD on 09/17/17 at 0502

RPT #:0917-0019
END OF REPORT

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#: BH9023078383 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:

* 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	

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(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 (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
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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

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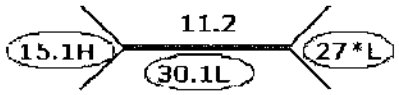
Sodium Chloride 1,000 ML .Q13H20M IV
Lisinopril 20 MG DAILY PO (DC)
Nicardipine/Sodium Chloride 250 ML ASDIR IV
Nicardipine/Sodium Chloride 250 ML .STK-MED ONE IV (DC)

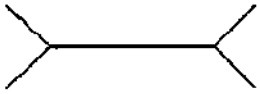
General appearance: alert, awake

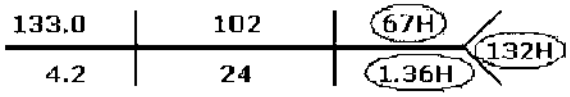
Results
Findings/Data:
Laboratory Tests

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
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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
Date:09/12/17 Acct#:
BH9023078383

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
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

Serology	09/12 1530
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#:
BH9023078383

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#:
BH9023078383

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 extemities
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 octreotidie 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: BH9023078383
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

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

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

PATIENT NAME: RUIZ,FELIPE ACCOUNT #: BH9023078383

0918-0002

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

PATIENT NAME: RUIZ,FELIPE
ACCOUNT NO: BH9023078383
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) MD
ATTENDING PHYSICIAN MD

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 #: BH9023078383

0913-0004

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

PATIENT NAME: RUIZ,FELIPE
ACCOUNT NO: BH9023078383
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 #: BH9023078383

0917-0008

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

PATIENT NAME: RUIZ,FELIPE
ACCOUNT NO: BH9023078383
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

BH9023078383
BH00861890
ECHO2DDOP

Echocardiogram Report

Name: RUIZ, FELIPE
Patient Location: B.ICU4 B.ICU18 W
MRN: BH00861890
URN: BH547883
Account #: BH9023078383
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 cm6-11 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	
Ao V2 max: 161.9 cm/sec	LV V1 max PG: 7.6 mmHg
Ao max PG: 10.5 mmHg	LV V1 max: 137.9 cm/sec
AVA(V,D): 3.0 cm2	
PA V2 max: 111.5 cm/sec	TR max vel: 240.2 cm/sec
PA max PG: 5.0 mmHg	TR max PG: 23.1 mmHg

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) 09/17/2017 12:35 PM
Ordering Physician: (b)(6); (b)(7)(C)

PATIENT NAME: RUIZ,FELIPE ACCOUNT #: BH9023078383

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

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

PATIENT NAME: RUIZ,FELIPE ACCOUNT #: BH9023078383

Patient Name: RUIZ,FELIPE Unit No: BH00861890

EXAMS: CPT CODE:
020699234 NM MYOCRD SPECT R/S MULT 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: BH00861890

EXAMS:	CPT CODE:
020699234 NM MYOCRD SPECT R/S MULT	78452

<Continued>

** Electronically Signed by (b)(6); (b)(7)(C) on 09/16/2017 at 1253 **

Reported and signed by: (b)(6); (b)(7)(C)

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

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

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

936-585 (b)(6); (b)(7)(C)
936-585
M 936-756

Campus: C St: ADM

Patient Name: RUIZ,FELIPE Unit No: BH00861890

EXAMS: CPT CODE:
020699688 XR CHEST 1 V 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); Bickerstaff - Agency
Transcribed Date/Time: 09/17/2017 (0507) By: (b)(6); (b)(7)(C)
Orig Print D/T: S: 09/17/2017 (0510)

CONPOR MED CTR IN/OBS NAME: RUIZ FELIPE

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

Patient Name: RUIZ,FELIPE Unit No: BH00861890

** Report Has Been Amended **

EXAMS: CPT CODE:
020699673 XR CHEST 1 V 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)
(b)(6); (b)(7)(C) t 1:53 AM by WHRA on-call.

** Electronically Signed by (b)(6); (b)(7)(C) **
** on 09/17/2017 at 0154 **
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) 936-585 (b)(6); (b)(7)(C) Campus: C St: ADM
FAX: 936-585

Patient Name: RUIZ,FELIPE Unit No: BH00861890

** Report Has Been Amended **

EXAMS:	CPT CODE:
020699673 XR CHEST 1 V	71010

<Continued>

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

Patient Name: RUIZ,FELIPE Unit No: BH00861890

EXAMS: CPT CODE:
020699673 XR CHEST 1 V 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) M.D.

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)

CONPOE MED CTR IN/OBS NAME: RUIZ FELIPE

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: CPT CODE:
020699678 XR CHEST 1 V 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) M.D. **
** on 09/17/2017 at
Reported and signed by (b)(6); (b)(7)(C) M.D.

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

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

CONROE MED CTR IN/OBS NAME: RUIZ FELIPE

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

Patient Name: RUIZ,FELIPE Unit No: BH00861890

EXAMS: CPT CODE:
020697794 XR CHEST 1 V 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) M.D. **
** 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 NAME: RUIZ FELIPE

Patient Name: RUIZ,FELIPE Unit No: BH00861890

EXAMS: CPT CODE:
020697791 US ABDOMEN LTD 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
Trnscrbd D/T: 09/12/2017 (1909) (b)(6); (b)(7)(C)
Orig Print D/T: S: 09/12/2017 (1913) Probe:

CONROE MED CTR IN/ORS NAME: RUIZ FELIPE

0913-0070

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

PATIENT NAME: RUIZ,FELIPE
ACCOUNT NO: (b)(6); (b)(7)(C)
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)(6); (b)(7)(C)

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

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

8/18/2017	ALMAZAN RUIZ, FELIPE	AlienNumber, A028866428	GCSO17MNI005042	8/18/2017	Final Treatment				c/o of difficulty seeing

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

(b)(6);

(b)(6);

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

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

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

8/22/2017	ALMAZAN RUIZ, FELIPE	AlienNumber, A028866428	GCSO17MNI005042		Manual	(b)(6); (b)(7)(C)	8/23/2017	PT HAS ALREADY BEEN REFERRED TO MD	c/o eyes burning/vision difficulty request glasses/review meds

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

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

8/30/2017	ALMAZAN RUIZ, FELIPE	AlienNumber, A028866428	GCSO17MNI005042	8/30/2017	Final Treatment				inmate c/o painful joints and requests eye exam.

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

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

9/2/2017	ALMAZAN RUIZ, FELIPE	AlienNumber, A028866428	GCSO17MNI005042	9/2/2017	Final Treatment				PATIENT C/O HEADACHE AND EYE PAIN. PATIENT REQUEST GLASSES TO SEE.

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

From: (b)(6); (b)(7)(C)
Sent: 6 Dec 2017 16:33:03 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: Krome and Glades interview list - ADDING ON
Attachments: Almazan-Ruiz Sick Call Logs.pdf

Can you print out one copy of this? Thank you!

(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 (cell)

From: (b)(6); (b)(7)(C)
Sent: Thursday, November 30, 2017 5:10 PM
To (b)(6); (b)(7)(C)
Cc
Subject: RE: Krome and Glades interview list - ADDING ON

The following requested items are attached ..

Glades Medical Staff Interview Schedule
Almazan-Ruiz Sick Call activity log
Glades Medical Staff Listing and Monthly Schedule

From: (b)(6); (b)(7)(C)
Sent: Thursday, November 30, 2017 12:56 PM
To: (b)(6); (b)(7)(C)
Cc:
(b)(6); (b)(7)(C)
Subject: RE: Krome and Glades interview list - ADDING ON

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

Please see below regarding the death inquiry. Three more individuals for interview. Also, the staffing roster and plan, as well as the sick call logs, are requested.

Thanks.

Sent with BlackBerry Work (www.blackberry.com)

From: (b)(6); (b)(7)(C)
Date: Thursday, Nov 30, 2017, 12:42 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Krome and Glades interview list - ADDING ON

Good afternoon,

I apologize to have to add more employees to the list, however we need to speak to 3 LPNs at Glades that triaged sick calls. Unfortunately, their signatures are hard to read and we have not yet received the staffing roster. What we could decipher was:

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

If possible, would we be able to get the medical staffing roster and staffing plan prior to arriving? Also, we are still missing the sick call log. Was there any luck getting that from the contractor. Thank you!

(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 cell)

From (b)(6); (b)(7)(C)
Sent: Thursday, November 30, 2017 12:16 PM
To (b)(6); (b)(7)(C)
Cc
Subject: RE: Krome and Glades interview list

Good afternoon,

I wanted to check back on the interview schedule for Krome and Glades. Will it be possible to get it by tomorrow? Thank you and please let me know if there are any issues.

(b)(6); (b)(7)(C)
Management & Program Analyst
ICE/OPR/ERAU
950 L'Enfant Plaza SW (b)(6);
Washington, DC 20536
202-732 (b)(6); (b)(7)(C) desk)
202-253 cell)

From: (b)(6); (b)(7)(C)
Sent: Monday, November 27, 2017 9:42 AM
T (b)(6); (b)(7)(C)

Cc: (b)(6); (b)(7)(C)
Subject: RE: Krome and Glades interview list

Good morning,

I have attached the interview schedule template we use. I'm also re-attaching the list of people we would like to interview. There is one additional name for Krome, highlighted. There is no change to the Glades list.

Here is a list of documents we will need at Krome for review, if any are available now to be sent we would be glad to review them ahead of time:

- Original copy of the eCW available on site
- Credential files on site: (b)(6); (b)(7)(C) the others were reviewed at the last DDR.
- All scanned medical documents not previously filed in the record
- All complete telephone encounters
- Nursing Guidelines for sore throat, foot fungus, and general body itching (pruritus)
- MARS for the month of August
- MedPARS and schedule of outside appointments for hematology, ophthalmology, and radiology (ultrasound)
- Non-formulary approval of the drug Rifaximin
- Sick call logs for the period of July 11 to August 12, 2017

Here is a list of documents we will need at Glades for review, if any are available now to be sent we would be glad to review them ahead of time:

- Original medical record on site
- Credential files of all interviewees on site
- Staff Roster
- Staff Schedule
- 2017 Staffing Guidelines
- Copies of psychiatry and optometry consultations if done
- Physical examination/dental training record for (b)(6); (b)(7)(C)
- Nursing Protocols for muscular skeletal problems, general pain, and vision disturbance
- Copy of problem list
- Medication administration records for August and September 2017

(b)(6); (b)(7)(C)
Management & Program Analyst
ICE/OPR/ERAU
950 L'Enfant Plaza SW; 1st Floor
Washington, DC 20536
202-732-(b)(6);
202-253-4782 (cell)

From: (b)(6); (b)(7)(C)
Sent: Friday, November 24, 2017 6:22 PM
To: A(b)(6); (b)(7)(C)
Subject: Krone and Glades interview list

Good evening,

I wanted to go ahead and send our interview list for Krome and Glades. On Monday, December 4, we can start at 8:00 with an in-brief and tour at Krome. Interviews can start around 9:15. We will be at Krome Monday and Tuesday - start time Tuesday for interviews can be at 8:30. We will start at Glades on Wednesday, December 6. We plan to leave from Doral and drive up to Moore Haven that morning. The in-brief and tour can start at Glades mid morning. Interviews will start right after. We plan to be there Wednesday and Thursday - start for interviews on Thursday can be at 8:30.

Since we don't know the employees schedules we ask if the facility can fill in the schedule. Each interview will be about 30 minutes with a 15 minute buffer between each one.

The tours are a requirement, however the inbrief and outbriefs are optional. Just let me know if you do want to have those at both locations and I'll factor them in.

Thank you and please let me know if you have any questions.

Sent with BlackBerry Work
(www.blackberry.com)

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

8/18/2017	ALMAZAN RUIZ, FELIPE	AlienNumber, A028866428	GCSO17MNI005042	8/18/2017	Final Treatment				c/o of difficulty seeing

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

8/22/2017	ALMAZAN RUIZ, FELIPE	AlienNumber, A028866428	GCSO17MNI005042		Manual	(b)(6); (b)(7)(C)	8/23/2017	PT HAS ALREADY BEEN REFERRED TO MD	c/o eyes burning/vision difficulty request glasses/review meds

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

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

8/30/2017	ALMAZAN RUIZ, FELIPE	AlienNumber, A028866428	GCSO17MNI005042	8/30/2017	Final Treatment				inmate c/o painful joints and requests eye exam.

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

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

9/2/2017	ALMAZAN RUIZ, FELIPE	AlienNumber, A028866428	GCSO17MNI005042	9/2/2017	Final Treatment				PATIENT C/O HEADACHE AND EYE PAIN. PATIENT REQUEST GLASSES TO SEE.

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

From: (b)(6); (b)(7)(C)
Sent: 10 Oct 2017 14:44:13 -0400
To: (b)(6); (b)(7)(C)
Cc:
Subject: FW: List of Employees to Interview
Attachments: Interview Schedule_ALMAZAN-Ruiz.docx

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

Good afternoon. Please see attached list for interviews. Also email below for the IAH contract physician request.

Please advise if the list and the request is acceptable.

Thank you,

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

SDDO
Montgomery County Detention Center
Conroe, Texas

From: (b)(6); (b)(7)(C)
Date: Tuesday, Oct 10, 2017, 1:38 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: List of Employees to Interview

Attached is the completed Interview Schedule. The only two individuals that are not listed are (b)(6); (b)(7)(C) who has since resigned and no longer employed by MTC, and (b)(6); (b)(7)(C) who is the contracted doctor for IAH. They are requesting if it would be possible to interview Mr. (b)(6); (b)(7)(C) on Tuesday at 17:00 hours.

If you have any questions please let me know.

(b)(6); (b)(7)(C)
Deportation Officer
Conroe, TX
Office – 936-52(b)(6); (b)(7)(C)
Cell – 832-435

From: (b)(6); (b)(7)(C)
Sent: Tuesday, October 10, 2017 7:35 AM
To: (b)(6); (b)(7)(C)
Subject: FW: List of Employees to Interview
Importance: High

Gents,

Good morning. Please coordinate this request and provide a response by Wednesday morning for schedules/availability for interview(s).

Thank you,

(b)(6); (b)(7)(C)
Supervisory Detention and Deportation Officer
COR/Exotic/ERA
500 Hilbig Road
Conroe, Texas 77301
863-873(b)(6); (b)(7)(

From: (b)(6); (b)(7)(C)
Sent: Tuesday, October 10, 2017 7:21 AM
To: (b)(6); (b)(7)(C)
Subject: List of Employees to Interview

Good mornin(b)(6); (b)(7)(C)

Below is a the list of officers and medical personnel that we would like to interview. I have attached our Interview Schedule. Since we don't know everyone's schedule while we are there could someone fill in the times for those from the list below and get it back to us by Thursday? We do like to alternate between Security and Medical, but we know that is not always possible. Some of the documents got to our SMEs late last week which means we may need to add to the list. I will let you know.

Security:
(b)(6); (b)(7)(C) - Performed the Intake
(b)(6); (b)(7)(C) igned off on classification
(b)(6); (b)(7)(C) (first name unknown) - Appears he was the Dorm C officer when detainee was taken to hospital. Nothing logged so I am going off the shift report.
(b)(6); (b)(7)(C) Transported detainee to Hospital on 9/11/17
(b)(6); (b)(7)(C) - Transported detainee to Hospital on 9/11/17
(b)(6); (b)(7)(C) Shift sergeant when detainee went out to hospital
(b)(6); (b)(7)(C) - Shift Supervisor when detainee went out to hospital
(b)(6); (b)(7)(C) - With detainee at hospital when he died.
With detainee at hospital when he died.

*May only need to speak to one of them.

Medical:
(b)(6); (b)(7)(C) RN, HAS **Need to speak with her first, or at least the first part of the first day**
(b)(6); (b)(7)(C) RN, DON - conducted the intake screen
(b)(6); (b)(7)(C) Psych Counselor - conducted the initial mental health assessment
(b)(6); (b)(7)(C) - conducted the emergency assessment prior to ER transport

(b)(6); (b)(7)(C) LVN - responded to the housing unit prior to ER transport

Please let me know if I should work with someone else on this. Also, will you be our contact for onsite? If not, would you know who that would be we have need to request one item to be physically present and also just talk about logistics. Thank you!

(b)(6); (b)(7)(C)
Management & Program Analyst
ICE/OPR/ERAU
950 L'Enfant Plaza SW; (b)(6); (b)(7)(C)
Washington, DC 20536
202-73 (b)(6); (b)(7)(C) (desk)
202-25 (cell)

TUESDAY

INTERVIEW TIME	WITNESS NAME
8:30-8:45AM	In-Brief (Optional)
8:45 –9:15AM	Tour
9:30 -10:00AM	(b)(6); (b)(7)(C)
10:15-10:45AM	
11:00-11:30AM	
11:45-1:00PM	
1:00-1:30PM	
1:45-2:15PM	
2:30-3:00PM	
3:15-3:45PM	
4:00-4:30PM	

WEDNESDAY

INTERVIEW TIME	WITNESS NAME
8:30-9:00AM	
9:15-9:45AM	
10:00 -10:30AM	
10:45-11:15AM	
11:30-12:00PM	
12:00-1:00PM	**LUNCH**
1:00-1:30PM	
1:45-2:15PM	(b)(6); (b)(7)(C)
2:30-3:00PM	
3:15-3:45PM	
4:00-4:30PM	

THURSDAY

INTERVIEW TIME	WITNESS NAME
8:30-9:00AM	
9:15-9:45AM	
10:00 -10:30AM	
10:45-11:15AM	
11:30-12:00PM	
12:00-1:00PM	**LUNCH**
1:00-1:30PM	
1:45-2:15PM	
2:30-3:00PM	
3:15-3:45PM	
4:00-4:30PM	

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

No Photo Available
ALMAZAN RUIZ, FELIPE, #GCSO17MNI005042 @ RELEASE
Male, 51 years old, DOB 6/26/1966
Allergies: NKDA
Diagnoses: CIRRHOSIS OF LIVER WITHOUT ALCOHOL,DEPRESSION,GENERALIZED ANXIETY DISORDER

2017-08	01 Tue	02 Wed	03 Thu	04 Fri	05 Sat	06 Sun	07 Mon	08 Tue	09 Wed	10 Thu	11 Fri	12 Sat	13 Sun	14 Mon	15 Tue	16 Wed	17 Thu	18 Fri
01 - 0430 BS Labs - Send Out																	YES (DSMITH)	
01 - 0430 BS Labs - Send Out																		
02 - 0900 CLOTRIMAZOLE 1 % CRM by mouth 2 times per day for 7 days Req Start: 8/12/2017 Req End: 8/18/2017 Fully Administered: 8/18/2017												(b)(6); Med not available/ will re-fax order	KOP (b)(6);	KOP (b)(6);	KOP (b)(6);	KOP (b)(6);	KOP (b)(6); (b)(7)(C)	KOP
02 - 0900 DOCUSATE SODIUM 100 MG Take 1 Capsule by mouth 2 times per day for 30 days as needed Req Start: 8/12/2017 Req End: 9/10/2017 Discontinued: 9/7/2017												YES (b)(6);	YES (b)(6);	YES (b)(6);	YES (b)(6);	YES (b)(6); (b)(7)(C)	YES	YES
02 - 0900 FOLIC ACID 1 MG Take 1 Tablet by mouth 1 time per day for 30 days Req Start: 8/12/2017 Req End: 9/10/2017 Discontinued: 9/6/2017												YES (b)(6); (b)(7)(C)	YES (b)(6);	YES (b)(6);	NO (b)(6); Med not available/Pharmacy notified via fax	YES (b)(6); (b)(7)(C)	YES	YES
02 - 0900 HYDROCORTISONE 1 % CRM topical 2 times per day for 7 days Req Start: 8/12/2017 Req End: 8/18/2017 Fully Administered: 8/18/2017												YES	YES (b)(6);	YES (b)(6);	NO (b)(6); Med not available/Pharmacy notified via fax	NO (b)(6); (b)(7)(C) Med not available/ will re-fax order	NO Med not available/ will re-fax order	NO Med not available/Phar notified via fa
02 - 0900 IBUPROFEN 200 MG Take 2 Tablets by mouth 2 times per day for 5 days as needed Req Start: 8/24/2017 Req End: 8/29/2017 Fully Administered: 8/29/2017																		
02 - 0900 LACTULOSE 10 GM/15 ML SOLN 10 SOLN by mouth 2 times per day for 30 days as needed Req Start: 8/12/2017 Req End: 9/10/2017 Discontinued: 9/6/2017												YES (b)(6);	YES (b)(6);	YES (b)(6);	NO (b)(6); not available/Pharmacy notified via fax	YES (b)(6); (b)(7)(C)	YES	YES
02 - 0900 Maalox 30 cc Take 1 Liquid by mouth 2 times per day for 5 days as needed Req Start: 8/12/2017 Req End: 8/16/2017 Fully Administered: 8/16/2017												YES (b)(6);	YES (b)(6);	YES (b)(6);	YES (b)(6);	YES (b)(6);		
02 - 0900 MULTIVITAMIN Take 1 Tablet by mouth 1 time per day for 30 days Req Start: 8/12/2017 Req End: 9/10/2017 Discontinued: 9/6/2017												YES (b)(6);	YES (b)(6);	YES (b)(6);	YES (b)(6); (b)(7)(C)	YES (b)(6); (b)(7)(C)	YES	YES
02 - 0900 OMEPRAZOLE DR 20 MG CAPSULE 20 Take 1 Capsule by																		

mouth 1 time per day for 30 days Req Start: 8/12/2017 Req End: 9/10/2017 Discontinued: 9/6/2017	YES (b)(6); (b)(7)(C)		YES (b)(6);	YES (b)(6)	YES (b)(6); (b)(7)(C)	YES	YES
02 - 0900 PROCTOSOL 2.5% Apply 1 Cream topical 2 times per day for 30 days Req Start: 8/14/2017 Req End: 9/13/2017 Discontinued: 9/7/2017				KOP (b)(6);	KOP (b)(6); (b)(7)(C)	KOP	KOP (b)(6);
02 - 0900 SERTRALINE HCL 100 MG TAB 100 Take 1 Tablet by mouth 1 time per day for 60 days Req Start: 8/23/2017 Req End: 10/21/2017 Discontinued: 9/7/2017							
02 - 0900 SPIRONOLACTONE 25 MG TABLET 25 Take 1 Tablet by mouth 2 times per day for 30 days Req Start: 8/12/2017 Req End: 9/10/2017 Discontinued: 9/6/2017	YES (b)(6); (b)(7)(C)		YES (b)(6);	YES (b)(6);	YES (b)(6); (b)(7)(C)	YES	YES
02 - 0900 TRIAMCINOLONE 0.1% CREAM 0.1 CRM 2 times per day for 60 days Req Start: 8/14/2017 Req End: 10/13/2017 Discontinued: 9/7/2017				KO (b)(6);	KOP (b)(6); (b)(7)(C)	KOP	KOP (b)(6); (b)(7)(
02 - 0900 XIFAXAN 550 MG TAB 550 Take 1 Tablet by mouth 2 times per day for 30 days Req Start: 8/12/2017 Req End: 9/10/2017 Discontinued: 9/6/2017	NO (b)(6); Med not available/Pharmacy notified via telephone	NO (b)(6); Med not available/Pharmacy notified via fax	NO (b)(6); Med not available/ will re-fax order	NO (b)(6) Med not available/Pharmacy notified via fax	YES (b)(6);	NO (b)(6); (b)(7)(C) Med not available/ will re-fax order	NO Med not available/Phar notified via fa
05 - 2100 CLOTRIMAZOLE 1 % CRM by mouth 2 times per day for 7 days Req Start: 8/12/2017 Req End: 8/18/2017 Fully Administered: 8/18/2017	NO (b)(6); Med not available/ will re-fax order	NO (b)(6); Med not available/ will re-fax order	KOP (b)(6); (b)(7)(C)	KOP	KOP	KOP	KOP
05 - 2100 DOCUSATE SODIUM 100 MG Take 1 Capsule by mouth 2 times per day for 30 days as needed Req Start: 8/12/2017 Req End: 9/10/2017 Discontinued: 9/7/2017	YES (b)(6); (b)(7)(	YES (b)(6);	YES (b)(6);	YES (TW (b)(6);	YES (b)(6); (b)(7)(C)	YES	YES (b)(6);
05 - 2100 HYDROCORTISONE 1 % CRM topical 2 times per day for 7 days Req Start: 8/12/2017 Req End: 8/18/2017 Fully Administered: 8/18/2017	YES (b)(6);	YES (b)(6);	YES (b)(6);	YES (b)(6);	YES (b)(6); (b)(7)(C)	YES	KO (b)(6); (b)(7)(C)
05 - 2100 IBUPROFEN 200 MG Take 2 Tablets by mouth 2 times per day for 5 days as needed Req Start: 8/24/2017 Req End: 8/29/2017 Fully Administered: 8/29/2017							
05 - 2100 LACTULOSE 10 GM/15 ML SOLN 10 SOLN by mouth 2 times per day for 30 days as needed Req Start: 8/12/2017 Req End: 9/10/2017	YES (b)(6);	YES (b)(6);	YE (b)(6);	YES (b)(6);	YES (b)(6); (b)(7)(C)	YES	YES (b)(6)

Discontinued: 9/6/2017																									
05 - 2100 Maalox 30 cc Take 1 Liquid by mouth 2 times per day for 5 days as needed Req Start: 8/12/2017 Req End: 8/16/2017 Fully Administered: 8/16/2017												YES (b)(6);	NO (b)(6); NOT NEEDED	NO (b)(6); NOT NEEDED	YES (b)(6);	YES (b)(6);									
05 - 2100 PROCTOSOL 2.5% Apply 1 Cream topical 2 times per day for 30 days Req Start: 8/14/2017 Req End: 9/13/2017 Discontinued: 9/7/2017														YES (b)(6)	NO (b)(6); Med not available/Pharmacy notified via fax	KOP (b)(6); (b)(7)(C)	KOP	KO (b)(6);							
05 - 2100 SERTRALINE HCL 100 MG TAB 100 Take 1 Tablet by mouth 1 time per day for 14 days Req Start: 8/12/2017 Req End: 8/25/2017 Discontinued: 8/22/2017												YES (b)(6);	YES (b)(6);	YES (b)(6);	YES (b)(6);	YES (b)(6); (b)(7)(C)	YES	YES (b)(6);							
05 - 2100 SPIRONOLACTONE 25 MG TABLET 25 Take 1 Tablet by mouth 2 times per day for 30 days Req Start: 8/12/2017 Req End: 9/10/2017 Discontinued: 9/6/2017												YES (b)(6);	YES (b)(6);	YES (b)(6)	YES (b)(6);	YES (b)(6); (b)(7)(C)	YES	YES (b)(6);							
05 - 2100 TRAZODONE 50 MG TABLET 50 1 po q HS Req Start: 8/22/2017 Req End: 10/20/2017 Discontinued: 9/7/2017																									
05 - 2100 TRAZODONE 50 MG TABLET 50 Take 1 Tablet by mouth 1 time per day for 14 days Req Start: 8/12/2017 Req End: 8/25/2017 Discontinued: 8/22/2017												YES (b)(6); (b)(7)(C)	YES (b)(6);	YES (b)(6);	YES (b)(6);	YES (b)(6); (b)(7)(C)	YES	YES (b)(6);							
05 - 2100 TRAZODONE HCL 50 MG 1/2 tab PO at bedtime x 60 days Req Start: 8/22/2017 Req End: 10/20/2017 Discontinued: 9/7/2017																									
05 - 2100 TRAZODONE HCL 50 MG Take 1 Tablet by mouth 1 time per day for 30 days Req Start: 8/12/2017 Req End: 9/10/2017 Discontinued: 8/12/2017																									
05 - 2100 TRIAMCINOLONE 0.1% CREAM 0.1 CRM 2 times per day for 60 days Req Start: 8/14/2017 Req End: 10/13/2017 Discontinued: 9/7/2017														YES (b)(6)	NO (b)(6); Med not available/Pharmacy notified via fax	KOP (b)(6);	KOP (b)(6);	KOP (b)(6);							
05 - 2100 XIFAXAN 550 MG TAB 550 Take 1 Tablet by mouth 2 times per day for 30 days Req Start: 8/12/2017 Req End: 9/10/2017 Discontinued: 9/6/2017												NO (b)(6); Med not available/ will re-fax order	NO (b)(6); Med not available/ will re-fax order	YES (b)(6)	YES (b)(6);	NO (b)(6); Med not available/ will re-fax order	NO (b)(6); Med not available/ will re-fax order	NO (b)(6); Med not available/Phar notified via fa							

Legend									
White	Outside Prescription/Order's start and end date	Green	Dose/Treatment was administered	Red	Dose/Treatment was NOT administered	Blue	Future Dose/Treatment to be administered	Yellow	Missed Dose/Treatment

Purple	Treat ONCE during this time	Silver	Dose/Treatment is NOT to be administered	Orange	PRN - Dispense/Treat as needed	Pink	Dose previously dispensed (KOP)

Details

Date	Yes-No-KOP	Shift	Medication/Order	User	Reason	Comments
8/12/2017	YES	02 - 0900	FOLIC ACID 1 MG	(b)(6); (b)(7)(C)	NA	NA
8/12/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
8/12/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
8/12/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
8/12/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/12/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/12/2017	NO	02 - 0900	CLOTRIMAZOLE 1 %		Med not available/ will re-fax order	NA
8/12/2017	YES	02 - 0900	HYDROCORTISONE 1 %		NA	NA
8/12/2017	NO	02 - 0900	XIFAXAN 550 MG TAB 550		Med not available/Pharmacy notified via telephone	NA
8/12/2017	YES	02 - 0900	Maalox 30 cc		NA	NA
8/12/2017	YES	05 - 2100	SERTRALINE HCL 100 MG TAB 100		NA	NA
8/12/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA
8/12/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/12/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/12/2017	NO	05 - 2100	CLOTRIMAZOLE 1 %		Med not available/ will re-fax order	NA
8/12/2017	YES	05 - 2100	HYDROCORTISONE 1 %		NA	NA
8/12/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
8/12/2017	NO	05 - 2100	XIFAXAN 550 MG TAB 550		Med not available/ will re-fax order	NA
8/12/2017	YES	05 - 2100	Maalox 30 cc		NA	NA
8/13/2017	YES	02 - 0900	FOLIC ACID 1 MG		NA	NA
8/13/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
8/13/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
8/13/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
8/13/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/13/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/13/2017	KOP	02 - 0900	CLOTRIMAZOLE 1 %		NA	NA
8/13/2017	YES	02 - 0900	HYDROCORTISONE 1 %		NA	NA
8/13/2017	NO	02 - 0900	XIFAXAN 550 MG TAB 550		Med not available/Pharmacy notified via fax	NA
8/13/2017	YES	02 - 0900	Maalox 30 cc		NA	NA
8/13/2017	YES	05 - 2100	SERTRALINE HCL 100 MG TAB 100		NA	NA
8/13/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA
8/13/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/13/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/13/2017	NO	05 - 2100	CLOTRIMAZOLE 1 %		Med not available/ will re-fax order	NA
8/13/2017	YES	05 - 2100	HYDROCORTISONE 1 %		NA	NA
8/13/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
8/13/2017	NO	05 - 2100	XIFAXAN 550 MG TAB 550		Med not available/ will re-fax order	NA
8/13/2017	NO	05 - 2100	Maalox 30 cc		NOT NEEDED	NA
8/14/2017	YES	02 - 0900	FOLIC ACID 1 MG		NA	NA
8/14/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
8/14/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
8/14/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
8/14/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/14/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/14/2017	KOP	02 - 0900	CLOTRIMAZOLE 1 %		NA	NA
8/14/2017	YES	02 - 0900	HYDROCORTISONE 1 %		NA	NA
8/14/2017	NO	02 - 0900	XIFAXAN 550 MG TAB 550		Med not available/ will re-fax order	NA
8/14/2017	YES	02 - 0900	Maalox 30 cc		NA	NA
8/14/2017	YES	05 - 2100	SERTRALINE HCL 100 MG TAB 100		NA	NA
8/14/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA
8/14/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/14/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/14/2017	KOP	05 - 2100	CLOTRIMAZOLE 1 %		NA	NA
8/14/2017	YES	05 - 2100	HYDROCORTISONE 1 %		NA	NA
8/14/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
8/14/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550		NA	NA
8/14/2017	NO	05 - 2100	Maalox 30 cc		NOT NEEDED	NA
8/14/2017	YES	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/14/2017	YES	05 - 2100	PROCTOSOL 2.5%		NA	NA
8/15/2017	NO	02 - 0900	FOLIC ACID 1 MG		Med not available/Pharmacy notified via fax	NA
8/15/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
8/15/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
8/15/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
8/15/2017	NO	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		Med not available/Pharmacy notified via fax	NA
8/15/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/15/2017	KOP	02 - 0900	CLOTRIMAZOLE 1 %		NA	NA
8/15/2017	NO	02 - 0900	HYDROCORTISONE 1 %		Med not available/Pharmacy notified via fax	NA

8/15/2017	NO	02 - 0900	XIFAXAN 550 MG TAB 550	(b)(6); (b)(7)(C)	Med not available/Pharmacy notified via fax	NA
8/15/2017	YES	02 - 0900	Maalox 30 cc		NA	NA
8/15/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/15/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
8/15/2017	YES	05 - 2100	SERTRALINE HCL 100 MG TAB 100		NA	NA
8/15/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA
8/15/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/15/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/15/2017	KOP	05 - 2100	CLOTRIMAZOLE 1 %		NA	NA
8/15/2017	YES	05 - 2100	HYDROCORTISONE 1 %		NA	NA
8/15/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
8/15/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550		NA	NA
8/15/2017	YES	05 - 2100	Maalox 30 cc		NA	NA
8/15/2017	NO	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		Med not available/Pharmacy notified via fax	NA
8/15/2017	NO	05 - 2100	PROCTOSOL 2.5%		Med not available/Pharmacy notified via fax	NA
8/16/2017	YES	02 - 0900	FOLIC ACID 1 MG		NA	NA
8/16/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
8/16/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
8/16/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
8/16/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/16/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/16/2017	KOP	02 - 0900	CLOTRIMAZOLE 1 %		NA	NA
8/16/2017	NO	02 - 0900	HYDROCORTISONE 1 %		Med not available/ will re-fax order	NA
8/16/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550		NA	NA
8/16/2017	YES	02 - 0900	Maalox 30 cc		NA	NA
8/16/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/16/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
8/16/2017	YES	05 - 2100	SERTRALINE HCL 100 MG TAB 100		NA	NA
8/16/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA
8/16/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/16/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/16/2017	KOP	05 - 2100	CLOTRIMAZOLE 1 %		NA	NA
8/16/2017	YES	05 - 2100	HYDROCORTISONE 1 %		NA	NA
8/16/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
8/16/2017	NO	05 - 2100	XIFAXAN 550 MG TAB 550		Med not available/ will re-fax order	NA
8/16/2017	YES	05 - 2100	Maalox 30 cc		NA	NA
8/16/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/16/2017	KOP	05 - 2100	PROCTOSOL 2.5%		NA	NA
8/17/2017	YES	01 - 0430 BS	Labs - Send Out		NA	NA
8/17/2017	YES	02 - 0900	FOLIC ACID 1 MG		NA	NA
8/17/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
8/17/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
8/17/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
8/17/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/17/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/17/2017	KOP	02 - 0900	CLOTRIMAZOLE 1 %		NA	NA
8/17/2017	NO	02 - 0900	HYDROCORTISONE 1 %		Med not available/ will re-fax order	NA
8/17/2017	NO	02 - 0900	XIFAXAN 550 MG TAB 550		Med not available/ will re-fax order	NA
8/17/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/17/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
8/17/2017	YES	05 - 2100	SERTRALINE HCL 100 MG TAB 100		NA	NA
8/17/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA
8/17/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/17/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/17/2017	KOP	05 - 2100	CLOTRIMAZOLE 1 %		NA	NA
8/17/2017	YES	05 - 2100	HYDROCORTISONE 1 %		NA	NA
8/17/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
8/17/2017	NO	05 - 2100	XIFAXAN 550 MG TAB 550		Med not available/ will re-fax order	NA
8/17/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/17/2017	KOP	05 - 2100	PROCTOSOL 2.5%		NA	NA
8/18/2017	YES	02 - 0900	FOLIC ACID 1 MG		NA	NA
8/18/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
8/18/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
8/18/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
8/18/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/18/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/18/2017	KOP	02 - 0900	CLOTRIMAZOLE 1 %		NA	NA
8/18/2017	NO	02 - 0900	HYDROCORTISONE 1 %		Med not available/Pharmacy notified via fax	NA
8/18/2017	NO	02 - 0900	XIFAXAN 550 MG TAB 550		Med not available/Pharmacy notified via fax	NA
8/18/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/18/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
8/18/2017	YES	05 - 2100	SERTRALINE HCL 100 MG TAB 100		NA	NA
8/18/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA

8/18/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10	(b)(6); (b)(7)(C)	NA	NA
8/18/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/18/2017	KOP	05 - 2100	CLOTRIMAZOLE 1 %		NA	NA
8/18/2017	KOP	05 - 2100	HYDROCORTISONE 1 %		NA	NA
8/18/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
8/18/2017	NO	05 - 2100	XIFAXAN 550 MG TAB 550		Med not available/Pharmacy notified via fax	NA
8/18/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/18/2017	KOP	05 - 2100	PROCTOSOL 2.5%		NA	NA
8/19/2017	YES	02 - 0900	FOLIC ACID 1 MG		NA	NA
8/19/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
8/19/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
8/19/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
8/19/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/19/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/19/2017	NO	02 - 0900	XIFAXAN 550 MG TAB 550		Med not available/Pharmacy notified via fax	NA
8/19/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/19/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
8/19/2017	YES	05 - 2100	SERTRALINE HCL 100 MG TAB 100		NA	NA
8/19/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA
8/19/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/19/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/19/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
8/19/2017	NO	05 - 2100	XIFAXAN 550 MG TAB 550		Med not available/Pharmacy notified via fax	NA
8/19/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/19/2017	KOP	05 - 2100	PROCTOSOL 2.5%		NA	NA
8/20/2017	YES	02 - 0900	FOLIC ACID 1 MG		NA	NA
8/20/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
8/20/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
8/20/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
8/20/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/20/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/20/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550		NA	NA
8/20/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/20/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
8/20/2017	YES	05 - 2100	SERTRALINE HCL 100 MG TAB 100		NA	NA
8/20/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA
8/20/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/20/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/20/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
8/20/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550		NA	NA
8/20/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/20/2017	KOP	05 - 2100	PROCTOSOL 2.5%		NA	NA
8/21/2017	NO	02 - 0900	FOLIC ACID 1 MG		Med not available/Pharmacy notified via fax	NA
8/21/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
8/21/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
8/21/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
8/21/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/21/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/21/2017	NO	02 - 0900	XIFAXAN 550 MG TAB 550		Med not available/Pharmacy notified via fax	NA
8/21/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/21/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
8/21/2017	YES	05 - 2100	SERTRALINE HCL 100 MG TAB 100		NA	NA
8/21/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA
8/21/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/21/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/21/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
8/21/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550		NA	NA
8/21/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/21/2017	KOP	05 - 2100	PROCTOSOL 2.5%		NA	NA
8/22/2017	NO	01 - 0430 BS	Labs - Send Out		Unable	NA
8/22/2017	YES	02 - 0900	FOLIC ACID 1 MG		NA	NA
8/22/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
8/22/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
8/22/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
8/22/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/22/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/22/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550		NA	NA
8/22/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/22/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
8/22/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA
8/22/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/22/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/22/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550		NA	NA

8/22/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1	(b)(6); (b)(7)(C)	NA	NA
8/22/2017	KOP	05 - 2100	PROCTOSOL 2.5%		NA	NA
8/22/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
8/22/2017	YES	05 - 2100	TRAZODONE HCL 50 MG		NA	NA
8/23/2017	YES	02 - 0900	FOLIC ACID 1 MG		NA	NA
8/23/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
8/23/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
8/23/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
8/23/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/23/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/23/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550		NA	NA
8/23/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/23/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
8/23/2017	YES	02 - 0900	SERTRALINE HCL 100 MG TAB 100		NA	NA
8/23/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA
8/23/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/23/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/23/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550		NA	NA
8/23/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/23/2017	KOP	05 - 2100	PROCTOSOL 2.5%		NA	NA
8/23/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
8/23/2017	YES	05 - 2100	TRAZODONE HCL 50 MG		NA	NA
8/24/2017	YES	01 - 0430 BS	Labs - Send Out		NA	NA
8/24/2017	YES	02 - 0900	FOLIC ACID 1 MG		NA	NA
8/24/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
8/24/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
8/24/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
8/24/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/24/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/24/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550		NA	NA
8/24/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/24/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
8/24/2017	YES	02 - 0900	SERTRALINE HCL 100 MG TAB 100		NA	NA
8/24/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA
8/24/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/24/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/24/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550		NA	NA
8/24/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/24/2017	KOP	05 - 2100	PROCTOSOL 2.5%		NA	NA
8/24/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
8/24/2017	YES	05 - 2100	TRAZODONE HCL 50 MG		NA	NA
8/24/2017	YES	05 - 2100	IBUPROFEN 200 MG		NA	NA
8/25/2017	YES	02 - 0900	FOLIC ACID 1 MG		NA	NA
8/25/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
8/25/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
8/25/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
8/25/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/25/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/25/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550		NA	NA
8/25/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/25/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
8/25/2017	YES	02 - 0900	SERTRALINE HCL 100 MG TAB 100		NA	NA
8/25/2017	YES	02 - 0900	IBUPROFEN 200 MG		NA	NA
8/25/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA
8/25/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/25/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/25/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550		NA	NA
8/25/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/25/2017	KOP	05 - 2100	PROCTOSOL 2.5%		NA	NA
8/25/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
8/25/2017	YES	05 - 2100	TRAZODONE HCL 50 MG		NA	NA
8/25/2017	YES	05 - 2100	IBUPROFEN 200 MG		NA	NA
8/26/2017	YES	02 - 0900	FOLIC ACID 1 MG		NA	NA
8/26/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
8/26/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
8/26/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
8/26/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/26/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/26/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550		NA	NA
8/26/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/26/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
8/26/2017	YES	02 - 0900	SERTRALINE HCL 100 MG TAB 100		NA	NA
8/26/2017	YES	02 - 0900	IBUPROFEN 200 MG		NA	NA

8/26/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG	(b)(6); (b)(7)(C)	NA	NA
8/26/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/26/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/26/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550		NA	NA
8/26/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/26/2017	KOP	05 - 2100	PROCTOSOL 2.5%		NA	NA
8/26/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
8/26/2017	YES	05 - 2100	TRAZODONE HCL 50 MG		NA	NA
8/26/2017	YES	05 - 2100	IBUPROFEN 200 MG		NA	NA
8/27/2017	YES	02 - 0900	FOLIC ACID 1 MG		NA	NA
8/27/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
8/27/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
8/27/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
8/27/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/27/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/27/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550		NA	NA
8/27/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/27/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
8/27/2017	YES	02 - 0900	SERTRALINE HCL 100 MG TAB 100		NA	NA
8/27/2017	YES	02 - 0900	IBUPROFEN 200 MG		NA	NA
8/27/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA
8/27/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/27/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/27/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550		NA	NA
8/27/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/27/2017	KOP	05 - 2100	PROCTOSOL 2.5%		NA	NA
8/27/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
8/27/2017	YES	05 - 2100	TRAZODONE HCL 50 MG		NA	NA
8/27/2017	YES	05 - 2100	IBUPROFEN 200 MG		NA	NA
8/28/2017	YES	02 - 0900	FOLIC ACID 1 MG		NA	NA
8/28/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
8/28/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
8/28/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
8/28/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/28/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/28/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550		NA	NA
8/28/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/28/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
8/28/2017	YES	02 - 0900	SERTRALINE HCL 100 MG TAB 100		NA	NA
8/28/2017	YES	02 - 0900	IBUPROFEN 200 MG		NA	NA
8/28/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA
8/28/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/28/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/28/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550		NA	NA
8/28/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/28/2017	KOP	05 - 2100	PROCTOSOL 2.5%		NA	NA
8/28/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
8/28/2017	YES	05 - 2100	TRAZODONE HCL 50 MG		NA	NA
8/28/2017	YES	05 - 2100	IBUPROFEN 200 MG		NA	NA
8/29/2017	YES	02 - 0900	FOLIC ACID 1 MG		NA	NA
8/29/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
8/29/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
8/29/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
8/29/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/29/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/29/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550		NA	NA
8/29/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/29/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
8/29/2017	YES	02 - 0900	SERTRALINE HCL 100 MG TAB 100		NA	NA
8/29/2017	YES	02 - 0900	IBUPROFEN 200 MG		NA	NA
8/29/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA
8/29/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/29/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/29/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550		NA	NA
8/29/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/29/2017	KOP	05 - 2100	PROCTOSOL 2.5%		NA	NA
8/29/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
8/29/2017	YES	05 - 2100	TRAZODONE HCL 50 MG		NA	NA
8/30/2017	YES	02 - 0900	FOLIC ACID 1 MG		NA	NA
8/30/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
8/30/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
8/30/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
8/30/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA

8/30/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25	(b)(6); (b)(7)(C)	NA	NA
8/30/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550		NA	NA
8/30/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/30/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
8/30/2017	YES	02 - 0900	SERTRALINE HCL 100 MG TAB 100		NA	NA
8/30/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA
8/30/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/30/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/30/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550		NA	NA
8/30/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/30/2017	KOP	05 - 2100	PROCTOSOL 2.5%		NA	NA
8/30/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
8/30/2017	YES	05 - 2100	TRAZODONE HCL 50 MG		NA	NA
8/31/2017	YES	02 - 0900	FOLIC ACID 1 MG		NA	NA
8/31/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
8/31/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
8/31/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
8/31/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/31/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/31/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550		NA	NA
8/31/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/31/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
8/31/2017	YES	02 - 0900	SERTRALINE HCL 100 MG TAB 100		NA	NA
8/31/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA
8/31/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/31/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/31/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550		NA	NA
8/31/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/31/2017	KOP	05 - 2100	PROCTOSOL 2.5%		NA	NA
8/31/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
8/31/2017	YES	05 - 2100	TRAZODONE HCL 50 MG		NA	NA

No Photo Available
ALMAZAN RUIZ, FELIPE, #GCSO17MNI005042 @ RELEASE
Male, 51 years old, DOB 6/26/1966
Allergies: NKDA
Diagnoses: CIRRHOSIS OF LIVER WITHOUT ALCOHOL,DEPRESSION,GENERALIZED ANXIETY DISORDER

2017-09	01 Fri	02 Sat	03 Sun	04 Mon	05 Tue	06 Wed	07 Thu	08 Fri	09 Sat	10 Sun	11 Mon	12 Tu
01 - 0430 BS CBC												
01 - 0430 BS Labs - Send Out			YES (b)(6); (b)(7)(C)									
01 - 0430 BS Labs - Send Out												
01 - 0430 BS Labs - Send Out												
02 - 0900 DOCUSATE SODIUM 100 MG Take 1 Capsule by mouth 2 times per day for 30 days as needed Req Start: 8/12/2017 Req End: 9/10/2017 Discontinued: 9/7/2017	YES	YES	YES	YES	YES	YES	MISSED (b)(6); (b)(7)(C)					
02 - 0900 FERROUS SULFATE 325MG 1 time per day for 90 days Req Start: 9/7/2017 Req End: 12/5/2017 Discontinued: 9/7/2017												
02 - 0900 FOLIC ACID 1 MG TABLET 1 Take 1 Tablet by mouth 1 time per day for 90 days Req Start: 9/7/2017 Req End: 12/5/2017 Discontinued: 9/7/2017												
02 - 0900 FOLIC ACID 1 MG Take 1 Tablet by mouth 1 time per day for 30 days Req Start: 8/12/2017 Req End: 9/10/2017 Discontinued: 9/6/2017	YES	YES	YES	YES	YES	YES (b)(6); (b)(7)(C)						
02 - 0900 LACTULOSE 10 GM/15 ML SOLN 10 40ml p o daily x 90 days Req Start: 9/7/2017 Req End: 10/7/2017 Discontinued: 9/7/2017												
02 - 0900 LACTULOSE 10 GM/15 ML SOLN 10 SOLN by mouth 2 times per day for 30 days as needed Req Start: 8/12/2017 Req End: 9/10/2017 Discontinued: 9/6/2017	YES	YES	YES	YES	YES	YES (b)(6); (b)(7)(C)						
02 - 0900 MULTIVITAMIN Take 1 Tablet by mouth 1 time per day for 30 days Req Start: 8/12/2017 Req End: 9/10/2017 Discontinued: 9/6/2017	YES	YES	YES	YES	YES	YES (b)(6); (b)(7)(C)						
02 - 0900 MULTIVITAMIN Take 1 Tablet by mouth 1 time per day for 90 days Req Start: 9/7/2017 Req End: 12/5/2017 Discontinued: 9/7/2017												
02 - 0900 OMEPRAZOLE 40 MG CPDR 40 Take 1 Capsule by mouth 1 time per day for 90 days Req Start:												

9/7/2017 Req End: 12/5/2017 Discontinued: 9/7/2017												
02 - 0900 OMEPRAZOLE DR 20 MG CAPSULE 20 Take 1 Capsule by mouth 1 time per day for 30 days Req Start: 8/12/2017 Req End: 9/10/2017 Discontinued: 9/6/2017	YES	YES	YES	YES	YES	YES						
02 - 0900 PREDNISONE 10 MG TABLET 10 Take (1.00) Tablet by mouth 1 time per day for 2 days Req Start: 9/28/2017 Req End: 9/29/2017 Discontinued: 9/7/2017												
02 - 0900 PREDNISONE 10 MG TABLET 10 Take (2.00) Tablets by mouth 1 time per day for 3 days Req Start: 9/25/2017 Req End: 9/27/2017 Discontinued: 9/7/2017												
02 - 0900 PREDNISONE 10 MG TABLET 10 Take (3.00) Tablets by mouth 1 time per day for 3 days Req Start: 9/22/2017 Req End: 9/24/2017 Discontinued: 9/7/2017												
02 - 0900 PREDNISONE 20 MG TABLET 20 Take (3.00) Tablets by mouth 1 time per day for 3 days Req Start: 9/13/2017 Req End: 9/15/2017 Discontinued: 9/7/2017												
02 - 0900 PREDNISONE 20 MG TABLET 20 Take (4.00) Tablets by mouth 1 time per day for 3 days Req Start: 9/10/2017 Req End: 9/12/2017 Discontinued: 9/7/2017												
02 - 0900 PREDNISONE 20 MG TABLET 20 Take 2 Tablets by mouth 1 time per day for 3 days Req Start: 9/19/2017 Req End: 9/21/2017 Discontinued: 9/7/2017												
02 - 0900 PREDNISONE 5 MG TABLET 5 Take (1.00) Tablet by mouth 1 time per day for 2 days Req Start: 9/30/2017 Req End: 10/1/2017 Discontinued: 9/7/2017												
02 - 0900 PREDNISONE 50 MG Take (1.00) Tablet by mouth 1 time per day for 3 days Req Start: 9/16/2017 Req End: 9/18/2017 Discontinued: 9/7/2017												
02 0900 PREDNISONE 50 MG Take 2 Tablets by mouth 1 time per												

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

day for 3 days Req Start: 9/7/2017 Req End: 9/9/2017 Discontinued: 9/7/2017												
02 - 0900 PROCTOSOL 2.5% Apply 1 Cream topical 2 times per day for 30 days Req Start: 8/14/2017 Req End: 9/13/2017 Discontinued: 9/7/2017	KOP	KOP	KOP	KOP	KOP	KOP	KOP	REVOKED (AUTO LABS) Released	REVOKED (AUTO LABS) Released	REVOKED (AUTO LABS) Released	REVOKED (AUTO LABS) Released	REV((_AU Relea
	(b)(6); (b)(7)(C)											
02 - 0900 SERTRALINE HCL 100 MG TAB 100 Take 1 Tablet by mouth 1 time per day for 60 days Req Start: 8/23/2017 Req End: 10/21/2017 Discontinued: 9/7/2017	YES	YES	YES	YES	YES	YES						
	(b)(6); (b)(7)(C)											
02 - 0900 SPIRONOLACTONE 25 MG TABLET 25 Take 1 Tablet by mouth 2 times per day for 30 days Req Start: 8/12/2017 Req End: 9/10/2017 Discontinued: 9/6/2017	YES	YES	YES	YES	YES	YES						
	(b)(6); (b)(7)(C)											
02 - 0900 SPIRONOLACTONE 25 MG TABLET 25 Take 1 Tablet by mouth 2 times per day for 90 days Req Start: 9/6/2017 Req End: 12/5/2017 Discontinued: 9/7/2017												
02 - 0900 TRIAMCINOLONE 0.1% CREAM 0.1 CRM 2 times per day for 60 days Req Start: 8/14/2017 Req End: 10/13/2017 Discontinued: 9/7/2017	KOP (b)(6);	KOP (b)(6);	KOP (b)(6)	KOP	KOP	KOP	KOP	REVOKED (_AUTO_LABS) Released	REVOKED (_AUTO_LABS) Released	REVOKED (_AUTO_LABS) Released	REVOKED (_AUTO_LABS) Released	REV((_AU Relea
			(b)(6); (b)(7)(C)									
02 - 0900 XIFAXAN 550 MG TAB 550 Take 1 Tablet by mouth 2 times per day for 30 days Req Start: 8/12/2017 Req End: 9/10/2017 Discontinued: 9/6/2017	YES	YES	YES	YES	YES	YES						
	(b)(6); (b)(7)(C)											
02 - 0900 XIFAXAN 550 MG TAB 550 Take 1 Tablet by mouth 2 times per day for 30 days Req Start: 9/6/2017 Req End: 10/6/2017 Discontinued: 9/7/2017												
05 - 2100 DOCUSATE SODIUM 100 MG Take 1 Capsule by mouth 2 times per day for 10 days as needed Req Start 8/12/2017 Req End: 9/10/2017 Discontinued: 9/7/2017	YES	YES	YES	YES	YES	YES						
	(b)(6); (b)(7)(C)											
05 - 2100 LACTULOSE 10 GM/15 ML SOLN 10 40ml p o daily x 90 days Req Start: 9/7/2017 Req End: 10/7/2017 Discontinued: 9/7/2017												
05 - 2100 LACTULOSE 10 GM/15 ML SOLN 10 SOLN by mouth 2 times per day for 30 days as needed Req Start: 8/12/2017 Req End: 9/10/2017	NO											
	(b)(6); (b)(7)(C)											

Discontinued: 9/6/2017												
05 - 2100 PROCTOSOL 2.5% Apply 1 Cream topical 2 times per day for 30 days Req Start: 8/14/2017 Req End: 9/13/2017 Discontinued: 9/7/2017	KOP	KOP	KOP	KOP	KOP	KOP	KOP	REVOKED (_AUTO_LABS) Released	REVOKED (_AUTO_LABS) Released	REVOKED (_AUTO_LABS) Released	REVOKED (_AUTO_LABS) Released	REV((_AU Relea
05 - 2100 SPIRONOLACTONE 25 MG TABLET 25 Take 1 Tablet by mouth 2 times per day for 30 days Req Start: 8/12/2017 Req End: 9/10/2017 Discontinued: 9/6/2017	YES	YES	YES	YES	YES							
05 - 2100 SPIRONOLACTONE 25 MG TABLET 25 Take 1 Tablet by mouth 2 times per day for 90 days Req Start: 9/6/2017 Req End: 12/5/2017 Discontinued: 9/7/2017						YES						
05 - 2100 TRAZODONE 50 MG TABLET 50 1 po q HS Req Start: 8/22/2017 Req End: 10/20/2017 Discontinued: 9/7/2017	YES	YES	YES	YES	YES	YES						
05 - 2100 TRAZODONE HCL 50 MG 1/2 tab PO at bedtime x 60 days Req Start: 8/22/2017 Req End: 10/20/2017 Discontinued: 9/7/2017	YES	YES	YES	YES	YES	YES						
05 - 2100 TRIAMCINOLONE 0.1% CREAM 0.1 CRM 2 times per day for 60 days Req Start: 8/14/2017 Req End: 10/13/2017 Discontinued: 9/7/2017	KOP	KOP	KOP	KOP	KOP	KOP	KOP	REVOKED (_AUTO_LABS) Released	REVOKED (_AUTO_LABS) Released	REVOKED (_AUTO_LABS) Released	REVOKED (_AUTO_LABS) Released	REV((_AU Relea
05 - 2100 XIFAXAN 550 MG TAB 550 Take 1 Tablet by mouth 2 times per day for 30 days Req Start: 8/12/2017 Req End: 9/10/2017 Discontinued: 9/6/2017	YES	YES	YES	YES	YES							
05 - 2100 XIFAXAN 550 MG TAB 550 Take 1 Tablet by mouth 2 times per day for 30 days Req Start: 9/6/2017 Req End: 10/6/2017 Discontinued: 9/7/2017						YES						

Legend											
White	Outside Prescription/Order's start and end date	Green	Dose/Treatment was administered	Red	Dose/Treatment was NOT administered	Blue	Future Dose/Treatment to be administered	Yellow	Missed Dose/Treatment
Purple	Treat ONCE during this time	Silver	Dose/Treatment is NOT to be administered	Orange	PRN - Dispense/Treat as needed	Pink	Dose previously dispensed (KOP)		

Details						
Date	Yes-No-KOP	Shift	Medication/Order	User	Reason	Comments
9/1/2017	YES	02 - 0900	FOLIC ACID 1 MG	(b)(6); (b)(7)(C)	NA	NA
9/1/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
9/1/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
9/1/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
9/1/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
9/1/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
9/1/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550		NA	NA
9/1/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA

9/1/2017	KOP	02 - 0900	PROCTOSOL 2.5%	TFAHIE	NA	NA
9/1/2017	YES	02 - 0900	SERTRALINE HCL 100 MG TAB 100	KHUGHES	NA	NA
9/1/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG	LMONTOYA	NA	NA
9/1/2017	NO	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10	LMONTOYA	NOT NEEDED	NA
9/1/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25	LMONTOYA	NA	NA
9/1/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550	LMONTOYA	NA	NA
9/1/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1	FSAPP	NA	NA
9/1/2017	KOP	05 - 2100	PROCTOSOL 2.5%	TFAHIE	NA	NA
9/1/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50	LMONTOYA	NA	NA
9/1/2017	YES	05 - 2100	TRAZODONE HCL 50 MG	LMONTOYA	NA	NA
9/10/2017	REVOKED	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1	AUTO_LABS	Released	NA
9/10/2017	REVOKED	02 - 0900	PROCTOSOL 2.5%	AUTO_LABS	Released	NA
9/10/2017	REVOKED	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1	AUTO_LABS	Released	NA
9/10/2017	REVOKED	05 - 2100	PROCTOSOL 2.5%	AUTO_LABS	Released	NA
9/11/2017	REVOKED	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1	AUTO_LABS	Released	NA
9/11/2017	REVOKED	02 - 0900	PROCTOSOL 2.5%	AUTO_LABS	Released	NA
9/11/2017	REVOKED	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1	AUTO_LABS	Released	NA
9/11/2017	REVOKED	05 - 2100	PROCTOSOL 2.5%	AUTO_LABS	Released	NA
9/12/2017	REVOKED	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1	AUTO_LABS	Released	NA
9/12/2017	REVOKED	02 - 0900	PROCTOSOL 2.5%	AUTO_LABS	Released	NA
9/12/2017	REVOKED	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1	AUTO_LABS	Released	NA
9/12/2017	REVOKED	05 - 2100	PROCTOSOL 2.5%	AUTO_LABS	Released	NA
9/13/2017	REVOKED	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1	AUTO_LABS	Released	NA
9/13/2017	REVOKED	02 - 0900	PROCTOSOL 2.5%	AUTO_LABS	Released	NA
9/13/2017	REVOKED	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1	AUTO_LABS	Released	NA
9/14/2017	REVOKED	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1	AUTO_LABS	Released	NA
9/2/2017	YES	02 - 0900	FOLIC ACID 1 MG	(b)(6); (b)(7)(C)	NA	NA
9/2/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
9/2/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
9/2/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
9/2/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
9/2/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
9/2/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550		NA	NA
9/2/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
9/2/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
9/2/2017	YES	02 - 0900	SERTRALINE HCL 100 MG TAB 100		NA	NA
9/2/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA
9/2/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
9/2/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
9/2/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550		NA	NA
9/2/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
9/2/2017	KOP	05 - 2100	PROCTOSOL 2.5%		NA	NA
9/2/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
9/2/2017	YES	05 - 2100	TRAZODONE HCL 50 MG		NA	NA
9/3/2017	YES	01 - 0430 BS	Labs - Send Out		NA	NA
9/3/2017	YES	02 - 0900	FOLIC ACID 1 MG		NA	NA
9/3/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
9/3/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
9/3/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
9/3/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
9/3/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
9/3/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550		NA	NA
9/3/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
9/3/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
9/3/2017	YES	02 - 0900	SERTRALINE HCL 100 MG TAB 100		NA	NA
9/3/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA
9/3/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
9/3/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
9/3/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550		NA	NA
9/3/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
9/3/2017	KOP	05 - 2100	PROCTOSOL 2.5%		NA	NA
9/3/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
9/3/2017	YES	05 - 2100	TRAZODONE HCL 50 MG		NA	NA
9/4/2017	YES	02 - 0900	FOLIC ACID 1 MG		NA	NA
9/4/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
9/4/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
9/4/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
9/4/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
9/4/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
9/4/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550		NA	NA
9/4/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
9/4/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
9/4/2017	YES	02 - 0900	SERTRALINE HCL 100 MG TAB 100		NA	NA

9/4/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG	(b)(6); (b)(7)(C)	NA	NA
9/4/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
9/4/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
9/4/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550		NA	NA
9/4/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
9/4/2017	KOP	05 - 2100	PROCTOSOL 2.5%		NA	NA
9/4/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
9/4/2017	YES	05 - 2100	TRAZODONE HCL 50 MG		NA	NA
9/5/2017	YES	02 - 0900	FOLIC ACID 1 MG		NA	NA
9/5/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
9/5/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
9/5/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
9/5/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
9/5/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
9/5/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550		NA	NA
9/5/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
9/5/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
9/5/2017	YES	02 - 0900	SERTRALINE HCL 100 MG TAB 100		NA	NA
9/5/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA
9/5/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
9/5/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
9/5/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550		NA	NA
9/5/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
9/5/2017	KOP	05 - 2100	PROCTOSOL 2.5%		NA	NA
9/5/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
9/5/2017	YES	05 - 2100	TRAZODONE HCL 50 MG		NA	NA
9/6/2017	YES	02 - 0900	FOLIC ACID 1 MG		NA	NA
9/6/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
9/6/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
9/6/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
9/6/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
9/6/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
9/6/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550		NA	NA
9/6/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
9/6/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
9/6/2017	YES	02 - 0900	SERTRALINE HCL 100 MG TAB 100		NA	NA
9/6/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA
9/6/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
9/6/2017	KOP	05 - 2100	PROCTOSOL 2.5%		NA	NA
9/6/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
9/6/2017	YES	05 - 2100	TRAZODONE HCL 50 MG		NA	NA
9/6/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
9/6/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550		NA	NA
9/7/2017	MISSED	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
9/7/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
9/7/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
9/7/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
9/7/2017	KOP	05 - 2100	PROCTOSOL 2.5%		NA	NA
9/8/2017	REVOKED	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1	AUTO_LABS	Released	NA
9/8/2017	REVOKED	02 - 0900	PROCTOSOL 2.5%	AUTO_LABS	Released	NA
9/8/2017	REVOKED	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1	AUTO_LABS	Released	NA
9/8/2017	REVOKED	05 - 2100	PROCTOSOL 2.5%	AUTO_LABS	Released	NA
9/9/2017	REVOKED	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1	AUTO_LABS	Released	NA
9/9/2017	REVOKED	02 - 0900	PROCTOSOL 2.5%	AUTO_LABS	Released	NA
9/9/2017	REVOKED	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1	AUTO_LABS	Released	NA
9/9/2017	REVOKED	05 - 2100	PROCTOSOL 2.5%	AUTO_LABS	Released	NA

9/20/2017 4:42:57 PM

ALMAZAN RUIZ, FELIPE

Current Problems as of 9/20/2017 4:42:53 PM:

Problem	Code	Start
CIRRHOSIS OF LIVER WITHOUT ALCOHOL	571.5	08-14-2017
DEPRESSION	311	08-14-2017
GENERALIZED ANXIETY DISORDER	300.02	08-14-2017

9/20/2017 4:43:00 PM

ALMAZAN RUIZ, FELIPE

Current Medications as of 9/20/2017 4:42:58 PM:

Drug	Strength	Start
FOLIC ACID	1 MG	9/11/2017 12:00:00 AM
OMEPRAZOLE	40 MG	9/11/2017 12:00:00 AM
SPIRONOLACTONE	25 MG	9/11/2017 12:00:00 AM

U.S. Immigration and Customs Enforcement

ALMAZAN RUIZ, FELIPE DIONISIO

A: 028866428 (b)(6); (b)(7)(C); (b)(7)(E)
Facility Code: KRO Housing Area: P6-34
51 Y old Male, DOB: 06/26/1966
Account Number: 1000613977
18201 S.W. 12TH ST., MIAMI, FL-33194
Appointment Facility: Krome North Service Processing Center

08/11/2017 Appointment Provider: (b)(6); (b)(7)(C)

Reason for Appointment

1. Transfer Summary

History of Present Illness

Transfer Summary:

Alien
Cleared for travel? *Yes*
Date of departure *08/11/2017*
Reason for transfer *Custody*
Final Destination, if known *Glades*

TB Clearance
TB Screening Modality: *CXR*
CXR Date *07/12/2017*
CXR Results *TB Screening: Negative; not consistent with TB*
Is the detainee/resident being treated for active TB Disease? *No*

Special Needs Affecting Transportation
Is there any medical / dental / or mental health reasons for restricting the length of time alien can be on travel status? *No*
Are there any restriction or special equipment required for travel? *No*
Is a medical escort required? *No*
Are any transmission-based precautions required during transport? *No*

Additonal Comments
Additional Comments *None*

Current Medications

Taking

- Sertraline HCl 100 MG Tablet 1 tablet QHS, stop date 10/17/2017, KOP: No, Drug Source: In House Pharmacy
- Rifaximin 550 MG Tablet 1 tablet BID, stop date 12/02/2017, KOP: No, Drug Source: In House Pharmacy, Notes: Required for travel
- Folic Acid 1 MG Tablet 1 tablet Daily AM, stop date 12/02/2017, KOP: No, Drug Source: In House Pharmacy, Notes: Required for travel
- Docusate Sodium 100 MG Capsule 1 capsule with a full glasses as needed BID, stop date 11/02/2017, KOP: No, Drug Source: In House Pharmacy, Notes: Required for travel
- Multivitamin - Tablet 1 tablet Daily AM, stop date 12/02/2017, KOP: No, Drug Source: In House Pharmacy, Notes: Required for travel
- Omeprazole 20mg Capsule 1 tablet Daily AM, stop date 12/02/2017, KOP: No, Drug Source: In House Pharmacy, Notes: Required for travel
- Lactulose 10GM/15ML Solution 15 ml prn BID, stop date 11/07/2017, KOP: No, Drug Source: In House Pharmacy
- Spironolactone 25 MG Tablet 1 tablet BID, stop date 11/07/2017, KOP: No, Drug Source: In House Pharmacy
- Aluminum-Magnesium-Simethicone 400mg/400mg/40mg/5ml Suspension 10 ml prn QID, stop date 08/16/2017, KOP: Yes, Drug Source: Stock, Notes: Not required for travel
- Clotrimazole 1 % Cream 1 application to affected area BID, stop date 08/16/2017, KOP: Yes, Drug Source: Stock, Notes: Not required for travel

(b)(7)(E) 8/11/2017

(b)(6); (b)(7)(C) Hydrocortisone 1 % Cream 1 application to affected area BID, stop date 08/16/2017, KOP: Yes, Drug Source: Stock, tes: Not required for travel
Trazodone HCl 50 MG Tablet 1 tablet QHS, stop date 11/09/2017, KOP: No, Drug Source: In House Pharmacy

Past Medical History
Cirrhosis x 8 years

Allergies
N.K.D.A.

Disposition: Medically cleared for custody

Appointment Provider: (b)(6); (b)(7)(C) **RN**

Electronically signed by (b)(6); (b)(7)(C) **RN , RN on 08/11/2017 16:23:26 (Eastern Daylight Time)**
Sign off status: Completed

Krome North Service Processing Center
18201 S.W. 12TH ST.
MIAMI, FL 33194
Tel: 305-207-2170
Fax:

Patient: ALMAZAN RUIZ, FELIPE DIONISIO DOB: 06/26/1966 Progress Note (b)(6); (b)(7)(C)
RN 08/11/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

(b)(7)(E) 8/11/2017

ALMAZAN RUIZ, FELIPE, 06-26-1966, #GCSO17MNI005042
09-06-2017 Encounter as of 09-20-2017 Wed 05:06:16 PM

Patient c/o visual disturbance
OS 20/200 OD 20/200 30 DAY CLINIC CIRRHOIS
knee pain and joint pain CHRONIC CARE CLINIC:

Date/Time: 09-06-2017 Wed / 09:48

Patient Name: FELIPE ALMAZAN RUIZ
No: GCSO17MNI005042
DOB: 06-26-1966
Sex: Male
Location: 1*DORM 1*D*048 1*DORM 1*D*048

Clinic Membership:
571.5 CIRRHOSIS OF LIVER WITHOUT ALCOHOL
311 DEPRESSION
300.02 GENERALIZED ANXIETY DISORDER

PAST MEDICAL HISTORY:
51 years old male with history of liver cirhosis, Gerd, possible portal hypertension, constipation here today for 30 days clinical evaluation , the patient disgnose 7 years ago and he's been on treatment since then

Duration of condition(s): 5-10 years

Prior hospitalization(s): No change since last visit
Complications: none

CURRENT MEDICATIONS:
DOCUSATE SODIUM 100 MG
FOLIC ACID 1 MG
LACTULOSE 10 GM/15 ML SOLN 10
MULTIVITAMIN
OMEPRAZOLE DR 20 MG CAPSULE 20
PROCTOSOL 2.5%
SERTRALINE HCL 100 MG TAB 100
SPIRONOLACTONE 25 MG TABLET 25
TRAZODONE 50 MG TABLET 50
TRIAMCINOLONE 0.1% CREAM 0.1
XIFAXAN 550 MG TAB 550

DATA REVIEW:
CMP
Sodium 141 Normal mmol/L 135-145 Final CL
Potassium. 4.3 Normal mmol/L 3.5-5.5 Final CL
Chloride 104 Normal mmol/L 95-110 Final CL
Carbon Dioxide 26 Normal mmol/L 19-34 Final CL
Anion Gap 15.3 Normal mmol/L 10-20 Final CL
Glucose 86 Normal mg/dL 70-110 Final CL
Calcium 8.8 Normal mg/dL 8.4-10.2 Final CL
Protein, Total 6.9 Normal g/dL 5.5-8.7 Final CL
Albumin 3.6 Normal g/dL 3.2-5.0 Final CL
Bilirubin Total 1.7 Above Normal mg/dL 0.1-1.2 Final CL
Alkaline Phos 162 Above Normal U/L 20-130 Final CL
AST (SGOT) 35 Normal U/L 10-40 Final CL
ALT (SGPT) 25 Normal U/L 10-60 Final CL
Urea Nitrogen 17 Normal mg/dl 6-22 Final CL
Creatinine.. 0.70 Normal mg/dL 0.43-1.13 Final CL
eGFR NonAfrican Am > 60 Final CL
eGFR African Amer > 60 Final CL
eGFR less than 60 (ml/min/1.73) square meters
Lipids Profile
Triglycerides 45 Normal mg/dL 0-150 Final CL

Cholesterol 92 Normal mg/dL 0-200 Final CL
HDL 54 Normal mg/dL 0-60 Final CL
NON-HDL 38 mg/dl Final CL
Goals for Patients with CHD or CHD risk equivalents:
LDL: < 70 mg/dl
NON-HDL: <100 mg/dl

Goals for Patients with 2+ risk factors:
LDL: <130 mg/dl
NON-HDL: <160 mg/dl

Goals for Patients with 0-1 risk

factors:
LDL: <160 mg/dl
NON-HDL: <190 mg/dl
LDL Cholesterol 29 Normal mg/dL 0-130 Final CL
Chol/HDL Ratio 1.7 Normal 1.5-5.6 Final CL

H Pylori Ab IgG (THIS IS THE ONE DR. NOEL ORDERS)
H Pylori Ab IgG 0.70 Normal U/mL 0.00-0.90 Final CL
< or = 0.90 Negative
0.91-1.09 Equivocal
> or = 1.10 Positive

PSA Diagnostic
PSA Diagnostic 0.1 Normal ng/mL 0-4.0 Final CL

Prothromin Time
PT Seconds 9.4-12.5 In Lab CL
Pro Time INR In Lab CL
Status Observation Date Performing Lab Performing MD
PTT
Activated PTT 41.6 Above Normal Seconds 25.1-36.5 Final CL
Therapeutic PTT range of 50-89 seconds

CBC
WBC 3.0 Below Normal 10 3/uL 3.6-11.0 Final CL
RBC 3.65 Below Normal 10 6/uL 4.50-5.90 Final CL
Hemoglobin 11.3 Below Normal g/dL 13.0-18.0 Final CL
Hematocrit 34.8 Below Normal % 40.0-52.0 Final CL
MCV 95.6 Normal fl 81.0-97.0 Final CL
MCH 31.0 Normal pg 26.0-34.0 Final CL
MCHC 32.4 Normal g/dL 31.0 - 37.0 Final CL
RDW 17.4 Above Normal % 11.5-15.0 Final CL
Platelet Count 41 Below Normal 10 3/uL 150-400 Final CL
Mean Platelet Vol 9.6 Normal fl 7.4-10.4 Final CL
Neutrophil % 65.7 Normal % 36.0-66.0 Final CL
Lymphocyte % 25.2 Normal % 23.0-43.0 Final CL
Monocyte % 4.8 Normal % 0.0-10.0 Final CL
Eosinophil % 3.9 Normal % 0.0-5.0 Final CL
Basophil % 0.4 Normal % 0.0-1.0 Final CL
Neutrophil Abs# 2.0 Normal 10 3/uL 1.6-8.2 Final CL
Lymphocyte Abs # 0.7 Below Normal 10 3/uL 1.1-4.7 Final CL
Monocyte Abs # 0.1 Normal 10 3/uL 0.0-1.1 Final CL
Eosinophil Abs # 0.1 Normal 10 3/uL 0.0-0.5 Final CL
Basophil Abs # 0.0 Normal 10 3/uL 0.0-0.4 Final CL

Ammonia
Ammonia 108 Above Normal umol/L 11-35 Final CL
Test Performed by: IRL - Florida
5361 NW 33 Avenue
Adherence
Ft Lauderdale, FL 33309

SUBJECTIVE:
the patient is complaining of abdominal pain radiating to the chest otherwise he's denies all others symptoms
Stability of condition(s): Stable
Issues with medication(s): None.
Other: none

OBJECTIVE:
T: 97.6 P: 80 R: 18 BP: 122 / 76 Weight: 170 lbs
GENERAL APPEARANCE:
Well-developed, well-nourished 51 year old w male in no acute distress.
HEAD:
Normocephalic. Atraumatic.
EYES:
PERRLA. EOMI. Sclera non-icteric.
ENT:
EAC's clear. TM's white and shiny. Nares patent. Oral mucosa pink and moist. Oropharynx clear.
NECK:
Supple with full range of motion. No tenderness or lymphadenopathy. No JVD or carotid bruits.
LUNGS:
Clear to ausculation. Respiratory effort

non-labored.
HEART:
RRR. S1 S2 WNL.. No murmurs or rubs.
EXTREMITIES:
Pedal pulses are palpable and equal. No extremity edema.
ABDOMEN:
Positive bowel sounds. Non-tender. No hepatosplenomegaly. No masses. pain mid epigastric radiating to the chest
GU:
Deferred.
RECTAL:
Deferred.
MUSCULOSKELETAL:
Moves all extremities well. No deformities, cyanosis or clubbing. Gait steady,
SKIN:
Warm, dry, normal color. Turgor elastic.
NEUROLOGICAL:
No sensory or motor deficits. Deep tendon reflexes 2+ bilaterally.
PSYCHIATIRC:
Awake and alert. No depression, agitation or anxiety noted.

ASSESSMENT:
1===THROMBOCYTOPENIA
2===571.5 CIRRHOSIS OF LIVER WITHOUT ALCOHOL
3===311 DEPRESSION
4===300.02 GENERALIZED ANXIETY DISORDER
5===mild increase total bili and alkp
6===Normochromic anemia
7===Degree of Control - poor Status - Improved
8===Patient's adherence to treatment plan: poor
9===Patient's understanding of condition: GOOD

PLAN: '
1===I will increase lactulose doses and will continue with the current meds cbc weekly the follow-up ,++ see below
prednisone 100 mg x3 days then 80 mg x 3 days then 60 mg po x 3 days then 50 mg x 3 days ' the 40 mg x 3 days then 30 mg x 3 days then 20 mg x 3 days the 10 mg x 2 days then 5 mg x 2 days the 2.5 mg x 2 days then d/c
FERROUS SULFATE, 325MG #90, Sig: 1 time per day for 90 days
2===+++++cbc weekly x 4 weeks+++++
3===d/c dulcolax
4========lactulose 40 ml po daily x 90 days ======
5===FOLIC ACID, 1 MG #90, Sig: Take 1 Tablet by mouth 1 time per day for 90 days
6===MULTIVITAMIN, #90, Sig: Take 1 Tablet by mouth 1 time per day for 90 days
7===SPIRONOLACTONE, 25 MG #180, Sig: Take 1 Tablet by mouth 2 times per day for 90 days
8===xifaxan 550 mg po bid x 90 days
9===Patient c/o visual disturbance
10===OS 20/200 OD 20/200
11====ammonia level Q2 WEEK X 8 WEEKS
12===Renal diet x 180 days
13===cbc cmp lipid panel in 82 days
14===follow=up in 90 days
15===OMEPRAZOLE, 40 MG #90, Sig: Take 1 Capsule by mouth 1 time per day for 90 days

EDUCATION
Adherence
Weight Loss
Medications
Disease Process
Smoking Cessation
Transmission prevention
Exercise daily
Care after release
Diet renal diet
Lab Results explained
Adjustment to Incarceration
Other Med compliances

Electronically Approved by (b)(6); (b)(7)(C) MD on 09-06-2017 10:23:31 AM.

ALMAZAN RUIZ, FELIPE, 06-26-1966, #GCSO17MNI005042
08-14-2017 Encounter as of 09-20-2017 Wed 05:07:24 PM

CIRRHOSIS CHRONIC CARE CLINIC - INITIAL:

Name: FELIPE ALMAZAN RUIZ DOB: 06-26-1966
ID: Location: 1*DORM 1*C*013 1*DORM 1*C*013
Race: W Sex: Male

Date: 08-14-2017 Mon

ALLERGIES:
NKDA

CLINICS:
51 years old male with history of liver cirhosis, Gerd, possible portal hypertension, constipation here today for initial clinical evaluation , the patient disgnose 7 years ago and he's been on treatment since then

PERSONAL RISK FACTORS:

Smoking:	yes 2 per day
High Blood Pressure:	NO
High Cholesterol:	NO
Obesity:	NO
Diabetes:	NO
Alcohol:	yes a lot
Substance Abuse:	NO
Injection Drug Use:	NO
Sedentary Lifestyle:	NO
Multiple Sexual Partners:	NO
Tattooing/Body Piercing:	NO

FAMILY HISTORY:

Anemia:	NO
Asthma:	NO
Cancer:	mother neck cancer
Diabetes:	NO
Heart Disease:	NO
High Blood Pressure:	NO
Mental Illness:	NO
Tuberculosis:	NO
Kidney Disease:	father die

SURGERIES/HOSPITALIZATIONS:
Inmate denies surgeries and/or hospitalizations.

GENERAL DESCRIPTION/CHIEF COMPLAINT:
FELIPE ALMAZAN RUIZ is a appears well, in no acute distress, obese, well-developed, well-groomed, and well-nourished 51 year old male presenting for initial chronic disease clinic visit. current comp-lains external hemorrhoid, dry itchy skin dry eyes itching , headaches ,otherwise the patient denies chest pain headaches abd pain nause no vomiting

REVIEW OF SYSTEM
EYES =normal: no papilledema or stye
EARS: no tinnitus, vertigo or hearing loss
Mouth/throat no throat pain, gum diseases or hoarseness
RESP no shortness of breath or cough
CARDIO: no chest pain, dyspnea, claudication or edema
GASTRO: no dyspepsia nausea, vomiting, diarrhea or constipation
GENITOURINARY: deferred
RECTUM: deferred
MUCULOSCKELETAL: no joint pain or arthritis
NEUROPSYCHIATRY: no weakness, seizure, memory changes, or depression
REVIEW OF SYSTEMS:
SKIN: no discoloration, dry scaly rashes
HEAD: no head ache masses or dizziness
EYES: Sclera non-icteric. Conjunctivae and lids are clear bilaterally. No redness. No hyphema. PERRLA. Full EOMs intact. No nystagmus. No photophobia. Fundoscopic exam is grossly

Current Medications:
CLOTRIMAZOLE 1 %
DOCUSATE SODIUM 100 MG
FOLIC ACID 1 MG
HYDROCORTISONE 1 %
LACTULOSE 10 GM/15 ML SOLN 10
Maalox 30 cc
MULTIVITAMIN
OMEPRAZOLE DR 20 MG CAPSULE 20
SERTRALINE HCL 100 MG TAB

ALMAZAN RUIZ, FELIPE, 06-26-1966, #GCSO17MNI005042
08-14-2017 Encounter as of 09-20-2017 Wed 05:07:24 PM

100
SPIRONOLACTONE 25 MG TABLET 25
TRAZODONE 50 MG TABLET 50
XIFAXAN 550 MG TAB 550

PHYSICAL EXAM:
Vital Signs:
Temp: 98.3
Blood Pressure: 101 / 66
Pulse: 62
Resp: 18
Height: 5 ft 3 in
Weight: 165 lbs
Peak Flow: %
Pain Scale:
Functional Assessment:

GENERAL APPEARANCE:
Well-developed, well-nourished male in no acute distress.
HEAD:
Normocephalic. Atraumatic.
EYES:
Sclera non-icteric. Conjunctivae and lids are clear bilaterally. No redness. No hyphema. PERRLA. Full EOMs intact. No nystagmus. No photophobia. Fundoscopic exam is grossly normal: no papilledema or stye
ENT:
EAC's clear. TM's white and shiny. Nares patent. Oral mucosa pink and moist. Oropharynx clear.
NECK:
Supple with full range of motion. No tenderness or lymphadenopathy. No JVD or carotid bruits.
LUNGS:
Clear to ausculation. Respiratory effort non-labored.
HEART:
RRR. S1 S2 WNL.. No murmurs or rubs.
EXTREMITIES:
Pedal pulses are palpable and equal. No extremity edema. Color and temperature are uniform. Skin is warm and dry. Sensation and circulation are fully intact distally. Full ROM. Non-tender to palpation. dry scaly skin rashes
ABDOMEN:
Positive bowel sounds. Non-tender. No hepatosplenomegaly. No masses.
GU:
Deferred.
RECTAL:
external hemorrhoid
No sensory or motor deficits. Deep tendon reflexes 2+ bilaterally.
PSYCHIATIRC Awake and alert. No depression, noted. agitation or anxiety
MUSCULOSKELETAL:
Moves all extremities well. No deformities, cyanosis or clubbing. Gait steady,
SKIN:
Warm, dry, normal color. Turgor elastic.
NEUROLOGICAL: no weakness, seizure, memory changes, or depression

ASSESSMENT:
1===liver cirrhosis/ fatty liver
2===Gerd
3===possible protal hypertension
4===IBS
5===eczema

PLAN:
1===TRIAMCINOLONE ACETONIDE, 0.1 % #120, Sig: CRM 2 times per day for 60 days
2===PT PTT INR ,psa, cmp cbc lipid panel , h pylori test ammonia level tomorrow
3===follow=up thursday with labs results
4===increase fluid intake
5===continue with all others meds for 30 days
6===please renew when there are finishing
7===follow=up in 90 days
8===PROCTOSOL 2.5%, #60, Sig: Apply 1 Cream topical 2 times per day for 30 days

EDUCATION PROVIDED:
Disease Process/Treatment:
Abnormal Labs:
Medication Management (purposes, side effects):
Lifestyle Changes:
Nutrition: renal diet
Smoking/Tobacco

ALMAZAN RUIZ, FELIPE, 06-26-1966, #GCSO17MN!005042
08-14-2017 Encounter as of 09-20-2017 Wed 05:07:24 PM

Use:
Exercise: daily
Alcohol/Substance Abuse:
Other: meds compliances

Electronically Approved by (b)(6); (b)(7)(C) MD on 08-14-2017 10:27:32 AM.

ALMAZAN RUIZ, FELIPE, 06-26-1966, #GCSO17MNI005042
08-14-2017 Encounter as of 09-20-2017 Wed 04:43:42 PM

INITIAL MENTAL HEALTH EVALUATION:

Patient Name: FELIPE ALMAZAN RUIZ
No: GCSO17MNI005042
DOB: 06-26-1966
Sex: Male
Location: 1*DORM 1*C*013 1*DORM 1*C*013

Date / Time: 08-14-2017 Mon / 10:26
Reason for Referral: Intake Screening
Charges:

CHIEF COMPLAINT:
ASSESSMENT OF THE PRESENT ILLNESS:

Pt reports he has a history of cirrohsis, depression, and anxiety. Pt reports a hx of alcohol dependence and reports he has not had a drink in 3 months. Pt reports he has been prescribed trazadone for the past 3 months when he was incarcerated in metro west in dade county. Pt has current immigration hold. Pt presents with calm demeanor and is cooperative. Pts mood is sad with mild symptoms of anxiety. Pt denies SI/HI. Pt denies hx of AV hallucinations. Pt attributes his feelings of sadness and anxiety to stress of his current situation. Pt reports bouts of depression and crying for the past 3 months. Pt reports he lost his marriage 5 years ago due to his alcohol problem and reports he has continued to worsen with regards to alcohol use until he was incarcerated. Pt reports he feels guilt, sadness, and loss now. Pt reports he uses prayer and his faith to manage his feelings.

Pre-Incarceration Medications: has liver cirrohsis
Past Psychotropics: Desyrel / trazodone
Alcohol: YES
Amount: As much as I could get
Last Drink: Day of arrest
Hx of DT's: YES
Drugs: No

Past Psychotropics:
Current Psychotropics:
Current Psychotropics: Desyrel / trazodone

PAST MEDICAL HX:

Illnesses: cirrohsis
Hospitalization: related to liver cirrohsis
Surgeries: none
Head Injuries: Hit in head i n a fight years ago.
Allergies
NKDA
Current Non-Psychotropic Medications:
CLOTRIMAZOLE 1 %
DOCUSATE SODIUM 100 MG
FOLIC ACID 1 MG
HYDROCORTISONE 1 %
LACTULOSE 10 GM/15 ML SOLN 10
Maalox 30 cc
MULTIVITAMIN
OMEPRAZOLE DR 20 MG CAPSULE 20
PROCTOSOL 2.5%
SERTRALINE HCL 100 MG TAB 100
SPIRONOLACTONE 25 MG TABLET 25
TRAZODONE 50 MG TABLET 50
TRIAMCINOLONE ACETONIDE 0.1 %
XIFAXAN 550 MG TAB 550 PAST PSYCHIATRIC HX:

Hospitalizations: No
Outpatient Treatment: No
Suicide Attempts: reports he has tried to commit suicide many times by drinking excessively.
Hx of Arrests - Juvenile/Adult: YES - alcohol related , lewdness for urinating in public
Hx of Sexual Abuse: No
Hx of Predatory Behavior: No
Hx of Physical Abuse: No
Hx of Violent Behavior: No
SOCIAL HISTORY:

Education: 10th grade
Hx of Developmental/Education Disabilities: No
Marital Status: Divorced
Armed Forces:

No
Occupation:
plumbing FAMILY HISTORY:

Family Psych Hx: denies
Family Hx of Suicide: No
Family Alcohol/Drug Abuse: No
MENTAL STATUS EXAMINATION:

General: Alert.
Behavior: Appropriate
Attitude: Cooperative
Orientation: Person, Place, Time, and Situation
Eye Contact: Fair
Appearance: Neat, Well-Groomed, and Appears older than age
Psychomotor Activity: Normal
Memory
Immediate: Fair
Recent: Fair
Remote: Fair

Concentration: Good
Ability to Think Abstractly: With similarities and differences Good - With proverbs Good -
Hallucinations: Denies
Delusions: Absent
Speech: Coherent
Mood: Depressed, and Anxious
Affect: Appropriate
Sleep: WNL
Appetite: WNL
Hopelessness: No
Suicide: Intention - No Plan - No Ideation - No, reports past ideation and overdrinking in attempts to die
Homicide: Ideation - No Intention - No Plan - No
Insight: Fair
Judgment: Fair
DIAGNOSIS:

Axis I
311 DEPRESSION
300.02 GENERALIZED ANXIETY DISORDER
303.90 ALCOHOL DEPENDENCE, in remission PLAN:

APPT: Appointment electronically created for patient to see psychiatrist as soon as possible.
DISPOSITION:

Housing: General Population Segregated: No

Eligibility: Program Participation, Job Placement, and Job Placement

Electronic Signature:
Electronically Approved by MARCI VANDHUYNSLAGER, LMHC on 08-14-2017 10:41:35 AM.

ALMAZAN RUIZ, FELIPE, 06-26-1966, #GCSO17MNI005042
08-14-2017 Encounter as of 09-20-2017 Wed 04:43:52 PM

INITIAL MENTAL HEALTH EVALUATION:

Patient Name: FELIPE ALMAZAN RUIZ
No: GCSO17MNI005042
DOB: 06-26-1966
Sex: Male
Location: 1*DORM 1*C*013 1*DORM 1*C*013

Date / Time: 08-14-2017 Mon / 10:26
Reason for Referral: Intake Screening
Charges:

CHIEF COMPLAINT:
ASSESSMENT OF THE PRESENT ILLNESS:

Pt reports he has a history of cirrohsis, depression, and anxiety. Pt reports a hx of alcohol dependence and reports he has not had a drink in 3 months. Pt reports he has been prescribed trazadone for the past 3 months when he was incarcerated in metro west in dade county. Pt has current immigration hold. Pt presents with calm demeanor and is cooperative. Pts mood is sad with mild symptoms of anxiety. Pt denies SI/HI. Pt denies hx of AV hallucinations. Pt attributes his feelings of sadness and anxiety to stress of his current situation. Pt reports bouts of depression and crying for the past 3 months. Pt reports he lost his marriage 5 years ago due to his alcohol problem and reports he has continued to worsen with regards to alcohol use until he was incarcerated. Pt reports he feels guilt, sadness, and loss now. Pt reports he uses prayer and his faith to manage his feelings.

Pre-Incarceration Medications: has liver cirrohsis
Past Psychotropics: Desyrel / trazodone
Alcohol: YES
Amount: As much as I could get
Last Drink: Day of arrest
Hx of DT's: YES
Drugs: No

Past Psychotropics:
Current Psychotropics:
Current Psychotropics: Desyrel / trazodone

PAST MEDICAL HX:

Illnesses: cirrohsis
Hospitalization: related to liver cirrohsis
Surgeries: none
Head Injuries: Hit in head i n a fight years ago.
Allergies
.NKDA
Current Non-Psychotropic Medications:
CLOTRIMAZOLE 1 %
DOCUSATE SODIUM 100 MG
FOLIC ACID 1 MG
HYDROCORTISONE 1 %
LACTULOSE 10 GM/15 ML SOLN 10
Maalox 30 cc
MULTIVITAMIN
OMEPRAZOLE DR 20 MG CAPSULE 20
PROCTOSOL 2.5%
SERTRALINE HCL 100 MG TAB 100
SPIRONOLACTONE 25 MG TABLET 25
TRAZODONE 50 MG TABLET 50
TRIAMCINOLONE ACETONIDE 0.1 %
XIFAXAN 550 MG TAB 550 PAST PSYCHIATRIC HX:

Hospitalizations: No
Outpatient Treatment: No
Suicide Attempts: reports he has tried to commit suicide many times by drinking excessively.
Hx of Arrests - Juvenile/Adult: YES - alcohol related , lewdness for urinating in public
Hx of Sexual Abuse: No
Hx of Predatory Behavior: No
Hx of Physical Abuse: No
Hx of Violent Behavior: No
SOCIAL HISTORY:

Education: 10th grade
Hx of Developmental/Education Disabilities: No
Marital Status: Divorced
Armed Forces:

ALMAZAN RUIZ, FELIPE, 06-26-1966, #GCSO17MNI005042
08-14-2017 Encounter as of 09-20-2017 Wed 04:43:52 PM

No
Occupation:
plumbing FAMILY HISTORY:

Family Psych Hx: denies
Family Hx of Suicide: No
Family Alcohol/Drug Abuse: No
MENTAL STATUS EXAMINATION:

General: Alert.
Behavior: Appropriate
Attitude: Cooperative
Orientation: Person, Place, Time, and Situation
Eye Contact: Fair
Appearance: Neat, Well-Groomed, and Appears older than age
Psychomotor Activity: Normal
Memory
Immediate: Fair
Recent: Fair
Remote: Fair

Concentration: Good
Ability to Think Abstractly: With similarities and differences Good - With proverbs Good -
Hallucinations: Denies
Delusions: Absent
Speech: Coherent
Mood: Depressed, and Anxious
Affect: Appropriate
Sleep: WNL
Appetite: WNL
Hopelessness: No
Suicide: Intention - No Plan - No Ideation - No, reports past ideation and overdrinking in attempts to die
Homicide: Ideation - No Intention - No Plan - No
Insight: Fair
Judgment: Fair
DIAGNOSIS:

Axis I
311 DEPRESSION
300.02 GENERALIZED ANXIETY DISORDER
303.90 ALCOHOL DEPENDENCE, in remission PLAN:

APPT: Appointment electronically created for patient to see psychiatrist as soon as possible.
DISPOSITION:

Housing: General Population Segregated: No

Eligibility: Program Participation, Job Placement, and Job Placement

Electronic Signature:
Electronically Approved by (b)(6); (b)(7)(C) MHC on 08-14-2017 10:41:35 AM.

ALMAZAN RUIZ, FELIPE, 06-26-1966, #GCSO17MNI005042
08-22-2017 Encounter as of 09-20-2017 Wed 04:44:18 PM

"I am having a lot of pain in my joints.I cannot see either. I had glasses at Krome but they say they are not in my property here. My vision is very bad. The medication is hel[ping some but I still can only sleep 2-3 hours."
51 y.o. male with extensive history of alcohol dependence. He is currently taking Zoloft and Trazodone with some benefit. He reports difficulty sleeping and has other medical complaints. Discussed increasing Trazodone to 75 mg nightly to improve insomnia.
PROGRESS NOTE OUTPATIENT MENTAL HEALTH :

Date / Time: 08-22-2017 Tue / 15:17

S: Reason for Encounter/Patient Statement: Suggested by LCSW

Appearance:
Groomed. Red-Eyed

Orientation: Person. Place. Situation.
Eye Contact: Appropriate
Behavior: Restless..Fidgety..
Attitude: Cooperative.
Mood: Anxious..
Affect: Congruent.
Speech: Goal-Directed. Coherent.
Thought Content: Unremarkable.
Suicidal: NO thoughts, intent or plan.

Homicidal: NO homicidal thoughts, intent or plan.
Perceptions:
No distortions.
Thought Processes: Logical.
Recent Memory: Intact
Remote Memory: Intact

Vegetative Functions
Sleep: Decreased

Appetite: Good

LAB RESULTS/ORDERS:n/a

RESPONSE TO TREATMENT:

Fair

SIDE EFFECTS:
None noticed/reported,
Last A.I.M.S. evaluation

/a,

A: DIAGNOSTIC IMPRESSION:

311 DEPRESSION
300.02 GENERALIZED ANXIETY DISORDER

TARGET SYMPTOMS:
Anxiety,
Anxiety,
Depression,
Insomnia,
Medical issues.,

PLAN:
RX: Continue Zoloft 100mg daily and increase Trazodone 75 mg nightly
Next appointment: Electronically placed for Follow-up in 60 days.

E: PATIENT EDUCATION:
Treatment Plan
Alternatives
Risks/Benefits
Therapeutic/Side Effects
Understood

ALMAZAN RUIZ, FELIPE, 06-26-1966, #GCSO17MNI005042
08-22-2017 Encounter as of 09-20-2017 Wed 04:44:18 PM

Agreed

Electronically Approved by (b)(6); (b)(7)(C) ARNP on 08-22-2017 03:19:09 PM.

ALMAZAN RUIZ, FELIPE, 06-26-1966, #GCSO17MNI005042
08-24-2017 Encounter as of 09-20-2017 Wed 04:44:44 PM

INITIAL HEALTH ASSESSMENT:

Patient Name: FELIPE ALMAZAN RUIZ
MNI #: GCSO17MNI005042
DOB: 06-26-1966
Sex: Male
Location: 1*DORM 1*C*013 1*DORM 1*C*013

Intake Date: 08/11/2017

Date / Time: 08-24-2017 Thu / 10:06

SIGNIFICANT PAST MEDICAL HISTORY:
YES - Hx of Cirrhosis of Liver effective 2009 as per patient..
Hospitalizations / Surgery:
Denies

ALLERGIES:
NKDA
No

Mother: Throat cancer (Expired)
Father: KF (Expired)
Brother: Cirrohosis (Expired)

HABITS/BEHAVIORS:
Alcohol Use: No
Tobacco Use: No
Drug Use: No

Have you ever injected drugs?

No

Fever, blood in sputum, prolonged cough or night sweats? No
Blood in stools or black / tarry stools? No
Skin lesions, "spider bites", or infections? No
Unintentional weight loss more than 10%? No
Experiencing penile discharge, burning or lesions? No
Lumps or lesions on testicles? No

Any current complaints: YES - "Right knee pain and I can't see."
Any current injuries? No

PHYSICAL EXAMINATION:
T: 98.4 P: 65 R: 16 BP: 112 / 78 Ht: 5 ft 3 in Wt: 163 lbs

Visual Acuity: OD 20/200 OU 20/200 OS 20/200 Without Correction
Patient c/o visual disturbance and is unable to purchase glasses from commisary or have family member send glasses in. Based on the results of patient snellen acquity. Nurse will refer to patinet to MD for visual disturbance.
General Condition:
51 year old w male free-moving, good hygiene, well developed.
Mental Status:
Alert and oriented x 3. Cooperative.
Motor:
Normal gait and coordination. No tremors noted.
Head/Neck:
Atraumatic. No lesions or infestations. Neck supple. Thyroid not enlarged.
Eyes, Ears, Nose:
PERRL. Sclera white. EACs pink and patent. TM's intact and clear. No septal deviation.
Oral:
Mucosa is pink and moist. Pharynx without lesions or exudate.
Dental:
See Dental Screening
Lymph Nodes:
No tenderness or enlargement at cervical or axillary nodes.
Breasts:
No lesions or masses.
Skin:
Pink, warm and dry. Good turgor. No rashes, lesions or infestations.
Heart:
RRR without adventitious sounds.
Lungs:

CTA.
Abdomen:
Normal bowel sounds. No masses or tenderness noted.
Genitals:
Deferred.
Back:
Full ROM. No scoliosis.
Extremities:
Pedal pulses present and equal bilaterally. No edema or cyanosis noted.

CURRENT MEDICATIONS:
DOCUSATE SODIUM 100 MG
FOLIC ACID 1 MG
LACTULOSE 10 GM/15 ML SOLN 10
MULTIVITAMIN
OMEPRAZOLE DR 20 MG CAPSULE 20
PROCTOSOL 2.5%
SERTRALINE HCL 100 MG TAB 100
SPIRONOLACTONE 25 MG TABLET 25
TRAZODONE 50 MG TABLET 50
TRIAMCINOLONE 0.1% CREAM 0.1
XIFAXAN 550 MG TAB 550

DENTAL ASSESSMENT:
Describe any significant dental problems or history:

MENTAL HEALTH ASSESSMENT:
Have you been hospitalized in a psychiatric unit? No
Have you received outpatient counseling/treatment for emotional/nervous problems? No
Past Psychiatric Medications? No
Do you have current emotional problems? YES - Depression, "but I have already seen MH and have started medication." Patient will follow up with MH as needed.
Have you ever attempted suicide? No
Are you thinking about suicide now? No
Do you ever think of hurting yourself or others? No
Have you ever been a victim of sexual assault or physical abuse? No
Have you ever perpetrated sexual assault or physical abuse? No

PREVENTIVE HEALTH AND EDUCATION:
Immunizations: Received routine childhood vaccinations? No
Communicable Disease Screening (PT-022) Completed? Yes

Tuberculosis Screening (PT-024) Completed? Yes

Health education and prevention provided? YES Nurse educated patient on how to access healthcare services such as sick call, dental and MH if needed at a later time. Patient verbalized education.

ANNUNAL HEALTH MAINTENANCE:
Date of Incarceration: ALMAZAN RUIZ, FELIPE 08-12-2017 Sat 03:15:00 AM Intake Understand English?: Y
Date of Incarceration: 08/11/2017

Intake Weight: 168.8 lbs
Current Weight: 163 lbs

Occult blood cards given times three with instructions on stool collection. Patient verbalized understanding.

ASSESSMENT:
No significant health conditions indentified at present.

TREATMENT/PLAN:
Reviewed Mental Health Intake (MH-014)

Reviewed Intake Screening
Provided instructions on accessing health care in the institution.
Instructed in oral hygiene and provided preventive oral education.
Follow-up in Sick Call as needed; Routine Health Maintenance
REFERRAL: Routine referral to Provider Sick Call electronically created.
Armor PT-028 (Revised May 2017)

Automated

ALMAZAN RUIZ, FELIPE, 06-26-1966, #GCSO17MNI005042
08-24-2017 Encounter as of 09-20-2017 Wed 04:44:44 PM

Entries:
The following items were created by (b)(6); (b)(7)(C) RN on 08-24-2017 02:30:04 PM:
ORDER: Provider - ROUTINE
Electronically Approved by (b)(6); (b)(7)(C) RN on 08-24-2017 02:29:24 PM. NURSING PROTOCOL - MUSCULAR SKELETAL:

Patient Name: FELIPE ALMAZAN RUIZ
NO: GCSO17MNI005042
DOB: 06-26-1966
Sex: Male
Date: 08-24-2017 Thu
Time: 14:30
Location: 1*DORM 1*C*013 1*DORM 1*C*013

SUBJECTIVE:
Complaint: "I have right knee pain."
Acute problem, began: 2 day(s) ago
Chronic problem, duration: 1 week(s)
How condition began: Unknown
Pain: Mild
Pattern of Pain: Up and Down.
Level of activity related to pain: Able to function okay
Radiation of pain: Remains at affected area
Other characteristics of pain: Dull
Condition made better by: Advil/Ibuprofen, Rest, Elevation of affected area,
Condition made worse by: Stooping/Bending, standing long periods of time
Associated Symptoms
Fever? No
Nausea/vomiting? No
Other Symptoms:

Allergies: NKDA
Hx of Bleeding Ulcer of complications of pain medication? No

CURRENT MEDICAL PROBLEMS:
300.02, GENERALIZED ANXIETY DISORDER
311, DEPRESSION
571.5, CIRRHOSIS OF LIVER WITHOUT ALCOHOL

OBJECTIVE:
Vital Signs: VITAL SIGNS: (6) Weight: 163 lbs, Height: 5 ft 3 in, BMI: 28.9, BSA (Mosteller): 1.81, BSA (DuBois): 1.77, Blood Pressure: 112 / 78, Temperature: 98.4 °F, Pulse: 65, Respiration: 16
General Appearance: No acute distress,
Describe are of concern:
Describe gait and mobility: Freely moves about
Describe range of motion of area concerned
Swelling: No
Tenderness: No
Pupils: Equal and reactive,
Neck: Supple,

ASSESSMENT:
Alteration in Comfort Locastion - Right knee Related to Occassional pain.

PLAN/EDUCATION:Nurse educated patient to provide periods of rest when ever right knee pain is aggrevated, excercise as tolerated to strengthen muscles, increase fluids and avoid straineous activities. Nurse instructed patient on treatment plan for today. Patient verbalized all understanding.
For Chronic Pain related to back problems or joint problems
Tx given: Ibuprofen 200 mg; two (2) tabs BID x 5 days PRN
(NO history of bleeding ulcers)
Instructions given: Warm pads and head can provide relief
Education given: Exercises as tolerated to improve muscle tone and strength.

Return to sick call if symptoms worsent or persist more than 7 days.

DENTAL SCREENING:

Inmate/Detainee Name: FELIPE ALMAZAN RUIZ
MNI#: GCSO17MNI005042
Date of Birth:

Missing Teeth: 0
Fillings:

ALMAZAN RUIZ, FELIPE, 06-26-1966, #GCSO17MNI005042
08-24-2017 Encounter as of 09-20-2017 Wed 04:44:44 PM

0
Suspected: 0

Dentures: N/A
Partials: N/A
Other: 4 upper implants as per patient

Electronically Approved by (b)(6); (b)(7)(C) RN on 08-24-2017 02:33:41 PM.

Electronically Approved by (b)(6); (b)(7)(C) MD on 09-05-2017 04:02:46 PM.

ALMAZAN RUIZ, FELIPE, 06-26-1966, #GCSO17MNI005042
08-30-2017 Encounter as of 09-20-2017 Wed 04:44:58 PM

NURSING PROTOCOL - MUSCULAR SKELETAL:

Patient Name: FELIPE ALMAZAN RUIZ
NO: GCSO17MNI005042
DOB: 06-26-1966
Sex: Male
Date: 08-30-2017 Wed
Time: 14:20
Location: 1*DORM 1*C*013 1*DORM 1*C*013

SUBJECTIVE:
Complaint: Joint Pain - Bilateral Shoulder Bilateral Knee Bilateral Elbow
Acute problem, began: N/A
Chronic problem, duration: 6 month(s)
How condition began: Unknown
Pain: Moderate
Pattern of Pain: Constant. Worsening.
Level of activity related to pain: Able to function okay
Radiation of pain: Remains at affected area
Other characteristics of pain: None
Condition made better by: Advil/Ibuprofen,
Condition made worse by: Any movement
Associated Symptoms
Fever? No
Nausea/vomiting? No
Other Symptoms:

Allergies: NKDA
Hx of Bleeding Ulcer of complications of pain medication? No

CURRENT MEDICAL PROBLEMS:
300.02, GENERALIZED ANXIETY DISORDER
311, DEPRESSION
571.5, CIRRHOSIS OF LIVER WITHOUT ALCOHOL

OBJECTIVE:
Vital Signs: VITAL SIGNS: (6) Weight: 165.2 lbs, Height: 5 ft 3 in, BMI: 29.3, BSA (Mosteller): 1.83, BSA (DuBois): 1.78, Blood Pressure: 106 / 68, Temperature: 98.6 °F, Pulse: 74, Respiration: 18
General Appearance: Uncomfortable,
Describe are of concern:
Describe gait and mobility: Freely moves about
Describe range of motion of area concerned
Swelling: No
Tenderness: YES

ASSESSMENT:
Alteration in Comfort Locastion - IN JOINTS AREA Related to UNKNOWN.

PLAN/EDUCATION:
For Chronic Pain related to back problems or joint problems
Tx given: Ibuprofen 200 mg; two (2) tabs BID x 5 days PRN
(NO history of bleeding ulcers)
Instructions given: Warm pads and head can provide relief
Education given: Exercises as tolerated to improve muscle tone and strength.

Return to sick call if symptoms worsent or persist more than 7 days.

Electronically Approved b (b)(6); (b)(7)(C) LPN, CCHP on 08-30-2017 02:24:30 PM.

Electronically Approved b (b)(6); (b)(7)(C) RN on 08-31-2017 01:27:37 PM.

ALMAZAN RUIZ, FELIPE, 06-26-1966, #GCSO17MNI005042
09-02-2017 Encounter as of 09-20-2017 Wed 04:45:11 PM

NURSING PROTOCOL - EYES, EARS, NOSE, TEETH AND THROAT:

Patient Name: FELIPE ALMAZAN RUIZ
NO: GCSO17MNI005042
DOB: 06-26-1966
Sex: Male
Date: 09-02-2017 Sat
Time: 16:50
Location: 1*DORM 1*D*048 1*DORM 1*D*048

SUBJECTIVE:
Complaint: Vision problem / eye glasses- patient states he's having difficulty seeing, things look blurry.
Acute problem, began: A few week(s) ago
Chronic problem, duration: N/A
Pain: None
Description of problem: Patient is having difficulty seeing.
Condition made better by: Nothing is helping, patient had an appointment scheduled with an optometrist prior to entering the facility. ,
Condition made worse by: unsure
Associated Symptoms
Fever: No
Drainage: No
Cough: No
Shortness of Breath: No
Sneezing: No
Other: none

Allergies: NKDA
Other Comments: None at this time.

CURRENT MEDICAL PROBLEMS:
300.02, GENERALIZED ANXIETY DISORDER
311, DEPRESSION
571.5, CIRRHOSIS OF LIVER WITHOUT ALCOHOL

OBJECTIVE:
Vital Signs: VITAL SIGNS: (6) Weight: 166 lbs 4 oz, Height: 5 ft 3 in, BMI: 29.4, BSA (Mosteller): 1.83, BSA (DuBois): 1.79, Blood Pressure: 113 / 77, Temperature: 98.3 °F, Pulse: 83, Respiration: 18

General Appearance: No acute distress
Describe area of concern: unremarkable
Eye: Vision R: 20/200 Vision L: 20/200 Sclera: Clear, white.
Signs of Infection: None

ASSESSMENT:
Disturbed Sensory Perception: R/O Visual disturbance.

PLAN/EDUCATION:
Routine referral to Dr. Noel within 5 days secondary to Patient having difficulty seeing, may need glasses. Made same complaint during Initial Health Assessment.

Electronically Approved by (b)(6); (b)(7)(C) on 09-02-2017 04:56:23 PM.

Electronically Approved by (b)(6); (b)(7)(C) MD on 09-05-2017 04:03:19 PM.

ALMAZAN RUIZ, FELIPE, 06-26-1966, #GCSO17MNI005042
09-06-2017 Encounter as of 09-20-2017 Wed 04:45:26 PM

Patient c/o visual disturbance
OS 20/200 OD 20/200 30 DAY CLINIC CIRRHOIS
knee pain and joint pain CHRONIC CARE CLINIC:

Date/Time: 09-06-2017 Wed / 09:48

Patient Name: FELIPE ALMAZAN RUIZ
No: GCSO17MNI005042
DOB: 06-26-1966
Sex: Male
Location: 1*DORM 1*D*048 1*DORM 1*D*048

Clinic Membership:
571.5 CIRRHOSIS OF LIVER WITHOUT ALCOHOL
311 DEPRESSION
300.02 GENERALIZED ANXIETY DISORDER

PAST MEDICAL HISTORY:
51 years old male with history of liver cirhosis, Gerd, possible portal hypertension, constipation here today for 30 days clinical evaluation , the patient disgnose 7 years ago and he's been on treatment since then

Duration of condition(s): 5-10 years

Prior hospitalization(s): No change since last visit
Complications: none

CURRENT MEDICATIONS:
DOCUSATE SODIUM 100 MG
FOLIC ACID 1 MG
LACTULOSE 10 GM/15 ML SOLN 10
MULTIVITAMIN
OMEPRAZOLE DR 20 MG CAPSULE 20
PROCTOSOL 2.5%
SERTRALINE HCL 100 MG TAB 100
SPIRONOLACTONE 25 MG TABLET 25
TRAZODONE 50 MG TABLET 50
TRIAMCINOLONE 0.1% CREAM 0.1
XIFAXAN 550 MG TAB 550

DATA REVIEW:
CMP
Sodium 141 Normal mmol/L 135-145 Final CL
Potassium. 4.3 Normal mmol/L 3.5-5.5 Final CL
Chloride 104 Normal mmol/L 95-110 Final CL
Carbon Dioxide 26 Normal mmol/L 19-34 Final CL
Anion Gap 15.3 Normal mmol/L 10-20 Final CL
Glucose 86 Normal mg/dL 70-110 Final CL
Calcium 8.8 Normal mg/dL 8.4-10.2 Final CL
Protein, Total 6.9 Normal g/dL 5.5-8.7 Final CL
Albumin 3.6 Normal g/dL 3.2-5.0 Final CL
Bilirubin Total 1.7 Above Normal mg/dL 0.1-1.2 Final CL
Alkaline Phos 162 Above Normal U/L 20-130 Final CL
AST (SGOT) 35 Normal U/L 10-40 Final CL
ALT (SGPT) 25 Normal U/L 10-60 Final CL
Urea Nitrogen 17 Normal mg/dl 6-22 Final CL
Creatinine.. 0.70 Normal mg/dL 0.43-1.13 Final CL
eGFR NonAfrican Am > 60 Final CL
eGFR African Amer > 60 Final CL
eGFR less than 60 (ml/min/1.73) square meters
Lipids Profile
Triglycerides 45 Normal mg/dL 0-150 Final CL

Cholesterol 92 Normal mg/dL 0-200 Final CL
HDL 54 Normal mg/dL 0-60 Final CL
NON-HDL 38 mg/dl Final CL
Goals for Patients with CHD or CHD risk equivalents:
LDL: < 70 mg/dl
NON-HDL: <100 mg/dl

Goals for Patients with 2+ risk factors:
LDL: <130 mg/dl
NON-HDL: <160 mg/dl

Goals for Patients with 0-1 risk

ALMAZAN RUIZ, FELIPE, 06-26-1966, #GCSO17MNI005042
09-06-2017 Encounter as of 09-20-2017 Wed 04:45:26 PM

factors:
LDL: <160 mg/dl
NON-HDL: <190 mg/dl
LDL Cholesterol 29 Normal mg/dL 0-130 Final CL
Chol/HDL Ratio 1.7 Normal 1.5-5.6 Final CL

H Pylori Ab IgG (THIS IS THE ONE (b)(6); RDERS)
H Pylori Ab IgG 0.70 Normal U/mL 0.00-0.90 Final CL
< or = 0.90 Negative
0.91-1.09 Equivocal
> or = 1.10 Positive

PSA Diagnostic
PSA Diagnostic 0.1 Normal ng/mL 0-4.0 Final CL

Prothromin Time
PT Seconds 9.4-12.5 In Lab CL
Pro Time INR In Lab CL
Status Observation Date Performing Lab Performing MD
PTT
Activated PTT 41.6 Above Normal Seconds 25.1-36.5 Final CL
Therapeutic PTT range of 50-89 seconds

CBC
WBC 3.0 Below Normal 10 3/uL 3.6-11.0 Final CL
RBC 3.65 Below Normal 10 6/uL 4.50-5.90 Final CL
Hemoglobin 11.3 Below Normal g/dL 13.0-18.0 Final CL
Hematocrit 34.8 Below Normal % 40.0-52.0 Final CL
MCV 95.6 Normal fl 81.0-97.0 Final CL
MCH 31.0 Normal pg 26.0-34.0 Final CL
MCHC 32.4 Normal g/dL 31.0 - 37.0 Final CL
RDW 17.4 Above Normal % 11.5-15.0 Final CL
Platelet Count 41 Below Normal 10 3/uL 150-400 Final CL
Mean Platelet Vol 9.6 Normal fl 7.4-10.4 Final CL
Neutrophil % 65.7 Normal % 36.0-66.0 Final CL
Lymphocyte % 25.2 Normal % 23.0-43.0 Final CL
Monocyte % 4.8 Normal % 0.0-10.0 Final CL
Eosinophil % 3.9 Normal % 0.0-5.0 Final CL
Basophil % 0.4 Normal % 0.0-1.0 Final CL
Neutrophil Abs# 2.0 Normal 10 3/uL 1.6-8.2 Final CL
Lymphocyte Abs # 0.7 Below Normal 10 3/uL 1.1-4.7 Final CL
Monocyte Abs # 0.1 Normal 10 3/uL 0.0-1.1 Final CL
Eosinophil Abs # 0.1 Normal 10 3/uL 0.0-0.5 Final CL
Basophil Abs # 0.0 Normal 10 3/uL 0.0-0.4 Final CL

Ammonia
Ammonia 108 Above Normal umol/L 11-35 Final CL
Test Performed by: IRL - Florida
5361 NW 33 Avenue
Adherence
Ft Lauderdale, FL 33309

SUBJECTIVE:
the patient is complaining of abdominal pain radiating to the chest otherwise he's denies all others symptoms
Stability of condition(s): Stable
Issues with medication(s): None.
Other: none

OBJECTIVE:
T: 97.6 P: 80 R: 18 BP: 122 / 76 Weight: 170 lbs
GENERAL APPEARANCE:
Well-developed, well-nourished 51 year old w male in no acute distress.
HEAD:
Normocephalic. Atraumatic.
EYES:
PERRLA. EOMI. Sclera non-icteric.
ENT:
EAC's clear. TM's white and shiny. Nares patent. Oral mucosa pink and moist. Oropharynx clear.
NECK:
Supple with full range of motion. No tenderness or lymphadenopathy. No JVD or carotid bruits.
LUNGS:
Clear to ausculation. Respiratory effort

non-labored.
HEART:
RRR. S1 S2 WNL.. No murmurs or rubs.
EXTREMITIES:
Pedal pulses are palpable and equal. No extremity edema.
ABDOMEN:
Positive bowel sounds. Non-tender. No hepatosplenomegaly. No masses. pain mid epigastric radiating to the chest
GU:
Deferred.
RECTAL:
Deferred.
MUSCULOSKELETAL:
Moves all extremities well. No deformities, cyanosis or clubbing. Gait steady,
SKIN:
Warm, dry, normal color. Turgor elastic.
NEUROLOGICAL:
No sensory or motor deficits. Deep tendon reflexes 2+ bilaterally.
PSYCHIATIRC:
Awake and alert. No depression, agitation or anxiety noted.

ASSESSMENT:
1===THROMBOCYTOPENIA
2===571.5 CIRRHOSIS OF LIVER WITHOUT ALCOHOL
3===311 DEPRESSION
4===300.02 GENERALIZED ANXIETY DISORDER
5===mild increase total bili and alkp
6===Normochromic anemia
7===Degree of Control - poor Status - Improved
8===Patient's adherence to treatment plan: poor
9===Patient's understanding of condition: GOOD

PLAN: '
1===I will increase lactulose doses and will continue with the current meds cbc weekly the follow-up ,++ see below
prednisone 100 mg x3 days then 80 mg x 3 days then 60 mg po x 3 days then 50 mg x 3 days ' the 40 mg x 3 days then 30 mg x 3 days then 20 mg x 3 days the 10 mg x 2 days then 5 mg x 2 days the 2.5 mg x 2 days then d/c
FERROUS SULFATE, 325MG #90, Sig: 1 time per day for 90 days
2===+++++cbc weekly x 4 weeks+++++
3===d/c dulcolax
4========lactulose 40 ml po daily x 90 days ======
5===FOLIC ACID, 1 MG #90, Sig: Take 1 Tablet by mouth 1 time per day for 90 days
6===MULTIVITAMIN, #90, Sig: Take 1 Tablet by mouth 1 time per day for 90 days
7===SPIRONOLACTONE, 25 MG #180, Sig: Take 1 Tablet by mouth 2 times per day for 90 days
8===xifaxan 550 mg po bid x 90 days
9===Patient c/o visual disturbance
10===OS 20/200 OD 20/200
11====ammonia level Q2 WEEK X 8 WEEKS
12===Renal diet x 180 days
13===cbc cmp lipid panel in 82 days
14===follow=up in 90 days
15===OMEPRAZOLE, 40 MG #90, Sig: Take 1 Capsule by mouth 1 time per day for 90 days

EDUCATION
Adherence
Weight Loss
Medications
Disease Process
Smoking Cessation
Transmission prevention
Exercise daily
Care after release
Diet renal diet
Lab Results explained
Adjustment to Incarceration
Other Med compliances

Electronically Approved by (b)(6); (b)(7)(C) on 09-06-2017 10:23:31 AM.

Collection Date: 2017-08-17 Thu

Patient	ID	Birth Date	Sex	SSN
ALMAZAN RUIZ, FELIPE	GCSO17MNI005042	06-26-1966	M	

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date
CMP							
Sodium	141		Normal	mmol/L	135-145	Final	
Potassium	4.3		Normal	mmol/L	3.5-5.5	Final	
Chloride	104		Normal	mmol/L	95-110	Final	
Carbon Dioxide	26		Normal	mmol/L	19-34	Final	
Anion Gap	15.3		Normal	mmol/L	10-20	Final	
Glucose	86		Normal	mg/dL	70-110	Final	
Calcium	8.8		Normal	mg/dL	8.4-10.2	Final	
Protein, Total	6.9		Normal	g/dL	5.5-8.7	Final	
Albumin	3.6		Normal	g/dL	3.2-5.0	Final	
Bilirubin Total		1.7	Above Normal	mg/dL	0.1-1.2	Final	
Alkaline Phos		162	Above Normal	U/L	20-130	Final	
AST (SGOT)	35		Normal	U/L	10-40	Final	
ALT (SGPT)	25		Normal	U/L	10-60	Final	
Urea Nitrogen	17		Normal	mg/dl	6-22	Final	
Creatinine	0.70		Normal	mg/dL	0.43-1.13	Final	
eGFR NonAfrican Am	> 60					Final	
eGFR African Amer	> 60					Final	
eGFR less than 60 (ml/min/1.73) square meters may indicate							
chronic kidney disease. This is an estimated GFR based on							
the Modification of Diet in Renal Disease (MDRD) equation							
(Ann Intern Med 1999;130:461-70.), results for which depend							
on race. This estimate should not be used for renal-dosing							
of medications or dosing adjustments of radiocontrast dye							
without patient-specific correction for height and weight.							
Limitations of the eGFR, guidelines on chronic kidney							
disease definitions, and clinical action plans can be found							
at www.kidney.org and NEJM 2006;354:2473-83.							
Test Performed by: IRL - Florida							
5361 NW 33 Avenue							
Ft Lauderdale, FL 33309							

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Per Lal
Lipids Profile								
Triglycerides	45		Normal	mg/dL	0-150	Final		CL
If patient is taking N-Acetylcycteine, Triglycerides may be								
falsely decreased.								
If patient is taking Metamizole, Triglycerides and HDL may								
be falsely decreased.								
Cholesterol	92		Normal	mg/dL	0-200	Final		CL
HDL	54		Normal	mg/dL	0-60	Final		CL
NON-HDL	38			mg/dl		Final		CL
Goals for Patients with CHD or CHD risk equivalents:								
LDL: < 70 mg/dl								
NON-HDL: <100 mg/dl								
Goals for Patients with 2+ risk factors:								
LDL: <130 mg/dl								
NON-HDL: <160 mg/dl								
Goals for Patients with 0-1 risk factors:								

LDL: <160 mg/dl								
NON-HDL: <190 mg/dl								
LDL Cholesterol	29		Normal	mg/dL	0-130	Final		CL
Chol/HDL Ratio	1.7		Normal		1.5-5.6	Final		CL
Test Performed by: IRL - Florida								
5361 NW 33 Avenue								
Ft Lauderdale, FL 33309								

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Performing Lab	Performing MD
H Pylori Ab IgG (THIS IS THE ONE DR. NOEL ORDERS)									
H Pylori Ab IgG				U/mL	0.00-0.90	In Lab		CL	
Test Performed by: IRL - Florida									
5361 NW 33 Avenue									
Ft Lauderdale, FL 33309									

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Perf Lab
PSA Diagnostic								
PSA Diagnostic	0.1		Normal	ng/mL	0-4.0	Final		CL
PSA is intended to be used as an aid in the detection and								
management of prostate cancer.								
See the 2013 American Urological Association (AUA)								
guidelines for result interpretation.								
Test Performed by: IRL - Florida								
5361 NW 33 Avenue								
Ft Lauderdale, FL 33309								

Performing ID	Name	Address	City	State	Zip	Country	County
CL^Core Lab^^^^							

Message Type	Control Number	Filler Accession ID	Group Number
Results	LB174_0005626AA		

Order Status: P
CMP ID# 010103
ORDER Sequence#1 Control Number: LB174_0005626AA Filler Accession ID: LB174_0005626AA
Collection Date: 08-17-2017 02:34
Lab Receipt Date: 08-18-2017 13:08
Ordering Provider: (b)(6); (b)(7)(C)
Observation Rpt Date: 08-18-2017 14:08
Results Status: All Final Results Available, Order Complete.

Lipids Profile ID# 010009
ORDER Sequence#2 Control Number: LB174_0005626AA Filler Accession ID: LB174_0005626AA
Collection Date: 08-17-2017 02:34
Lab Receipt Date: 08-18-2017 13:08
Ordering Provider: (b)(6); (b)(7)(C)
Observation Rpt Date: 08-18-2017 14:08
Results Status: All Final Results Available, Order Complete.

H Pylori Ab IgG (THIS IS THE ONE DR. NOEL ORDERS) ID# 060031
ORDER Sequence#3 Control Number: LB174_0005626AA Filler Accession ID: LB174_0005626AA
Collection Date: 08-17-2017 02:34
Lab Receipt Date: 08-18-2017 13:08
Ordering Provider: (b)(6); (b)(7)(C)
Observation Rpt Date: 08-18-2017 14:08
Results Status: I

PSA Diagnostic ID# 026003
ORDER Sequence#4 Control Number: LB174_0005626AA Filler Accession ID: LB174_0005626AA
Collection Date: 08-17-2017 02:34
Lab Receipt Date: 08-18-2017 13:08
Ordering Provider: (b)(6); (b)(7)(C)
Observation Rpt Date: 08-18-2017 14:08
Results Status: All Final Results Available, Order Complete.

Date/Time	Sending Application/Facility	Receiving Application/Facility
08-18-2017 14:11	/ARMCO	CorrecTeK/ARMCOGL

Process ID	Version	Accept Ack.	Appl. Ack.
P--Production	2.3		

Collection Date: 2017-08-17 Thu

Patient	ID	Birth Date	Sex	SSN
ALMAZAN RUIZ, FELIPE	GCSO17MNI005042	06-26-1966	M	

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date
CMP							
Sodium	141		Normal	mmol/L	135-145	Final	
Potassium	4.3		Normal	mmol/L	3.5-5.5	Final	
Chloride	104		Normal	mmol/L	95-110	Final	
Carbon Dioxide	26		Normal	mmol/L	19-34	Final	
Anion Gap	15.3		Normal	mmol/L	10-20	Final	
Glucose	86		Normal	mg/dL	70-110	Final	
Calcium	8.8		Normal	mg/dL	8.4-10.2	Final	
Protein, Total	6.9		Normal	g/dL	5.5-8.7	Final	
Albumin	3.6		Normal	g/dL	3.2-5.0	Final	
Bilirubin Total		1.7	Above Normal	mg/dL	0.1-1.2	Final	
Alkaline Phos		162	Above Normal	U/L	20-130	Final	
AST (SGOT)	35		Normal	U/L	10-40	Final	
ALT (SGPT)	25		Normal	U/L	10-60	Final	
Urea Nitrogen	17		Normal	mg/dl	6-22	Final	
Creatinine	0.70		Normal	mg/dL	0.43-1.13	Final	
eGFR NonAfrican Am	> 60					Final	
eGFR African Amer	> 60					Final	
eGFR less than 60 (ml/min/1.73) square meters may indicate							
chronic kidney disease. This is an estimated GFR based on							
the Modification of Diet in Renal Disease (MDRD) equation							
(Ann Intern Med 1999;130:461-70.), results for which depend							
on race. This estimate should not be used for renal-dosing							
of medications or dosing adjustments of radiocontrast dye							
without patient-specific correction for height and weight.							
Limitations of the eGFR, guidelines on chronic kidney							
disease definitions, and clinical action plans can be found							
at www.kidney.org and NEJM 2006;354:2473-83.							
Test Performed by: IRL - Florida							
5361 NW 33 Avenue							
Ft Lauderdale, FL 33309							

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Per Lal
Lipids Profile								
Triglycerides	45		Normal	mg/dL	0-150	Final		CL
If patient is taking N-Acetylcycteine, Triglycerides may be								
falsely decreased.								
If patient is taking Metamizole, Triglycerides and HDL may								
be falsely decreased.								
Cholesterol	92		Normal	mg/dL	0-200	Final		CL
HDL	54		Normal	mg/dL	0-60	Final		CL
NON-HDL	38			mg/dl		Final		CL
Goals for Patients with CHD or CHD risk equivalents:								
LDL: < 70 mg/dl								
NON-HDL: <100 mg/dl								
Goals for Patients with 2+ risk factors:								
LDL: <130 mg/dl								
NON-HDL: <160 mg/dl								
Goals for Patients with 0-1 risk factors:								

LDL: <160 mg/dl								
NON-HDL: <190 mg/dl								
LDL Cholesterol	29		Normal	mg/dL	0-130	Final		CL
Chol/HDL Ratio	1.7		Normal		1.5-5.6	Final		CL
Test Performed by: IRL - Florida								
5361 NW 33 Avenue								
Ft Lauderdale, FL 33309								

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Performing Lab	Performing MD
H Pylori Ab IgG (THIS IS THE ONE DR. NOEL ORDERS)									
H Pylori Ab IgG				U/mL	0.00-0.90	In Lab		CL	
Test Performed by: IRL - Florida									
5361 NW 33 Avenue									
Ft Lauderdale, FL 33309									

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Perf Lab
PSA Diagnostic								
PSA Diagnostic	0.1		Normal	ng/mL	0-4.0	Final		CL
PSA is intended to be used as an aid in the detection and								
management of prostate cancer.								
See the 2013 American Urological Association (AUA)								
guidelines for result interpretation.								
Test Performed by: IRL - Florida								
5361 NW 33 Avenue								
Ft Lauderdale, FL 33309								

Performing ID	Name	Address	City	State	Zip	Country	County
CL^Core Lab^^^^							

Message Type	Control Number	Filler Accession ID	Group Number
Results	LB174_0005626AA		

Order Status: P
CMP ID# 010103
ORDER Sequence#1 Control Number: LB174_0005626AA Filler Accession ID: LB174_0005626AA
Collection Date: 08-17-2017 02:34
Lab Receipt Date: 08-18-2017 13:08
Ordering Provider: (b)(6); (b)(7)(C)
Observation Rpt Date: 08-18-2017 13:58
Results Status: All Final Results Available, Order Complete.

Lipids Profile ID# 010009
ORDER Sequence#2 Control Number: LB174_0005626AA Filler Accession ID: LB174_0005626AA
Collection Date: 08-17-2017 02:34
Lab Receipt Date: 08-18-2017 13:08
Ordering Provider: (b)(6); (b)(7)(C)
Observation Rpt Date: 08-18-2017 13:58
Results Status: All Final Results Available, Order Complete.

H Pylori Ab IgG (THIS IS THE ONE DR. NOEL ORDERS) ID# 060031
ORDER Sequence#3 Control Number: LB174_0005626AA Filler Accession ID: LB174_0005626AA
Collection Date: 08-17-2017 02:34
Lab Receipt Date: 08-18-2017 13:08
Ordering Provider: (b)(6); (b)(7)(C)
Observation Rpt Date: 08-18-2017 13:58
Results Status: I

PSA Diagnostic ID# 026003
ORDER Sequence#4 Control Number: LB174_0005626AA Filler Accession ID: LB174_0005626AA
Collection Date: 08-17-2017 02:34
Lab Receipt Date: 08-18-2017 13:08
Ordering Provider: (b)(6); (b)(7)(C)
Observation Rpt Date: 08-18-2017 13:58
Results Status: All Final Results Available, Order Complete.

Date/Time	Sending Application/Facility	Receiving Application/Facility
08-18-2017 14:02	/ARMCO	CorrecTeK/ARMCOGL

Process ID	Version	Accept Ack.	Appl. Ack.
P—Production	2.3		

Collection Date: 2017-08-17 Thu

Patient	ID	Birth Date	Sex	SSN
ALMAZAN RUIZ, FELIPE	GCSO17MNI005042	06-26-1966	M	

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Performing Lab	Performing MD
CBC									
WBC		3.0	Below Normal	10 3/uL	3.6-11.0	Final		CL	
RBC		3.65	Below Normal	10 6/uL	4.50-5.90	Final		CL	
Hemoglobin		11.3	Below Normal	g/dL	13.0-18.0	Final		CL	
Hematocrit		34.8	Below Normal	%	40.0-52.0	Final		CL	
MCV	95.6		Normal	fl	81.0-97.0	Final		CL	
MCH	31.0		Normal	pg	26.0-34.0	Final		CL	
MCHC	32.4		Normal	g/dL	31.0 - 37.0	Final		CL	
RDW		17.4	Above Normal	%	11.5-15.0	Final		CL	
Platelet Count		41	Below Normal	10 3/uL	150-400	Final		CL	
Mean Platelet Vol	9.6		Normal	fl	7.4-10.4	Final		CL	
Neutrophil %	65.7		Normal	%	36.0-66.0	Final		CL	
Lymphocyte %	25.2		Normal	%	23.0-43.0	Final		CL	
Monocyte %	4.8		Normal	%	0.0-10.0	Final		CL	
Eosinophil %	3.9		Normal	%	0.0-5.0	Final		CL	
Basophil %	0.4		Normal	%	0.0-1.0	Final		CL	
Neutrophil Abs#	2.0		Normal	10 3/uL	1.6-8.2	Final		CL	
Lymphocyte Abs #		0.7	Below Normal	10 3/uL	1.1-4.7	Final		CL	
Monocyte Abs #	0.1		Normal	10 3/uL	0.0-1.1	Final		CL	
Eosinophil Abs #	0.1		Normal	10 3/uL	0.0-0.5	Final		CL	
Basophil Abs #	0.0		Normal	10 3/uL	0.0-0.4	Final		CL	
Test Performed by: IRL - Florida									
5361 NW 33 Avenue									
Ft Lauderdale, FL 33309									

Performing ID	Name	Address	City	State	Zip	Country	County
CL^Core Lab^^^^							

Message Type	Control Number	Filler Accession ID	Group Number
Results	LB174_0005626AA		

Order Status: P
CBC ID# 050004
ORDER Sequence#1 Control Number: LB174_0005626AA Filler Accession ID: LB174_0005626AA
Collection Date: 08-17-2017 02:34
Lab Receipt Date: 08-18-2017 13:08

Ordering Provider: (b)(6); (b)(7)(C)
Observation Rpt Date: 08-18-2017 13:49
Results Status: All Final Results Available, Order Complete.

Date/Time	Sending Application/Facility	Receiving Application/Facility
08-18-2017 13:55	/ARMCO	CorrecTcK/ARMCOGI.

Process ID	Version	Accept Ack.	Appl. Ack.
P=Production	2.3		

Collection Date: 2017-08-17 Thu

Patient	ID	Birth Date	Sex	SSN
ALMAZAN RUIZ, FELIPE	GCSO17MNI005042	06-26-1966	M	

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Performing Lab	Performing MD
CBC									
WBC		3.0	Below Normal	10 3/uL	3.6-11.0	Final		CL	
RBC		3.65	Below Normal	10 6/uL	4.50-5.90	Final		CL	
Hemoglobin		11.3	Below Normal	g/dL	13.0-18.0	Final		CL	
Hematocrit		34.8	Below Normal	%	40.0-52.0	Final		CL	
MCV	95.6		Normal	fl	81.0-97.0	Final		CL	
MCH	31.0		Normal	pg	26.0-34.0	Final		CL	
MCHC	32.4		Normal	g/dL	31.0 - 37.0	Final		CL	
RDW		17.4	Above Normal	%	11.5-15.0	Final		CL	
Platelet Count		41	Below Normal	10 3/uL	150-400	Final		CL	
Mean Platelet Vol	9.6		Normal	fl	7.4-10.4	Final		CL	
Neutrophil %	65.7		Normal	%	36.0-66.0	Final		CL	
Lymphocyte %	25.2		Normal	%	23.0-43.0	Final		CL	
Monocyte %	4.8		Normal	%	0.0-10.0	Final		CL	
Eosinophil %	3.9		Normal	%	0.0-5.0	Final		CL	
Basophil %	0.4		Normal	%	0.0-1.0	Final		CL	
Neutrophil Abs#	2.0		Normal	10 3/uL	1.6-8.2	Final		CL	
Lymphocyte Abs #		0.7	Below Normal	10 3/uL	1.1-4.7	Final		CL	
Monocyte Abs #	0.1		Normal	10 3/uL	0.0-1.1	Final		CL	
Eosinophil Abs #	0.1		Normal	10 3/uL	0.0-0.5	Final		CL	
Basophil Abs #	0.0		Normal	10 3/uL	0.0-0.4	Final		CL	
Test Performed by: IRL - Florida									
5361 NW 33 Avenue									
Ft Lauderdale, FL 33309									

Performing ID	Name	Address	City	State	Zip	Country	County
CL^Core Lab^^^^							

Message Type	Control Number	Filler Accession ID	Group Number
Results	LB174_0005626AA		

Order Status: P
CBC ID# 050004
ORDER Sequence#1 Control Number: LB174_0005626AA Filler Accession ID: LB174_0005626AA
Collection Date: 08-17-2017 02:34
Lab Receipt Date: 08-18-2017 13:08

Ordering Provider: (b)(6); (b)(7)(C)
Observation Rpt Date: 08-18-2017 13:49
Results Status: All Final Results Available, Order Complete.

Date/Time	Sending Application/Facility	Receiving Application/Facility
08-18-2017 13:55	/ARMCO	CorrecTeK/ARMCOGI.

Process ID	Version	Accept Ack.	Appl. Ack.
P Production	2.3		

Collection Date: 2017-08-17 Thu

Patient	ID	Birth Date	Sex	SSN
ALMAZAN RUIZ, FELIPE	GCSO17MN1005042	06-26-1966	M	

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date
Prothromin Time							
PT		13.6	Above Normal	Seconds	9.4-12.5	Final	
Pro Time INR	1.2					Final	
PT reference range: 9.4-12.5							
Use INR for clinical decision making -- Recommended Therapeutic Range:							
INDICATION TARGETED INR RANGE							
Prevention and treatment of VTE 2 - 3							
Atrial Fibrillation 2 - 3							
Acute myocardial infarction 2 - 3							
Valvular heart disease 2 - 3							
Prosthetic tissue heart valve 2 - 3							
Prosthetic mechanical heart valves 2.5 - 3.5							
Recurrent Thromboembolism 2.5 - 3.5							
Targeted INR range of 2-3 is appropriate for patients who have a mechanical bileaflet in the aortic position, normal cardiac chamber size, and no other risk factors for stroke.							
"Co-administration of argatroban and warfarin produces a combined effect on INR. Consult pharmacist or physician to determine if warfarin dose should be held when INR is elevated and patient is receiving argatroban."							
Test Performed by: IRL - Florida							
5361 NW 33 Avenue							
Ft Lauderdale, FL 33309							

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Performing Lab	Performing MD
PTT									
Activated PTT		41.6	Above Normal	Seconds	25.1-36.5	Final		CL	
Therapeutic PTT range of 50 89 seconds corresponds to									
0.3-0.7 units anti-Xa activity.									
Test Performed by: IRL - Florida									
5361 NW 33 Avenue									
Ft Lauderdale, FL 33309									

Performing ID	Name	Address	City	State	Zip	Country	County
CL^Core Lab^^^^							

Message Type	Control Number	Filler Accession ID	Group Number
Results	LB174_0005626AA		

Order Status: P
Prothromin Time ID# 050012
ORDER Sequence#1 Control Number: LB174_0005626AA Filler Accession ID: LB174_0005626AA
Collection Date: 08-17-2017 02:34
Lab Receipt Date: 08-18-2017 13:08
Ordering Provider (b)(6), (b)(7)(C)

Observation Rpt Date: 08-18-2017 13:56
Results Status: All Final Results Available, Order Complete.

PTT ID# 050016
ORDER Sequence#2 Control Number: LB174_0005626AA Filler Accession ID: LB174_0005626AA
Collection Date: 08-17-2017 02:34
Lab Receipt Date: 08-18-2017 13:08
Ordering Provider: (b)(6); (b)(7)(C)
Observation Rpt Date: 08-18-2017 13:56
Results Status: All Final Results Available, Order Complete.

Date/Time	Sending Application/Facility	Receiving Application/Facility
08-18-2017 14:00	/ARMCO	CorrecTeK/ARMCOGL

Process ID	Version	Accept Ack.	Appl. Ack.
P-Production	2.3		

Collection Date: 2017-08-17 Thu

Patient	ID	Birth Date	Sex	SSN
ALMAZAN RUIZ, FELIPE	GCSO17MNI005042	06-26-1966	M	

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Performing Lab	Performing MD
Prothromin Time									
PT				Seconds	9.4-12.5	In Lab		CL	
Pro Time INR						In Lab		CL	
Test Performed by: IRL - Florida									
5361 NW 33 Avenue									
Ft Lauderdale, FL 33309									

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Performing Lab	Performing MD
PTT									
Activated PTT		41.6	Above Normal	Seconds	25.1-36.5	Final		CL	
Therapeutic PTT range of 50-89 seconds corresponds to									
0.3-0.7 units anti-Xa activity.									
Test Performed by: IRL Florida									
5361 NW 33 Avenue									
Ft Lauderdale, FL 33309									

Performing ID	Name	Address	City	State	Zip	Country	County
CL^Core Lab^^^^							

Message Type	Control Number	Filler Accession ID	Group Number
Results	LB174_0005626AA		

Order Status: P
Prothromin Time ID# 050012
ORDER Sequence#1 Control Number: LB174_0005626AA Filler Accession ID: LB174_0005626AA
Collection Date: 08-17-2017 02:34
Lab Receipt Date: 08-18-2017 13:08
Ordering Provider: (b)(6); (b)(7)(C)
Observation Rpt Date: 08-18-2017 13:56
Results Status: I

PTT ID# 050016
ORDER Sequence#2 Control Number: LB174_0005626AA Filler Accession ID: LB174_0005626AA
Collection Date: 08-17-2017 02:34
Lab Receipt Date: 08-18-2017 13:08
Ordering Provider: (b)(6); (b)(7)(C)
Observation Rpt Date: 08-18-2017 13:56
Results Status: All Final Results Available, Order Complete.

Date/Time	Sending Application/Facility	Receiving Application/Facility
08-18-2017 13:59	/ARMCO	CorrecTeK/ARMCOGL

Process ID	Version	Accept Ack.	Appl. Ack.
P=Production	2.3		

Collection Date: 2017-08-17 Thu

Patient	ID	Birth Date	Sex	SSN
ALMAZAN RUIZ, FELIPE	GCSO17MNI005042	06-26-1966	M	

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Performing Lab	Performing MD
Prothromin Time									
PT				Seconds	9.4-12.5	In Lab		CL	
Pro Time INR						In Lab		CL	
Test Performed by: IRL - Florida									
5361 NW 33 Avenue									
Ft Lauderdale, FL 33309									

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Performing Lab	Performing MD
PTT									
Activated PTT		41.6	Above Normal	Seconds	25.1-36.5	Final		CL	
Therapeutic PTT range of 50-89 seconds corresponds to									
0.3-0.7 units anti-Xa activity.									
Test Performed by: IRL - Florida									
5361 NW 33 Avenue									
Ft Lauderdale, FL 33309									

Performing ID	Name	Address	City	State	Zip	Country	County
CL^Core Lab^^^^							

Message Type	Control Number	Filler Accession ID	Group Number
Results	LB174_0005626AA		

Order Status: P
Prothromin Time ID# 050012
ORDER Sequence#1 Control Number: LB174_0005626AA Filler Accession ID: LB174_0005626AA
Collection Date: 08-17-2017 02:34
Lab Receipt Date: 08-18-2017 13:08
Ordering Provider: (b)(6); (b)(7)(C)
Observation Rpt Date: 08-18-2017 13:56
Results Status: I

PTT ID# 050016
ORDER Sequence#2 Control Number: LB174_0005626AA Filler Accession ID: LB174_0005626AA
Collection Date: 08-17-2017 02:34
Lab Receipt Date: 08-18-2017 13:08
Ordering Provider: (b)(6); (b)(7)(C)
Observation Rpt Date: 08-18-2017 13:56
Results Status: All Final Results Available, Order Complete.

Date/Time	Sending Application/Facility	Receiving Application/Facility
08-18-2017 13:59	/ARMCO	CorrecTeK/ARMCOGL

Process ID	Version	Accept Ack.	Appl. Ack.
P-Production	2.3		

Collection Date: 2017-08-17 Thu

Patient	ID	Birth Date	Sex	SSN
ALMAZAN RUIZ, FELIPE	GCSO17MNI005042	06-26-1966	M	

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	I
CMP								
Sodium	141		Normal	mmol/L	135-145	Final		(
Potassium	4.3		Normal	mmol/L	3.5-5.5	Final		(
Chloride	104		Normal	mmol/L	95-110	Final		(
Carbon Dioxide	26		Normal	mmol/L	19-34	Final		(
Anion Gap	15.3		Normal	mmol/L	10-20	Final		(
Glucose	86		Normal	mg/dL	70-110	Final		(
Calcium	8.8		Normal	mg/dL	8.4-10.2	Final		(
Protein, Total	6.9		Normal	g/dL	5.5-8.7	Final		(
Albumin	3.6		Normal	g/dL	3.2-5.0	Final		(
Bilirubin Total		1.7	Above Normal	mg/dL	0.1-1.2	Final		(
Alkaline Phos		162	Above Normal	U/L	20-130	Final		(
AST (SGOT)	35		Normal	U/L	10-40	Final		(
ALT (SGPT)	25		Normal	U/L	10-60	Final		(
Urea Nitrogen	17		Normal	mg/dl	6-22	Final		(
Creatinine	0.70		Normal	mg/dL	0.43-1.13	Final		(
eGFR NonAfrican Am	> 60					Final		(
eGFR African Amer	> 60					Final		(
eGFR less than 60 (ml/min/1.73) square meters may indicate								
chronic kidney disease. This is an estimated GFR based on								
the Modification of Diet in Renal Disease (MDRD) equation								
(Ann Intern Med 1999;130:461-70.), results for which depend								
on race. This estimate should not be used for renal-dosing								
of medications or dosing adjustments of radiocontrast dye								
without patient-specific correction for height and weight.								
Limitations of the eGFR, guidelines on chronic kidney								
disease definitions, and clinical action plans can be found								
at www.kidney.org and NEJM 2006;354:2473-83.								
Test Performed by: IRL - Florida								
5361 NW 33 Avenue								
Ft Lauderdale, FL 33309								

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Per Lal
Lipids Profile								
Triglycerides	45		Normal	mg/dL	0-150	Final		CL
If patient is taking N-Acetylcysteine, Triglycerides may be								
falsely decreased.								
If patient is taking Metamizole, Triglycerides and HDL may								
be falsely decreased.								
Cholesterol	92		Normal	mg/dL	0-200	Final		CL
HDL	54		Normal	mg/dL	0-60	Final		CL
NON-HDL	38			mg/dl		Final		CL
Goals for Patients with CHD or CHD risk equivalents:								
LDL: < 70 mg/dl								
NON-HDL: <100 mg/dl								
Goals for Patients with 2+ risk factors:								
LDL: <130 mg/dl								
NON-HDL: <160 mg/dl								
Goals for Patients with 0-1 risk factors:								

LDL: <160 mg/dl								
NON-HDL: <190 mg/dl								
LDL Cholesterol	29		Normal	mg/dL	0-130	Final		CL
Chol/HDL Ratio	1.7		Normal		1.5-5.6	Final		CL
Test Performed by: IRL - Florida								
5361 NW 33 Avenue								
Ft Lauderdale, FL 33309								

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Performing Lab	Performing MD
H Pylori Ab IgG (THIS IS THE ONE DR. NOEL ORDERS)									
H Pylori Ab IgG				U/mL	0.00-0.90	In Lab		CL	
Test Performed by: IRL - Florida									
5361 NW 33 Avenue									
Ft Lauderdale, FL 33309									

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Performing Lab	Performing MD
PSA Diagnostic									
PSA Diagnostic				ng/mL	0-4.0	In Lab		CL	
Test Performed by: IRL - Florida									
5361 NW 33 Avenue									
Ft Lauderdale, FL 33309									

Performing ID	Name	Address	City	State	Zip	Country	County
CL^Core Lab^^^^							

Message Type	Control Number	Filler Accession ID	Group Number
Results	LB174_0005626AA		

Order Status: P
CMP ID# 010103
ORDER Sequence#1 Control Number: LB174_0005626AA Filler Accession ID: LB174_0005626AA
Collection Date: 08-17-2017 02:34
Lab Receipt Date: 08-18-2017 13:08
Ordering Provider: (b)(6); (b)(7)(C)
Observation Rpt Date: 08-18-2017 13:48
Results Status: All Final Results Available, Order Complete.

Lipids Profile ID# 010009
ORDER Sequence#2 Control Number: LB174_0005626AA Filler Accession ID: LB174_0005626AA
Collection Date: 08-17-2017 02:34
Lab Receipt Date: 08-18-2017 13:08
Ordering Provider: (b)(6); (b)(7)(C)
Observation Rpt Date: 08-18-2017 13:48
Results Status: All Final Results Available, Order Complete.

H Pylori Ab IgG (THIS IS THE ONE DR. NOEL ORDERS) ID# 060031
ORDER Sequence#3 Control Number: LB174_0005626AA Filler Accession ID: LB174_0005626AA
Collection Date: 08-17-2017 02:34
Lab Receipt Date: 08-18-2017 13:08
Ordering Provider: (b)(6); (b)(7)(C)
Observation Rpt Date: 08-18-2017 13:48
Results Status: I

PSA Diagnostic ID# 026003
ORDER Sequence#4 Control Number: LB174_0005626AA Filler Accession ID: LB174_0005626AA
Collection Date: 08-17-2017 02:34
Lab Receipt Date: 08-18-2017 13:08
Ordering Provider: (b)(6); (b)(7)(C)
Observation Rpt Date: 08-18-2017 13:48
Results Status: I

Date/Time	Sending Application/Facility	Receiving Application/Facility
08-18-2017 13:54	/ARMCO	CorrecTeK/ARMCOGL

Process ID	Version	Accept Ack.	Appl. Ack.
P-Production	2.3		

Collection Date: 2017-08-17 Thu

Patient	ID	Birth Date	Sex	SSN
ALMAZAN RUIZ, FELIPE	GCSO17MNI005042	06-26-1966	M	

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	
CMP								
Sodium	141		Normal	mmol/L	135-145	Final		K
Potassium	4.3		Normal	mmol/L	3.5-5.5	Final		K
Chloride	104		Normal	mmol/L	95-110	Final		K
Carbon Dioxide	26		Normal	mmol/L	19-34	Final		K
Anion Gap	15.3		Normal	mmol/L	10-20	Final		K
Glucose	86		Normal	mg/dL	70-110	Final		K
Calcium	8.8		Normal	mg/dL	8.4-10.2	Final		K
Protein, Total	6.9		Normal	g/dL	5.5-8.7	Final		K
Albumin	3.6		Normal	g/dL	3.2-5.0	Final		K
Bilirubin Total		1.7	Above Normal	mg/dL	0.1-1.2	Final		K
Alkaline Phos		162	Above Normal	U/L	20-130	Final		K
AST (SGOT)	35		Normal	U/L	10-40	Final		K
ALT (SGPT)	25		Normal	U/L	10-60	Final		K
Urea Nitrogen	17		Normal	mg/dl	6-22	Final		K
Creatinine	0.70		Normal	mg/dL	0.43-1.13	Final		K
eGFR NonAfrican Am	> 60					Final		K
eGFR African Amer	> 60					Final		K
eGFR less than 60 (ml/min/1.73) square meters may indicate								
chronic kidney disease. This is an estimated GFR based on								
the Modification of Diet in Renal Disease (MDRD) equation								
(Ann Intern Med 1999;130:461-70.), results for which depend								
on race. This estimate should not be used for renal-dosing								
of medications or dosing adjustments of radiocontrast dye								
without patient-specific correction for height and weight.								
Limitations of the eGFR, guidelines on chronic kidney								
disease definitions, and clinical action plans can be found								
at www.kidney.org and NEJM 2006;354:2473-83.								
Test Performed by: IRL - Florida								
5361 NW 33 Avenue								
Ft Lauderdale, FL 33309								

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Per Lal
Lipids Profile								
Triglycerides	45		Normal	mg/dL	0-150	Final		CL
If patient is taking N-Acetylcycteine, Triglycerides may be								
falsely decreased.								
If patient is taking Metamizole, Triglycerides and HDL may								
be falsely decreased.								
Cholesterol	92		Normal	mg/dL	0-200	Final		CL
HDL	54		Normal	mg/dl	0-60	Final		CL
NON-HDL	38			mg/dl		Final		CL
Goals for Patients with CHD or CHD risk equivalents:								
LDL: < 70 mg/dl								
NON-HDL: <100 mg/dl								
Goals for Patients with 2+ risk factors:								
LDL: <130 mg/dl								
NON-HDL: <160 mg/dl								
Goals for Patients with 0-1 risk factors:								

LDL: <160 mg/dl								
NON-HDL: <190 mg/dl								
LDL Cholesterol	29		Normal	mg/dL	0-130	Final		CL
Chol/HDL Ratio	1.7		Normal		1.5-5.6	Final		CL
Test Performed by: IRL - Florida								
5361 NW 33 Avenue								
Ft Lauderdale, FL 33309								

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	P I
H Pylori Ab IgG (THIS IS THE ONE DR. NOEL ORDERS)								
H Pylori Ab IgG	0.70		Normal	U/mL	0.00-0.90	Final		C
< or = 0.90 Negative								
0.91-1.09 Equivocal								
> or = 1.10 Positive								
THE STOOL (FECAL) H. PYLORI ANTIGEN TEST IS THE PREFERRED								
TEST FOR DETECTING AND MONITORING GASTRIC H. PYLORI								
INFECTION.								
THE H. PYLORI IgG TEST THAT IS RESULTED ABOVE IS NOT								
RECOMMENDED FOR DIAGNOSIS OR ANTIBIOTIC MONITORING.								
PLEASE SEE THE INFORMATION BELOW.								
The serum H. pylori IgG test is not useful in determining								
acute or recurrent H. pylori infection or for monitoring the								
response to antibiotic therapy. If positive, it only								
indicates that the patient had H. pylori infection sometime								
in the past. It does not provide any clinically useful								
information about possible present infection in the patient.								
It cannot be used for monitoring antibiotic therapy.								
Test Performed by: IRL - Florida								
5361 NW 33 Avenue								
Ft. Lauderdale, FL 33309								

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Perf Lab
PSA Diagnostic								
PSA Diagnostic	0.1		Normal	ng/mL	0-4.0	Final		CL
PSA is intended to be used as an aid in the detection and								
management of prostate cancer.								
See the 2013 American Urological Association (AUA)								
guidelines for result interpretation.								
Test Performed by: IRL - Florida								
5361 NW 33 Avenue								
Ft. Lauderdale, FL 33309								

Performing ID	Name	Address	City	State	Zip	Country	County
CL^Core Lab^^^^							

Message Type	Control Number	Filler Accession ID	Group Number
Results	LB174 0005626AA		

Order Status: F
CMP ID# 010103
ORDER Sequence#1 Control Number: LB174_0005626AA Filler Accession ID: LB174_0005626AA
Collection Date: 08-17-2017 02:34
Lab Receipt Date:
Ordering Provider: (b)(6); (b)(7)(C)
Observation Rpt Date: 08-18-2017 19:09
Results Status: All Final Results Available, Order Complete.

Lipids Profile ID# 010009

ORDER Sequence#2 Control Number: LB174_0005626AA Filler Accession ID: LB174_0005626AA
Collection Date: 08-17-2017 02:34
Lab Receipt Date: 08-18-2017 13:08
Ordering Provider: (b)(6); (b)(7)(C)
Observation Rpt Date: 08-18-2017 19:09
Results Status: All Final Results Available, Order Complete.

H Pylori Ab IgG (THIS IS THE ONE DR. NOEL ORDERS) ID# 060031
ORDER Sequence#3 Control Number: LB174_0005626AA Filler Accession ID: LB174_0005626AA
Collection Date: 08-17-2017 02:34
Lab Receipt Date: 08-18-2017 13:08
Ordering Provide (b)(6); (b)(7)(C)
Observation Rpt Date: 08-18-2017 19:09
Results Status: All Final Results Available, Order Complete.

PSA Diagnostic ID# 026003
ORDER Sequence#4 Control Number: LB174_0005626AA Filler Accession ID: LB174_0005626AA
Collection Date: 08-17-2017 02:34
Lab Receipt Date: 08-18-2017 13:08
Ordering Provide (b)(6); (b)(7)(C)
Observation Rpt Date: 08-18-2017 19:09
Results Status: All Final Results Available, Order Complete.

Date/Time	Sending Application/Facility	Receiving Application/Facility
08-18-2017 19:17	/ARMCO	CorrecTcK/ARMCOGL

Process ID	Version	Accept Ack.	Appl. Ack.
P=Production	2.3		

Collection Date: 2017-08-24 Thu

Patient	ID	Birth Date	Sex	SSN
ALMAZAN RUIZ, FELIPE	GCSO17MNI005042	06-26-1966	M	

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Performing Lab	Performing MD
Ammonia									
Ammonia		108	Above Normal	umol/L	11-35	Final		CL	
Test Performed by: IRL - Florida									
5361 NW 33 Avenue									
Ft Lauderdale, FL 33309									

Performing ID	Name	Address	City	State	Zip	Country	County
CL^Core Lab^^^^							

Message Type	Control Number	Filler Accession ID	Group Number
Results	LB174_00057D650		

Order Status: F
Ammonia ID# 020007
ORDER Sequence#1 Control Number: LB174_00057D650 Filler Accession ID: LB174_00057D650
Collection Date: 08-24-2017 00:16
Lab Receipt Date: 08-25-2017 11:20
Ordering Provider: (b)(6); (b)(7)(C)
Observation Rpt Date: 08-25-2017 11:39
Results Status: All Final Results Available, Order Complete.

Date/Time	Sending Application/Facility	Receiving Application/Facility
08-25-2017 11:41	/ARMCO	CorrecTeK/ARMCOGL

Process ID	Version	Accept Ack.	Appl. Ack.
P=Production	2.3		

Collection Date: 2017-09-01 Fri

Patient	ID	Birth Date	Sex	SSN
ALMAZAN RUIZ, FELIPE	GCSO17MNI005042	06-26-1966	M	

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	
CMP								
Sodium	140		Normal	mmol/L	135-145	Final		
Potassium	4.0		Normal	mmol/L	3.5-5.5	Final		
Chloride	104		Normal	mmol/L	95-110	Final		
Carbon Dioxide	27		Normal	mmol/L	19-34	Final		
Anion Gap	13.0		Normal	mmol/L	10-20	Final		
Glucose	82		Normal	mg/dL	70-110	Final		
Calcium	8.9		Normal	mg/dL	8.4-10.2	Final		
Protein, Total	6.8		Normal	g/dL	5.5-8.7	Final		
Albumin	3.6		Normal	g/dL	3.2-5.0	Final		
Bilirubin Total		1.3	Above Normal	mg/dL	0.1-1.2	Final		
Alkaline Phos		151	Above Normal	U/L	20-130	Final		
AST (SGOT)	34		Normal	U/L	10-40	Final		
ALT (SGPT)	23		Normal	U/L	10-60	Final		
Venipuncture should occur prior to sulfasalazine or								
sulfapyridine administration due to the potential for								
falsely depressed results.								
Urea Nitrogen	11		Normal	mg/dl	6-22	Final		
Creatinine	0.80		Normal	mg/dL	0.43-1.13	Final		
eGFR NonAfrican Am	> 60					Final		
eGFR African Amer	> 60					Final		
eGFR less than 60 (ml/min/1.73) square meters may indicate								
chronic kidney disease. This is an estimated GFR based on								
the Modification of Diet in Renal Disease (MDRD) equation								
(Ann Intern Med 1999;130:461-70.), results for which depend								
on race. This estimate should not be used for renal-dosing								
of medications or dosing adjustments of radiocontrast dye								
without patient-specific correction for height and weight.								
Limitations of the eGFR, guidelines on chronic kidney								
disease definitions, and clinical action plans can be found								
at www.kidney.org and NEJM 2006;354:2473-83.								
Test Performed by: IRL - Florida								
5361 NW 33 Avenue								
Ft Lauderdale, FL 33309								

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Per Lal
Lipids Profile								
Triglycerides	43		Normal	mg/dL	0-150	Final		CL
If patient is taking N-Acetylcysteine, Triglycerides may be								
falsely decreased.								
If patient is taking Metamizole, Triglycerides and HDL may								
be falsely decreased.								
Cholesterol	95		Normal	mg/dL	0-200	Final		CL
HDL	56		Normal	mg/dL	0-60	Final		CL
NON-HDL	39			mg/dl		Final		CL
Goals for Patients with CHD or CHD risk equivalents:								
LDL: < 70 mg/dl								
NON-HDL: <100 mg/dl								
Goals for Patients with 2+ risk factors:								
LDL: <130 mg/dl								

NON-HDL: <160 mg/dl								
Goals for Patients with 0-1 risk factors:								
LDL: <160 mg/dl								
NON-HDL: <190 mg/dl								
LDL Cholesterol	30		Normal	mg/dL	0-130	Final		CL
Chol/HDL Ratio	1.7		Normal		1.5-5.6	Final		CL
Test Performed by: IRL - Florida								
5361 NW 33 Avenue								
Ft Lauderdale, FL 33309								

Performing ID	Name	Address	City	State	Zip	Country	County
CL^Core Lab^^^^							

Message Type	Control Number	Filler Accession ID	Group Number
Results	LB174_0005975BE		

Order Status: P
CMP ID# 010103
ORDER Sequence#1 Control Number: LB174_0005975BE Filler Accession ID: LB174_0005975BE
Collection Date: 09-01-2017 00:54
Lab Receipt Date: 09-02-2017 13:52
Ordering Provider: (b)(6); (b)(7)(C)
Observation Rpt Date: 09-02-2017 14:23
Results Status: All Final Results Available, Order Complete.

Lipids Profile ID# 010009
ORDER Sequence#2 Control Number: LB174_0005975BE Filler Accession ID: LB174_0005975BE
Collection Date: 09-01-2017 00:54
Lab Receipt Date: 09-02-2017 13:52
Ordering Provider: (b)(6); (b)(7)(C)
Observation Rpt Date: 09-02-2017 14:23
Results Status: All Final Results Available, Order Complete.

Date/Time	Sending Application/Facility	Receiving Application/Facility
09-02-2017 14:24	/ARMCO	CorrecTeK/ARMCOGI.

Process ID	Version	Accept Ack.	Appl. Ack.
P-Production	2.3		

Collection Date: 2017-09-01 Fri

Patient	ID	Birth Date	Sex	SSN
ALMAZAN RUIZ, FELIPE	GCSO17MNI005042	06-26-1966	M	

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Performing Lab	Performing MD
CBC									
WBC		2.8	Below Normal	10 3/uL	3.6-11.0	Final		CL	
RBC		3.63	Below Normal	10 6/uL	4.50-5.90	Final		CL	
Hemoglobin		11.3	Below Normal	g/dL	13.0-18.0	Final		CL	
Hematocrit		33.1	Below Normal	%	40.0-52.0	Final		CL	
MCV	91.1		Normal	fl	81.0-97.0	Final		CL	
MCH	31.2		Normal	pg	26.0-34.0	Final		CL	
MCHC	34.3		Normal	g/dL	31.0 - 37.0	Final		CL	
RDW		16.3	Above Normal	%	11.5-15.0	Final		CL	
Platelet Count		35	Below Normal	10 3/uL	150-400	Final		CL	
Mean Platelet Vol	9.6		Normal	fl	7.4-10.4	Final		CL	
Neutrophil %		67.4	Above Normal	%	36.0-66.0	Final		CL	
Lymphocyte %	25.8		Normal	%	23.0-43.0	Final		CL	
Monocyte %	4.6		Normal	%	0.0-10.0	Final		CL	
Eosinophil %	1.5		Normal	%	0.0-5.0	Final		CL	
Basophil %	0.7		Normal	%	0.0-1.0	Final		CL	
Neutrophil Abs#	1.9		Normal	10 3/uL	1.6-8.2	Final		CL	
Lymphocyte Abs #		0.7	Below Normal	10 3/uL	1.1-4.7	Final		CL	
Monocyte Abs #	0.1		Normal	10 3/uL	0.0-1.1	Final		CL	
Eosinophil Abs #	0.0		Normal	10 3/uL	0.0-0.5	Final		CL	
Basophil Abs #	0.0		Normal	10 3/uL	0.0-0.4	Final		CL	
Test Performed by: IRL - Florida									
5361 NW 33 Avenue									
Ft Lauderdale, FL 33309									

Performing ID	Name	Address	City	State	Zip	Country	County
CL^Core Lab^^^^							

Message Type	Control Number	Filler Accession ID	Group Number
Results	LB174_0005975BE		

Order Status: F
CBC ID# 050004
ORDER Sequence#1 Control Number: LB174_0005975BE Filler Accession ID: LB174_0005975BE
Collection Date: 09-01-2017 00:54

Lab Receipt Date: 09-02-2017 13:52
Ordering Provider: (b)(6); (b)(7)(C)
Observation Rpt Date: 09-02-2017 15:45
Results Status: All Final Results Available, Order Complete.

Date/Time	Sending Application/Facility	Receiving Application/Facility
09-02-2017 15:47	/ARMCO	CorrecTeK/ARMCOGL

Process ID	Version	Accept Ack.	Appl. Ack.
P=Production	2.3		

FOR DOCTOR

Armor Correctional Health, In

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

SICK CALL REQUEST

FROM: (PLEASE PRINT)

Felipe Almazan Ruiz 100542

(Inmate Name) (Nombre) (Non) (ID #)

06-26-66 (Date of Birth) (Fecha de Nacimiento) (Dat Nesans Prizonye a)

D-1 BED-48 (Localidad) (Lojman) (Housing Unit/Cell#)

01-9-17 (Fecha) (Dat) (Date / Time)

Only The Doctor Gime The Date Fo Apoinment Please Help My

PROBLEM: (BE SPECIFIC)
PROBLEMA:
PWOBLE'M:

I Need See The Doctor The Name of Her is (b)(6); (b)(7)(C), I want (b)(6); (b)(7)(C) because (b)(6); (b)(7)(C)
The Nurse Only Name Apoinmen For Optical
I have Pain in My Head and My Eyes in My Eyes
I Fell like fire and The People I See Strange
Aront Read Nothing Please I need See The Docto
For My Apoinment an Medicine fo eyes like Visine
o SOMTHIN' DROPS for My Eyes THANK YOU

DATE/TIME RECEIVED: 9/1/17 2100 **NURSE SIGNATURE:** (b)(6); (b)(7)(C)

TRIAGE DECISION BY NURSING STAFF (Only check ONE box bel

- ☐ Urgent: _____
- ☐ Referral to HCP: _____
- ☐ Refer to Dental: _____
- ☐ Call Provider w/ Assessment: Temp _____ Pulse_____ Resp _____ BP _____ Wt_____
- ☐ Other
- ☐ Refer to Behavioral Health:_____
- ☒ Refer to Nurse Sick Call:_____

TRIAGE DATE/TIME: 9/1/17 2100 **NURSE SIGNATURE:** (b)(6); (b)(7)(C)

PT-005 (White Copy – Inmate Medical File Yellow Copy – Inmate) Revised 09/20/07

Armor Correctional Health, Inc

SICK CALL REQUEST

FROM: (PLEASE PRINT)

Felipe Almazan R — (Inmate Name) (Nombre) (Non)

1005042 — (ID #)

6-26-1966 — (Date of Birth) (Fecha de Nacimiento) (Dat Nesans Prizonye a)

C-1-Bed13 — (Localidad) (Lojman) (Housing Unit/Cell#)

27-8-17. — (Fecha) (Dat) (Date / Time)

PROBLEM: (BE SPECIFIC)
PROBLEMA:
PWOBLE'M:

I NEED See THE DOCTOR BecAuse I have To Much Pain in My Bond's I Want SomThin like Bengay is Hard THE PA And I WanT A See The doctor THE LAST WenT I See He PuT in THE Sistem FOR Exomen in My Eyes I Deed glasses PLE I CanT Read NoThing I need Realy The Glass

8/29/17
DATE/TIME RECEIVED: 2045 NURSE SIGNATUR (b)(6); (b)(7)(C)

TRIAGE DECISION BY NURSING STAFF (Only check ONE bo

☐ Urgent: _____ ☐ Refer to Behavioral Health: _____

☐ Referral to HCP: _____ ☒ Refer to Nurse Sick Call: _____

☐ Refer to Dental: _____

☐ Call Provider w/ Assessment: Temp _____ Pulse _____ Resp _____ BP _____ Wt _____

☐ Other

8/29/17
TRIAGE DATE/TIME: 2200 NURSE SIGNATURE: (b)(6); (b)(7)(C)

PT-005 (White Copy – Inmate Medical File Yellow Copy – Inmate) Revised 09/20/07

Armor Correctional Health Services, Inc.

ORDER SHEET

(Write orders top to bottom)

Date	Time	HCP Orders	Orders Noted Date & Time
8/24/17	3:11 pm	- Trazadone 50 g 1½ tablets po (75 g)	(b)(6); (b)(7)(C)
		- Sertraline 100 g PO daily (b)(6); (b)(7)(C)	

ALLERGIES:

PATIENT NAME:	NO:	D.O.B.	SEX:	LOCATION:
Almazan Ruiz, Felipe		6/26/66	M	6/Ades

Armor: PT-021 (Rev. 10/2007)

Armour Rios, Felix

Armor Correctional Health Services, Inc

Specific Authorization for Psychotropic Medications

I, the undersigned, hereby authorize the professional staff of this facility to administer treatment, limited to mental health medications, as follows:

ANXIOLYTICS/SEDATIVES/HYPNOTICS: ☐ ☐Ativan ☐ ☐ ☐Other

COMMON SIDE EFFECTS: The most common side effects are sleepiness, confusion, light-headedness, agitation, slurred speech, difficulty walking, and problems with coordination.

APPROPRIATE LENGTH OF CARE: Generally, this medication will start to work in a few hours. Short-term use of this medication is recommended as dependency may develop. It is important that you take this medication as prescribed to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medications needed to relieve your symptoms.

ATYPICAL ANTIPSYCHOTIC MEDS: ☐Risperdal ☐Other

COMMON SIDE EFFECTS: You may feel drowsy when first taking these medications. Get up slowly from sitting or lying positions as these medications may cause low blood pressure. Short-term side effects may include insomnia, weight gain, agitation, headache, anxiety, dizziness, muscle rigidity, increased prolactin levels that may lead to an increase in breast tissue and milk production. Sensitivity to sun or sun lamps may develop, therefore excessive exposure must be avoided.

LESS COMMON SIDE EFFECTS: somnolence, dizziness, shakes, dizziness, constipation, nausea, and increased heart rate. In some people with heart problems or a slow heartbeat, Geodon can cause serious and potentially fatal heartbeat irregularities. Risperdal has been linked to diabetes. Long-term use may also potentially cause an irreversible muscular movement disorder called Tardive Dyskinesia.

ALTERNATIVE THERAPIES: It has been determined, at this time that this category of medication is effective for treatment of psychosis, bipolar mania, and schizophrenia. It will help alleviate the symptoms quicker than other treatments available. Other treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within a few days. Long-term usage of this medication may be required to gain maximum benefit. It is important that you take this medication regularly to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medications to relieve your symptoms.

TYPICAL ANTIPSYCHOTIC MEDS: ☐ Chlorpromazine (Thorazine) ☐ Haloperidol (Haldol) ☐ Perphenazine (Trilafon)
☐ Trifluoperazine (Stelazine) ☐ Pericyazine (Fluxan) ☐ Other

COMMON SIDE EFFECTS: You may feel drowsy when first taking these medications. Get up slowly from sitting or lying positions as these medications may cause low blood pressure. Use of sunscreen lotion is required when outside as some people develop photosensitivity when taking these medications. Short-term side effects may include dry mouth, blurred vision, tremors, nasal congestion, constipation, drowsiness, difficulty urinating, muscle spasms, increase in appetite or weight gain, irritation or lack of menstrual periods in women, restlessness, stiffness and lightheadedness. Sensitivity to sun or sun lamps may develop, therefore excessive exposure must be avoided.

ALTERNATIVE THERAPIES: It has been determined, at this time that this category of medication is effective for treatment of psychosis and schizophrenia. It will help alleviate the symptoms quicker than other treatments available. Other treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within a few days. Long-term usage of this medication may be required to gain maximum benefit. It is important that you take this medication regularly to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medications to relieve your symptoms.

SERIOUS ANTIDEPRESSANTS: ☐ Prozac (Fluoxetine) ☐ Celexa (Citalopram) ☐ Zoloft (Sertraline) ☐ Effexor
☐ Other

COMMON SIDE EFFECTS: Short-term side effects may include dry mouth, tremors, nausea, nervousness, anxiety, diarrhea, headache, drowsiness, insomnia, sedation and sexual dysfunction.

LESS COMMON SIDE EFFECTS: other side effects you may experience are constipation, heartburn, blurred vision, rash, taste changes, dizziness, and hot flashes.

ALTERNATIVE THERAPIES: It has been determined, at this time that this category of medication is effective for treatment of depression. Other treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within 10-14 days but may take as long as 4-6 weeks for significant changes in mood to occur. It is important that you take this medication regularly to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medications to relieve your symptoms.

TRICYCLIC OR TETRACYCLIC ANTIDEPRESSANTS: ☐Amitriptyline (Elavil) ☐Nortriptyline (Pamelor)
☐Trazadone (Desyrel) ☐Other

COMMON SIDE EFFECTS: You may feel drowsy when first taking these medications. Get up slowly from sitting or lying positions as these medications may cause low blood pressure. Short-term side effects may include dry mouth, blurred vision, tremors, nasal congestion, constipation, drowsiness, difficulty urinating, and lightheadedness. Sensitivity to sun or sun lamps may develop, therefore excessive exposure must be avoided.

LESS COMMON SIDE EFFECTS: An uncommon side effect with Trazadone is priapism which is a spontaneous erection requiring medical intervention.

ALTERNATIVE THERAPIES: It has been determined, at this time, that this category of medication is effective for treatment of depression. Other treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within a few days but may take as long as 4-6 weeks for significant changes in mood to occur. It is important that you take this medication regularly to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medications to relieve your symptoms.

ARMOR MH-021 (Revised 01/2011)

Front

ANTIPARKINSONIAN: ☐ Cogentin (Benztropine) ☐ Benadryl (Diphenhydramine) Artane (Trihexyphenidyl)

COMMON SIDE EFFECTS: Short-term side effects may include sleepiness, dry mouth, nausea, nervousness, blurred vision, dizziness, weakness, depression, confusion, difficulty urinating, constipation, rapid or pounding heartbeat, eye pain, and rash.

ALTERNATIVE THERAPIES: It has been determined, at this time that this category of medication is effective for treatment of side effects of anti-psychotic medications. Other treatments include lowering or discontinuation of anti-psychotic medications

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within a few hours. It is usually used for short lengths of time. However, on occasion, long-term usage is needed. Your health care practitioner will adjust the dosage from time to time based on your symptoms. Periodic blood tests may be ordered to monitor that the medication is safe. The practitioner will review the medication and its effectiveness every month.

DEPAKENE/TEGRETOL: ☐ Valproic acid ☐ Depakote Sodium (Depakote, Depakene) ☐ Tegretol

COMMON SIDE EFFECTS: The most common side effects are tremor, dizziness, sedation, nausea/vomiting, elevation of liver enzymes, some weight gain, abdominal pain and headaches.

VALPORIC ACID TOXICITY: The development of extreme drowsiness, fatigue, slurred speech, mental confusion or unsteadiness are your first symptom immediate medical evaluation and intervention.

ALTERNATIVE THERAPIES: It has been determined, at this time that this category of medication is effective for treatment of bipolar disorder. It will help alleviate the symptoms quicker than other treatments available. Other treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within a few days. Long-term usage of this medication may be required to gain maximum benefit. It is important that you take this medication regularly to get the full benefit of the treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medications needed to relieve your symptoms. You will need periodic blood Tegretol/valporic acid levels for as long as you take the medication.

LITHIUM: ☐ Lithium Carbonate ☐ Lithobid

COMMON SIDE EFFECTS: Possible side effects may tremor, fatigue, nausea, weight gain, increased urination, loose stools, confusion, increased thirst, thyroid disorder, and increased risk of seizure.

SYMPTOMS OF TOXICITY: When there is too much lithium in your system you can experience difficulty walking, nervousness/confusion, slurred speech, severe drowsiness, severe vomiting, muscle twitches

ALTERNATIVE THERAPIES: It has been determined, at this time that this category of medication is effective for treatment of bipolar disorder. It will help alleviate the symptoms quicker than other treatments available. Other treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within a few days. Long-term usage of this medication may be required to gain maximum benefit. It is important that you take this medication regularly to get the full benefit of the treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medications to relieve your symptoms. You will need periodic blood lithium levels for as long as you take the medication.

WELLBUTRIN: ☐ Wellbutrin

COMMON SIDE EFFECTS: Possible side effects may tremor, fatigue, nausea, weight gain, increased urination, loose stools, confusion, increased thirst, thyroid disorder, and increased risk of seizure.

ALTERNATIVE THERAPIES: It has been determined, at this time that this category of medication is effective for treatment of depression. Alternative treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: Generally, this medication will start to work in 1-2 weeks with maximum benefit in 6-8 weeks. Long-term use of this medication may be required to gain maximum benefit. It is important that you take this medication regularly to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medications needed to relieve your symptoms.

RISKS AND HAZARDS: During use of any of these medications, avoid alcohol or illicit drug use. Avoid operation of a motor vehicle or other activities that require alertness until you know how this drug affects you. Sudden discontinuation of medications may cause medical problems please discuss discontinuation with the medical staff prior to stopping the medication.

I understand that can decide to stop taking this medication at any time by telling the practitioner or any other health care staff member. If I decide to stop taking this medication, it will not affect my ability to receive other health care services. I understand that by signing this form I am agreeing to let ARMOR CHS, a contracted agent, treat me with a psychotropic drug. I have been given and have had explained information about the treatment and alternative treatments, the risk and benefits associated with this treatment, the possible side effects that may experience from this treatment, and the approximate length of [illegible] this medication. I have been given a chance to ask questions about my treatment and have had all my questions answered. I understand that I might have about any treatment with the provider and that a copy of this form is available to [illegible]

Patient Signature: (b)(6), (b)(7)(C) Date: 8/22/17 Time: 3:04 p

Staff Signature: 8/22/17 Time: 3:04 p

PATIENT NAME	DOB	SEX	HOUSING
Almazan Ruiz, Felipe	6/26/66	M	6 Inds

ARMOR MH-021 (Revised 01/2011)

Back

Armour Correctional Health Services, Inc

Specific Authorization for Psychotropic Medications

I, the undersigned, hereby authorize the professional staff of this facility to administer treatment, limited to mental health medications, as follows:

ANXIOLYTICS/SEDATIVES/HYPNOTICS: ☐ ☐Ativan ☐ ☐ ☐Other

COMMON SIDE EFFECTS: The most common side effects are sleepiness, confusion, light-headedness, agitation, slurred speech, difficulty walking, and problems with coordination.

APPROXIMATE LENGTH OF CARE: Generally, this medication will start to work in a few hours. Short-term use of this medication is recommended as dependency may develop. It is important that you take this medication as prescribed to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medications needed to relieve your symptoms.

ATYPICAL ANTIPSYCHOTIC MEDS: ☐Risperdal ☐Other

COMMON SIDE EFFECTS: You may feel drowsy when first taking these medications. Get up slowly from sitting or lying positions as these medications may cause low blood pressure. Short-term side effects may include insomnia, weight gain, agitation, headache, anxiety, shakes, muscle rigidity, increased prolactin levels that may lead to an increase in breast tissue and milk production. Sensitivity to sun or sun lamps may develop, therefore excessive exposure must be avoided.

LESS COMMON SIDE EFFECTS: somnolence, stiffness, shakes, dizziness, constipation, nausea, and increased heart rate. In most people with heart problems or a slow heartbeat, Geodon can cause serious and potentially fatal heartbeat irregularities. Risperdal has been linked to diabetes. Long-term use may also potentially cause an irreversible muscular movement disorder called Tardive Dyskinesia.

ALTERNATIVE THERAPIES: It has been determined, at this time that this category of medication is effective for treatment psychosis, bipolar mania, and schizophrenia. It will help alleviate the symptoms quicker than other treatments available. Other treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within a few days. Long-term usage of this medication may be required to gain maximum benefit. It is important that you take this medication regularly to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medications to relieve your symptoms.

TYPICAL ANTIPSYCHOTIC MEDS: ☐ Chlorpromazine (Thorazine) ☐ Haloperidol (Haldol) ☐ Fluphenazine (Prolixin)
☐ Trifluoperazine (Stelazine) ☐ Perphenazine (Trilafon) ☐ Other

COMMON SIDE EFFECTS: You may feel drowsy when first taking these medications. Get up slowly from sitting or lying positions as these medications may cause low blood pressure. Use of sunscreen lotion is required when outside as some people develop photosensitivity when taking these medications. Short-term side effects may include dry mouth, blurred vision, tremors, nasal congestion, constipation, drowsiness, difficulty urinating, muscle spasms, increase in appetite or weight gain, lactation or lack of menstrual periods in women, restlessness, stiffness and lightheadedness. Sensitivity to sun or sun lamps may develop, therefore excessive exposure must be avoided.

ALTERNATIVE THERAPIES: It has been determined, at this time that this category of medication is effective for treatment of psychosis and schizophrenia. It will help alleviate the symptoms quicker than other treatments available. Other treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within a few days. Long-term usage of this medication may be required to gain maximum benefit. It is important that you take this medication regularly to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medications to relieve your symptoms.

SSRI/SNRI ANTIDEPRESSANTS: ☐ Prozac (Fluoxetine) ☐ Paxil (Paroxetine) ☐ zoloft (Sertraline) ☐Effexor
☐ Other

COMMON SIDE EFFECTS: Short-term side effects may include dry mouth, tremors, nausea, nervousness, anxiety, diarrhea, headache, drowsiness, insomnia, sedation and sexual dysfunction.

LESS COMMON SIDE EFFECTS: other side effects you may experience are constipation, heartburn, blurred vision, rash, testicular changes, dizziness, and hot flashes.

ALTERNATIVE THERAPIES: It has been determined, at this time that this category of medication is effective for treatment of depression. Other treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within 10-14 days but may take as long as 4-6 weeks for significant changes in mood to occur. It is important that you take this medication regularly to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medications to relieve your symptoms.

TRICYCLIC OR TETRACYCLIC ANTIDEPRESSANTS: ☐Amitriptyline (Elavil) ☐Nortriptyline (Pamelor)
☐Trazadone (Desyrel) ☐Other

COMMON SIDE EFFECTS: You may feel drowsy when first taking these medications. Get up slowly from sitting or lying positions as these medications may cause low blood pressure. Short-term side effects may include dry mouth, blurred vision, tremors, nasal congestion, constipation, drowsiness, difficulty urinating, and lightheadedness. Sensitivity to sun or sun lamps may develop, therefore excessive exposure must be avoided.

LESS COMMON SIDE EFFECTS: An uncommon side effect with Trazadone is priapism which is a spontaneous erection requiring medical intervention.

ALTERNATIVE THERAPIES: It has been determined, at this time, that this category of medication is effective for treatment of depression. Other treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within a few days but may take as long as 4-6 weeks for significant changes in mood to occur. It is important that you take this medication regularly to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medications to relieve your symptoms.

ANTI-PARKINSONIAN: ☐ Cogentin (Benztropine) ☐ Benadryl (Diphenhydramine) Artane (Trihexyphenidyl)

COMMON SIDE EFFECTS: Short-term side effects may include sleepiness, dry mouth, nausea, nervousness, blurred vision, dizziness, weakness, depression, confusion, difficulty urinating, constipation, rapid or pounding heartbeat, eye pain, and rash.

ALTERNATIVE THERAPIES: It has been determined, at this time that this category of medication is effective for treatment of side effects of anti-psychotic medication. Other treatments include lowering or discontinuation of anti-psychotic medication.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within a few hours. It is generally used for short lengths of time. However, on occasion, long-term usage is needed. Your health care practitioner will adjust the dosage from time to time based on your symptoms. Periodic blood tests may be ordered to monitor that the medication is safe. The practitioner will review the medications and its effects every month.

DEPAKENE/TEGRETOL: ☐ Valproic acid ☐ Depakote Sprinkle (Depakote, Depakene) ☐ Tegretol

COMMON SIDE EFFECTS: The most common side effects are tremor, dizziness, nausea, vomiting, elevation of liver enzymes, severe weight gain, abdominal pain and headaches.

VALPORIC ACID TOXICITY: The development of extreme drowsiness, fatigue, slurred speech, mental confusion or incoordination of your feet requires immediate medical evaluation and intervention.

ALTERNATIVE THERAPIES: It has been determined, at this time that this category of medication is effective for treatment of bipolar disorder. It will help alleviate the symptoms quicker than other treatments available. Other treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within a few days. Long-term usage of this medication may be required to gain maximum benefit. It is important that you take this medication regularly to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medication to relieve your symptoms. You will need periodic blood Tegretol/valproic acid levels for as long as you take this medication.

LITHIUM: ☐ Lithium Carbonate ☐ Lithium Citrate

COMMON SIDE EFFECTS: Possible side effects may include tremor, fatigue, nausea, weight gain, increased urination, loose stools, confusion, increased thirst, thyroid disorder, and increased risk of seizure.

SYMPTOMS OF TOXICITY: When there is too much lithium in your system you can experience clumsy walking, severe diarrhea, slurred speech, severe drowsiness, severe vomiting, muscle twitches

ALTERNATIVE THERAPIES: It has been determined, at this time that this category of medication is effective for treatment of bipolar disorder. It will help alleviate the symptoms quicker than other treatments available. Other treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within a few days. Long-term usage of this medication may be required to gain maximum benefit. It is important that you take this medication regularly to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medication to relieve your symptoms. You will need periodic blood lithium levels for as long as you take this medication.

WELLBUTRIN: ☐ Wellbutrin

COMMON SIDE EFFECTS: Possible side effects may include tremor, fatigue, nausea, weight gain, increased urination, loose stools, confusion, increased thirst, thyroid disorder, and increased risk of seizure.

ALTERNATIVE THERAPIES: It has been determined, at this time that this category of medication is effective for treatment of depression. Alternative treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: Generally, this medication will start to work in 1-2 weeks with maximum benefit in 6-8 weeks. Long-term use of this medication may be required to gain maximum benefit. It is important that you take this medication regularly to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medication needed to relieve your symptoms.

RISKS AND HAZARDS: During use of any of these medications, avoid alcohol or illicit drug use. Avoid operation of a motor vehicle or other activities that require alertness until you know how this drug affects you. Sudden discontinuation of medications may cause withdrawal problems. Please discuss discontinuation with the medical staff prior to stopping the medication.

I understand that can decide to stop taking this medication at any time by telling the practitioner or any other health care staff member. If I decide to stop taking this medication, it will not affect my ability to receive other health care services. I understand that by signing this form I am agreeing to let ARMOR CHC, a contracted agent, treat me with a psychotropic drug. I have been given and have had explained information about this treatment and alternative treatments, the risk and hazards associated with this treatment, the possible side effects that may experience from this treatment, and the [illegible] this medication. I have been given a chance to ask questions about my treatment and have had [illegible] might have about my treatment with the provider and that a copy of this form is available to me upon request.

Patient Signature: X [redacted] Date: 8/22/17 Time: 3:04 p

Staff Signature: [redacted] Date: 8/22/17 Time: 3:04 p

PATIENT NAME	DOB	SEX	HEIGHT
Almazan Ruiz, Felipe	6/26/66	M	6 Inches

ARMOR MH-021 (Revised 01/2011)

Back

Armor Correctional Health Services, Inc.

ORDER SHEET

(Write orders top to bottom)

Date	Time	HCP Orders	Orders Noted
8/22/17	3:11 pm	- Trazadone 50 mg 1½ tablet po (75 mg)	(b)(6); (b)(7)(C)
		- Sertraline 100 mg PO daily	
		(b)(6); (b)(7)(C)	

ALLERGIES:

PATIENT NAME:	NO:	D.O.B.	SEX:	LOCATION:
Almazan Ruiz, Felipe		6/26/66	M	6/Ade 5

Armor: PT-021 (Rev. 10/2007)

Glades County Detention Center

Inmate/Detainee ☑ Request or ☐ Grievance Form

(Must Check One of the Above Boxes) 017MN-100504

Inmate/Detainee Name: FELIPE AIMAZAN
Inmate/Detainee Gender: _____
MNI#: 100504

Alien #: _____
Date of Request: 8-20-17
Housing Area: C-1 - BED - 13

To: ☐ ICE ☐ Property ☑ Medical ☐ Mail ☐ Sergeant ☐ Lieutenant ☐ Captain ☐ Other: _____

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

You Help Because My Medicen Fo
AHORA NO SEE WHAT MEDICIN I TAKE EVRY D
(b)(6); (b)(7)(C)
I Filin My EYES DRY PLEAS
I need My GLASES Please When I go To Court
They Give to mi but I Can't See NOTHING M
EYES I Filing Burning and MY HEAD I HAVE
PAIN So I need MY GLASES
PLEASE (b)(6); (b)(7)(C) Felipe Almazan
Inmate/Detainee Signature

Response

Received By: (b)(6); (b)(7)(C) Title: LPN Date: 8/21/17

Response By: _____ Title: _____ Date: _____

Grievance Officer Approval: _____ Title: _____ Date: _____

KEEP ON PERSON (KOP) CONTRACT

If I meet the requirements for the "Keep on Person" medication program, and agree to the requirements below, I will be allowed to keep my medication in my possession:

1. I understand that only medications that are approved and ordered by the facility clinician will qualify for this program.
2. I understand that medication may be given to me in a special package that will contain no more than a (30) day supply of medication. The package will contain a label that includes my name, identification number, the medication name, and directions for its use.
3. I understand I must follow instructions on the medication label. Health care staff can check my medicine at any time to make sure I am taking it correctly.
4. I understand, if I believe I am having a problem with the medication, it is my responsibility to notify the nurse or doctor as soon as possible.
5. I AM RESPONSIBLE FOR MY MEDICATION. If I lose, tamper with, share or trade the medication, I will be terminated from the program and may be subject to disciplinary action.
6. If I am transferred or released from this facility I may take the medication with me to complete the prescription. I understand that the medication is not in a child proof container, and accept responsibility.
7. I have received a pre-printed information sheet on all my initial Keep on Person Medications.
8. Once released, I will need to follow up with my health care provider as needed.
9. My Keep on Person (KOP) Medication(s) is/are:

HYDROCORTISONE 1% CREAM APPLY TO AFFECTED AREA TWICE A DAY FOR 5 DAYS

ALLERGIES: **NKDA**

I HAVE READ THE KEEP ON PERSON (KOP) CONTRACT. I ACCEPT THESE TERMS AND ACCEPT RESPONSIBILITY FOR MY MEDICATION. I KNOW HOW TO TAKE MY MEDICATIONS PROPERLY. ALL OF MY QUESTIONS HAVE BEEN ANSWERED.

Felipe Almazan

PATIENT'S SIGNATURE

8/18/17 2100

DATE

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

WITNESS (MEDICAL STAFF)

08-18-2017 Fri 07:34 AM

DATE

PATIENT NAME:	NO:	D.O.B.	SEX:	LOCATION:
FELIPE ALMAZAN RUIZ	GCSO17MNI005042	06-26-1966	M	1*DORM 1*C*013 1*DORM 1*C*013

Armor Correctional Health, Inc

SICK CALL REQUEST

FROM: (PLEASE PRINT)

Felipe Almazan — 017MN10050 42

(Inmate Name) (Nombre) (Non) — (ID #)

6-26-66 — (Date of Birth) (Fecha de Nacimiento) (Dat Nesans Prizonye a)

C-1 — (Localidad) (Lojman) (Housing Unit/Cell#)

8-16-17 — (Fecha) (Dat) (Date / Time)

PROBLEM: (BE SPECIFIC)
PROBLEMA:
PWOBLE'M:

I Need See The Doctor be Cause He Told mi I have 2 Apoimentes, Monday and Tuesday I ron't Recib Natin in My Dormitory Pease Because I ron't See NoTing and HE Told my y Need Test for MY AYESS PLEASE The Doctor is (b)(6); (b)(7)(C) Please Helo My I ConT Read Noting PLEASE HELP MY

DATE/TIME RECEIVED: 2100 8/17/17 NURSE SIGNATURE: (b)(6); (b)(7)(C)

TRIAGE DECISION BY NURSING STAFF (Only check ONE box below)

- ☐ Urgent: _____
- ☐ Referral to HCP: _____
- ☐ Refer to Dental: _____
- ☐ Refer to Behavioral Health: _____
- ☑ Refer to Nurse Sick Call: _____
- ☐ Call Provider w/ Assessment: Temp _____ Pulse _____ Resp _____ BP _____ Wt _____
- ☐ Other

TRIAGE DATE/TIME: 8/17/17 2100 NURSE SIGNATURE (b)(6); (b)(7)(C)

PT-005 (White Copy – Inmate Medical File Yellow Copy – Inmate) Revised 09/20/07

Armor Correctional Health Services, Inc.
Informed Consent To Mental Health Treatment

I, Felipe Almazon Ruiz, agree to participate in mental health treatment at the GDC. I hereby authorize staff members assigned to the Mental Health Department (or designated volunteer s[redacted] such treatment as agreed to and to perform the following services:

CONFIDENTIALITY:

Treatment staff members follow all ethical standards prescribed by state and federal law. Providers are required by law to practice guidelines and standards of care to keep records of the services you receive. These records are confidential with the exceptions noted below. Discussions between a mental health professional and a client are confidential. No information will be released without the client's written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: child abuse; abuse of the elderly or disabled; abuse of patients in mental health facilities; sexual exploitation; AIDS/HIV infection and possible transmission; criminal prosecutions; child custody cases; suits in which the mental health of a party is in issue; situations where the treatment provider has a duty to disclose, or where, in the treatment provider's judgment, it is necessary to warn or disclose; a negligence suit brought by the client against the provider; or the filing of a complaint with the licensing or certifying board. If you have any questions regarding confidentiality, you should bring them to the attention of your treatment provider so that you and he/she can discuss this matter further.

CONSENT TO TREATMENT:

By signing this Client Information and Consent Form I acknowledge that I have read, understand, and agree to the terms and conditions contained in the Information and Client Consent form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receive mental health assessment, treatment and services for myself and I understand that I may stop such treatment or services at any time. I also agree to respect the privacy of other clients and any information they may disclose in a group setting.

I understand that no warranty or promise has been made to me regarding the participation in or outcome of the proposed treatment. No le[redacted]ntation will be provided as a result of attending the service(s) listed a[redacted]rms of this agreement will expire upon discharge from this facility:[redacted]r upon my request.

NOTE: If you have a legal guardian mental health services will not be provided without the signature of your court appointed guardian. I understand that it is my duty to inform treatment staff of my legal status as it relates to guardianship.

Felipe Almazon 8/14/17
Signature – Client Date

[redacted] Date

8/14/17
Date

NAME:	NO:	D.O.B.	SEX:	LOCATION:
Felipe Almazon Ruiz	A02886428	6/26/66	M	GDC

Armor: MH-022

KEEP ON PERSON (KOP) CONTRACT

If I meet the requirements for the "Keep on Person" medication program, and agree to the requirements below, I will be allowed to keep my medication in my possession:

1. I understand that only medications that are approved and ordered by the facility clinician will qualify for this program.
2. I understand that medication may be given to me in a special package that will contain no more than a (30) day supply of medication. The package will contain a label that includes my name, identification number, the medication name, and directions for its use.
3. I understand I must follow instructions on the medication label. Health care staff can check my medicine at any time to make sure I am taking it correctly.
4. I understand, if I believe I am having a problem with the medication, it is my responsibility to notify the nurse or doctor as soon as possible.
5. I AM RESPONSIBLE FOR MY MEDICATION. If I lose, tamper with, share or trade the medication, I will be terminated from the program and may be subject to disciplinary action.
6. If I am transferred or released from this facility I may take the medication with me to complete the prescription. I understand that the medication is not in a child proof container, and accept responsibility.
7. I have received a pre-printed information sheet on all my initial Keep on Person Medications.
8. Once released, I will need to follow up with my health care provider as needed.
9. My Keep on Person (KOP) Medication(s) is/are:

   clotrimazole 1%

ALLERGIES: **NKDA**

I HAVE READ THE KEEP ON PERSON (KOP) CONTRACT. I ACCEPT THESE TERMS AND ACCEPT RESPONSIBILITY FOR MY MEDICATION. I KNOW HOW TO TAKE MY MEDICATIONS PROPERLY. ALL OF MY QUESTIONS HAVE BEEN ANSWERED.

PATIENT'S SIGNATURE

8/12/17
DATE

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

WITNESS (MEDICAL STAFF)

08-12-2017 Sat 07:32 PM
DATE

PATIENT NAME:	NO:	D.O.B.	SEX:	LOCATION:
FELIPE ALMAZAN RUIZ	GCSO17MNI005042	06-26-1966	M	1*DORM 1*C*013 1*DORM 1*C*013

Armor Correctional Health Services, Inc.
Informed Consent To Mental Health Treatment

I, Felipe Almazon Ruiz, agree to participate in mental health treatment at the GCDC. I hereby authorize staff members assigned to the Mental Health Department (or designated volunteer services) to administer such treatment as agreed to and to perform the following services: (b)(6); (b)(7)(C)

CONFIDENTIALITY:

Treatment staff members follow all ethical standards prescribed by state and federal law. Providers are required by law to practice guidelines and standards of care to keep records of the services you receive. These records are confidential with the exceptions noted below. Discussions between a mental health professional and a client are confidential. No information will be released without the client's written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: child abuse; abuse of the elderly or disabled; abuse of patients in mental health facilities; sexual exploitation; AIDS/HIV infection and possible transmission; criminal prosecutions; child custody cases; suits in which the mental health of a party is in issue; situations where the treatment provider has a duty to disclose, or where, in the treatment provider's judgment, it is necessary to warn or disclose; a negligence suit brought by the client against the provider; or the filing of a complaint with the licensing or certifying board. If you have any questions regarding confidentiality, you should bring them to the attention of your treatment provider so that you and he/she can discuss this matter further.

CONSENT TO TREATMENT:

By signing this Client Information and Consent Form I acknowledge that I have read, understand, and agree to the terms and conditions contained in the Information and Client Consent form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receive mental health assessment, treatment and services for myself and I understand that I may stop such treatment or services at any time. I also agree to respect the privacy of other clients and any information they may disclose in a group setting.

I understand that no warranty or promise has been made to me regarding the participation in or outcome of the proposed treatment. No letters to the court or other documentation will be provided as a result of attending the service(s) listed at (b)(6); (b)(7)(C) at the terms of this agreement will expire upon discharge from this facility: _____, or upon my request.

NOTE: If you have a legal guardian mental health services will not be provided without the signature of your court appointed guardian. I understand that it is my duty to inform treatment staff of my legal status as it relates to guardianship.

Felipe Almazon 8/14/17
Signature – Client Date

(b)(6); (b)(7)(C) 8/14/17
Date

Felipe Almazon Ruiz	A 028866928	D.O.B. 6/26/96	SEX: M	LOCATION: GCDC

Armor: MH-022

Armor Correctional Health Services, Inc.

ORDER SHEET

(Write orders top to bottom)

Date	Time	HCP Orders	Orders Noted
8/22/17	3:11 pm	- Trazadone 50 g 1½ tablet po (75 g)	(b)(6); (b)(7)(C)
		- Sertraline 100 g PO daily	
		(b)(6); (b)(7)(C)	

ALLERGIES:

PATIENT NAME:	NO:	D.O.B.	SEX:	LOCATION:
Almazan Ruiz, Felipe		6/26/66	M	6/A de 5

Armor: PT-021 (Rev. 10/2007)

Armour Correctional Health Services, Inc

Specific Authorization for Psychotropic Medications

I, the undersigned, hereby authorize the professional staff of this facility to administer treatment, limited to mental health medications, as follows:

ANXIOLYTICS/SEDATIVES/HYPNOTICS: ☐ ☐Klonopin ☐ ☐ ☐Other

COMMON SIDE EFFECTS: The most common side effects are sleepiness, confusion, light-headedness, agitation, disadvantage, difficulty walking, and problems with coordination.

APPROXIMATE LENGTH OF CARE: Generally, this medication will start to work in a few hours. Short-term use of this medication is recommended as dependency may develop. It is important that you take this medication as prescribed to get the full benefit of the treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medications needed to relieve your symptoms.

ATYPICAL ANTIPSYCHOTIC MEDS: ☐Risperdal ☐Other

COMMON SIDE EFFECTS: You may feel drowsy when first taking these medications. Get up slowly from sitting or lying positions as these medications may cause low blood pressure. Short-term side effects may include insomnia, weight gain, agitation, headache, anxiety, rhinitis, muscle rigidity, increased prolactin levels that may lead to an increase in breast tissue and milk production. Sensitivity to sun or sun lamps may develop, therefore excessive exposure must be avoided.

LESS COMMON SIDE EFFECTS: somnolence, stiffness, shaking, dizziness, constipation, nausea, and increased heart rate. In some people with heart problems or a slow heartbeat, Geodon can cause serious and potentially fatal heartbeat irregularities. Risperdal has been linked to diabetes. Long-term use may also potentially cause an irreversible muscular movement disorder called Tardive Dyskinesia.

ALTERNATIVE THERAPIES: It has been determined, at this time that this category of medication is effective for treatment of psychosis, bipolar mania, and schizophrenia. It will help alleviate the symptoms quicker than other treatments available. Other treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within a few days. Long-term usage of this medication may be required to gain maximum benefit. It is important that you take this medication regularly to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medications to relieve your symptoms.

TYPICAL ANTIPSYCHOTIC MEDS: ☐ Chlorpromazine (Thorazine) ☐ Haloperidol (Haldol) ☐ Fluphenazine (Prolixin)
☐ Trifluoperazine (Stelazine) ☐ Perphenazine (Trilafon) ☐ Other

COMMON SIDE EFFECTS: You may feel drowsy when first taking these medications. Get up slowly from sitting or lying positions as these medications may cause low blood pressure. Use of sunscreen lotion is required when outside as some people develop photosensitivity when taking these medications. Short-term side effects may include dry mouth, blurred vision, tremors, nasal congestion, constipation, drowsiness, difficulty urinating, muscle spasms, increase in appetite or weight gain, irritation or lack of menstrual periods in women, restlessness, stiffness and lightheadedness. Sensitivity to sun or sun lamps may develop, therefore excessive exposure must be avoided.

ALTERNATIVE THERAPIES: It has been determined, at this time that this category of medication is effective for treatment of psychosis and schizophrenia. It will help alleviate the symptoms quicker than other treatments available. Other treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within a few days. Long-term usage of this medication may be required to gain maximum benefit. It is important that you take this medication regularly to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medications to relieve your symptoms.

SERIOUS ANTIDEPRESSANTS: ☐ Prozac (Fluoxetine) ☐ Celexa (Citalopram) ☐ Zoloft (Sertraline) ☐ Effexor
☐ Other

COMMON SIDE EFFECTS: Short-term side effects may include dry mouth, tremors, nausea, nervousness, anxiety, diarrhea, headache, drowsiness, insomnia, agitation and sexual dysfunction.

LESS COMMON SIDE EFFECTS: other side effects you may experience are constipation, heartburn, blurred vision, rash, taste changes, dizziness, and hot flashes.

ALTERNATIVE THERAPIES: It has been determined, at this time that this category of medication is effective for treatment of depression. Other treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within 1014 days but may take as long as 4-6 weeks for significant changes in mood to occur. It is important that you take this medication regularly to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medications to relieve your symptoms.

TRICYCLIC OR TETRACYCLIC ANTIDEPRESSANTS: ☐Amitriptyline (Elavil) ☐Nortriptyline (Pamelor)
☐Trazadone (Desyrel) ☐Other

COMMON SIDE EFFECTS: You may feel drowsy when first taking these medications. Get up slowly from sitting or lying positions as these medications may cause low blood pressure. Short-term side effects may include dry mouth, blurred vision, tremors, nasal congestion, constipation, drowsiness, difficulty urinating, and lightheadedness. Sensitivity to sun or sun lamps may develop, therefore excessive exposure must be avoided.

LESS COMMON SIDE EFFECTS: An uncommon side effect with Trazadone is priapism which is a spontaneous erection requiring medical intervention.

ALTERNATIVE THERAPIES: It has been determined, at this time, that this category of medication is effective for treatment of depression. Other treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within a few days but may take as long as 4-6 weeks for significant changes in mood to occur. It is important that you take this medication regularly to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medications to relieve your symptoms.

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Front

ANTI-PARKINSONIAN: ☐ Cogentin (Benztropine) ☐ Benadryl (Diphenhydramine) Artane (Trihexyphenidyl)

COMMON SIDE EFFECTS: Short-term side effects may include sleepiness, dry mouth, nausea, nervousness, blurred vision, dizziness, weakness, depression, confusion, difficulty urinating, constipation, rapid or pounding heartbeat, eye pain, and rash.

ALTERNATIVE THERAPIES: It has been determined, at this time that this category of medication is effective for treatment of side effects of anti-psychotic medications. Other treatments include lowering or discontinuation of anti-psychotic medication.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within a few hours. It is generally used for short lengths of time. However, on occasion, long-term usage is needed. Your health care practitioner will adjust the dosage from time to time based on your symptoms. Periodic blood tests may be ordered to monitor that the medication is safe. The practitioner will review the medications and its effects every month.

DEPAKENE/TEGRETOL: ☐ Valproic acid ☐ Depakote Sprinkle (Depakote, Depakene) ☐ Tegretol

COMMON SIDE EFFECTS: The most common side effects are tremor, dizziness/inability, nausea/vomiting, elevation of liver enzymes, excess weight gain, abdominal pain and headaches.

VALPORIC ACID TOXICITY: The development of extreme drowsiness, fatigue, slurred speech, mental confusion or unconsciousness are your best reasons to immediate medical evaluation and intervention.

ALTERNATIVE THERAPIES: It has been determined, at this time that this category of medication is effective for treatment of bipolar disorder. It will help alleviate the symptoms quicker than other treatments available. Other treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within a few days. Long-term usage of this medication may be required to gain maximum benefit. It is important that you take this medication regularly to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medication to relieve your symptoms. You will need periodic blood Tegretol/valproic acid levels for as long as you take this medication.

LITHIUM: ☐ Lithium Carbonate ☐ Lithobid

COMMON SIDE EFFECTS: Possible side effects may include tremor, fatigue, nausea, weight gain, increased urination, loose stools, confusion, increased thirst, thyroid disorder, and increased risk of seizure.

SYMPTOMS OF TOXICITY: When there is too much lithium in your system you can experience difficulty walking, uncontrollable tremors, slurred speech, severe drowsiness, severe vomiting, muscle twitches

ALTERNATIVE THERAPIES: It has been determined, at this time that this category of medication is effective for treatment of bipolar disorder. It will help alleviate the symptoms quicker than other treatments available. Other treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within a few days. Long-term usage of this medication may be required to gain maximum benefit. It is important that you take this medication regularly to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medication to relieve your symptoms. You will need periodic blood lithium levels for as long as you take this medication.

WELLBUTRIN: ☐ Wellbutrin

COMMON SIDE EFFECTS: Possible side effects may include tremor, fatigue, nausea, weight gain, increased urination, loose stools, confusion, increased thirst, thyroid disorder, and increased risk of seizure.

ALTERNATIVE THERAPIES: It has been determined, at this time that this category of medication is effective for treatment of depression. Alternative treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: Generally, this medication will start to work in 1-2 weeks with maximum benefit in 6-8 weeks. Long-term use of this medication may be required to gain maximum benefit. It is important that you take this medication regularly to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medications needed to relieve your symptoms.

RISKS AND HAZARDS: During use of any of these medications, avoid alcohol or illicit drug use. Avoid operation of a motor vehicle or other activities that require alertness until you know how this drug affects you. Sudden discontinuation of medications may cause withdrawal problems please discuss discontinuation with the medical staff prior to stopping the medication.

I understand that can decide to stop taking this medication at any time by telling the practitioner or my other health care staff member. If I decide to stop taking this medication, it will not affect my ability to receive other health care services. I understand that by signing this form I am agreeing to let ARMOR staff, a contracted agent, treat me with a psychotropic drug. I have been given and have had explained information about the treatment and alternative treatments, the risk and benefits associated with this treatment, the possible side effects that may experience from this treatment, and the approximate length of time I will be taking this medication. I have been given a chance to ask questions about my treatment and have had all my questions answered. I understand that can discuss any other questions I might have about my treatment with the provider and that a copy of this form is available to me upon request.

Patient Signature: X Felipe Almazan 8/22/17 Time: 3:04 p

Staff Signature: (b)(6); (b)(7)(C) 8/22/17 Time: 3:04 p

PATIENT NAME	DOB	SEX	HOUSING
Almazan Ruiz, Felipe	6/26/66	M	6 Index

ARMOR MH-021 (Revised 01/2011)

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Armor Correctional Health Services, Inc.

ORDER SHEET

(Write orders top to bottom)

Date	Time	HCP Orders	Orders Noted
8/24/17	3:11 pm	P Trazadone 50 mg 1½ tablets po (75 mg)	(b)(6); (b)(7)(C)
		- Sertraline 100 mg PO daily	
		(b)(6); (b)(7)(C)	

ALLERGIES:

PATIENT NAME:	NO:	D.O.B.	SEX:	LOCATION:
Almazan Ortiz, Felipe		6/26/66	M	6/A de 5

Armor: PT-021 (Rev. 10/2007)

Ahmann Ruiz, Felipe

Armor Correctional Health Services, Inc

Specific Authorization for Psychotropic Medications

I, the undersigned, hereby authorize the professional staff of this facility to administer treatment, limited to mental health medications, as follows:

ANXIOLYTICS/SEDATIVES/HYPNOTICS: ☐ ☐Klonopin ☐ ☐ ☐Other

COMMON SIDE EFFECTS: The most common side effects are sleepiness, confusion, light-headedness, agitation, clumsiness, difficulty walking, and problems with coordination.

APPROXIMATE LENGTH OF CARE: Generally, this medication will start to work in a few hours. Short-term use of this medication is recommended as dependency may develop. It is important that you take this medication as prescribed to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medication needed to relieve your symptoms.

ATYPICAL ANTIPSYCHOTIC MEDS: ☐Risperdal ☐Other

COMMON SIDE EFFECTS: You may feel drowsy when first taking these medications. Get up slowly from sitting or lying positions as these medications may cause low blood pressure. Short-term side effects may include insomnia, weight gain, agitation, headache, anxiety, dizziness, muscle stiffness, increased prolactin levels that may lead to an increase in breast tissue and milk production. Sensitivity to sun or sun lamps may develop, therefore excessive exposure must be avoided.

LESS COMMON SIDE EFFECTS: somnolence, stiffness, shakes, dizziness, constipation, nausea, and increased heart rate. In some people with heart problems or a slow heartbeat, Geodon can cause serious and potentially fatal heartbeat irregularities. Risperdal has been linked to diabetes. Long-term use may also potentially cause an irreversible muscular movement disorder called Tardive Dyskinesia.

ALTERNATIVE THERAPIES: It has been determined, at this time, that this category of medication is effective for treatment of psychosis, bipolar mania, and schizophrenia. It will help alleviate the symptoms quicker than other treatments available. Other treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within a few days. Long-term usage of this medication may be required to gain maximum benefit. It is important that you take this medication regularly to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medication to relieve your symptoms.

TYPICAL ANTIPSYCHOTIC MEDS: ☐ Chlorpromazine (Thorazine) ☐ Haloperidol (Haldol) ☐ Perphenazine (Trilafon)
☐ Trifluoperazine (Stelazine) ☐ Prochlorperazine (Compazine) ☐Other

COMMON SIDE EFFECTS: You may feel drowsy when first taking these medications. Get up slowly from sitting or lying positions as these medications may cause low blood pressure. Use of sunscreen lotion is required when outside as some people develop photosensitivity when taking these medications. Short-term side effects may include dry mouth, blurred vision, tremors, nasal congestion, constipation, drowsiness, difficulty urinating, muscle spasms, increase in appetite or weight gain, irritation or lack of menstrual periods in women, restlessness, stiffness and lightheadedness. Sensitivity to sun or sun lamps may develop, therefore excessive exposure must be avoided.

ALTERNATIVE THERAPIES: It has been determined, at this time, that this category of medication is effective for treatment of psychosis and schizophrenia. It will help alleviate the symptoms quicker than other treatments available. Other treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within a few days. Long-term usage of this medication may be required to gain maximum benefit. It is important that you take this medication regularly to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medication to relieve your symptoms.

SSRI/SNRI ANTIDEPRESSANTS: ☐ Prozac (Fluoxetine) ☐ Celexa (Citalopram) ☐ Zoloft: (Sertraline) ☐ Effexor
☐ Other

COMMON SIDE EFFECTS: short-term side effects may include dry mouth, tremors, nausea, nervousness, anxiety, diarrhea, headache, drowsiness, insomnia, agitation and sexual dysfunction.

LESS COMMON SIDE EFFECTS: other side effects you may experience are constipation, heartburn, blurred vision, rash, textile changes, dizziness, and hot flashes.

ALTERNATIVE THERAPIES: It has been determined, at this time, that this category of medication is effective for treatment of depression. Other treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within 10-14 days but may take as long as 4-6 weeks for significant changes in mood to occur. It is important that you take this medication regularly to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medication to relieve your symptoms.

TRICYCLIC OR TETRACYCLIC ANTIDEPRESSANTS: ☐Amitriptyline (Elavil) ☐Nortriptyline (Pamelor)
☐Trazadone (Desyrel) ☐Other

COMMON SIDE EFFECTS: You may feel drowsy when first taking these medications. Get up slowly from sitting or lying positions as these medications may cause low blood pressure. Short-term side effects may include dry mouth, blurred vision, tremors, nasal congestion, constipation, drowsiness, difficulty urinating, and lightheadedness. Sensitivity to sun or sun lamps may develop, therefore excessive exposure must be avoided.

LESS COMMON SIDE EFFECTS: An uncommon side effect with Trazadone is priapism which is a spontaneous erection requiring medical intervention.

ALTERNATIVE THERAPIES: It has been determined, at this time, that this category of medication is effective for treatment of depression. Other treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within a few days but may take as long as 4-6 weeks for significant changes in mood to occur. It is important that you take this medication regularly to get the full benefit of this treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medication to relieve your symptoms.

ANTI-PARKINSONIAN: ☐ Cogentin (Benztropine) ☐ Benadryl (Diphenhydramine) Artane (Trihexyphenidyl)

COMMON SIDE EFFECTS: Short-term side effects may include sleepiness, dry mouth, nausea, nervousness, blurred vision, dizziness, weakness, depression, confusion, difficulty urinating, constipation, rapid or pounding heartbeat, eye pain, and rash.

ALTERNATIVE THERAPIES: It has been determined, at this time that this category of medication is effective for treatment of side effects of anti-psychotic medications. Other treatments include lowering or discontinuation of anti-psychotic medication.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within a few hours. It is generally used for short lengths of time. However, on occasion, long-term usage is needed. Your health care practitioner will adjust the dosage from time to time based on your symptoms. Periodic blood tests may be ordered to ensure that the medication is safe. The practitioner will review the medications and its effects every month.

DEPAKENE/TEGRETOL: ☐ Valproic acid ☐ Depakote Sodium (Depakote, Depakene) ☐ Tegretol

COMMON SIDE EFFECTS: The most common side effects are tremor, dizziness, sedation, nausea/vomiting, elevation of liver enzymes, excess weight gain, abdominal pain and headaches.

VALPORIC ACID TOXICITY: The development of extreme drowsiness, fatigue, slurred speech, marked confusion or unsteadiness on your feet requires immediate medical evaluation and intervention.

ALTERNATIVE THERAPIES: It has been determined, at this time that this category of medication is effective for treatment of bipolar disorder. It will help alleviate the symptoms quicker than other treatments available. Other treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within a few days. Long-term usage of this medication may be required to gain maximum benefit. It is important that you take this medication regularly to get the full benefit of the treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medication needed to relieve your symptoms. You will need periodic blood Tegretol/valproic acid levels for as long as you take this medication.

LITHIUM: ☐ Lithium Carbonate ☐ Lithobid

COMMON SIDE EFFECTS: Possible side effects may tremor, fatigue, nausea, weight gain, increased urination, bone pain, rashes, tremors, increased thirst, thyroid disorder, and increased risk of seizure.

SYMPTOMS OF TOXICITY: When there is too much lithium in your system you can experience difficulty walking, severe diarrhea, slurred speech, severe drowsiness, severe vomiting, muscle twitches

ALTERNATIVE THERAPIES: It has been determined, at this time that this category of medication is effective for treatment of bipolar disorder. It will help alleviate the symptoms quicker than other treatments available. Other treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: This medication usually starts to act within a few days. Long-term usage of this medication may be required to gain maximum benefit. It is important that you take this medication regularly to get the full benefit of the treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medication needed to relieve your symptoms. You will need periodic blood lithium levels for as long as you take this medication.

WELLBUTRIN: ☐ Wellbutrin

COMMON SIDE EFFECTS: Possible side effects may tremor, fatigue, nausea, weight gain, increased urination, bone pain, rashes, increased thirst, thyroid disorder, and increased risk of seizure.

ALTERNATIVE THERAPIES: It has been determined, at this time that this category of medication is effective for treatment of depression. Alternative treatments include activity therapy and talk therapy such as counseling or behavior modification programs.

APPROXIMATE LENGTH OF CARE: Generally, this medication will start to work in 1-2 weeks with maximum benefit in 6-8 weeks. Long-term use of this medication may be required to gain maximum benefit. It is important that you take this medication regularly to get the full benefit of the treatment. Your health care practitioner will monitor you on a regular basis (usually once a month) and may adjust your medication dosage from time to time as your condition warrants. The goal of treatment is to use the minimal amount of medication needed to relieve your symptoms.

RISKS AND HAZARDS: During use of any of these medications, avoid alcohol or illicit drug use. Avoid operation of a motor vehicle or other activities that require alertness until you know how this drug affects you. Sudden discontinuation of medications may cause serious problems please discuss discontinuation with the medical staff prior to stopping the medication.

I understand that can decide to stop taking this medication at any time by telling the practitioner or any other health care staff member. If I decide to stop taking this medication, it will not affect my ability to receive other health care services. I understand that by signing this form I am agreeing to let ARMOR CHC, a correctional agent, treat me with a psychotropic drug. I have been given and have had explained information about the treatment and alternative treatments, the risk and hazards associated with this treatment, the possible side effects that may experience from this treatment, and the approximate length of time which will be taking this medication. I have been given a chance to ask questions about my treatment and have had at my questions answered. I understand that can discuss additional questions I might have about my treatment with the provider and that a copy of this form is available to me upon request.

Patient Signature: X [signature] 6/22/17 Time: 3:04 p

Staff Signature: [redacted] 6/22/17 Time: 3:04 p

PATIENT NAME			
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