From:	(b)(6); (b)(7)(C)
Sent:	27 Jul 2018 14:14:27 +0000
То:	(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 DDRMedical Narrative Polk County Adult Detention Center.docx

FYI

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Subject: ALMAZAN

(b)(6);

(b)(6); (b)(7)(C) dn'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)

2020-ICLI-00006 2514

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)(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 cirrhosis², 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 tuberculosis³ 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 trazadone⁴ 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 hallucinations⁵, delusions⁶, 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 hypertension⁸, 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 hemorrhoids⁹, 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 hepatosplenomegaly¹⁰, no masses¹¹." The assessment listing included 1) liver cirrhosis/fatty liver; 2) GERD; 3) possible portal hypertension; 4) IBS¹², and 5) eczema¹³. There was no reference to pancytopenia¹⁴, 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 varices¹⁵ or spider webbing¹⁶ noted during the abdominal assessment. The plan included 1) Triamcinolone Acetonide 0.1% cream twice daily for 60 days; 2) PT¹⁷, PTT¹⁸, INR¹⁹, psa²⁰, cmp²¹, cbc²², lipid panel²³, h pylori test²⁴, ammonia level²⁵ 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), we will be a subservation result, 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 count²⁶ 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

- 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.

- 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.

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

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

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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.

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

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.

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.

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

significantly low platelet count of 37. Regarding his treatment plan_______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 PIEASE 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)(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 harriers to communication, language ocumented his extensive history of preference, or use of interpretation assistance. $NP_{(b)(7)(C)}^{(b)(7)}$ alcohol dependence, and noted he was currently taking Zoloft and trazodone with some benefit. He was described as cooperative with a congruent affect²⁷, 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);} as 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 stools²⁸. 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, lesions²⁹ or infestations³⁰. 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 $\frac{(b)(6), (b)(7)(C)}{PN}$



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 davs as needed in accordance with the Nursing Protocol on Muscular Skeletal problems. LPN^{(b)(6)}, 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 $fail_{(b)(6)}$ difficulty was addressed. During interview, LPN (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 and $VP_{(b)(6);}^{(b)(6);}$ prioritizing the issues. HSA^{(b)(6); (b)(7)(C)} oth agreed during interview that the two issues absolutely should have been addressed in a single visit. $RN_{(b)(7)(C)}^{(b)(6);}$ lectronically 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 Myv Head and My EYES in My EYES I fell likefire and The People I see $\text{Strange}^{(b)(6), (b)(7)(C)}$ 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 documented receipt of the request the request the same documented receipt of the request the same documented receipt of the request the receipt of the request the request the receipt of the request the request the receipt of the request the receipt of the request the receipt of the receipt <u>nm</u> and referred him to nurse sick call. On September 2, 2017, at 4:56 p.m., LPN conducted a sick call assessment to address ALMAZAN's complaint of having (h)(7)(C) 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 $\frac{(b)(6)}{(b)(7)/C}$ 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,

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

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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
Lymphocytes37	0.4	0.7	1.1-4.7
Ammonia		108	11-35
Activated PTT	17	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

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.

 $^{\rm 34}$ 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.

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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 $HS_{\frac{(D)(G)}{10}}$ 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); 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)(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 keepon-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 vacancies at the time of ALMAZAN's detention included five RNs and a (b)(6); (b)(7)(C) 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 $LT_{(b)(7)(C)}^{(b)(6)}$ means a provider must evaluate the detainee within 24 hours because of a chronic condition or if he is taking medications.

(b)(6); (b)(7)(C) At 9:39 p.m. 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 $I_{(b)(7)(C)}^{(b)(6);}$ 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 cirrhosis¹ 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 cream², with application to the affected area twice a day for seven days, as keep-on-person (KOP) medication and hydrocortisone cream³ 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 $\frac{(b)(6)}{(b)(7)(C)}$ 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); 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 impairment⁵ 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 asymptomatic⁶ and clinically stable. The assessment diagnoses were alcoholic cirrhosis of liver without ascites7 and visual disturbance. The treatment plan included renewal of sertraline, follow up with mental health, comprehensive laboratory studies on July 28, 2017, referral to ophthalmology⁸, and referral to radiology for an ultrasound⁹ 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

DETAINEE DEATH REVIEW: Filipe ALMAZAN-Ruiz

Medical Compliance Review - Krome North Service Processing Center



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 disorder¹⁰, recurrent, mild; and 2. Alcohol ahuse, 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 cognitive¹¹ functioning. The nursing treatment plan included application of hydrocortisone cream to the affected areas twice daily, start polyvinyl alcohol ophthalmic solution¹² 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); 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 rifaximin¹³ 550 mg twice daily, Folic acid¹⁴ 1 mg once daily, docusate¹⁵ 100 mg twice daily, multivitamin¹⁶ one tablet daily, Aspirin¹⁷ 81 mg once daily, and omeprazole¹⁸ 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:

- 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.

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.

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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.

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

MD, STG noted lab results would be discussed with detainee ALMAZAN.

sted the assessment findings as 1) Alcoholic cirrhosis of liver without ascites; 2) Other pancytopenia³⁵, 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 coated³⁶ aspirin 81 mg daily; and omeprazole 20 mg daily. Follow-up laboratory studies were ordered to include serum uric acid³⁷, CBC³⁸ with differential³⁹, serum lipase, serum amylase, thyroid panel⁴⁰ with thyroid stimulating hormone⁴¹, and GGT⁴². Rifaximin was non-formulary, so a request for authorization was completed. A referral was submitted for hematology⁴³, 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 turgor⁴⁴, and there was no bruising, hematomas⁴⁵,

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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 pedis⁴⁶. Treatment for pancytopenia included lactulose⁴⁷ 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 suspension⁴⁸ 400 mg was ordered four times a day for seven days.

(b)(6); (b)(7)(C) ID, 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 $RN_{(b)(7)(C)}^{(b)(6)}$ 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 trazodone⁴⁹ 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



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.

(b)(6); (b)(7)(C) During interview, CAPT 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 varices⁵⁰ and portal hypertension⁵¹. 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.

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

APPENDIX I Vital Signs

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), MD was not available during the three days detainee ALMAZAN was at the facility, (b)(6); 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)(7)(C) onducted the medical intake screening on September 8, 2017, at 11:30 p.m., noting that 51 year old detainee ALMAZAN snoke English and therefore an interpreter was not used. During interview, however, $RN_{(h)(7)(C)}^{(b)(6)}$ 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 hypertension¹, varices², pancytopenia³, irritable bowel syndrome⁴, and gastro-esophageal reflux disease⁵. 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).

DETAINEE DEATH REVIEW: Filipe ALMAZAN-Ruiz Medical Compliance Review – Polk County Adult Detention Center



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 taper⁶ on the prednisone, the addition of lactulose 30 ml twice daily, and the addition of Xifaxan⁷ 550 mg twice daily. According to RN (b)(0), (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-blocker⁸ 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 ligation¹⁰ 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 $\frac{(D)(6)}{(D)(7)}$ id not recall detainee ALMAZAN ever discussing his medical condition, including any possibility that he had been vomiting or coughing up blood since his arrival.



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." $HSA_{(b)(6), (b)(7)(C)}^{(b)(6), (b)(6), (b)(7)(C)}$ 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.n^{(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 guestioned during interview as to why she did not document a note, she explained that LVN^{(b)(6);} 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)}, completed his evaluation of detainee ALMAZAN at 9:57 p.m. During interview $\overline{PA_{(b)(7)(C)}^{(b)(6)}}$ 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. (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 documer (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	

23	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	Alert and oriented. Blood pressure 117/58, pulse 88, R 19,		
September 13, 2017	Temperature 98.3, pulse oxygen 100. Received two units of platelets.		
5:35 p.m.	Hemoglobin is 11.2, and platelets are 27.		
(b)(6); (b)(7)(C)	Alert and oriented. Blood pressure 101/51, pulse 69, respirations 14,		
September 14, 2017	temperature 98.3, pulse oxygen 99. Continues lisinopril orally.		
6:41 a.m.	Denied pain throughout the night.		
^{(b)(6); (b)(7)(C)} , RN	Alert and oriented. Blood pressure 125/73, pulse 79, respirations 18,		
September 14, 2017	temperature 98.7, and pulse oxygen 99. Continues oral lisinopril.		
6:31 p.m.	Pain is eight of ten, reporting severe GERD. Moved to medical-		
–(b)(6); (b)(7)(C)	surgical unit.		
	Remains stable. Removed from ICU room 18 to medical surgical		
September 15, 2017	floor, room 141. Blood pressure 93/54, temperature 98.1, pulse 72,		
5:40 a.m.	respirations 18, pulse oxygen 97.		
^{(b)(6); (b)(7)(C)} RN	Remains stable. Blood pressure 106/65, temperature 98.2, pulse 72,		
September 16, 2017	respirations 16, pulse oxygen 98. Had a normal cardiac stress test		
7:24 p.m.	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)	At about 1:00 a.m. patient coded and is now critical and has been		
September 17, 2017	moved to ICU, room 36. He is on life support and is intubated with		
2:32 a.m.	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		

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."



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

• During the intake screening _______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 assistar^{(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 Site visits were conducted at each of these facilities by members of a review team 17, 2017. 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 Security Subjec^{(b)(6); (b)(7)(C)} (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 DEATH REVIEW: Filipe ALMAZAN-Ruiz Medical and Security Compliance Review December 4-5, 2017



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

DETAINEE DEATH REVIEW: Filipe ALMAZAN-Ruiz Medical and Security Compliance Review December 4-5, 2017



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

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

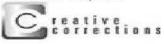
(b)(6); (b)(7)(C)

Commission on Correctional Health Care accreditation in April 2015.

Detention Officer processed detainee ALMAZAN into KNSPC, documenting that the detainee's primary language was Spanish. Officer $\binom{[b](6)}{[b](7)(C)}$ 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 $\binom{[b](6)}{[b](6)}$ 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 $\binom{[b](6)}{[b](6)}$ 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);} 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

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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 $\frac{|b|(6);}{|b|(7)|C|}$ he detainee was then sent to medical for intake screening. Officer $\frac{|b|(6);}{|b|(7)|C|}$ 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 $\sqrt{b)(6)$; $(b)(7)(C)}$ 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, $RN^{(b)(6), (b)(7)(C)}$ tated 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 cirrhosis¹ 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 moted 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 cream², with application to the affected area twice a day for seven days, as keep-on-person (KOP) medication and hydrocortisone cream³ 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".

(b)(6); (b)(7)(C) Seven days following intake, on July 19, 2017, at 5:34 a.m., LCDR 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 $NP_{(b)(G)}^{(b)(6)}$ 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); (b)(7)(C)} harrative 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 impairment⁵ 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 asymptomatic⁶ and clinically stable. The assessment diagnoses were alcoholic cirrhosis of liver without ascites⁷ and visual disturbance. The treatment plan included renewal of sertraline, follow up with mental health, comprehensive laboratory studies on July 28, 2017, referral to ophthalmology⁸, and referral to radiology for an ultrasound⁹ of the liver. A medical consent was sent to MDC to obtain medical and medication

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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.

Detainee ALMAZAN was provided patient instructions and preventive health records. 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 disorder¹⁰, 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

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)}, 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)}

(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 cognitive¹¹ functioning. The nursing treatment plan included application of hydrocortisone cream to the affected areas twice daily, start polyvinyl alcohol ophthalmic solution¹² 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)

locumented a follow-up mental health assessment on August 4, 2017, at 12:29 p.m., noting the conversation was in Spanish. Vital signs conducted $I^{(b)(6); (b)(7)(C)}$ 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.

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

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)} isted the assessment findings as 1) Alcoholic cirrhosis of liver without ascites; 2) Other pancytopenia³⁵, 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 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 coated³⁶ aspirin 81 mg daily; and omeprazole 20 mg daily. Follow-up laboratory studies were ordered to include serum uric acid³⁷, CBC³⁸ with differential³⁹, serum lipase, serum amylase, thyroid panel⁴⁰ with thyroid stimulating hormone⁴¹, and GGT⁴². Rifaximin was non-formulary, so a request for authorization was completed. A referral was

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.

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submitted for hematology⁴³, 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 turgor⁴⁴, and there was no bruising, hematomas⁴⁵, 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 pedis⁴⁶. Treatment for pancytopenia included lactulose⁴⁷ 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-magnesiumsimethicone suspension⁴⁸ 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 <u>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 $RN_{(b)(6);}^{(b)(6);}$ were all within normal limits, with the exception of a mildly</u>

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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.

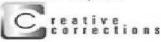
⁴⁶ Tinea pedis, also known as athlete's foot, is a fungal infection of the feet, usually beginning between the toes.

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 trazodone⁴⁹ 50 mg was ordered. Follow-up was scheduled for four weeks. As Dr. $\frac{(b)(6)}{(b)(7)(C)}$ was no longer employed at KNSPC at the time of the review.

During interview, CAPT 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 varices⁵⁰ and portal hypertension⁵¹. 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.

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

APPENDIX I Vital Signs

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.

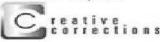
All staff with direct supervision responsibilities over detainees are sworn law enforcement officers. Officers must attend 500 hours of training at an academy to be certified by the state of Florida.

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 $I^{(b)(6), (b)(7)(C)}$ nd booked in by Office $I^{(b)(6), (b)(7)(C)}$ per the GCDC booking information form. When interviewed, Officer $I^{(b)(6), (b)(7)(C)}$ 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: $MaioI^{(b)(6), (b)(7)(C)}$ the Facility Administrator sat in on the interviews with officer staff.) Officer $I^{(b)(6), (b)(7)(C)}$ stated on interview that he did recall the detainee because he was quiet and respectful to staff. Officer $I^{(b)(6), (b)(7)(C)}$ 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^{(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 <u>during the review</u> 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, 2017^{(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 cirrhosis⁵³, 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 tuberculosis⁵⁴ 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 trazadone⁵⁵ 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 hallucinations⁵⁶, delusions⁵⁷, 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 hypertension⁵⁹, 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 hemorrhoids⁶⁰, 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 hepatosplenomegaly⁶¹, no masses⁶²." The assessment listing included 1) liver cirrhosis/fatty liver; 2) GERD; 3) possible portal hypertension; 4) IBS⁶³, and 5) eczema⁶⁴. There was no reference to pancytopenia⁶⁵, 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 varices⁶⁶ or spider webbing⁶⁷ 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 panel⁷⁴, h pylori test⁷⁵, ammonia level⁷⁶ 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, $w_{j(b)(6), (b)(7)(C)}^{the content of the second se$ in the lab and complete report forwarded on the following day, August 18, 2017. 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 count⁷⁷ 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

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

DETAINEE DEATH REVIEW: Filipe ALMAZAN-Ruiz

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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.

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 PIEASE 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). 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 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. (b)(6); (b)(7)(C) failed to adequately address his complaint, which remained Consequently, 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. (b)(6); (b)(7)(C) as not interviewed. Consequently, I

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 (b)(6); (b)(7)(C) The sick call response was left blank, but the request was signed as received by(0)(0). If e on **August 21, 2017**. During interview LPN (b)(6); 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. (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 affect⁷⁸, 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 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 stools⁷⁹. 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, lesions⁸⁰ or infestations⁸¹. 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); 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)}, 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. and $VF_{(b)(7)(C)}^{(b)(6);}$ HSA (b)(6); (b)(7)(C) oth agreed during interview that the two issues absolutely should have been addressed in a single visit. $RN_{(b)(7)(C)}^{(b)(6)}$ 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 Apointeen 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" 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); 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

DETAINEE DEATH REVIEW: Filipe ALMAZAN-Ruiz

Medical and Security Compliance Review



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 $HSA_{(h)(6)}$, an optometry appointment was pending but not completed because of his transfer.

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

The Transfer Summary, documented by ______ 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. (b)(6):
September 1, 2017	Vision difficulty with headache	September 1, 2107	September 2, 2017	Routine referral to (b)(7)(C) rithin 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 keepon-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 vears. He delivers on-site medical services one six-hour day per week. For medical reaso



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, xray 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) ated 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). 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) 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 $pr_{(b)(6), (b)(7)(C)}$ inventory form nor the facility property issued form were signed by the detainee. Officer $A^{(b)(7)(C)}$ 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 $\overset{(b)(6);}{(b)(7)(C)}$ 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 N^{(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.

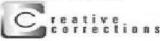
On **September 10, 2017**, detainee ALMAZAN went to the unit door at 5:53 a.m. and returned to his bunk at 6:03 a.m. Again, he ate some food from his meal tray while seated on his bunk but brought the tray to the other detainees to share the remaining food. Again, he slept and went to the bathroom numerous 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.

(6)(6)-	(b)(6); (b)(7)(C)	
At 7:32 p.m. Office $\frac{(b)(6)}{(b)(7)(C)}$	returned to the unit with Officer	
(b)(6); (b)(7)(C)	At 7:33 p.m. LVN's ^{(b)(6); (b)(7)(C)}	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 (b)(6); (b)(7)(C) 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 (b)(6); (b)(7)(C) stated detainee ALMAZAN didn't want to do anything and he thought he was sad or depressed. Detainee (b)(6); (c)(7)(C) ecalled 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 $\begin{bmatrix} (b)(6); (b)(7)(C) \\ \vdots \\ (b)(6); (b)(7)(C) \end{bmatrix}$ 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 $\begin{bmatrix} (b)(6); \\ h)(7)(C) \end{bmatrix}$ hoted 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 $\stackrel{(b)(6); (b)(7)(C)}{(b)(7)(C)}$ was assigned to Dorm C hallway for the 2:00 p.m. to 10:00 p.m. shift on September 11, 2017. Officer $\stackrel{(b)(6);}{(b)(7)(C)}$ 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 $\stackrel{(b)(6);}{(b)(7)(C)}$ 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 $\stackrel{(b)(6);}{(b)(6);}$ 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); 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 $N_{(5)(7)(C)}^{(b)(6)}$ 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 $\overline{(b)(6)}$ 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); 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 $\begin{bmatrix} bb(6); (b)(7)(C) \\ (bb(6); (b)(7)(C) \\ (b)(6); (b)(7)(C) \\ ($

(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)(7)(C) the doctor determined the detainee needed to be transported to CHI St. Luke's Health Memorial Hospital.

(b)(6)

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); 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)(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.

Officer (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 Sergear ${}^{(b)(6);}_{(b)(7)(C)}$ 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. Sergear ${}^{(b)(6);}_{(b)(7)(C)}$ 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 Office (b)(6); (b)(7)(c) has since been promoted to sergeant at PCADC. She will be referred to as officer throughout this report.



(b)(6); (b)(7)(C)
Relieving Sergeant were Officers
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
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 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
delivered pain medication throughout the shift. Officer $(b)(6)$; $(b)(7)(C)$ were relieved at 8:14 p.m. by Officers $(b)(6)$; $(b)(7)(C)$ 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".
(b)(6); (b)(7)(C)
In written statements dated September 25, 2017 and submitted to SDD
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 $\begin{bmatrix} (b)(6); (b)(7)(C) \end{bmatrix}$ reported for vigil duty.
They logged that nursing staff checked the detainee's vital signs and at 8:10 a.m. Doctor $I_{(b)(6)}^{(b)(6)}$
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



this date, $AFOD_{(b)(7)(C)}^{(b)(6);}$ hoted in an email to Commande 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 ${}^{(b)(7)(C)}$ in an email this date to various ERO officials provided a medical update on detainee ALMAZAN. In the email, Commander ${}^{(b)(6);}_{(b)(7)(C)}$ oted 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 Sentember 17, 2017. If the detainee was not released in time for the Sunday flight, Commander ${}^{(b)(6);}_{(b)(7)(C)}$ ecommended that he be moved, when discharged, to "Houston CDF due to his combined chronic medical issues".

Officers 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) Intered 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:

(b)(6)

Date	Officers	Arrival	Departure
September 12, 2017	(b)(6); (b)(7)(C)	4:32 p.m. 10:30 p.m.	10:47 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) per the Warden's report.

7 Detainee (b)(6); (b)(7)(C) On September 18, 2017 ALMAZAN's personal property was inventoried and photographed by Officer The property consisted of one pair of pants, four shirts, 11 pairs or 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 $a_{(b)(6); (b)(7)(C)}$ rts had small spots on them with a "moldy, reddish tint" that may tated the property was turned over to Supervisory Detention and have been blood. (b)(6); (b)(7)(C) Deportation Officer (SDDO)

Per SDD(^{(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) bcumented 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.



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

On September 18, 2017, Texas Ranger from Livingston, TX sent an email to AFOD^{(b)(6);} stating he had been contacted by Montgomery County Justice of the Peac^{(b)(6);} b)(7)(C)</sup> Idge 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)(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. The 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)

(b)(6)(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) entities 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. (D)(G), (D)(T)(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, (D)(G), (D)(T)(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 hypertension⁹⁰, varices⁹¹, pancytopenia⁹², irritable bowel syndrome⁹³, and gastro-esophageal reflux disease⁹⁴. 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.

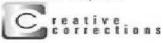
⁹⁴ Gastro-esophageal reflux disease is a digestive disease in which stomach acid or bile irritated the lining of the esophagus and stomach.

"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) 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 taper⁹⁵ on the prednisone, the addition of lactulose 30 mg twice daily, and the addition of Xifaxan 550 mg twice daily. Of note, Dr. $\frac{10}{(b)(6)}$, $\frac{10}{(b)(7)(C)}$ 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. $\frac{(b)(6); (b)(7)(C)}{(b)(6); (b)(7)(C)}$ 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 $\frac{(b)(6); (b)(7)(C)}{(b)(7)(C)}$ explained she reconciled the medication labels and noted the current dosage. The reviewer observed that detainee ALMAZAN had never been prescribed a beta-blocker⁹⁶ 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) ported 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." $HSA_{HVTVC}^{(b)(6)}$ 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. 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 $\frac{(b)(6)}{(b)(7)(C)}$ (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) vas 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 [natient] 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, $\overset{(b)(6); (b)(7)(C)}{}$ 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, (b)(6); (b)(7)(C)	Report Summary	
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)	Alert and oriented. Blood pressure 117/58, pulse 88, R 19,	
September 13, 2017	Temperature 98.3, pulse oxygen 100. Received two units of platelets.	
5:35 p.m.	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	temperature 98.3, pulse oxygen 99. Continues lisinopril orally.
6:41 a.m.	Denied pain throughout the night.
(b)(6); (b)(7)(C)	Alert and oriented. Blood pressure 125/73, pulse 79, respirations 18,
September 14, 2017	temperature 98.7, and pulse oxygen 99. Continues oral lisinopril.
6:31 p.m.	Pain is eight of ten, reporting severe GERD. Moved to medical-
1	surgical unit.
(b)(6); (b)(7)(C)	Remains stable. Removed from ICU room 18 to medical surgical
September 15, 2017	floor, room 141. Blood pressure 93/54, temperature 98.1, pulse 72,
5.40 a m (b)(6); (b)(7)(C)	respirations 18, pulse oxygen 97.
(b)(b), (b)(1)(b)	Remains stable. Blood pressure 1006/65, temperature 98.2, pulse 72,
September 16, 2017	respirations 16, pulse oxygen 98. Had a normal cardiac stress test
7:24 p.m.	earlier in the day. Medications remain Zoloft, folic acid, metoprolol ¹⁰¹
P2001	Protonix ¹⁰² , lactulose, and aldactone. Possible discharge Sunday
(b)(6); (b)(7)(C)	after seen by doctor.
(0)(0), (0)(7)(C)	At about 1:00 a.m. patient coded and is now critical and has been
September 17, 2017	moved to ICU, room 36. He is on life support and is intubated with
2:32 a.m.	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
То:	(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 Site visits were conducted at each of these facilities by members of a review team 17, 2017. comprised of (b)(6); (b)(7)(C) External Reviews and Analysis Unit, and Management and Program (b)(6); (b)(7)(C) ccompanied by Creative Corrections contract personnel , Security Subject (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) Iealthcare 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)

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

Once classified, detainee ALMAZAN was sent back to $Officer_{(b)(7)(C)}^{(b)(6)}$ 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 $\frac{[b](6)}{[b](7)(C)}$ the detainee was then sent to medical for intake screening. Officer $\frac{[b](6)}{[b](7)(C)}$ 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) tated 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 <u>ac "Datainee</u> speaks English fluently," and there were no barriers to communication identified <u>advised</u> 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 <u>probleme and</u> was taking medication. He was placed on a Priority 2 status, which according to <u>(b)(6); (b)(7)(C)</u>, means a provider must evaluate the detainee within 24 hours because of a chronic condition or if he is taking medications.

(b)(6); (b)(7)(C) At 9:39 p.n inGenesis, conducted the intake screen, noting that Detainee ALMAZAN was Spanish speaking. for which interpretation assistance was provided. Inconsistent (b)(6); (b)(7)(C) with^{(b)(6); (b)(7)(C)} stated he had transferred from another facility, having s note. 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 cirrhosis¹ 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 cream², with application to the affected area twice a day for seven days, as keep-on-person (KOP) medication and hydrocortisone cream³ 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 mideline 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".

(b)(6); (b)(7)(C) Seven days following intake, on July 19, 2017, at 5:34 a.m., LCDR 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 impairment⁵ 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 asymptomatic⁶ and clinically stable. The assessment diagnoses were alcoholic cirrhosis of liver without ascites⁷ and visual disturbance. The treatment plan included renewal of sertraline, follow up with mental health, comprehensive laboratory studies on July 28, 2017, referral to ophthalmology⁸, and referral to radiology for an ultrasound⁹ of the liver. A medical consent was sent to MDC to obtain medical and medication

DETAINEE DEATH REVIEW: Filipe ALMAZAN-Ruiz Medical and Security Compliance Review December 4-5, 2017



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.

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

The initial mental health screen was conducted on July 20, 2017, at 2:18 p.m. 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 disorder¹⁰, recurrent, mild; and 2. Alcohol abuse, uncomplicated. Treatment included follow-up in two to three weeks and referral $td^{(b)(6); (b)(7)(C)}$ for medication management.

On **July 24, 2017**, at 5:46 p.m., LCDR

RN documented a progress note related to a sick call refusal, stating, "Patient called for sick call on evening shift but refus tiple calls were placed by PHS desk officer with no result. Will continue to monitor." RI^{(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 cognitive¹¹ functioning. The nursing treatment plan included application of hydrocortisone cream to the affected areas twice daily, start polyvinyl alcohol ophthalmic solution¹² 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 ves 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.

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

July 31, 2017, and reviewed them on August 3, 2017, noting, "MI <u>P will discuss</u> with patient tomorrow". Interpretation services were not used for this encounter, a

(b)(6): 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 rifaximin¹³ 550 mg twice daily, Folic acid¹⁴ 1 mg once daily, docusate¹⁵ 100 mg twice daily, multivitamin¹⁶ one tablet daily, Aspirin¹⁷ 81 mg once daily, and omeprazole¹⁸ 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)
 isted the assessment findings as 1) Alcoholic cirrhosis of liver without ascites;
 2) Other pancytopenia³⁵, 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 coated³⁶ aspirin 81 mg daily; and omeprazole 20 mg daily. Follow-up laboratory studies were ordered to include serum uric acid³⁷, CBC³⁸ with differential³⁹, serum lipase, serum amylase, thyroid panel⁴⁰ with thyroid stimulating hormone⁴¹, and GGT⁴². Rifaximin was non-formulary, so a request for authorization was completed. A referral was

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.

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submitted for hematology⁴³, 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 turgor⁴⁴, and there was no bruising, hematomas⁴⁵, 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 pedis⁴⁶. Treatment for pancytopenia included lactulose⁴⁷ 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-magnesiumsimethicone suspension⁴⁸ 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

DETAINEE DEATH REVIEW: Filipe ALMAZAN-Ruiz Medical and Security Compliance Review December 4-5, 2017



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.

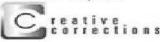
⁴⁷ Lactulose is a type of sugar solution used to treat chronic constipation and to reduce the amount of ammonia in the blood of patients with liver disease.

⁴⁸ Aluminum-magnesium-simethicone is

elevated body temperature of 99.3. The diagnosis was major depressive disorder, recurrent, mild, for which trazodone⁴⁹ 50 mg was ordered. Follow-up was scheduled for four weeks. $A_{(b)(6)}^{(b)(6)}$ vas 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.

(b)(6); (b)(7)(C) During interview, CAPT 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)} ted 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 varices⁵⁰ and portal hypertension⁵¹. 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 Cines

(b)(6);

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

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

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 $v_{(b)(6); (b)(7)(C)}^{i_1}$ pd in the following components of the standard:

ICE PBNDS 2016, Medical Care, section (V)(E), which states, "Each facility $\frac{1.11}{(b)(6); (b)(7)(C)}$ appropriate interpretation and language services for LEP detainees related to medicar and mentar 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 nd booked in by Office^{(b)(6); (b)(7)(C)} (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 <u>during the review</u> 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

(b)(6); (b)(7)(C) At 3:15 a.m., on August 12, 201 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 (b)(6) tated she was unaware of Spanish version forms. During interview in English, LPN (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 cirrhosis⁵³, 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 tuberculosis⁵⁴ 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.

(b)(6); (b)(7)(C) Two days later on Monday, August 14, 2017, at 10:26 a.m 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 trazadone⁵⁵ 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 hallucinations⁵⁶, delusions⁵⁷, 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.

(b)(6); (b)(7)(C) On the same day, at 10:27 a.m., , 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 hypertension⁵⁹, 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 hemorrhoids⁶⁰, 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 hepatosplenomegaly⁶¹, no masses⁶²." The assessment listing included 1) liver cirrhosis/fatty liver; 2) GERD; 3) possible portal hypertension; 4) IBS⁶³, and 5) eczema⁶⁴. There was no reference to pancytopenia⁶⁵, 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

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.



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.

stated there were no varices⁶⁶ or spider webbing⁶⁷ 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 panel⁷⁴, h pylori test⁷⁵, ammonia level⁷⁶ 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, $\frac{[b](6)}{2CTCO}$ 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. $\frac{[b](6)}{[b](T)(C)}$ 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 count⁷⁷ 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 $\frac{[b](6)}{[b](T)(C)}$ Regional Vice President of ACHS, expressed surprise and disbelief, voicing they had not been an urge of the diagnosis, nor the significantly low platelet count of 37. Regarding his treatment plan to be a urge of the diagnosis, nor the significantly low platelet count of 37. Regarding his treatment plan to be a urge of the diagnosis of the 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

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

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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.

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 PIEASE 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 receint of the sick call request at 9:00 p.m. on August 17, 2017, referring him to nurse sick call LPN document^{(b)(6); (b)(7)(C)} I encounter, using "Nursing Protocol – Eyes, Ears, Nose, Teeth, and Threat" Threat " Threat at 18, 2017, reserved at the form of the form of the section of the secti

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 (b)(6); (b)(7)(C) preference, or use of interpretation assistance. V corded within normal limits, and his vision test showed 20/20 in the right eye and $20 \sqrt{\frac{(b)(6)}{m}}$ 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. (b)(6); (b)(7)(C) failed to adequately address his complaint, which remained Consequently, 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. (b)(6); (b)(7)(C) vas not interviewed. Consequently, I

A second Inmate/Detainee Request was dated **August 20, 2017**, in which ALMAZAN wrote, "DR <u>– Lneed You</u> Help Because My Medicates AHORA NO SEE MEDICIN I TAKE EVRY DA DR- $\frac{b}{(6)}$; $\frac{b}{(7)(C)}$ 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 $I^{(b)(6)}$; $\frac{b}{(7)(C)}$ The sick call response was left blank, but the request was signed as received by $\frac{b}{(6)}$; $\frac{b}{(6)}$ on **August 21, 2017**. During interview LPN $\frac{b}{(6)(6)}$; $\frac{b}{(6)(7)(C)}$ ewed 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 affect⁷⁸, 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 A Specific Authorization for Psychotropic Medications form was signed by insomnia. 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)} ho 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.

(b)(6); (b)(7)(C) RN on August 24, 2017. at The initial health assessment was conducted by . 2:33 p.m., with review and approved electronic signature of (b)(6); (b)(7)(C)September 5, 2017. A vas trained for conducting initial review of the training and credentials file showed (b)(6); (b)(7)(C) 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 stools⁷⁹. 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, lesions⁸⁰ or infestations⁸¹. 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

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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 b)(6); (b)(7)(C) Muscular Skeletal problems. 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. o)(6); (b)(7)(C and ((b)(6); (b)(7)(C) both agreed during interview that the two issues absolutely HSA (b)(6); (b)(7)(C) should have been addressed in a single visit. 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 Apointeen 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.

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

Four days later on Wednesday, **September 6, 2017**, at 9:48 a.m. _______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 $HSA_{(E)(G), (E)(TMC)}^{(D)(G)}$ an optometry appointment was pending but not completed because of his transfer.

The Transfer Summary, documented by RN $\frac{\binom{(b)(6)}{(b)(7)(C)}}{\binom{(b)(7)(C)}{(b)(7)(C)}}$ 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)(7)(C) vithin 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 keepon-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, xray 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 Office (b)(6); (b)(6); (b)(6); (b)(7)(C) It was documented that the detainee's primary language was Spanish. Officer (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.

Office^{(b)(6);} 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 $N_{(b)(6); (b)(7)(C)}^{(b)(6);}$ returned to the unit with Office $(b)(6); (b)(7)(C)$ Serge at $(b)(6); (b)(7)(C)$ At 7:33 p.m. LVN rived 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 <u>IAH/PCADC</u> were still housed at the facility during this review and were interviewed. Detainee (b)(6); (b)(7)(C) recalled detainee ALMAZAN and stated he was a "little sick" when he arrived. He stated detainee ALMAZAN did not eat or drink (b)(6); slept most of the time and that he declined soup or other foods when offered. Detaine (b)(7)(C) 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 $1^{(b)(6); (b)(7)(C)}$ 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 $\frac{(b)(6)}{(b)(7)(C)}$ 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 $^{(b)(6); (b)(7)(C)}$ was a $^{(b)(6);}_{(b)(7)(C)}$ borm C hallway for the 2:00 p.m. to 10:00 p.m. shift on 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 $^{(b)(6); (b)(7)(C)}$ red 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 $^{(b)(6); (b)(7)(C)}$ 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. Offic bbserved 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, $Office^{(b)(6); (b)(7)(C)}$ knowledged 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, $\operatorname{Sergean}_{(b)(7)(C)}^{(b)(6);}$ responded first along with Lieutenanth (b)(6); followed by the two nurses with a wheelchair and emergency medical bag. $\operatorname{Sergeant}_{(b)(7)(C)}^{(b)(6);}$ stated that no staff observed the detainee vomiting blood so he was sent to medical to be evaluated.

(b)(6); (b)(7)(C) sponded 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 Assistar (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); (b)(7)(C) ordered a blood draw. LVN 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 roon (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. 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) After he was brought to medical and examined by 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 and^{(b)(6); (b)(7)(C)} transported detainee ALMAZAN to CHI St. Luke's Health (b)(6); (b)(7)(C) Memorial Hospital in Livingston, TX, a distance of 7 miles. They arrived at 9:00 p.m. On interviev^{(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 barked the van. (b)(6); (b)(7)(C)wheeled into the ER for treatment and (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 vi	igil duty at	11:00	p.m. and	docum	ented	that	the
detainee received an IV and the doc	tor informed t	hem at 1:10) a.m. 1	that the d	etainee	need	led to	be
transferred to another hospital. T	These officers	stayed wit	th the	detainee	until	6:15	a.m.	on
September 12, 2017. At 6:00 a.m	b)(6); (b)(7)(C)				repo	orted	for vi	igil
duty and relieved (b)(6); (b)(7)(C)					36			

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 t 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. I ney 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)} 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.

(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); and Officer (b)(6); (b)(7)(C) were Officers (b)(6); (b)(7)(C) and (b)(7)(

Officer (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 $\frac{(b)(6)}{(b)(7)(C)}$ 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

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)	reported 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 "regula	r 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 1	
detainee reported he had pain. He was given Mylanta and other unknown m	edications 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



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

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

this date, noted in an email to Commander 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); in an email this date to variable **EP** O officials provided a medical update on detainee ALMAZAN. In the email, Commander (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 Sentember 17, 2017. If the detainee was not released in time for the Sunday flight, Commander (b)(7)(C) ecommended 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 Sentember 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 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 $\frac{[b](6)}{[b](7/VC)}$ 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 Charge 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. 10:30 p.m.	10:47 p.m. 7:15a.m.



September 13, 2017	(b)(6); (b)(7)(C)	6:26 a.m.	8:34 p.m.
2 - 21		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) per the Warden's report.

On **September 18, 2017**, Detainee ALMAZAN's personal property was inventoried and photographed by Officer $\underline{(b)(6); (b)(7)(C)}$ 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 <u>clear cup and \$2.10</u> in coins. Multiple hygiene items and multiple medications were also marked. $\underline{(b)(6); (b)(7)(C)}$ 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. $\underline{(b)(6); (b)(7)(C)}$ stated the property was turned over to Supervisory Detention and Deportation Officer (SDDD($\underline{(b)(6); (b)(7)(C)}$

Per SDDO^{(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.



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

On Sentember 18, 2017, Texas Ranger from Livingston, TX sent an email to $AFOI_{(b)(6);}^{(b)(6);}$ stating he had been contacted by Montgomery County Justice of the Peace $\frac{(b)(6);}{(b)(7)(C)}$ stating he had been contacted by Montgomery County Justice of the Peace $\frac{(b)(6);}{(b)(7)(C)}$ that he had ordered an inquest into the death of detainee ALMAZAN (incorrectly identified as $\frac{(b)(6);}{(b)(7)(C)}$ in the email) and requested that Ranger $\frac{(b)(6);}{(b)(7)(C)}$ and being informed that an investigation into the death of the detainee was being conducted $\frac{(b)(6);}{(b)(7)(C)}$ sent the email to confirm with AFOD $\frac{(b)(6);}{(b)(7)(C)}$ 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. The 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 snoke English, and therefore an interpreter was not used. During interview, howeve by the english but there was a medical person (b)(6); (b)(7)(C) stated he spoke very little English but there was a medical person (b)(6); (b)(7)(C) therefore an interpreter was not used. During (b)(6); (b)(7)(C) therefore a medical person (c) the provided detainee ALMAZAN only spoke Spanish, requiring another intake officer to provide language assistance. (b)(6); (b)(7)(C) therefore an 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 $t_{0.164}^{-1.164}$ (100 and finally to 152/86, levels that remained abnormally high (*See Appendix II*). RN (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)(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)



C stated that considering the diagnoses of cirrhosis and probable portal hypertension, it would have been important for him to know. $I_{(b)(7)(C)}^{(b)(6);}$ 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) .VN, 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 hypertension⁹⁰, varices⁹¹, pancytopenia⁹², irritable bowel syndrome⁹³, and gastro-esophageal reflux disease⁹⁴. 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 nor(b)(6); (b)(7)(C) ugh following a "no" response to the question if he ever tried to harm himself, RN



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 taper⁹⁵ on the prednisone, the addition of <u>lactulose 30 mg</u> 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, $^{(b)(6); (b)(7)(C)}_{(b)(7)(C)}$ explained she reconciled the medication labels and noted the current dosage. The reviewer observed that detainee ALMAZAN had never been prescribed a beta-blocker⁹⁶ 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) id 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." $\text{HSA}_{\text{In}(TVC)}^{(b)(6)}$ broduced 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 $\binom{(b)(6)}{(b)(7)(C)}$ (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 helieved to b)(6); (b)(7)(C) have cirrhosis with varices, information that was extracted from the chart, as determined, "Pt [natient] poor historian". When questioned as to how he arrived at this (b)(6); (b)(7)(C) stated that detainee ALMAZAN offered no medical history, as if he did description, not want medical to know $\frac{how sick}{(b)(6), (b)(7)(C)}$ was. When directly questioned about his cirrhosis, however, he then admitted it. 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, (b)(6); (b)(7)(C)	Report Summary	
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) -VN -VN 5:35 n m (b)(6); (b)(7)(C)	 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. 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) 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)} bted 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
То:	(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
То:	(b)(6); (b)(7)(C)
Cc:	
Subject:	ALIVIAZAN

(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 D^{(b)(6)}; 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 <u>160/100 or hig</u>her". Would you say this is correct?
- PA Young states that ^{(b)(6); (b)(7)(C)} hould 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 I^{(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) Management & P ICE/OPR/ERAU 950 L'Enfant Plaza S Washington, DC 20 202-732-(b)(6); 202-253-(c))(cell)	ogram Analyst (b)(6); (b)(7)(C) 36	

From:	(b)(6); (b)(7)(C)
Sent:	17 Oct 2017 15:54:06 +0000
То:	(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)(7)(C)
Washington, DC 20536
202-732(b)(6); (desk)
202-253 (0)(7)((cell)

Glades County Defention Center NOT ACA CENT Pay mister \$1 a day NDS Shemfts office - Sworn Depute 2 march orneas Vene a tablet system Housing 1 318 pids 4 ext. ric fulds - commissan - video visitation - Educational Programs Vexcl, ICE ~ movies B - texts correspondences try not to comingle P email Control - Grievances) Paper - medical) Paper Plured in Housen? -Sattlife Feed Intral comes to provide Formal full in med. Admin office, for med. · U.S. Marshal/Attorney Room/ Mid. Interpret tank in intake - not in room but available. Med pass done in the honory most 4 observations - 2 reg, pressure (can do sureideirob) Cert. Suicide cell in booking anea Dentist 1 to 2 WIL2020-ICLI-00006 2648

(b)(6); (b)(7)(C) Nune Title: 1PN Length: 2 years (Perdiem) Company: Armor -Give availability from full the off - Recieved training/or reatation - & Aching Dones -Sick calls picked up evenlig, done very next day . take back to medical (sicu 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 essue addressed? not until 9/2 -1 Complaint per sice call - Locu box in each dom 2020-ICLI-00006 2649

(b)(6); (b)(7)(C)
Name
Title: HSA, CCHP
Length: 11 years - (HSA 4 years)
Company. Annor
- CCHP = U
-Britney Jones did intake not cottp
- Vaceuncies - I UPN night snift
-Never a challenge wi staffing
- Cat. 4 built facility, boxed up eventthing & printed summaries.
-Found out a day prior that they needed to get out
-Pharmacy packaged up here, got other meas from the local pharmacey.
-Did they do not do just I issue per sick call, all issues can be addressed
at 1 time
= Document use of interpretatik wil detainer name
-Spanish & English consent form
- When itake screen done - asks yes to understood english
- Lab process, use IR2. (Draw labs, package in cooler, feder picus up & goos to
(apraiting fir nould) Quick tun around
- 19 day delay from when labe were reviewed and when they
were signed off on. > Clarification: collection dade was 9/17 * Need to see documentation of when doctor reviewed!
- Ord not know hum
- Optometry - some one comes on site. Sub contractor
. It wagent can send off site
- Referral aut in, nust day left.
- FMC
2020-ICLI-00006 2650

(b)(6); (b)(7)(C)
Title: Doter - MD
Length: 9 years
Company: Amer
-Fluent in spanish
- 8/14: suspicous of Portal Hypertension after ne said chinosis Wasn't suspicous of varietes.
Not not know about the panpaulanenia
- Would have keept him here if he was muy transkning to do it we was - Palm West 35min, Hendry 15min - Hospitals
- Not a good idea to fuy - Not sure if the problem list shows up, but it should have been on transfer form
- Think it was alcohol related chimass, not Hep virus
-Ammonieu level can take a while to get - It see plasteiet level pellow 30s get to hospital
- It see playered level pellow 30s get to hospital
0
и,
2020-ICLI-00006 2651

N Ume . (b)(6), (b)(7)(C) Title: RN, DON ungth: Perdrem OCt, Apr. DON Company: Armor -Sign off in Sich Call to ensure they are doing it correct, (LPN) -Nursing protocols are signed iff on by MD -UPNS supervised by DON -Transfer summary - pull chara, fill in summary appropriately Dragonoses should come up automatically on trasfer from. meas. too Name ((b)(6); (b)(7)(C) Title: UPN, CCHP Centry 10 years Company: Amnor - 8/30, 2:30pm : pain in both knees & shoulders -seup he spoke english - Have done sich chill since she stand - Received training at orientation, DON & Checus in - Nursing protocol pein: mill, mod., severe tells you what to do next - Doesn't recall brunning eye glasses - Remepers him bic he was a kitchen trustee

(b)(6); (b)(7)(C) little: clinical met Constor Unoth Apr. 2017 pt Company: Armor = 12-11eprs & week - SIZ encounter - pelieves it was conducted in English wenthough she is a Spanish Speaker - Remembers he spoke atout chimois - Do not recall if transfer forms came we nom - Initial mit consent form would have been given in English praslated to Spanish then signed (b)(6); (b)(7)(C) Name Title: Sat ength: 10,5 year Somptiny: Glades County Sheriff - Booking clerk standed then went through academy - Ft. Mayer training academy - End of April promoted to Sgt. - Remembers he was guids respectful - If someone abert speak Spanish, ex. Russian, try to End another detained who speaks it. - Aress them, go through property, - classification posed on 216 inventory property - even it a transfer Comes in a real pag, but in a box and lept in a room Check comes might a vecenpt, drop the check in the 2020-ICLI-00006 2653

1 Manue (b)(6), (b)(7)(C) Title: Comethon Dep-Sh Length! July 2017 - wonced in prison 2005, did Security for a bit, then Came here - Sponsored to go through academy Assigned to Housing I, then 2, now take booking Took his picture Doesn't remember hum Drossed him out Determine vagages clusification by 216. (b)(6); (b)(7)(C) Name THE: UPN Leugh: 8 minths Compuny: Armer -said if she did the intake then she did intake - If he verbalize that they understand then thats all they need to do only lor 2 x - Doesn't juse interputable nuch a week Et - Didn's vergonize that his itsion being bad was an usue of communicate 2020-ICLI-00006 2654

(b)(6); (b)(7)(C) Name: Title: PN Length: March 2017 Company: Armor - Aug 16: Seen 8718 · Electronically submitted to be scheduled . Should see the request win 48 hrs of request, seen by 24 hrs - Aug 20: STUL Carl possible nurse who saw sich can request knew he was having an exam (b)(6); (b)(7)(C) Name: UPN Title: length: 5 months Company: Amor - Recalls him but just his face - Grave meds - Sich call 9/1 - Would not consider him fluent in english - Bellever he could understand what was being said to him in English. - Will wore at computer to see if he had 2020-ICLI-00006 2655

(b)(6); (b)(7)(C) Name THE RN length years Company Armor - Remembers him, friendly. - Initial health assessment 8124, did eye exam - Referred to physician, not sure how long it should take - Samp he spore English very well, didn't use language ine - Spoke within a lot (?) - Asie detained about dentai & does a view of the Month, and maral allental assessment. A (b)(6); (b)(7)(C) Noune: Title: IPN Length: Le monoths Company: Armor -Sick call 9/2 -recalls him from the visit - all referred to MD then does the referral for optionefrist - Used nursing protocol -Norsure, but pelleves there are reading glasses in the Commission. - Do not know if they contacted knome about his glasses 2020-ICLI-00006 2656

Dean, Wingiers, Margan & laton (b)(6); (b)(7)(C) - VP Annor - Is there a way to get glasses/readers? Not sure. could get from family put didn't apply in this case. -Transfer sheet? Lactolose was not on ble ordered day he transferred Xtaxan - had been on "while, not sure why it wouldn't have been on the pansfer form. Multi-Vitamin Wasn't m either Aragonses - Thrombor cytopenia wasn't M ble when it was entered in the system. Does fugility just Stop med Notes after some ne leaves ps thatity? Asking about chimosis of ther who ascides then chimoss of wer w/o alconol? Not sure how that happened it woon's a manual entry. Would not have pulled from them checking no alcohoi use 2020-ICLI-00006 2657

Gl	ades medication
	Clothinazole
0/16	Xifaxan
8/13	Xifaxan
	Clompinalle
.1	
8/14	Xi faxan
(1	
8/15	Lactulose
-	Folic acid
	Hydro confisone Xifaxan
- -	trimain olone
\- -	
~ · · · · · · · · · · · · · · · · · · ·	
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	2020-ICLI-00006 2658

1AH - VOSIT 10/107 - ,2017

Arrived @ POLK 9/8/17 from Fockston - Med. Intake (immediate health service retaral for Dep., Anx, Chirhosis) 2330 - Consent for medication in Spanish - signed - Chest Xray - Continue meds from previous facility - ordered by the & Pac a/11/17 -mental Heath assessment done - R. Jefferson enna - Brought to red from dorm for voniting blood. Transferred to hospital by Van -per R. Jafferson Young (1757 9/1) - NWSC note @ 1945 (as time reported) - Detame admitted to hospital and van returns of - Admission date a/12 9/12/17 - Moved from CH1 St. Lukes to Conrol Regional for treatment Via ambulance @ 6:45, amire to conrol @ 8:13 Daily haspital upartes given. 9/15/17 - moved from ICU to Med Sung. 9/16/17 -noted doing better, possible discharge following day alist 17 - 1:00 coded, critical moved to ICU. On life support. - Time of death 5:15 am 2020-ICLI-00006 2659

· ICE Blue I vage Red Marshals While or Striped Dome (24 or 8) -> Windows M. Mapico - Cent. Amer > Few from Sonth America 5 days of vimiting > officer & voomader Reds activity monning, outside afferman (-20 LOON me 2020-ICLI-00006 2660

(b)(6); (b)(7)(C) FI/F1/01 HSA, PN April 16 - Supt 16 (HOA) MTC -Folicles from PBNDS 2011 - FACILITY IN NDS -Pablo Spleoner propher clinical Divector > peen here 10 years - Psych - Dr. Erika Spice good used by telephone (Telemed) through MITC If need felepsych just call her. Vin good, quiere - PAC -> has a cutic -> comes MTTh 6-7 pm seeing anome care, sich call . It reviews labs, exams (also Dr. Splenser) - Nurse coverage 12 hrs snift. Aways a nurse here. There a times when there is an UN WID on RN. -1 med. record staff - NO vacandes (layoffs in July) - used kingwood hospital (toward Honston) - EMS good - innoston Hospital nearby. - Spean little spanish - 1 Speaks - spanish RN - Does intake schening - use a language line - I neg pressure cell (for TB) - Chicken Pox/Shingles - 4 med observation - 1 suicide Cull -No one knew he was vomiting brood - Detamues come to Pill Window - Instructed on strue call 2020-194490906, 2661

(b)(6); (b)(7)(C) continue. - Funds done by supervisor - Phyer print detainees - Get phone cards - \$ 10 a card (Horton) - Can order commission over phone (Morris) Name (b)(6); (b)(7)(C) TIME - RN, DON length - 14 month Company - MTC -ACA accredited, was here for last accredition 1/23/17 - NOT NEETE CENTIFIED - 12 hr snitts, 2 PRN positions & -No vaccancres - Nurses fairing easy to recruit - Nurses feel confortable Colling provider after hours - PA & Dr both invorted (PA = Mma, Dr = More scrious) - Transfer Summany, Medications, Property * Have medications at time of intake * match up med pottles & transfer on many * 2 med. ordered & 1 increased at other Acrity and did NIT KNOW - with call other tacilities to clanity - It received lab work would have give its chart - Medical personnel was translating - Rosa Margineying VMarale - In critic can do l'anguage line, in clinic have access. - He said he had not had medserve. Recruced BP Had not had pop med, needed it at intake - Told her he had 12020-19LI-00906 200200 hol rhab 3 mon. pror

(b)(6); (b)(7)(C) Nume: TAL ! RAD SUP lempt: 91/2 years Conjony: MTC - started as Det Officer - 40 hrs Preservice and OST. Started at intake moved up - Vaguely remembers distance - Turned property over on 9/18/17 & given to Bennet - Was told to not touch the property with they knew what they were dong - roughly 28 detainees stayled these a property from there inventoried & stored this - Some detainees and have accounts open - Did not sign property from (on him) blc he went straight to medical - Pull off bus, take noney, over see even, tring - Had extra staff for this surge. - Buses came from Arport - C-20 & C-1 ane for medical units -No other contact w/ proverson 2020-ICLI-00006 2663

(b)(6); (b)(7)(C) Name: Titu: SgA. Length: 1.5-year Company: MTC - Itaked as officer, made SgA U-5 month. - Worked at TX Death VOU 84rs, Some lapse in three bow - It is supervisor - Lt. Walker -> quit - Working 2-10 then now permanent grave yard - No contact other than emergency - officer called emetgincy - said plood - Got him to hospital - Went the nexos day to hospital, no more rigils after that from him - He said it was blood he vomited - Followed down to medical, once he taw Dr. harband said he needed to go to hospital got officers to take him. Only select few are weapons certified - Went to linggton first, then transported when to Conroc by ambulance. Officer vode is in ambulance, he drove Van. - Did not get up off bed for the pathroom where Nurse god have to help him. 2 IVS - Had - Very conservative. -Surprised he alled - EPA offerred to officers that were here when he died 2020-ICLI-00006 2664

(b)(6); (b)(7)(C) Name: THE: WN length: 1 year Company: MTC -Part time, 24 a week - Came in that day to finish paper vork. (10)(6); (0)(7)(C) Jas the nurse one, that is why denson only the filled out any triing. - Wheeled him to medical - wanted blood drawn, but when he decided to send to hospital canceled the brood draw - AUMAZAN War able to get up and down from chain & wheel char. - Nothing seemed line he headed emergency transport - Translator used - possibility Mart ment possibility got the record as well) - Took vitals, very calm - Remembers him from Intake - may have then BP again 2020-ICLI-00006 2665

(b)(6); (b)(7)(C) +SICH logs from \$1HSC-Chief took him off Glades = versch fo Por on those (Push back) original more to Glade 9/13 NO Xray 10/18/17 Name: (b)(6); (b)(7)(C) Title: Fruc -> standed 9/5/17 Company: IHSC (b)(6); (b)(7)(C) - If needed will take to CMDR. - 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 vancies - ICE has top priority on movement. Poesn't beceuve he was on a medical hold. - Chemical stress test - Duesn't know why he went from KROME to GLADES - Need to get make better on transfer of measured doc. - Less than a day at Folkston - Mediche for BP given a 5 am, not at wake - Facility is NDS - going to PBNDD 2011 (possibly) (b)(6); (b)(7)(C) 6000 - Tool us to the property - Told to keep with this was done Disposition of proposition 2020-ICLI-00006 2666

C-20 9/9-9/11

$\frac{10 18 17}{A \pm (b)(6); (b)(7)(C)}$ Name
- Didn't talk much - Never eat much, tried to encourage him to eat - Walked very Slow - Witnessed him vomitting blood - Seemed steh onen arrived - Seemed like he wanted to die, very sad, sleep all day
- Didn't verbally sery he was depressed - Didn't divink much. - Walked to pill window, Plow, then strainghed been to bed - Would not talk to nurse at pill window - 3-4 x of vomitting, last one was blood - UARA Didn't talk to anyone
- Knows can get forms and put on wholow for sick call - Response was really fast from security & medical
2020-ICLI-00006 2667

10/18/17 A : (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) Name: -Tried to take to him about health = tried to help him eat more - Tried to get him out to yard but wouldn't go - Noticed ""blood (other roomere saw) - Wouldn't eat much. a lew bites that's it. Would drink some water - Inted to falle to him about family, take a little free - Knows how to get form and let them know, get it going to 2020-ICLI-00006 2668

Nume: (b)(6); (b)(7)(C) Title: Detention Officer now sat Length: 7.5 years Company: MTC - No Detention expresence before - No Contact prior - Adn't responsible to the domn - Lust happened to be the me on for transportation. - Ucapon Certified - Heath had weapon at livingston hospital - Helped him in van - Didn't speak on drive - Cooperative - Hospital had trouble getting an IV in. - Hispital brought a wheel chain to get him out of van - Worked next day at hospital in Conrole - In ICU on that day - Saus he spoke english - Didn't get up to use restroom - Would hast some 2020-ICLI-00006 2669

(b)(6); (b)(7)(C) Name: title. Detention Officer # Drd not speak & English Luyth 9 years + Company: MTC - No contact before hospital - 2-10 Shift, rotate posts - only went to the hospital on 9/16, arrived at 6:10pm - Relieved garsh waite & bams - Howell had weapon - Dianis speak within bic he doesn't speak spanish - Wanted water, he didn't do it had nurse do it. - He started yelling, wanted winal, 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 m, ne doced for medicine, Send Wower abdomen hurz. -Nurse gave him medicine by N. He got abover, started to fall askep. He goes out to where other thowell was. - 30-45 mm pass, he is yelling that he was hurting - Stand trying to get hand with off - Switched w/ Howell wi the weapon - Heard nurse \$\$ Call code Blue - Howen was in room wi AnnAZAN when eventury happened - Detainee no longer awake or vesponshe - 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 mm where - After detainer died contacted warden stacks, told to stay with veletied 2020-ICLI-00006 2670

Security AG-(b)(6); (b)(7)(C) - Glades med. contractor Armir Correctional Health Care Buildny & - 1,2,3 bittom 4,5,6 upper 202 (30 punks 1 officer 60 beds Unch POD TV on Wall Control 0 TV from ceiling 2 Camera Warne door Stairs \$ Toutsn+ 2 othersym pod CUMUNAS KOSK machine Talk to force about sitting w/ us to go over his wear abouts Start to Glades (Why to Glades?) Pod 4, Pod 6, Bunk 34 2020-ICLI-00006 2671

(b)(6); (b)(7)(C) Title: RN Length: May 2017 Company: 1HSC --STOK Call July 11e 3:34 pm - Unspecified skin issue - Omitted the physical exam of skin (per witness) - Would have examined such if given treatment (b)(6); (b)(7)(C) Name: Title: RN Length: 2013, 2015 PHS Company: PHS - Pre-screen speak to the detainer one-on-one - ASK a lot of questions regarding potential health & security threats - If you notice strugging language use interpreter - Bone where interpration line service available - Transfer summaries come withem - If he came from a juil heid have a transfer summary - Priority 2 status - needs a medical provider whin 24 hours ~ scheduled at intake - Intake sometimes the detainer will say they are not on medications. 2020-ICLI-00006 2672

(b)(6); (b)(7)(C) (LT, CMD) Title: NP length: & years Company: PHS - Looks familiar - Used interpretation service, ask if they speak engines if they say no or alittle use language line. - It has happened that She does not recieve transfer summanes - Doesn't remaker if he came straight from metro west - Seen transfer cummentes on post from metro west - Don't remember of he said he drinks a lot to try to kill telf - Would have to be sent out to see aptramologist, can take Douple weeks to get an appointment - Administrator Socialized apportments -- Mental Health refural is in house - Abdominal exam - goes not remember exam on this particular detained - 8/9 - follow up for abnormal law results. Did not use language line - PA Mederos - Revez - if he was off would see partent - Was such issues due to chinosis - not sure? - put in for an U/S (tarkes a couple weeks) - Ordered a hematology consult - man Janen would be monitoring the time theme of partents sering spectalist - Cannot necall if a Medical told on Anna 2AN - medical transfors done by RNG - cum pull up ECW to see all dragnosis to put on medocal transfer summer

(b)(6); (b)(7)(C) Name: TITLE: HSA, CPT Length: 2007 Compuny: PHS - 5 vacanches - down & nurses & cloo radiology techs - Other unit shut down - now absorber a they have them - Hematology referals are hard to get - Not sure why US was hard to get - Oph-thamology 30 days - not excessive - Repends on who is approving referals is how first - 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 :+ - eCW sign off time is not accelerate - Review signature - not sure why it says that -Action - for detainer 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 and really should know disease pricesses

2020-ICLI-00006 2674

(b)(6); (b)(7)(C) Name: TITLE: LEDR RN Length: 2010 Company: PHS (2013) - July 24 2017 - sich call vertusal -Sich call done &- 3p · Someonidoes stan call 8 - Pool 1-3, 4-6 · outside buildings done by someone else - In dorms . can each "rainidually - Day shift nuese makes note of left overs go to Pod and Call out individually - DISK officer in medical - Spill over isn't often - Complaint is not on the spill over lust - Retusal desicion made when calling for it multiple times and doesn't show up - 7/26 encounter was not a reschedule of the missed sick call - Wire continue to monitor is that she keeps calling to see If they want to come. 2020-ICLI-00006 2675

(b)(6); (b)(7)(C) Name: Title: Security Officer length: 5 y 5mo Compunys AKRI - Normal post processing 4 - PAO Did the interview wi potainer Almazan Internew one at a time - Gets another officer that speaks spanish to help. - He gives uniform based on Classification. Search them. Sten for uniforms & property. -Ask for a forwarding address for any property that is left behind - He did not provide me. - 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 Prioto - Property intake is done by Property Difficer - values & cash too. -Don't assign bunus - Mid intake done in Intake - processing & would do JPAT would have out processed - Shouldn't have sot for 2 hours 2020-ICLI-00006 2676

(b)(6); (b)(7)(C) Name THE: UT length: 25 y Company; Akal - Came WI AGS, got prompted to Arkal - Work transportation - Roomy LT that detained - Recaphize him - Come and ask information of statimes. - Had just come in to value port - NO+ possible that he was sitting from Pre-screen to intance for 2 hours. - His part is "Processing" not intake - Supervisor neurous checklist and signs off on it 2020-ICLI-00006 2677

(b)(6); (b)(7)(C) fm - Transter Sumany Metro Uest? - Haved up at probation of the by FUG OB = Move out she to room and if not ready to be Sent home. Knome is a staging facility to Send out. = Folkston would have had the information on how he got to Polk 2020-ICLI-00006 2678

(b)(6); (b)(7)(C) Name TAU:RA length: 1 year t Company: Engenors -Does not remember him - Speaks english is pre-populated - Described it chippess over entire body - When you go noto e CW can born at problem list - Would you know the connection bow chirosons itchiness? No - Should have documented that there was an issue of his eyes if prescribed an eye drop. 2020-ICLI-00006 2679

(b)(6); (b)(7)(C) Name -TALE - PSYChologist Length - 3 year Company - STG, Int. - Speake spanish, did not evaluate if he spoke spanish - Mentioned Charusts - Alcohol aboute uncomplicated - ble no widrawi issues bie had not been dunking for 3 months - Saw Dr. Binder - Typical that if took 2 weeks, if nieded sooner would have made note - Can divignos, did for depression - would go on to the rest frestity 2020-ICLI-00006 2680

(b)(6); (b)(7)(C) TAL: Funity Dr Length: 4.5 year Compan: 875 - Lab review 814 - Explain ~ Has chimosis, had Hep B(-), platelets can be low, ALT, AST go up, - pladelet was 32, Veny low, Visk of uncontrolled bleeding - Complaint of nose bleeds - don't know if it is controlled - If everythany controlled its on that it took the to get spectalist - Should all of this information have gone to the other facility. Should have been on the transfer form - Transter form was lacing proportant mfo - Diagonios should have been acrive and that's Why prose abduid show an transter summery - medical hold could have been placed. - ABRITES CHA Just come up. 2020-ICLI-00006 2681

(b)(6); (b)(7)(C) Nome: THE: MD FS- suge Minical Elvector length: 7/5/11 Company: PAS - Paron Low RBC, WBC, Pleastlet - Det hat were for pleeding - Probabby meen going for years - Had referred to hematology, never went due to being transterred. - Urgent basis would have been sent to ER - Would have still cleaned him to fuy - His conditions should have been of the form Transfer sum - He would have put one Banecitapina - Annougn ~ problem hat should hist annonic issues - Levos are not included in transfor Summany - 100% compliance rate - With consult pending maybe a med hold but hard to say. Should have stayed to get consults. - Glades win not take a patient if they church handle one. - med provider cur pat a patient m a hold - He schedules has own stuff. - Actions are to notify other state members of what to do. - TELEPHONE encounder Amendments to a noile will show. = Time Strongs ~ Should be what the time zone they m. MST must nove been a gritch. - Norses know they should Gray is in there scope.

2020-ICLI-00006 2682

(b)(6); (b)(7)(C) Nane: TALE: RN lipph: 1 year Company . expensis - le enjenter contractors lette - Intake - If he came from another facility he would have had a med. Summary. - P (W would have it, should have been scanned it - Used interruptation - Does not necall him having glasses we him - Did not mention that he drame to die. - Trained to see alono 1. w/ drawl -Abronnal intale based on chimosis - Only came M wi Zoloft 2020-ICLI-00006 2683

(b)(6); (b)(7)(C) Nam Title: NP length: leyew Company: STG (b)(6); (b)(7)(C) - XL4 - (b)(6); (b)(7)(C) asked her to see NP - Speano spanish = Told he was expised to the B - Sould be was on medis that he district tell the NP. He know the meds well. -Send he had been town Ritanikan 6-7 years - Hep B - had a history - Discontinued Asprin -Had no active preeding - Dyd not check on referrals - Dian't para feel he was critical - Hemoglobh of 9 would be sent to hospital - Platelet was critical (change in thought?) - med hold should have been placed. 2020-ICLI-00006 2684

(b)(6); (b)(7)(C) Name : . Title: RN ength: 10.5 year Compung: STG. Int. -7/27: Lave entry noted (Due to naming too much Star Call date) . What filling in to allo at the same hima · Documentation done after Soch can . If a complaint to something not able to address Send to provider. Can go kecok into necord to see it Provider has seen Th - Doesn't spean Dogeison Spanish, drd now use interpetton line. - Would use RN protocol for sore inroat. . If checked forvout, would have documented today - Only encounter said no Andings on throat but told him to gaugle w/ salt water - Doesn't remember of he seemed sich 2020-ICLI-00006 2685

	(b)(6); (b)(7)(C)
From:	
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 ③. 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 & Progr	am Analyst
ICE/OPR/ERAU	(6) (b)(7)(C)
950 L'Enfant Plaza SW,	b)(6); (b)(7)(C)
Washington, DC 20536	
202-732 ^{(b)(6);} (desk) 202-253 ^{(b)(7)(} (cell)	
202-253 <u>C)</u> (cell)	

From:	(b)(6); (b)(7)(C)
Sent:	7 Aug 2018 13:41:37 +0000
То:	(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; $1_{(b)(7)(C)}^{(b)(6);}$ Washington, DC 20536 202-732-(b)(6); lesk) 202-253-(b)(7)(; ell)

From:	(b)(6); (b)(7)(C)
Sent:	18 Sep 2018 20:34:04 +0000
То:	(b)(6); (b)(7)(C)
Subject:	RE: logged on
Signing off.	
(b)(6); Worked on(b)(7)(C)	nd ALMAZAN. Also administrative COR work.
(b)(6); (b)(7)(C)	
Management & Pro	gram Analyst
ICE/OPR/ERAU	(b)(6);
950 L'Enfant Plaza SV	
Washington DC 2053	J6
202-732-(b)(6); desk)	
202-253-C) cell)	
From ^{(b)(6); (b)(7)(C)}	
Sent: Tuesday, Sep	ntember 18, 2018 3:48 PM
To: (b)(6); (b)(7)(C)	
Subject: RE: logged	lon
Back on.	
(b)(6); (b)(7)(C)	
Management & Pro	gram Analyst
ICE/OPR/ERAU	
950 L'Enfant Plaza SV	(b)(6); (b)(7)(C)
Washington, DC 2053	
	6
202-732(<u>b)(6);</u> desk) 202-253 ^{(b)(7)(C)} cell)	
From: ^{(b)(6); (b)(7)(C)}]
Sent: Tuesday, Sep	tember 18, 2018 2:08 PM
(b)(6); (b)(7)(C)	
Subject: RE: logged	lon
Going to my doctor	s appointment
(b)(6); (b)(7)(C)	
Management & Pro	 pgram Analyst
ICE/OPR/ERAU	
950 L'Enfant Plaza SV	(b)(6); (b)(7)(C)
Washington, DC 2053	•,
202-732(b)(6); desk)	
202-253(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 -040)0
То:	(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	
T _d (b)(6); (b)(7)(C)	
Ce	

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)	
Sept: <u>Final</u> introduce (b)(6); (b)(7)(C) Td	
Td ^{(D)(O), (D)(7)(C)}	
Co	
Subject: FW: OPR Int	erviews -IAH

FYI. In regard to the OPR interviews.

Sent with BlackBerry	Work
(www.blackberry.com)

From: IAH MDM < <u>iah.mdm@icloud.com</u> >				com>	
Dat	te: Friday.	Oct 13.	2017.	10:15 AM	
	(h)(G): (h)(7)	(C)		on the below de la bot water da la mara	

Ta:^{(b)(6); (b)(7)(C)} **C**^{(b)(6); (b)(7)(C)}

Subject: OPK 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)(6); (b)(7)(C) The two officers will be at the from (b)(6); (b)(6); (b)(6); (b)(6); (b)(7)(C) will interview at 3:00 p.m. and Officer (b)(7)(C) will interview at 4:00 p.m.

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

Sent from my iPhone

	(b)(6); (b)(7)(C)
From:	
Sent:	5 Oct 2017 13:12:50 -0400
То:	(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)

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(b)(6); (b)(7)(C) From	
Sent: Thursday, October	05, 2017 8:00 AM
To:(b)(6); (b)(7)(C)	
Cc:	
Subject: RE: Polk County	Jail
(b)(6); (b)(7)(C)
confirmed wit	(copied above), one of the ODO Section Chiefs, and yes their
an one with the Party of the second second of the second second	tional 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) (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. (b)(6);
San Diego <u>, CA 92</u> 101
$(619) 338^{(b)(6);}_{(b)(7)(C)}$ office
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(866) 833-7133 Fax (secure)

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From: ^{(b)(6); (b)(7)(C)}	
Sent: Thursday, Octob	er 05, 2017 7:31 AM
To: (b)(6); (b)(7)(C)	
Cc:	
Subject: RE: Polk Cou	nty 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 – <u>OPR – IC</u>E 202-423^{(b)(6);}

(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.

B / (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 <u>, CA 92</u> 101
(619) 338 ^{(b)(6);} (b)(7)(C) Dffice
(202) 321 BB
(866) 833-7133 Fax (secure)

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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/IH <u>SC</u>
610 W. Ash St., S ^{(b)(6);}
San Diego, CA 92101
(619) 338 ^{(b)(6);} (202) 321 ^{(b)(7)(C)} BB
(202) 321 BB
(866) 833-7133 Fax (secure)

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	(b)(6); (b)(7)(C)
From:	
Sent:	24 Sep 2018 20:29:30 +0000
То:	(b)(6); (b)(7)(C)
Subject:	RE: signed on

Signing off. I worked on ALMAZAN and (b)(6); 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)(7)(C) Washington, DC 20536 202-732-(b)(6); tesk) 202-253-(b)(7)(C ell)

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
То:	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) In-merged SME reports received week of Feb 5 (I've asked Creative to come back to this one once Samimi is finished, time permitting)

Duck to t	one once summin is missied, time permitting,
(b)(6); (b)(7)(C)	-merged SME reports received week of Feb 5
	lerged SME reports received week of Feb 12
	un-merged SME reports received week of Feb 5
	-merged SME reports received week of Feb 5
	Control Press And Strategic Control of Strategic Control And Strategic Control St

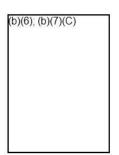
Status of FY18 DDRs:

(b)(6); (b)(7)(C) - Creative report expected March 2, 2017 onsite review scheduled for March 6-8, 2017

From: To: Subject: Date:	(b)(6); (b)(7)(C) RE: DDR Files Wednesday, April 11, 2018 9:45:55 PM
Only ^{(b)(6);} $(^{(b)(7)(C)}$	as been published. Everything else is still pending.
	BlackBerry Work ckberry.com)
To:(b)(6); (b)(nesday, Apr 11, 2018, 5:56 PM (7)(C) E: DDR Files
Tc ^{(b)(6); (b)(7)} Cc	day, March 27, 2018 2:42 PM
(b)(6); (b)(7)(C)	
l hope you	had a great trip. Miami was much nicer than the snow they got here in DC \odot
Thank you	for the update. This is perfect. If anything changes I will let you know.
(b)(6); (b)(7)(C)	
ICE/OPR/ERA	(b)(6); Plaza SW(b)(7)(C) DC 20536
Fro ^{(b)(6); (b)} Sent: Tues To ^{(b)(6); (b)(1} Cc: Subject: D Hell ^{(b)(6);}	day, March 27, 2018 2:37 PM 7)(C) IDR Files

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:



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:	90 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
Subject:	RE: DDR Files	
Date:	Thursday, April 12, 2018 8:56:29 AM	

Thank you!

From (b)(6); (b)(7)(C) Sent. Madnandov, April 11, 2019 To 9:45 PM To 9:45 PM

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 an <u>uthing</u> that has been <u>published</u> . Can you tell me which DDR's have yet to be published? Obviousl $(\underline{b}, \underline{b}, \underline{c})$. But hav $(\underline{b}, \underline{b}, \underline{c})$, Almazan or $(\underline{b}, \underline{b}, \underline{c})$ een published? Thank you!

c:	ent: <u>Tuesday, March 27, 2018 2</u> :42 PM p: ^{(b)(6); (b)(7)(C)}
••: (b)(6); (b)(7)(C)	o: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) CC:	o: (b)(6); (b)(7)(C)
Cc:	
	-C ⁻
Cub cott UL + UN UL Has	
Subject: RE. DDR Files	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 \odot

Thank you for the update. This is perfect. If anything changes I will let you know.

1 1 (0)	4 1 (7) (0)
$b)(6)^{-1}$	(b)(7)(C)
UNU/	(0)(1)(0)

Management & Program Analyst ICE/OPR/ERAU 950 L'Enfant Plaza SW (b)(6); (b)(7)(C) Washington, DC 20536 202-732 (b)(6); (desk) 202-253 (b)(7)((cell)

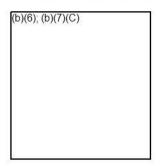
From (b)(6); (b)(7)(C)

Sent:	Tuesday, March 27	7, 2018 2:37 PM
To:(b)	(6); (b)(7)(C)	
Cc:		
Subje	ct: 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:



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!

	(b)(6); (b)(7)(C)
From:	
To:	
Subject:	RE: DDR Files
Date:	Wednesday, April 11, 2018 5:56:55 PM
(6); (7)(C)	
l will be prer submit anyth Obviously ^(b) Thank you!	baring the last batch of old DDR files this week for submission. I understand that I should bing that has been <u>nublished</u> . Can you tell me which DDR's have yet to be published? $\frac{(6);}{(b)(7)(C)}$, Almazan or $\frac{(b)(6);}{(b)(7)(C)}$ been published?
From (b)(6); (b)(7)(C)
Sent: Tuesd To: ^{(b)(6); (b)(7}	lav. March 27. 2018 2:42 PM ^{7)(C)}
Cc:	
Subject: RE	DDR Files
(b)(6); Hi(b)(7)(C)	

I hope you had a great trip. Miami was much nicer than the snow they got here in DC \odot

Thank you for the update. This is perfect. If anything changes I will let you know.

(b)(6); (b)(7)(C)
Mana	gement & Program Analyst
ICE/OP	R/ERAU
950 L'E	(b)(6); infant Plaza SW;(b)(7)(C)
Washir	ng <u>ton, DC</u> 20536
202-73	2(b)(6); 2(b)(7)(Clesk)
202-25	2 (b)(6); 2 (b)(7)(C lesk) 3 ell)
From	(b)(6); (b)(7)(C)
Sent:	Tuesday, March 27, 2018 2:37 PM
To: (b))(6); (b)(7)(C)
Cc:)
Subie	ct: DDR Files

Hello $\binom{(b)(6);}{(b)(7)(}$ I hope you are doing well and had an uneventful week in Miami.

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(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!

Medical MT

Elevated Blood Pressure

Subjective: as stated, _____

History: □ None □ Cardiovascular X's years □ Remail disease X's years □ Remily history Recent changes or discontinuation of medi7 □ No □ Yes:	Date/Time of Onset:				New Or	nset 🗆 Ch	ronic		
Recet changes or discontinuation of meds? □ No □ Yes: Special Det? □ No □ Tes: Type_ Aggravating Factors: Compliance with medications, diet etc. □ No □ Yes Pain Scale 0-10 Quality: Aggravating Factors: Location: Does the pain radiate? Y / N If Yes Duration: Does the pain radiate? Y / N If Yes Duration: Does the pain radiate? Y / N If Yes Duration: Orthostatic B/P: □ Ime Sitting Standing View Orthower Standing View Orthower Standing View Orthower Standing View Orthower Standing View Orthower Standing View Orthower Pulse: P									
Special Diet? No > Yes: Type	1000								
Pain Scale 0-10 Aggravating Factors: Quality: Alleviating Factors: Docation: Does the pain radiate? Y/N If Yes Duration: Objective: Vital Signs: Temp Pulse Rep B/P Pulse Ox: Weight Orthoratic B/P: Time Siting Standing Lying General Appearance: N Acute Distress: Sitin: Name Hot Cool Dry Pale Ashen Moist / Clammy Mental Status: Nert & Oriented XS 4 Onthied Delusional Combative Pulse: Nermal DStorg Thready Densitive Dombative Pulse: PERLA OR Pulsi Unequal Constricted Dilated Cast: Stati Clear Normal Duil/ Toned Bit: Other by Coliston: Down Duil / Toned Duil / Toned Carakia One Duil / Toned Duil / Toned Duil / Toned Biood pressure - systolic ≥ 160, disatolic ≥ 100 Date/Time: See Progress Note Normal disturbances Severe headache No further orders received D	-							No 🗆 Yes	
Quality:									
Location:	ADMADE CONCIDENCE - CONSULEMENT								
Objective: Vital Signs: TempPulseRespB/PPulse Ox:Weight Orthosatic B/P: Time Sitting Standing Lying General Appearance: No Acute Distress Catule Distress:									
Orthostatic B/P: Time Sitting Standing Lying General Appearance: No Acute Distress Acute Distress Ashen Motif / Clammy Skin: Warm Hot Cool Dry Pale Ashen Motif / Clammy Mental Status: A Art & Oriented X's 4 Confused Delusional Combative Pulse: Normal Strong Tachy Thready Weak Bounding Pulse: Normal Strong Tachy Thready Weak Bounding Pulse: Normal Strong Tachy Thready Weak Bounding Pulse: Normal Unstendy Unable to stand Lung Sounds: Right Stre If YES: Contact Provider Gait: Steady Unstendy Unable to stand Duil / Toned Duil / Toned Charge in mental status / Level of consciousness Person Contacted: Oracles Stere Progress Note Blood pressure - systolic ≥ 160, diastolic ≥ 100 Date/Time: Stere Progress Note Stere Progress Note Visual disturbance Stere Progress Note See Progress Note See Progress									
General Appearance: □ No Acute Distress: □ Acute Distress: Skin: □ Warm Hot □ Cocl □ Dry □ Pale □ Ashen □ Moist / Clammy Mental Status: □ Normal □ Strong □ Tachy □ Thready □ Weak □ Bounding Pulse: □ Normal □ Strong □ Tachy □ Thready □ Weak □ Duilated □ PERLA OR □ Pupils Unequal □ Constricted □ Dilated □ Bight Stee _mm □ Left Size _mm □ Left Size _mm Gait: □ Steady □ Unsteady □ Unable to stand □ Duil / Toned Ump Sounds: Right Left Heart Sounds: □ Duil / Toned □ Biood pressure - systolic 2 160, distolic 2 100 Date/Time:			Puise						
Skin: □ Warm Hot □ Cool Dry □ Pale □ Ashen □ Moist/Clammy Mental Status: □ Normal □ Strong □ Thready □ Uwak □ Bounding Pupils: □ PERLA OR □ Pupils Unequal □ Constricted □ Dilated Pupils: □ PERLA OR □ Unsteady □ Intrady □ Dilated Gait: □ Steady □ Unsteady □ Intrady □ Dull / Toned □ Clear □ □ Normal □ Dull / Toned □ Charles □ □ Normal □ Dull / Toned □ Charles □ □ Normal □ Dull / Toned □ Charles □ □ Dilated □ Dull / Toned □ Blood pressure - systolic 2 160, diastolic 2 100 Date/Time:	100			🗖		Standing		- Lying	
Mental Status: □ Alert & Oriented X's 4 □ Confused □ Delusional □ Combative Pulse: □ Normal □ Strong □ Tachy □ Thready □ Weak □ Bounding Pulse: □ PERLA OR □ Pupils Unequal □ Constricted □ Dilated □ Right Size □ mm □ Left Size □ Constricted □ Dull / Toned □ Gait: □ Steady □ Unsteady □ Unable to stand □ Dull / Toned □ Rhonchi □ □ OR □ Pupils Unequal □ Outroet □ Obminished □ □ Orackles □ Outroet □ Dull / Toned □ Rhonchi □ □ □ Crackles □ Outroet □ Dull / Toned □ Blood pressure - systolic ≥ 160, diastolic ≥ 100 □ Date/Time: □ □ □ Date/Time: □ □ Noncompliance with diet/medications, etc. □ See To. □ See Progress Note □ □ See Progress Note □ Noncompliance with diet/medications, etc. □ See To. □ See Progress Note □ See Progress Note □ Datersaed Unite Output □ Chest pain □ Follow up scheduled with	51920					- Dala	- Ashan	T Maist / Cla	
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Gait: □ Steady □ Unsteady □ Unable to stand Lung Sounds: Right Left Heart Sounds: □ Clear □ Dormal Dull / Toned □ Wheezing □ □ Dull / Toned □ Rhonchi □ □ Crackles □ □ Blood pressure - systolic ≥ 160, diastolic ≥ 100 Date/Time: □ □ Change in mental status / Level of consciousness Person Contacted: □ □ Noncompliance with diet/medications, etc. □ See T.O. □ See Progress Note □ Noncompliance with diet/medications, etc. □ See T.O. □ See Progress Note □ Noncompliance with diet/medications, etc. □ See T.O. □ See Progress Note □ Bedrest x5 48 hours □ □ Follow up scheduled with	Pupils:	003 902090		80	2		ted		
Lung Sounds: Right Left Heart Sounds: □ Clear □ Normal Dull / Toned □ Rhonchi □ Diminished □ □ Diminished □ Crackles □ Assessment Decision: Does the patient have any of the objective findings below present? → If YES: Contact Provider □ Blood pressure - systolic ≥ 160, diastolic ≥ 100 Date/Time:	Calle				A THICK IS THE WAY TO BUILD				
□ Clear □ Normal □ Dull / Toned □ Wheezing □ □ Dull / Toned □ Blonchi □ □ Diminished □ □ Diminished □ Crackles □ □ Blood pressure - systolic ≥ 160, diastolic ≥ 100 Date/Time:			Onsteady			tand	Heart Sound	¢*	
Wheezing	Lung Sounds.		c	lear			120120300000000000000000000000000000000	3.	Dull / Toned
Rhonchi □ Diminished □ Crackles □ Assessment Decision: Does the patient have any of the objective findings below present? → If YES: Contact Provider Blood pressure - systolic ≥ 160, diastolic ≥ 100 Date/Time: Change in mental status / Level of consciousness Person Contacted: Noncompliance with diet/medications, etc. □ See T.O. □ See Progress Note Decreased Urine Output □ Chest pain □ Follow up scheduled with Plan as ordered by provider: □ Bedrest x's 48 hours □ ff chronic or ongoing/continuing problem, bedrest until seen by Provider □ Be hecks everyday x's 3 days □ other: □ other: □ ○ other: □ Other: □ Other: □ □ □ Instructions to return if condition worsens or if no improvement □ Instruction or orders have been approved by the physician. No changes in dosage, duration, or 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:									a built long
Crackles Assessment Decision: Does the patient have any of the objective findings below present? → If YES: Contact Provider Blood pressure - systolic ≥ 160, diastolic ≥ 100 Date/Time:		1777							
Assessment Decision: Does the patient have any of the objective findings below present? → If YES: Contact Provider □ Blood pressure - systolic ≥ 160, diastolic ≥ 100 Date/Time:			Dim	inished					
Blood pressure - systolic ≥ 160, diastolic ≥ 100 Date/Time:			Cra	ackles					
Blood pressure - systolic ≥ 160, diastolic ≥ 100 Date/Time:	Assessment Decisi	on: Does the p	atient have a	any of the ol	jective finding	s below pres	sent? 🔶 If	YES: Conta	act Provider
 Noncompliance with diet/medications, etc. See T.O. See Progress Note Visual disturbances Severe headache No further orders received 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 treatment is required: Note above medication(s), dosage, administration times, and expected outcome of each medication given/recommended Patient Vote 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: Patient Speaks: English / Spanish / Other: Patient Name: Allergies: Patient ID# Allergies:	Blood pr	essure - systolic	≥ 160, diast	olic ≥ 100			Date/Time:		
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 □ Decreased Urine Output □ Chest pain □ 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: □ Patient Speaks: English / Spanish / Other: □ Patient Name: □ Patient ID# 	Noncomp	liance with diet/n	nedications, e	tc.			□ See T.O.		See Progress Note
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: □ No action indicated at this time - instructed to RTC is symptoms persist or worsen □ Other: □ 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:					2		D No furth	er orders rec	eived
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: □ No action indicated at this time - instructed to RTC is symptoms persist or worsen □ Other: □ 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:	Decrease	d Urine Output	🗆 Ch	est pain			D Follow u	p scheduled	with
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 → If NO: No treatment is required: No action indicated at this time - instructed to RTC is symptoms persist or worsen Other: Dother: 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: Language: Provider Speaks: English / Spanish / Other: Patient Name: Allergies: Patient ID# 									
 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: Language: Provider Speaks: English / Spanish / Other: Patient Name: Patient ID# 	→ If NO: No treat	ment is requi	red:						
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Patient Name: Allergies: Patient ID#									
Patient ID#		si / spanish / O			1				
The second	1997 - AUNTRAND - PORAD RECEDEN				Allergies:				
LVUD IVIEQUCATIONS:	5 see				Modioation	c :			
Elevated BP 2020-ICLI-00006 2704 Revised March 2017 / mb				2020		2704			Revised March 2017 / mb

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. 2 Let me know if there is anything else you need.

From Sent: Tuesday, October 9, 2018 8:09:53 AM T(^{(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!!

Management &	Program Analyst
CE/OPR/ERAU	(b)(6);
950 L'Enfant Plaza	
Washington, DC 2	
202-732-0 ^{(b)(6);} de	sk)
202-253-4 <mark>C)</mark> ce	1)
From(b)(6); (b)(7)(Sent: Monday,	C) October 8, 2018 9:49 AM
To: (b)(6); (b)(7)(C)	
Subject: Re: AL	MAZAN Questions
Thank you for	the clarifications, (b)(6); (b)(7)(C) Iope 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 SV Washington, DC 20536 202-732^{(b)(6);} (desk) 202-255^{(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);} 😊

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.

Fron^{(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 SV(b)(6); Washington, DC 20536 202-732 (b)(6); (b)(7)(C) esk) 202-253 ell) MTC Medical

Elevated Blood Pressure

Subjective: as stated, _____

Date/Time o	f Onset:				🗆 New On	set 🗆 Ch	ronic		
					s years	Family hist	ory		
325.1									
-					Compliance wit			No 🗆 Yes	
Pain Scale 0-	10		Aggravating	g Factors:					
Orthostatic	1.75	Time							
General Ap	5.6	D No Acute I	Distress	- Acute Dis		_		/	
Skin:		Warm	Hot		Dry	Pale	Ashen	Moist / Cla	ammy
Mental Stat	us:	Alert & Or	iented X's 4		Confused		nal	Combative	
Pulse:			□ Strong	Tachy			Bounding		
Pupils:			OR	370		Constric		Dilated	
Tupilo.		CON 90000000	mm	150	2 NOV 22 March				
Gait:		□ Steady	□ Unsteady		Unable to st				
Lung Sound	s:	Right			Left		Heart Sound	s:	
-			C	lear			D Normal		Dull / Toned
			Wh	eezing					
			Rh	onchi					
			Dim	inished					
				ackles					
Assessmen	nt Decision	1: Does the p	atient have a	any of the ol	ojective finding	s below pres	sent? 🔿 If	YES: Conta	act Provider
	Blood pres	sure - systolic	\geq 160, diaste	olic <u>≥</u> 100			Date/Time:		
	Change in m	iental status / L	evel of consci	ousness			Person Con	tacted:	
	Noncomplia	nce with diet/n	nedications, e	tc.			□ See T.O.		See Progress Note
	Visual distur	bances	□ Sev	vere headache	2		D No furth	er orders rec	eived
	Decreased L	Jrine Output	🗆 Che	est pain			D Follow u	p scheduled	with
Plan as ord	ered by pro	ovider:							
	Bedrest x's 4								
				i, bedrest unt	il seen by Provide	er			
		veryday x's 3 da	iys						
→ If NO:	No treatm	ent is requi	red:						
				ructed to R1	C is symptoms	persist or w	orsen		
Education									
🗆 Instru	ctions to ret	urn if conditic	on worsens o	r if no impro	ovement				
🗆 Instru					es, and expecte				
Materia					the plan, risks, ian. No changes				
					Telephone Order			uication may t	je
Patient Nan		, spansir, or			1				
Patient ID#					Allergies.				
DOB					Medication	c.			
Elevated BP				2020	Medication	2707			Revised March 2017 / mb

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.

(h)(c): (h)(7)(c)	
(b)(6); (b)(7)(C) Fro	
Sent: Monday, Octpber 22, 2018 6:	45:05 AM
То:	
Subject: Re: ALMAZAN - Questio	n about Blood Draw at KNSPC
(b)(6); (b)(7)(C)	
Good mornin ⁽⁰⁾⁽⁷⁾⁽⁰⁾	

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	
Tq (b)(6); (b)(7)(C)	
Subject: ALMAZAN - Question about Blood Draw at KNSPC	5.34 -
Hi J ^{(b)(6);}	

We noticed that for the initial health assessment and for the pancytopenia (and I spelled that right the first time (3)) 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 (c) cell)

	(b)(6), (b)(7)(C)			
From:				
Sent:	25 Sep 2018 12:58:55 +0000			
To:	(b)(6); (b)(7)(C)			
Subject:	RE: ALMAZAN - GCDC Comments/Questions			
Thank you (b)(6);				
Sent with Black	Berry Work			
(www.blackberr	•			
From: ^{(b)(6); (b)(7)(0}				
Date: Tuesday, Se $(b)(6)$; $(b)(7)(C)$	p 25, 2018, 8:52 AM			

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);}

Here is GCDC's comments and questions from Alison. The very first section is on the intake which I wrote $\binom{(b)(6), (b)(7)(C)}{D}$ 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 3!

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

Management & Program Analyst ICE/OPR/ERAU 950 L'Enfant Plaza SW; (b)(7)(C) Washington, DC 20536 202-732 (b)(6); (b)(7)((b)(7)(desk) 202-253 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	on all the Almazan documents that you return back.
Thank you!	

Sent with BlackBerry Work (www.blackberry.com)

Fro	(b)(6); (b)(7)(C)
Dat	Wednesday, Aug 08, 2018, 1:20 PM
To:)(6); (b)(7)(C)
Cc:	
Sul	ect: 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)(6); (b)(6); (b)(6); (b)(6); (b)(7)(C) Washington, DC 20536 202-732-(b)(6); (desk) 202-253-(h)(7)(cell)

	(b)(6); (b)(7)(C)
From:	
Sent:	24 Sep 2018 15:03:33 +0000
То:	(b)(6); (b)(7)(Ĉ)
Subject:	RE: ALMAZAN Questions
Thank yo)(C)
I hope everything	goes well at the dentist 😊
(b)(6); (b)(7)(C)	
Management & Pr	ogram Analyst
ICE/OPR/ERAU	
950 L'Enfant Plaza S	(b)(6); w;/b)(7)(c)
Washington, DC 205 202-73 ^{(b)(6);} 202-25 cell)	
From: ^{(b)(6); (b)(7)(C)}	
	ptember 24, 2018 9:01 AM
(b)(6); (b)(7)(C)	
Subject: Re: ALM	AZAN 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 P	laza SW ^{(b)(6);}
Washington D	ና 20536
Washington D 202-73(b)(7)(C)	desk)
202-25	cell)

From:	(b)(6); (b)(7)(C)
Sent:	<u>18 Oct 2018 16:57:55 +000</u> 0
То:	(b)(6); (b)(7)(C)
Cc:	
Subject:	RE: ALMAZAN Questions
Thank you (b)(6); (b)(7)(C)	
(b)(6); (b)(7)(C)	
Management & Prog	ram Analyst
ICE/OPR/ERAU	
950 L'Enfant Plaza SW	D)(6);
Washington, DC 20536	
202-732-(b)(6); desk)	
202-253-00/17 cell)	
From: ^{(b)(6); (b)(7)(C)}	
Sent: Thursday, Octo	ber 18, 2018 11:20 AM
To(b)(6); (b)(7)(C)	
Cc	
Subject: Re: ALMAZA	AN 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
Tq ^{(b)(6); (b)(7)(C)}	
Subject: FW: ALMAZAN Quest	lions

(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 $_{(b)(7)(C)}^{(b)(6);}$ Washington, DC 20536 202-732 $_{(b)(6);}$ (desk) 202-253 $_{(b)(7)(}^{(b)(7)()}$ (cell)

From (b)(6); (b)(7)(C)	
Sept: Tuesday, October 9, 2018 9.10 AM	
(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 202-73 $(b)(6)$; (desk) 202-25 (c) (cell)
From Sent: Monday, October 8, 2018 9:49 AM Td ^{(b)(6); (b)(7)(C)}
Subject: Re: ALMAZAN Questions
Thank you for the clarifications $\frac{(b)(6)}{(b)(7)(C)}$ 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

lengthy dental appointment in Mnpls today but will get the scan and GCDC responses to you either later today or early tomorrow.

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

Attached are comments and questions from (b)(6); (b)(7)(C) In 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)

 $\begin{array}{c} \mbox{Management \& Program Analyst} \\ \mbox{ICE/OPR/ERAU} \\ \mbox{950 L'Enfant Plaza SW}_{(b)(7)(C)}^{(b)(6);} \\ \mbox{Washington, DC 20536} \\ \mbox{202-73}^{(b)(6);} \\ \mbox{desk} \\ \mbox{202-22}^{(b)(7)(C)} \\ \mbox{cell} \end{array}$

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	
Great. Thank you	ī.
Great. Hialik you	
(b)(6); (b)(7)(C)	
2/22 07	
	nd Program Analyst
	s and Analysis Unit
Office of Profess	ional Responsibility
Immigration and	Customs Enforcement
950 L'Enfant Pla	za, SW
Washington, DC	20536
Office: (202) 73	(b)(6);
Cell: (202) 425 (b))(6):
C.	
From ^{(b)(6); (b)(7)(C}	
Sent: Wednesd	av. August 8, 2018 4:12 PM
To: (b)(6); (b)(7)(C)	
Cc:	
	tainee Death Review Healthcare and Security Compliance Analysis (b)(7)(C) INAL 8-3-18
Subject. NL. Del	
(b)(6); Hey there(b)(7)(C)	
(b)(6);	
(b)(7)(C)	away, and has questions from (b)(7)(awaiting her on the ALMAZAN DDR. Since you have
nas been a	will ask her to give $\binom{(b)(6)}{(b)(7)}$ priority so you put this report behind you \textcircled{B} .
only one more, I	will ask her to give $\frac{1}{(h)(7)(C)}$ priority so you put this report behind you \bigcirc .
(b)(6); (b)(7)(C)	
(0)(0), (0)(1)(0)	
(b)(6); (b)(7)	(C)
From:	
Sent: Wednesd	ay, August 8, 2018 3:23 PM
To: ((b)(6); (b)(7)(C)	
Cc:	
Subject: Detain	ee Death Review Healthcare and Security Compliance Analysis $(b)(6)$; 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/inpu	ut fron ^{(b)(6);}
A III	
Thank you!	
1977	
(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: Sent:	(b)(6); (b)(7)(C) 3 Oct 2017 16:52:58 +0000	
To: (b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)	
Сс:	(b)(6); (b)(7)(C)	
Subject:	Hotel Change - ALMAZAN DDR	

Good afternoon,

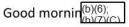
After talking with (b)(6); bout going all the way to Lufkin, we decided the better choice would be the Woodlands area. I found a SpringHill Suites at the government rate for the entire week. It will be much closer to civilization and also the airport. From this hotel is will be just over an hour to the facility, Lufkin if roughly the same amount of time.

Here is the link: <u>https://www.marriott.com/hotels/travel/houln-springhill-suites-houston-the-woodlands/</u>

Let me know if you have any issues getting into this hotel or canceling the other ones.

)(6); (b)(7)(C)			
Managei	nent &	Program	Analys
ICE/OPR/	ERAU	(b)(6):	
950 L'Enf	ant Plaza	(b)(6); a SW;(b)(7)((C)
Washingt	on, DC 2	20536	2
202-732-	^{(b)(6)} (de	sk	
202-253-	(b)(7) (ce	11)	

From:	(b)(6); (b)(7)(C)
Sent:	<u>5 Dec 2017 09</u> :39:59 -0500
То:	(b)(6); (b)(7)(C)
Cc:	
Subject:	Interviews today - Almazan

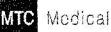


We're having some issues getting our medical interviewees today. I understand you're out of the office – can you please let me know who can assist?

Thanks, (b)(6); (b)(7)(C)

MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT U.S. Department of Justice

TB Clearance				
1) PPD Completed: Name:			Prisoner / Alien Reg #	D.O.B.
DateFELIPE ALMA	ZAN RUIZ		A028866428	06-26-1966
Results: Departed From	r:		Date Departed;	1
2) CXR Completed: 07-12-2017 GCDC	68 		09-07-2017	
Date	No. 2 No. 2 No. 1 0 No.		Reason for Transfer:	0 ⁸
Results: Destination: Negative FOLKSTON		2	ATW	
(b)(6); (b)(7)(C) ance: District Name:			District #	Date in Custody:
9-0-17 II. CURREN	T MEDIC	AL PROBLEMS		
Date 300.02 GENER Note: Dates listed above must be within one year of this transfer		XIETY DISORDER, 311 DEPRES	SSION, 571.5 CIRRHC	DSIS OF LIVER
2017-09-06 FOLIC ACID 1 MG TABLET 1 2017-09-06 OMEPRAZOLE 40 MG Take 1	100 50 PO at bedti Take 1 T Capsule by Tablets by r	Take 1 Tablet by mouth 1 time p1 po q HS60me x 60 days60ablet by mouth 1 time per day for 90 days 9mouth 1 time per day for 3 days6Take 1 Tablet by mouth 2 times p	90 days 90 0	
Additional Comments: NKDA				
III. SPECIAL NEEDS AFFECTING TRANSPO			·	
Is prisoner medically able to travel by BUS, VAN or CAR?		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 tirr prisoner can be in travel status?	ne N	If yes, state reason:		
Does prisoner require any medical equipment while in transport status?	Ν	If yes, What equipment?		
Sign & Print Name – Certifying Health Authority: (b)(6), (b)(7)(C)	J	Phone No 86	umber: 53-946-1 ^{(b)(6); (b)(7)(C)}	ate Signed:



Master Problem List

Date of Occurrence	Problem (Medical , Dental, Mental Health)	Initials (7)(C)	Date Resolved	(b)(6); (b)(7)(C)
98007	GAD Depression Circhosis of liver who Alcohol		a 16/2017	
918/2017	<u>Cirvnosis of Iver Wo Alconol</u>			

028 866 428 ALMAZAN-RUIZ, FELIPE ADM 09/08/17 DOB 06/26/66

Allergies: NKDA	
Medications: See	NAR

Reviewed Sept 2016 / mb

Medical	TREATMEN	F PLAN
s Meurcai S	SPECIAL NEEDS & RE	STRICITONS
BUNK ASSIGNMENT:	🗆 No Restriction 👘 🛛	Lower Only
□ Other housing needs	······································	
Duration:		Expiration:
WORK/PROGRAM ASSIGNMENT:	Γ	I NO RESTRICTIONS
	·	OR
Z Unassigned per medical/psychiatry		
No reaching over shoulder	L	3 No repetitive use of hands
Sedentary Work Only		No walking on wet or uneven surfaces
Four hour work restriction		No work in direct sunlight
Excuse from school thru		 A state and an example of the state and the state of the
Limited standing >		No humidity extremes No experies to emirepresental polititants
No walking >		No exposure to environmental pollutants
No lifting >		
No bending at the waist No equation	2000 - 200	 No work requiring safety boots No work around machines or moving parts
No squatting		
No climbing		 No work exposure to loud noises No work requiring complex instructions
Limited sitting		
) RESTRICTIONS	OR
□ Consult representative of medical	department before taking o	lisciplinary action
SPECIAL NEEDS:		
Chronically ill		
🗆 On Dialysis		2
Adolescent in Adult facility		
Infected with serious communication	e disease - F	recautions required:
Physically Disabled		
Frail or elderly	8 1	
□ Pregnant		
Terminally ill		
Mentally ill or suicidal		
Developmentally disabled		25
Suspected victim of physical or service	xual abuse	
		51 51
b)(6); (b)(7)(C)		Date:
		18hon man
		MOPLY ACOL
		Date Inne
866 428		
ZAN-RUIZ, FELIPE		

1.1.1.1

MTC Medical / INTAKE SCREEN
(Page 1 pf 3)
Translator available D Yes z NA Name DLOUS CM/D
Date/Time of Arrival at the facility: 418 200
in the last 21 days what countries have you visited outside of the U.S.? NOK?
Have you been in contact with anyone who traveled from these countries in the last 21-days and who is sick? YesNo
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 <u>now</u> ? <u>NONE</u> YES - explain: include any special health or dietary needs: *** Note Detainee should be instructed on sick call process for any non-urgent healthcare needs. Do you have a family history of any Medical conditions? Yes Nor If yes list conditions:
Are you experiencing any pain?NOYES - Rate10
Do you have any physical injuries, open wounds, cuts of bruises or signs of trauma/violence?
NONE NOTED/DENIESYES (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: VIO D 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 KYES If yes, Note Diagnosis below and refer to Chronic Clinic Circhosis
If Diabetic - Blood Sugar HTN DM SZR RESP HIM Other MENTAL HEALTH DX: Depression Humietta
Do you have a history of Physical Illness, Surgeries or Dental Problems? X NO YES
(include past hospitalizations, surgeries and treatments)
Do you identify yourself as a Transgender? NO YES
()f 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 1/ No
If yes
Current Medication listed on transfer paperwork - See Orders Patient states he/she is on the current medications, however they are not
(b)(6); (b)(7)(C) received.
DON 98200 2330
028 866 428 ALMAZAN-RUIZ, FFLIPF Allergies: NKDA
ADM 09/08/17 DOB 06/26/66

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INTAKE SCREEN - Mental Health

	(Page 2 of 3)
Do you have a current or past history of Mo	ental Illness or disabilities?
bo you have a current or past history of Wi	
	<u>Treatment:</u> INPT OUTPT During Previous Incarcerations Hallucinations: Auditory Visual
	Diagnosis: Darcosto Hugett
To you have current recent or past histor	of Physical, Emotional or Sexual Assault?
you have carrent, recent or past history	If yes - Perpetrator or Victim
	When
Have you been sexually assaulted prior to a	The set of
**Security Supervisor notified Immediately	
Do you have a history of domestic abuse of	r violence? NO Yes
** If yes refer to Mental Health within 72 h	전 1월 4월 7월 5월 1월
Do you use Tobacco? NOYE	
	Type: Cigarettes Pipe Oral How Much? How Oft <u>en?</u>
De vers herre e hietens of Alexand es Cribete	
Do you have a history of Alcohol or Substan	nce Abuse? NO YES If yes: Legal of Illegation leguilin
last use ago Brooths ago Hospitulized went 11 Hospitulized went Horo the program	Type: Alcober Marijuana Cocaine Meth Heroin Inhalants LSD Opiate Other
Mes 00 and	Method: IV Smoke Ingest Snorting Other
amente l	Last drug(s) used?When?
O" West 11	(if a female patient reports current Opiate use, make sure she was offered the
havoitulizar	pregnancy test. If positive she must be referred to the provider to avoid opiate withdrawal risk to
100 " progra	the fetus)
two they.	Current or past illnesses & heaith problems r/t substance abuse:
112	🗆 Hepatitis 🗆 Seizures 🗉 Trauma 🗉 Liver Disease 🗆 Infections
	Do you get sick when you quit using those drugs?NOYES (i.e.: convulsions)
ines has or	If yes, what happens?
eves thoughts of	Any history of substance abuse hospitalizationNOYES
wreat self harm	If yes, when and for?
ST ON GET	Any history of detoxification and outpatient treatment?NOYES
	If yes, when and for?
	NO YES Symptoms: Bhaking
lave you ever thought about killing yourse	
If yes, when and why?	
Have you ever tried to harm yourself?	NOYES If yes, when, how and why? passive 51
Do you want to harm yourself now? 🛛 🗹	NOYES If yes, do you have a plan?
Do you want to harm someone else? 📃 🚬	NOYES If yes to what degree ~ explain?
(6); (b)(7)(C)	YOU YES (If yes, notify Security Supervisory <i>immediately</i> !)
	althous man
028 866 428	
ALMAZAN-RUIZ, FELIPE	
ADM 09/08/17 DOB 06/26/66	

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INTAKE SCREEN

(Page 3 of 3)

OBSERVATIONS

Is this person unconscious, semiconscious, bleeding, mentally unstable, severely intoxicated, in alcohol or drug withdrawal or disoriented to person/place/time or otherwise urgently in need of medical attention? DNO U YES

Medical

If yes, immediately refer to medical personnel fo	r further evaluation & car	e.	
IS THE PATIENT DISPLAYING ANY SYMPTON	AS or UNUSUAL BEHAV	/IOR?	
DINO	⊏ YES		
Appearance - appropriate	Weakness	 Seeing visions 	Yellowing of skin or eyes/jaundice
Appropriate behavior	Slurred Speech	O Unusual suspiciousness	Rashes
I Normal gait	Hyperventilation	a Disheveled	 Infestations (lice/crabs)
C Alert responsive	Persistent cough	Hearing voices	Evidence of self mutilation
	 Body deformities 	🛛 Bizarre / insensible	 Alcohol or drug withdrawal
	Abnormal gait	a Loud / obnoxious	Communication difficulties
	Tremors	D Disorderly	Other physical abnormalities
	ப Lethargy	n Sweating	Assaultive or violent behavior
	n Needle Marks	D Other:	
Is his/her mood?			
WNL / Cooperative	Crying/Tearful	Confused	Embarrassed
	Incoherent	Passive	Uncooperative
	Depressed	a lotoxicated	Scared Anxious
Recent Tattoo(s)NOYES	Any body piercings	NO YES	
		÷	
	DISPOSITI	ON	
General Population with NO Immediate	Health Services Referral		
General Population with Immediate Health S	ervices Referral to Dec	nasia alux	iety Circhosi s
Transfer to Hospital for Emergency Treatmer			
Constant Suicide Watch - provider contacted			
	ingle Cell Housing		
If a female patient and pregnancy test is posi	(T) (T)	wold opiate withdrawal ris	ks to fetus
D If answered yes to Domestic abuse or violence	o ^{or} and di nat to and anter	- 25 (25) ^{25,26} 26 27 28 28	2022 D ANT E 2022 20 C C C C C C C C
	/		<u> </u>
	ROUTINE REFI	(b)(6); (b)(7)(C)	
I Note E Merta	Health Services 9112		
	Dietary Need Rang		
	N 16 N	k call request for non-urge	nt health care need
Request Records / Call MD Dental			
	Carne		
Provider Speaks: english / Spanish / Other:	Patient S	peaks English / Spanish /	Other
		Language:	
(b)(6); (b)(7)(C)			
		a/8/207	2330
	<u>_</u>	Date	Time
			11116
Patient Name			
028 866 428 ALMAZAN-RUIZ, FELIPE			
ALMAZAN-R012, 1 Lan 06/26/66			
1. ADM 09/08/17 000 00,	2020-ICLI-00	0006 2726	Revised Mzy 2017 / mb

FORMA DE CONSENTIMIENTO MEDICO

PROGRAMA DE CUIDADO DE SALUD

FORMA DE CONSENTIMIENTO MEDICO

viedical

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 rutiniariio, 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.

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

028 866 428 ALMAZAN-RUIZ, FELIPE ADM 09/08/17 DOB 06/26/66





July 2014 / mb 2020-ICLI-00006 2727

der Speaks (English / Spanish / Other:	Dationt	Speaks English / Spanish / Other	
preter? Y / N Name:	12 A 12 A 14 A 14 A 14 A 14 A 14 A 14 A		
TB - CLEARED AT PREVIOUS	A1 33 333 400 560 600 60 400 60	Langüage:	· · · · · · · · · · · · · · · · · · ·
	a OTTALZON	Negative	
	negative Chest X-ray on file	• - _	
	completed		Vegative PPD on file)
ç		n and a second sec	ugaare, i o on me,
OR			
TB - CLEARANCE REQUIRED			
CXR required and so (6); (b)(7)(C)	cheduled		
		alda	
		VIB 04	adds
		Date	Time
Administered by (signature)_			
Date PPD Read Results Read by (signature) _	Results	mm Induration	
		5.6956.000	
Results Read by (signature) _ Female Patients: Have you recently been Pregn	antYes	_ NO _ (if yes, when);	
Results Read by (signature)	antYes	_ NO _ (if yes, when);	
Results Read by (signature) _ Female Patients: Have you recently been Pregn	antYes are currently pregnant?	_ NO _ (if yes, when);	
Results Read by (signature) Female Patients: Have you recently been Pregn Is there a possibility that you a	antYes are currently pregnant? nd read * NegativePositi	_NO (if yes, when): YesNo	
Results Read by (signature) Female Patients: Have you recently been Pregn Is there a possibility that you a * If pregnant PPD planted an Urine Pregnancy Test	antYes are currently pregnant? nd read * NegativePositi	_NO (if yes, when): YesNo	
Results Read by (signature) Female Patients: Have you recently been Pregn Is there a possibility that you a * If pregnant PPD planted an	antYes are currently pregnant? nd read * NegativePositi	_NO (if yes, when): YesNo	
Results Read by (signature) Female Patients: Have you recently been Pregn Is there a possibility that you a * If pregnant PPD planted an Urine Pregnancy Test Date	antYes are currently pregnant? nd read * NegativePositi	_NO (if yes, when): YesNo	
Results Read by (signature) Female Patients: Have you recently been Pregn Is there a possibility that you a * If pregnant PPD planted an Urine Pregnancy Test	antYes are currently pregnant? nd read * NegativePositi	_NO (if yes, when): YesNo	

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the contract intercontract of the states

MTC	Med	dical Telephone Orders
acility:	ALMAZ	866 428 ZAN-RUIZ, FELIPE D9/08/17 DOB 06/26/66
atient Nar.		
ate i	Time	Order: Signature
1860	27630	by previous focility - VoleBR. Young / Hewins /11,150
4-9 .	0.00	by previous facility - VORBR. Young Hervins (1), HS
2		
(b)(6); (b)(7)(C)	
	////0/	
e e		
	<u> </u>	
1		
	1	

Telephone Orders

Revised July 2015 / mb

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	DATE: September 11, 2017 TIME: 1000 ALLERGIES: NKA							
	Housing: ICE / General Population							
S:	48yo male from Mexico referred for depression							
D:	<u>Appearance</u> : ⊠ clean, well-groomed □ disheveled □ unkempt <u>Eye Contact</u> : □ good ⊠ fair □ poo <u>Attitude</u> : ⊠ cooperative □ uncooperative □ guarded □ suspicious □ hostile							
	<u>Speech</u> : ⊠ normal □ abnormal □ low vot. □ high vot. □ rapid □ pressured □ English 2 nd language <u>Orientation</u> : ⊠ person ⊠ place ⊠ time ⊠ situation ⊠ atert □ drowsy							
	<u>Mood:</u> □ euthymic □ dysthymic □ neutral ⊠ depressed □ irritable □ euphoric □ angry ⊔ anxious □ apathetic							
	Affect: I congruent in normal in non-congruent in blunt in flat inexaggerated							
	<u>Thought Process</u> : ⊠ logical □ goal directed ⊔ tangential □ circumstantial □ perseveration □ disorganized Th <u>ought Content</u> : ⊠ no AH ⊠ no VH ⊠ no paranoia ⊠ no suicidal ideations ⊠ no homicidal ideations							
	Z auditory hallucinations							
	Insight: ☐ poor ⊠ fair ☐ goodJudgment: □ poor ⊠ fair ⊒ good							
k:	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							
> ;	☑ 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							

C, LPC-S, LMFT, PhD Candidate

MTC

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MTC Medical	Provider Progress Notes/Orders Use progress notes for additional documentation
SUBJECTIVE DATA: (what is the patient be Vompy blond, Med Hz E	Hes Hx of same Type age. For archasis & Varides
Quality: Allev	ravating Factors: P+ porthistorian viating Factors: Qpot H=2 from Chard- s the pain radiate? Y/N If Yes Duration:
OBJECTIVE DATA: Vital Signs: Temp	History, Social History: 5 Pulse100 Resp 8 BP15195 Wt 170105 Sa010596
Heart	Ears P+ IA NAD ACO
Lungs Neck	Nose blood Noted to have and Throat Oral care on br
Abdomen	
Extremities	Rlood noted to Lipp chaute tout
Additional Findings	red. No Heal to Shirt or Pants
PLAN:	
FOLLOW-UP: □ PRN □ 30 day □ 60 Da Medication (s) Order :	5 cod to ER for eval STAT
Lab/Radiology Order:	
Other orders:	
	ts 🗆 within 2 weeks 🗆 within 30 days 🗆 other:
EDUCATION: Diet (b)(6); Signs and Sy	(b)(7)(C) I Risk Factors and Reducers
D Signs the Sy D Patient verb	nefits, and alternatives and agrees to the plan
Provider Signature/ Title:	Date/Time: 9/11/19 17.57
Interpreter?	Language: Spanish
Provider Speaks: English / Spanish / Other	
028 866 428	Allergies:
ALMAZAN-RUIZ, FELIPE	NKDA
ADM 09/08/17 DOB 06/26/66	2020-ICLI-00006 2731 Revised July 2017 / mb

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MTC Medical						Eme	rgen	cy / Injury Assessment
Date/Time inju Date/Time rep		<u>a</u> <u>1</u> <u>1</u> u		e inji 1945	ing.	Activity interpre	at ons ter (Y	et: lying in bed on appival.) N Name: (b)(6); (b)(7)(C)
subjective: NUISE (VOMILTIN	alled	10.	who/wh tar	at/when	re/how) C-2	0 b	eCa	use detainer mas reportedu
Objective:	0		ž		Pain Sca	ale: (0-10))	9
Date	Time	Temp	Pulse	Resp	BP	SaO2	BG	Narrative
1/11/17	1950	915	<u>joy</u>	18	151 95	100 y.		Detainer AZUX 3-clo pain tomid chest. DA ordered to send out DH (+) He of
ar (1/4/10)					-23			cinhosis à vapiceo.
·								
		<u>8</u> 3	2					
Transfer to ER	re Needed urn to Currer ger Provider	nt Housing in Order - see	n Facility Emergen	per Prov cy Treatr	ment Orde	r		Date/Time
Place in Medic Other:	al Housing fo							intil
Education:								(z 19 00 000 000 000 000 000 000 000 000 0
(b)(6); (b)(7)(C)							ind alte	Time
028 866 ALMAZAN- ADM 09/0	RUIZ, FE		66			Allergie	s: n	FOX See mar

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Departing Facility Via:

Transport via VAN:

Date	Time	Initials	Comments (b)	(6); (b)(7)(C)	
alula	112	(b)(6); (b)(7)(C)	Security Supervis		notified of need to transport via VAN to CHT St. LuKis
Mall	1090	<u>.</u>	MAR D Pro	ogress notes	atient 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:		C Returned from ER
Vital Signs:	Тетр		_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
🗆 Continu	ie previous	orders	New orders from provider noted New medication(s) entered into pharmacy system
Telephone Or	der:		
(b)(6); (b)(7)(C) Medical Staff	der per Pi Signature		Date/Time Date / Time
028 866 ALMAZAN ADM 09/	N-RUIZ, F	ELIPE OOB 06/2	6/66 Medications: Sel MAR

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Date	Time	initials (b)(6); (b)(7)(C)	ransport Patient to CHIS WHE'S
"In	1 (10)		R for further evaluation and treatment related to: VOMITING BLOOD E HX AF CITYODSIS E VARICES
Per Provider	Transport OY OU	⊏ Via (b)(6); (l	EMS Via Facility Van Di(7)(C) Date/Time 9 M(D 1957
Receiving sta	<u>ff member</u> b)(6); (b)(7)(C	: - Sig ;)	Date/Time_ 9 M IN ZOOD

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 (b)(6); (b)(7)(C) 936-916

028 866 428 ALMAZAN-RUIZ, FELIPE ADM 09/08/17 DOB 06/26/66

MTE	Med	ical		1154	a ll mra	2017	
					call pre		
Patient Nan	ne:		<u>£1</u>			Patient ID#: 028 8/06 428	
Age: 5		Race :	<u> </u>		_	Estimated Date of Release: UNCOUN	
Date / Time	2 Out: _ 9	<u>щі </u>				Date / Time Return: 110-	
Type of ER	Trip - Oar	Ambulance	Air		Admit : Yes	Allergies: NKDVA	
Presented v	with Complain מו	nt (s) of : <u>1 \K</u>	<u>marer</u> n.c.T	<u>NESIS</u>	1.112 1.	H/H 12.5/33.2 14.28 platelets 18	
		•				1 · · · · · · · · · · · · · · · · · · ·	
				-	_	nosis (s)	
Risk factors	dications		M-rece				
rests prior	ro icavitik (ire		esy no nye	31esuits			
						<u> </u>	<u></u>
Facility: Vitals→							
Time↓	Temp	Pulse	Resp	вр	SaO2	Recent CC results - i.e. A1c - PT/INR	
			I				
Tests in the	ER and resul	ts:					
Medication	is received in	the ER/Hosp_					
	<u> </u>						
Vitals at Hosp	Temp	Duise	Reco		15=02	Medication changes at Hospi	
at Hosp	Temp	Pulse	Resp ///	BP INV.51	SaO2	Medication changes at Hosp:	
at Hosp Loday	98.3	69	14	10/51	100%84		
at Hosp Loday		69 :: Cirr	14 Nosis	101/51 liver	100%PA	0-> advanced higuid	
at Hosp Loday Diagnosis fro	98.3 om the hospita DH	69 Cirr ypertens	14	lal51 liver tulgar	100819A NP Stropath	0-> advanced higuid	nae
at Hosp Loday Diagnosis fro	98.3	69 Cirr ypertens	14 Nosis	101/51 liver	1008AA NP Stropath	0 -> advanced higuid y Fundus, body of the Stor	nae
at Hosp Loday Diagnosis fro	98.3 om the hospita DH	69 Cirr ypertens	14 hosis	lal51 liver tulgar	100819A NP Stropath	0 -> advanced higuid y fundus, body of the Stor rys of high concern for	nae
at Hosp Loday Diagnosis fro	98.3 om the hospita DH	69 Cirr ypertens	14 hosis	lal51 liver tulgar	1008AA NP Stropath	0 -> advanced higuid y Fundus, body of the Stor	nae
at Hosp Diagnosis fro Recommend	98.3 om the hospita DH	69 Cirr ypertens	14 hosis	lal51 liver tulgar	1008AA NP Stropath	0 -> advanced higuid y fundus, body of the Stor rys of high concern for	<u>ncue</u>
at Hosp Diagnosis fro Recommend Return	98.3 om the hospita D Hi lations from th 2 100	69 <u>pertens</u> e hosptial: <u>Active</u>	14 hosis ive por and ue C	In/51 liver tulgar antr	1008181A NP Stropath Stropath Um LD findi	0 -> advanced higuid y fundus, body of the Stor rys of high concern for phemonia	<u>ncue</u>
at Hosp Diagnosis fro Recommend Return	98.3 om the hospita D Hations from th Lations from th Temp	69 <u>pertens</u> e hosptial: <u>Active</u>	14 hosis ive por and ue C	In/51 liver tulgar antr	1008181A NP Stropath Stropath Um LD findi	0 -> advanced higuid y fundus, body of the Stor rys of high concern for phemonia	ncue
at Hosp Diagnosis fro EG Recommend Return Vitals	98.3 om the hospita D Hations from th Lations from th Temp	e hosptial: Pulse	14 hosis ive por and ue C	In/51 liver tulgar antr	1008181A NP Stropath Stropath Um LD findi	0 -> advanced higuid y fundus, body of the Stor rys of high concern for phemonia	ncue!

UM call

(b)(6);	(b)(7)(C)	
(0)(0),	(D)(T)(C)	

Subject: HOSPITAL DAILY REPORT

DETAINEE NAME: XXXXXXXXXXXXXXXXXXX ALIEN NUMBER: XXXXXXXXXXXXXXXXX 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)

LVN

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

AH-SADF-POLK _ivingston, Tx 77351

936-967-{(b)(6); (b)(7)(C) 936-967-8846-Fax



A Lender of Special Impact

(b)(6); (b)(7)(C)	
From:	(b)(6); (b)(7)(C)
Sent:	Wednesday, September 13, 2017 5:35 PM
То:	(b)(6); (b)(7)(C)
Cc:	
Subject:	RE: HOSPITAL DAILY REPORT
Hospital Daily Repor	t
Hospital day # <u>2</u>	
Detainee Name: Fel	lipe Almazan Ruiz
Alien #: A028866428	3
Date of Birth: 06-26	5-1966
Country of Citizenshi	ip: Mexico
Date of Arrival: 09-0	38-2017
Relevant Medical His	story: Cirrhosis of the Liver
Date of Admission:	09-12-2017 (correct date of admission)
Current Diagnosis:	
Attending physician:	
	E: 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 D	DISCHARGE PLAN AT THIS TIME.
PLEASE CONTACT	MEDICAL FOR ANY FURTHER INQUIRIES.
DWOODS-LVN	
Fron ^{(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 N	Medical Coordinator
ICE Health Ser	vice Corps / USPHS
16038 Vickery	Dr, Suite ^{(b)(6); (b)(7)(C)}
Houston, TX 72	

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 Ruíz
Hospital Daily Report	
Hospital day # 3	
Detainee Name: Fel	pe Almazan Ruiz
Alien #: A028866428	ů.
Date of Birth: 06-20	-1966
Country of Citizenshi	p: Mexico
Date of Arrival: 09-0	8-2017
Relevant Medical His	tory: Cirrhosis of the Liver
	09-12-2017 (correct date of admission)
Current Diagnosis: U	Ipper GI Bleed
Attending physician:	
Current Status: (NOT	E: include Vitals, Meds, Labs, etc.) report received from Desiree RN A+O x 4 BP 125/73, P 79, R 18,
	ebrile, Continues to be on Lisinopril PO. Pain 8/10, reporting severe GERD.
	ISCHARGE PLAN AT THIS TIME.
alosita Se tiam no c	

Thank You,

(b)(6); (b)(7)(C) MTC Medical

1

(b)(6); (b)(7)(C)	
From: Sent: To: Cc: Subject:	(b)(6); (b)(7)(C) Thursdav. September 14, 2017 6:31 PM (b)(6); (b)(7)(C) Detainee Felipe Almazan Ruiz
Hospital Daily Report	2 ³
Date of Admission: C Current Diagnosis: U Attending physician: Current Status: (NOTE T 98.7, 99% on RA Afe	-1966 I: Mexico B-2017 ory: Cirrhosis of the Liver 09-12-2017 (correct date of admission)
Thank You,	1 5 floor

Thank You,	Made Sus floor
(b)(6); (b)(7)(C)	[(b)(6); (b)(7)(C) [(b)(6); (b)(7)(C)]
MTC Medical	
	Direct number to floor 936-5ª
	Direct auto

22

(b)(6); (b)(7)(C)	
From:	(b)(6); (b)(7)(C)
Sent:	Thursday, September 14, 2017 6:41 AM (b)(6); (b)(7)(C)
Το:	
Subject:	Hospital Daily Report
Date of Admission: 0 Current Diagnosis: Uc Attending physician ^(b) Current Status: (NOTE: 69, R 14, T 98.3, 99% o	1966 Mexico -2017 ory: Cirrhosis of the Liver 9-12-2017 (correct date of admission) pper GI Bleed
(b)(6); (b)(7)(C)	
MTC Medical	
IAH Secure Adult	E Detention Center
Livingston, TX. 7	7351
FOLL TIME. DAYS/	NIGHTS
936-967-(^{(b)(6); (b)(7)}	((C)
936-967-8846 F	OX .

100

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b)(6); (b)(7)(C)	1
	(b)(6); (b)(7)(C)
From:	
Sent:	Friday, September 15, 2017 5:40 AM
To:	(b)(6); (b)(7)(C)
Cc:	
Subject:	HOSPITAL DAILY REPORT
1	
Hospital Day #	
DETAINEE NAME: AI	mazan-Ruíz, Felipe
ALIEN NUMBER: A O	
DATE OF BIRTH: 06/	26/1966
COUNTRY OF CITIZE	NSHIP: MEXICO
DATE OF ARRIVAL: ()9/08/17
	. HISTORY: Detainee with history of heavy alcohol use, last drank 3 months ago. Presented to
	ematemesis x5 days, assessed by RN who noted blood in mouth. Reports history of this happening 7
,	as history of cirrhosis of the liver with varices.
DATE OF ADMISSIO	
CURRENT DIAGNOS	(b)(6); (b)(7)(C)
ATTENDING PHYSIC	
	Pt remains stable at this time. Removed from ICU Rm 18 to Med Surg floor RM 141. Most recent P- 93/54, P-72, R-18, O2 @ 97% on RA. Labs scheduled to be drawn this morning (CBC,BMP). No
	on at this time. Pt c/o abd pain x1 during shift, morphine given. EGD performed. Summary:
	gastropathy was found in fundus, body of the stomach and antrum. Patchy erythema in bulb and 2 nd
	dations: avoid all NSAIDS, resume low salt diet as tolerated, PPI 20mg daily.
DISCHARGE PLAN: N	
REPORT GIVEN B	
CONROE REGIONAL	
(936) 539-1111	
Any further question	ns please contact medical dept.

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(b)(6); (b)(7)(C) IAH-SADF-POLK Livingston, Tx 77351 936-967-^{(b)(6)}; (b)(7)(C) 936-967-8846-Fax MIC Medical

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(b)(6); (b)(7)(C)	
Maria a menangka kana satu dan sebut sebut sebut s	
From:	(b)(6); (b)(7)(C)
Sent:	Saturday, September 16, 2017 7:24 PM
To:	(b)(6); (b)(7)(C)
20%	
Cc:	
Cubicate	Almazan-Ruiz, Felipe
Subject:	Almazan-Kuiz, relipe
Hospital Day #5	
DETAINEE NAME: Air	nazan-Ruiz, Felipe
ALIEN NUMBER: A 02	a o transfer o no no state a contrata e de la contrata e de la contrata e de la contrata e de la contrata e del
DATE OF BIRTH: 06/2	6/1966
COUNTRY OF CITIZEN	
DATE OF ARRIVAL: 09	9/08/17
	HISTORY: Detainee with history of heavy alcohol use, last drank 3 months ago. Presented to
medical reporting her	matemesis xS days, assessed by RN who noted blood in mouth. Reports history of this happening 7
years ago as well. Has	s history of cirrhosis of the liver with varices.
DATE OF ADMISSION	: 9/12/17
CURRENT DIAGNOSIS	
ATTENDING PHYSICI	AN(b)(6); (b)(7)(C)
CURRENT STATUS: P	t remains stable at this time. Med Surg floor RM 141. Most recent vital signs T-98.2, B/P- 106/65, P-
	on RA. Pt had a cardiac stress test this morning and the test was normal. No changes to medication
	main Zoloft, Folic acid, metoprolol, protonix, lactulose, and aldactone.
DISCHARGE PLAN: no	(b)(7)(C)
CONROE REGIONAL H	IOSPITAL
(936) 539-(b)(6):	
Any further question:	s 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: Sent: To:	(b)(6); (b)(7)(C) Sunday, September 17, 2017 2:32 AM (b)(6); (b)(7)(C)
Cc:	
Subject:	RE: Almazan-Ruiz, Felipe
medical reporting hematemes years ago as well. Has history DATE OF ADMISSION: 9/12/1 CURRENT DIAGNOSIS: GI BLEF ATTENDING PHYSICIAN ^{(b)(6); (b}	8 EXICO : Detainee with history of heavy alcohol use, last drank 3 months ago. Presented to is x5 days, assessed by RN who noted blood in mouth. Reports history of this happening 7 of cirrhosis of the liver with varices. 7
support/intubated with agona	l breathing. When they are able to get B/P it is in the 50's by palpation. Hemoglobin is 5. his time. Warden Stacks has notified ICE personal Simpson.

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• • • • • • • •

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

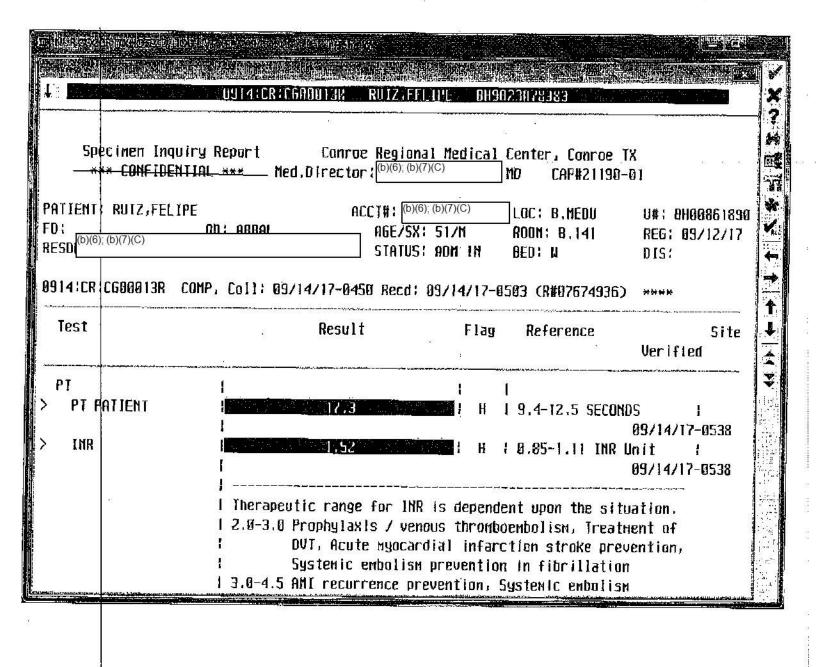
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(b)(6); (b)(7)((C)			2
	• *	IONA NUNBER		⁻
		(936		
	v	XX NUMBER:	<u> </u>	
2, Felipe	10/05	(936) 788-8037	
PATIENT INFOR	MATION "PI	EASE KEEP C	ONFIDENTIAL	
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	and any files transmi nation and may be re d recipient of this fax dissemination, distributed. If you have re	(b)(7)(C) THE 967 (b)(6); (b)(7)(C) 967 (b)(6); (b)(7)(C) 967 F 2, Felipe labs F PATIENT INFORMATION *PL PATIENT INFORMATION *PL and any files transmitted with it may nation and may be read or used only d recipient of this fax please be advise dissemination, distribution, forward ibited. If you have received this fax i	(b)(7)(C) INORTH - 2 INORTH - 2 TOTAL NO. OF PAGES 967 967 967 967 967 967 936 PHONE NUMBER (936 FAX NUMBER (936 PLEASE (936 PLEASE	$\frac{1 \text{ NORTH - MEDICAL/SURG}}{JOTAL NO. OF PAGES, INCLUDING (:OVER 967 PHICANE NUMBER (936) 535 (b)(6); (b)(7)(C) FAX NUMBER 2, Felipe labs (936) 788-8037 FOR REVIEW HEASE COMMENT PLEASE REPLY HEASE REPLY$

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	1. March 1993 - 1995 - 1995 - 1996			Conroe Region . Ned.Director (^{(b)(6); (b)(}			
FD RE	SDR :	<u>DIIT7 EEI TPI</u>); (b)(7)(C)		AGE/SX	: 51/N : Adm in	ROON: B.141 Bed: W	DIST
	Test		JIII J LUXA.	Result		Reference	Site Verified
>	comp me Na	TABOL IC	 	137.0	 	 133-144 mmo1/L	in a section of the s
>	к		i l l	4.2	$\tilde{\mathbf{I}}_{\mathrm{sec}}$	1 3.5-5.1 MM01/L	09/14/17-0541 I 09/14/17-0541
B	CL		l F	105	l	95-105 mmo1/L	
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	Inquiry Report IDENTIAL *** Med.				
PATIENT: RUIZ, D: RESDR: ^{(b)(6); (b)(7)(1}	OD CORROL	STATUS	11 51/M 51 ADM IN	ROOM: B.141 BED: W	DIS:
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Test		Result	Flag	Reference	Site Verified
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		RESULT		Reference 4.1-12.1 k/mm3	Verified
CBC			 		Verified I 09/14/17-0542 I
CBC WBC		2.74		4.1-12.1 k/m3	Verified I 09/14/17-0542 I 09/14/17-0542 I
CBC WBC RBC) 1 <mark>- En statististististististististististististist</mark>	2.74 8.7		4.1-12.1 k/mm3 3.8-5.5 M/mm3	Verlfled I 09/14/17-0542 I 09/14/17-0542



Patient	Information Form

		al Medical Center	۲	Phone: (936) 539- [^{(D)(0)}
lospital Address:	504 MEDICAL	CENTER BLVD CO	NROE, TX 77304	
Patient Demogram			Admit and Lengt	n of Stay Information
Patient Name: RI	UIZ, FELIPE	SSN (b)(6); (b)(7)(C)	Admit Type: ELEC	
Medical Rec #: U		The second se	Admission Date:	
Marital Status: Si		Gender: M		09-12-2017 Bed: B.ICU18 ate: 09-14-2017 ALC Date:
Date of Birth: 06-	<u>26-1966</u>	Age: 51	Pt. Functional Stu	
Religion: NONE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Prior to Admissio	i Heri i heist
Episode ID: BH90	23078383		PC (b)(6); (b)(7)(C)	
Height:			Attending Physic	len(b)(6) ⁻ (b)(7)(C)
Welght:	<u></u>		Phone Number.	
Diagnosis Inform Rugs: Pr	Imary: UPPER	GI BLEED	Secondary:	
Notes:				
Mode of Transpor			Payer Source:	
Will patient receiv	e radiation or (dialysis off-site?	Schedule of Trea	itments:
				8
Patient Address	.	Next of Kin		Emergency Contact:
Iving Arrangemen	ntą	First Name/Mi	FRLIPE	First Name/Mi:
	Select O	ne Last Name: RI	UΠZ	Last Name:
Facility Name:		Street: 3400 FM	M 350 SOUTH	Street:
Street: 3400 FM 3	50 SOUTH	City: LIVINGS	TON	
City: LIVINGSTO			77351	State/Zlp:
State/Zip: TX 773		Home Phone:		Home Phone:
		Work Phone:	*****	Work Phone:
Home Phone: 930		Relation: 01	t,,	Relation:
Work Phone: 999	-999)		ntact POA	Ernerg. Contact POA
			Ins. Group ID#:	
Primary Payer:	VERRIDE WIT	H PAYOR NAME	Ins. Group ID#: Member ID#: (^{b)(6); (b)(}	7)(C)
Payer Information Primary Payer: O Contact person a	VERRIDE WIT			7)(C) Phone:
Primary Payer: O Contact person a Patient has met 3	VERRIDE WIT It Ins. Co. (First 3 consecutive, a	/MI/Lest): acute level of care da	Member ID#: (b)(6); (b)(ays during this admissio	Phone: n & may be eligible for the
Primary Payer: O Contact person a Patient has met 3	VERRIDE WIT It Ins. Co. (First 3 consecutive, a	/MI/Lest): acute level of care da	Member ID#: (b)(6); (b)(ays during this admissio	Phone: n & may be eligible for the
Primary Payer: Contact person a Patient has met 3 Medicare Extende	VERRIDE WIT It Ins. Co. (First Consecutive, a ed Care Benef	/MI/Last): acute level of care da It. Yes	Member ID#: (b)(6); (b)(ays during this admission No No No (b)(6); (b)(7)(C) No	Phone: n & may be eligible for the /A Unknown
Primary Payer: Contact person a Patient has met 3 Medicare Extende Secondary Payer	VERRIDE WIT It Ins. Co. (First Consecutive, a ed Care Benef	/MI/Last): acute level of care da it. Yes WITH PAYOR N Men	Member ID#: (b)(6); (b)(ays during this admissio	Phone: n & may be eligible for the
Primary Payer: Contact person a Patient has met 3 Medicare Extende Secondary Payer Other Payer:	VERRIDE WIT t Ins. Co. (First consecutive, a ed Care Benef OVERRIDE V	/MI/Last): acute level of care da tt. Yes WITH PAYOR Men Mem Ite Funds	Member ID#: (b)(6); (b)(ays during this admissio No No No (b)(6); (b)(7)(C) No	Phone: n & may be eligible for the /A Unknown Phone #:
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Primary Payer: Contact person at Patient has met 3 Medicare Extende Secondary Payer Other Payer: Income If known: Patient Medicald	VERRIDE WIT t Ins. Co. (First consecutive, a ed Care Benef OVERRIDE V OVERRIDE V Priva Pens Eligible?	/MI/Last): acute level of care da it. Yes WITH PAYOR N Mem Mem te Funds kon Yes	Member ID#: (b)(6); (b)(ays during this admissio No No No Iber ID No(b)(7)(C) Iber ID#: SSA VA VA	Phone: n & may be eligible for the /A Unknown Phone #: Phone #: SSI Other
Primary Payer: Contact person a Patient has met 3 Medicare Extende Secondary Payer Other Payer: Diher Payer: Diher Payer: Patient Medicald Contact person in	VERRIDE WIT t Ins. Co. (First consecutive, a ed Care Benef OVERRIDE V Priva Pans Eligible?	/MI/Last): acute level of care da it. Yes WITH PAYOR N Mem Mem te Funds kon Yes [] e (First/MI/Last):	Member ID#: (b)(6); (b)(ays during this admissio No No ber ID ber ID#: SSA VA No If Yes, submitted i Yes	Phone: n & may be eligible for the /A Unknown Phone #: Phone #: SSI Other Dy our financial office? No
Primary Payer: Contact person a Patient has met 3 Medicare Extende Secondary Payer Other Payer: Diher Payer: Income If known: Patient Medicald Contact person In No Fault: Must h	VERRIDE WIT t Ins. Co. (First consecutive, a ed Care Benef OVERRIDE V Priva Priva Pens Eligible? financial offic ave claim num er This Information	/MI/Last): acute level of care da it. Yes WITH PAYOR N Mem Mem te Funds lon Yes	Member ID#: (b)(6); (b)(ays during this admissio No No ber ID ber ID#: SSA VA No If Yes, submitted i Yes	Phone: n & may be eligible for the /A Unknown Phone #: SSI Other Dy our financial office? No

naviHealth Form 450 Rev 7/2012

9/12/2017	HCA Corporate	PAGE 1
03:33 PM	Insurance Certification Report - IQ CONFIDENTIAL PATIENT INFORMATION	
	CONFIGNETAL PATIENT INFORMATION	
	For Facility: Conroe Regional Medical Cent	cer
	ENCOUNTER / HCM DATA ========	=====================================
Acct No.: BH9023078383	Patient Name: RUI2, FELIPE	e: 51Y DOB: 6/26/1966
	(b)(6); (b)(7)(C)	
Start Date: 9/12/2017 Location: CR-3 INTEN		MRN: BH00861890 Fac: Conroe Recio
Room: B.ICU18-W	SIVE C Att Phys: MD Disch Date:	rad: confoe Regio
Accommodation:	Enc Type: INPATIENT(Inpatient)	
Home Addr: 3400 FM 35		Sex: M
	Ма	arital Stat: Single
LIVINGSTON	, TX	
County: Country: United Sta	tas of here	
Zip Code: 77351	Les of Alle	
(b)(6)	
Home Phone: 936 967 (h)	0), 7)(C)	
Work Phone: 999-999-99	99	SSN: <blocked></blocked>
- Andrew		
Emer Contacts:	E Home Tel: $936-967(b)(6);$	Work Tel:
Name: RUIZ,FELIF Relationship: Self		NOIX IEI.
10120-01111-0-011		
HCM DRG: Ver:	Current Stay: 1 ALOS: GLOS	5: Outlier:
Admit Complaint: UPPER GI	- B (DP)	
HCM Diagnosis:	BUELD	
HCM Procedure:		
Dx Category:		
Admit Review:		
	PAYER(S)	
OVERRIDE WITH PAYOR NAME	Status: P Cert?	
Auth No: NR/I	Insur No: 028966428	
OVERRIDE WITH PAYOR NAME	Status: S Cert?	
Auth No: NR/T	Insur No: 028866428	
	====== LAST COMPLETED REVIEW ONLY =======	
Review Date Care Date	Review Category Reviewer TD (b)(6); (b)(7)(C)	T
9/12/2017 9/12/2017	(b)(6), (b)(7)(C)	
Carra with u	Tutopaitu	
Severity	Intensity	
	·	
Reviewer Comments:	(h)(6)-(h)(7)(C)	
9/12/2017 15	31 by (b)(6); (b)(7)(C)	
Point of entry:	per cpoe admit inpu payer override with pa	ayror Name
transfer from I Presenting symp		
Failed OP treat		
	93, p84, 77, bp 181/107, 184/95, 203/95, 2	211/104
Medications/rou		
Labs/Cultures:		
Imaging:		
Diet/Activity:		
Oxygen:		
PT/OT/ST:		

From:	(b)(6); (b)(7)(C)	To:	IAH Immigration	
Phone:	(936) 539 (b)(6);	Attention:	(b)(6); (b)(7)(C)	
Fax:	(936) 788-8076	sala ana ana ana anan	NO CONTRACTOR OF CONTRACTOR OF CONTRACTOR	- NORE OF R
Comment: 02886	6428 ins # our fax 936	788 8076 tax io	621 801 361 npi 1962455816	
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Regarding Patient:	AUI,F		and the second secon	
SSN:	XXX-XX-5555			**************************************
Member ID:	028866428		n (* 10 %	
The following docum	ents are included in thi	is fax:		
Name				Pages
Patient Information F		0 17 00 07 000		

Patient Health Information Legal Disclosure: This facsimile transmission contains confidential information, some or al: of which may be protected health information as defined by HIPAA (the federal Health Insurance Portability & Accountability ACT) or personal information protected by state data privacy or security laws. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. If you received this in error, please notify(b)(6): (b)(7)(C)

arrange the return or destruction of the information and all copies 91/2/2017 213 97 (b)(6); (b)(7)(C) VS- 683 97 06/56

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9/12/2017	HCA Corporate PAGE 2
03:33 PM	Insurance Certification Report - JQ CONFIDENTIAL PATIENT INFORMATION
	For Facility: Conroe Regional Medical Center
Facility	: BH9023078363 Patient Name: RUIZ,FELIPE Age: 51Y DOB: 6/26/1966 : Conroe Regional Medical Center
****	A COMPLETED REVIEW ONLY (continued)
	Treatments: Level of care eval/referrals: 9/12 to ICU dx GI bleed, left of with ns at 100 m1 hr, bp 218/ cardene gtt, , h/h stable platellets 27, plan is for EGD today
	or tomorrow, bp controlled, dardene git turned off lisinopril po staled at
	1300
	MD Treatment Plans:
	Comments/Other:
Review Da 9/12/2017	<pre>teReviewer ID (b)(6);(b)(7)(C) InterQual Version: InterQual% 2017.1 Review date: 09-12-2017 Review Status: In Primary Product: LOC:Acute Adult Criteria subset: General Medical Criteria status: Critical Met (Symptom or finding within 24h) (Excludes PC medications unless noted) Select Day, One: Episode Day 1, One: CRITICAL, >= One: General, >= One: IV medication administration, Both: Medication, >= One:</pre>
	Antihypertensive
	Administration, $>:$ One: Titration q1-2h and monitoring
	InterQual® and CareEnhance® Review Manager © 2017 McKesson Corporation and/or one of its subsidiaries. All Rights Reserved. CPT only © 2016 American Medical Association. All Rights Reserved.

	CONFIDENTIALITY STATEMENT
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controlling concerns probineers into	



Referral From: Conroe Regional Medical Center

From: Phone: Fax:	(b)(6); (b)(7)(C) (936) 539((b)(6); (b)(7)(C) (936) 788-8076	To: Attention:	IAH DENTENTION CENTER (b)(6); (b)(7)(C)
Comment:	NOTES AS REQUESTED		
Regarding F SSN: Member ID:	Patient: RUI,F XXX-XX-5555 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
0313_12.20.04	

Patient Health Information Legal Disclosure: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by HIPAA (the federal Health Insurance Portability & Accountability ACT) or personal information protected by state data privacy or security laws. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. If you received this in error, please notify(b)(6): (b)(7)(C) pr e-mail a(b)(6); (b)(7)(C) pr

9/13/2017		HCA	Corporate			PAGE 1
11:41 AM	Insurance	Certification		cted Review	- IÇ	
			PATIENT INFOR			
	For	Facility: Conro	be Regional Me	dical Center		
		==== # ENCOUNTER	R / HCM DATA =			
5 3T PT10.0	20000200 Dati	ant Momer DUT?	ret "DV	Dae.	51Y	DOB: 6/26/1966
ACCU NO.: BH90.	23078383 Pati		(b)(6); (b)(7)(C)]	9.4.4	1.01.1. 0/1.01 1.010
Start Date:	9/12/2017 8:207		(=)(=),(=)(.)(=)	MD	MRN:	BHC0861890
Location:	CR-3 INTENSIVE	C Att Phys:		MD	Fac:	Conroe Regio
	B.ICU18-W	Disch Date:	-	100108		
Accommodation:		Enc Type:	INPATIENT (Inp	patient)		
	3400 FM 350 SOU	ሞස			Sex:	м
				Mari	tal Stat:	Single
	LIVINGSTON, TX					
County:						
Country:	United States o	f Ame				
Zip Code:	77351					
	(b)(6);					
	936-96/- <u>/LUV7V/C</u>				10000000	
Work Phone:	999-999-9999				SSN:	<blocked></blocked>
Emer Contacts:			rel: 936-967-8	2000	Work Tel:	
	RUIZ, FELIPE	HOME	re:: 936-967-0	3000	MOLK TET'	
Relationship:	Sell					
HCM DRG: 872	Ver: 34	Current Sta	ay: 1 ALOS:	: 4.5 GLOS:	3.8 Out1	ier:
		2				
	t: UPPER GI BLEE	.D				
HCM Diagnosis:						
HCM Procedure:						
Dx Category:						
Admit Review:						
		PA	YER(S) ======		****	
	PAYOR NAME					
Auth No: NR/I			r No: 02886642	28		
	ru #Days Ty	rpe Status	Auth No	Ref No	Service	
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Submit by:		Date:		Time:		
Submit to:						
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Review Date C		view Category	(D)(O), (D)(7)(C)		
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PAGE 2 HCA Corporate 9/13/2017 Insurance Certification Report - Selected Review - 10 11:41 AM CONFIDENTIAL PACIENT INFORMATION For Facility: Conroe Regional Medical Center Age: 51Y DOB: 6/26/1966 Acct No.: BH9023078383 Patient Name: RUIZ, FELIPE Facility: Conroe Regional Medical Center Medications/Route: PO MEDS, PROTONIX IV, LEVAÇUIN IV, IV TRANDATE PRN, IV ZOFRAN PRN, IV MORPHINE PRN, TV'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

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Review Date<u>Reviewer TD</u> 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 Dey, One: Review DateEvent Status: Critical Met (Symptom or finding within 24h) (Excludes PC medications unless noted) Select Dey, One:

Comments/Other:

select Day, One: Episode Day 1, One: CRITICAL, >= One: General, >= One: IV medication administration, Both: Medication, >= One: Calcium channel blocker Administration, >= One: Titration q1-2h and monitoring

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9/13/2017 11:41 AM

HCA Corporate Insurance Cortification Report - Selected Review - IQ CONFIDENTIAL PATIENT INFORMATION

PAGE 3

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For Facility: Conroe Regional Medical Center

Acct No.: BH9023078363 Patient Name: RUIZ, FELIPE Age: 51Y DOB: 6/26/1966
Facility: Conrog Regional Medical Center

Facility: Conrog Regional Medical Center

Facility: Conrog Regional Medical Center

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CONROE MEDICAL CEN	TER (COO	CR)	
Clinical Note			
REPORT#:0912-C490		STATUS :	Signed
DATE:09/12/17 TIME	E: 1522		

PATIENT: RUIZ, FELIPE		UNIT #: BH00861890	
ACCOUNT# : (b)(6); (b)(7)(C)	0.07Y . 34	$\begin{array}{l} \text{ROOM/BEC}: \underline{B.ICU18-W} \\ \text{ATTEND}: \begin{array}{l} {}^{(b)(6); (b)(7)(C)} \end{array}$	
DOB: 06/26/56 AGE: 51 ADM DT: 09/12/17	SEX: M	AUTHOR:	

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

See Addendum

Clinical Note Note: 2035335	┓×
Electronically Signed by	MD on 09/12/17 at 1522
Addendum 1: 09/12/17 1524 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 ACCOUNT#: (b)(6); (b)(7)(C)		UNIT #: BH00861890 ROOM/BED: B.ICU18-W
DOB: 06/26/66 AGE: 51 ADM DT: 09/12/17	SEX: M	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:

0	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		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 Q24I1 IV Morphine Sulfate 1 MG Q4H PRN PRN IV Sodium Chloride 250 ML ASDIR IV Sodium Chloride 250 ML ASDIR PRN IV Sodium Chloride 10 ML ASDIR 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

Page 1 of 4

Patient: RUIZ,FELIPE Unit#:BH00861890 Date:09/12/17 BH9023078383

Acct#:

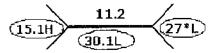
Nicardipine/Sodium Chloride 250 ML .STK-MED ONE IV (DC)

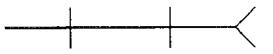
General appearance: alert, awake Head/eyes: normocephalic, PERRL, EOMI, clear cornea Neck: full range of motion, non-tender, normal thyroid, supple/no meningismus, no bruit/NL carotids, no JVD, no lymphadenopathy Cardiovascular: regular rate & rhythm Respiratory/chest: decreased breath sounds Abdomen: soft, non-tender, no distention, no guarding, no mass/organomegaly, no rebound Extremities: moves all, normal capillary refill, no edema Musculoskeletal: full range of motion, normal inspection

Results

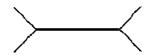
Findings/Data: Laboratory Tests

09/12/17 1200;





09/12/17 1155;



133.0	102	(67H)
4.2	24	(1.36H) 132H

Laboratory Tests

	09/12	09/12	09/12
	1530	1530	1530
Chemistry			. <u>.</u>
Ammonia (11.0 - 32.0 mcMOL/L)			90.0 *11
CK-MB (CK-2) (1.0 - 3.6 NG/ML)	4.9 H		
	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

Patient: RUIZ, FELIPE Unit#:BH00861890 Date:09/12/17 BH9023078383

Acct#:

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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 Billrubin (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 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 # $(2.0 - 13.7 \text{ K/mm3})$	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) $(0.0 - 0.4 \text{ K/mm3})$	0,25
$\frac{1}{1000} = \frac{1}{1000} = 1$	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 1-1
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
Pit Morphology Comment (NORMAL PLTS ON SCAN)	
Polychromasia (NONE ON SCAN)	SLIGHT
Hypochromasia (NONE ON SCAN)	SUGHT
Poikilocytosis (NONE ON SCAN)	SUGUT
Anisocytosis (NONE ON SCAN)	SLIGHT
Ovalocytes (NONE ON SCAN)	FEW
Acanthocytes (Spur) (NONE ON SCAN)	RARE
Schistocytes (NONE ON SCAN)	RARE

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Acct#:

Diagnosis, Assessment & Plan Free Text A&P: GI Bleed: management per GI hypotension : better.

RPT #:0912-0575 ***END OF REPORT***

Page 4 of 4

SSN:

Member ID:

JNS

Referral From: Conroe Regional Medical Center

XXX-XX-5555

028866428

From:	(b)(6); (b)(7)(C)	Το:	IAH IMMIGRATION DETENTION
Phone:	(936) 535 ^{(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 I	atient: RULF		

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	ୀ
Specimen Inquiry	1
0913_12:21:25	1
HISTORY AND PHYSICAL_FAKAL_09122017_B.HIM201709130071.rtf	1
Clinical Rounds Report, 20170913.rtf	7
HISTORY AND PHYSICAL_FAKAL_09122017_B.HIM201709120324.rtf	3
US ABDOMEN LTD_US_09122017_020697791.rtf	1
XR CHEST 1 V_RAD 09122017_020697794.rtf	1

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9/13/2017			HCA Cor	porate				PAGE 1
11:41 AM	Insura	uce Certi	fication Rep	ort - Sele	cted Revie	ew - IQ		
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	9/12/2017 8:		dm Phys		MD MD			BHCOB61690 Conroe Regio
	CR-3 INTENSI		tt Phys ch Date:				rac.	Confide Regio
Accommodation:	B.ICU16-W		nc Type: INP	ATTENT (TUD	atient			
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Work Phone:	999-999-9999						SSN:	<blocked></blocked>
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Emer Contacts:			•• •• 1	000 000 0	000	77 ~ ~ '	Tel:	
	RUIZ, FFATPE		Home Tel:	930-907-3	000	WOLA	TET:	
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HCM Diagnosis:								
HCM Procedure:								
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36.0	6, 57, 109/68	ro 89/54,	94 8					

PAGE 2 9/13/2017 HCA Corporate Insurance Cortification Report - Selected Review - IQ 11:41 AM CONFIDENTIAL PATIENT INFORMATION For Facility: Conroe Regional Medical Center Age: 51Y DOB: 6/26/1966 ACC1 No .: (b)(6); (b)(7)(C) Patient Name: RUIZ, FELIPE Facility: Conroe Regional Medical Center 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, PIT 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:

1

Review DateReviewer ID 9/13/2017 (b)(6); (b)(7)(C) Intergual Version: Intergual@ 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, >= Cne: Titration q1-2h and monitoring InterQual® and CareEnhance® Review Manager © 2017 McKesson

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9/13/2017HCA CorporatePAGE 311:41 AMInsurance Certification Report - Selected Review - IQ
CONFIDENTIAL PATIENT INFORMATION

For Facility: Conroe Regional Medical Center

Acct No.: BH9023078383 Patient Name: RUIZ,FELIPE Age: 51% DOB: 6/26/1966 Facility: Conroe Regional Medical Center

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	<u></u>
FAX:	(b)(6); (b)(7)(C)
FAX:	

(b)(6); 936-585-4(b)(7)(C) 936-585-4

Campus: C St: ADM

Patient Name: RUIZ, FELIPE

Unit No: BH00861890

EXAMS:

020697794 RAD/XR CHEST 1 V To be performed PORTABLE? Travel Mode: Isolation Type: Reason for Exam: leucocytosis Comments: *?

Location: T 18

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

CLINICAL HISTORY: Leukocytosis, ICU patient.

Comparison exams: None of the chest

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

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

CC :	
Dictated Date/Time: 09/12/20 Technologist: (b)(6); (b)(7)(C) Transcribed Date/Time: 09/12 Orig Print D/T: S: 09/12/201	(b)(6); (b)(7)(C) 2/2017 (1726) By:
CONROE MED CTR IN/OBS	NAME: RUIZ, FELIPE

CONROE MED CTR IN/OBS	NAME: RUIZ, FELIPE
MEDICAL IMAGING	PHYS : (b)(6); (b)(7)(C)
504 MEDICAL CENTER BLVD	DOB: 06/ <u>26/1966 AGE: 51</u> SEX: M
CONROE, TEXAS 77304	ACCT NO ((b)(6); (b)(7)(C) _OC: B.ICU18 W
PHONE #: 936-539-7026	EXAM DATE: 09/12/2017 STATUS: ADM IN
FAX #: 936-539-7681	RAD NO: DC Dt:
	Printed From PCI

Patient Name: RUIZ, FELIPE

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. Unremarkable right kidney and visualized portions of the abdominal 2. NAME: <u>RUIZ, FELIPE</u> CONROE MED CTR IN/OBS (b)(6); (b)(7)(C) MEDICAL IMAGING PHYS: DOB: (b)(6); (b)(7)(C) AGE: 51 SEX: M 504 MEDICAL CENTER BLVD ACCT NO: (b)(6); (b)(7)(C) LOC: B.ICU18 W CONROE, TEXAS 77304 PHONE #: 936-539-7026 EXAM DATE: 09/12/2017 STATUS: ADM IN RAD NO: FAX #: 936-539-7681 Signed Report Printed From PCI (CONTINUED) Page 1

Patient Name: RUIZ, FELIFE

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	(b)(6); (b)(7)(C)	on 09/12/2017 at 1909 *	r 🛪
	Reported	and signed b	y : (b)(6); (b)(7)(C)	

(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 MED CTR IN/OBSNAME: RUIZ,FELIPEMEDICAL IMAGINGPHYS: f(b)(6); (b)(7)(C)504 MEDICAL CENTER BLVDDOB: 06/26/1966 AGE: 51CONROE, TEXAS 77304ACCT NO: BH9023078383 LOC: B.ICUIB WPHONE #: 936-539-7026EXAM DATE: 09/12/2017 STATUS: ADM INFAX #: 936-539-7681RAD NO:Page 2Signed Report

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: E.ICU18 AGE: 51 SEX: M

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

PATIENT NAME: RUIZ, FELIPE

Run: 09/13/17-11:22 by

ACCOUNT #: (b)(6): (b)(7)(C)

Patient (Care	Inquiry	(PCI:	OE	Database	COCCR
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DRAFT COPY

(b)(6); (b)(7)(C) 2020-ICLI-00006 2769

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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 placelet 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.

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

WT: HP:B.HIM/FAKAL/NTS DD: 09/12/2017 15:22:12

PATIENT NAME: RUIZ, FELIPE

 Patient Care Inquiry (PCI: OE Database COCCR)
 DRAFT COFY

 Run: 09/13/17-11:22 by
 (b)(6); (b)(7)(C)
 Fage 2 of 3

DT: 09/12/2017 19:48:10 Conf#: 2035335/DID#: 3991040

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: BH9023078383

Patient	Care	Inquiry	{FCI:	OE	Database	COCCR)		DRAFT	CC	DPY	
Run: 09	/13/17	7-11:22	(b)(6); (l by)(7)(C		20-ICLI-00006	2771	Page	3	of	3

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

PATIENT: RUIZ, FELIPE ACCOUNT#: [b)(6); (b)(7)(C) DOB: 06/26/66 AGE: 51 SEX: M ADM DT: 09/12/17 UNIT #: BH00861890

ROOM/BED	R TCUI8-W	
ATTEND:	(b)(6); (b)(7)(C)	
AUTHOR :		

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

History

Medications:

Home Medications:

Medication	Dose/Rte/Freq	Days	Qty	Entered	Last
	Max Daily Dose		2001-01		Reviewed
SERTRALINE (ZOLOFT)	100 MG PO DAILY			09/12/17	09/12/17
Strength: 100 MG TAB	54737 (7354)		-2020/00/154	1103	1104
traZODone (DESYREL)	50 MG PO BEDTIME			09/12/17	09/12/17
Strength: 50 MG TAB				1103	1104
FOLICACID	1 MG PO DAILY			09/12/17	09/12/17
Strength: 1 MG TAB				1103	1104
OMEPRAZOLE ER (PriLOSEC)	40 MG PO DAILY			09/12/17	09/12/17
Strength: 40 MG CAP.DR				1104	1104
SPIRONOLACTONE	25 MG PO BID	8		09/12/17	09/12/17
(ALDACTONE)	control of anti-control control of 96			1104	1104
Strength: 25 MG TAB					11 - 17 A

Current Hospital Medications: Anti-Infective Agents

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

Cardiovascular Drugs

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Metoprolol Succinate (TOPROL XL)		PO	09/12 1700 10/12 1701		09/12 1626
Labetalol HCI (TRANDATE)		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	

Acct#:

(CARDENE-NACL 50 MG/ 250 ML IV)	:			!
Nicardipine/Sodium	250 ML ,STR-MED ONE	09/12 0953	DC	09/12
Chloride (CARDENE-NACL 50 MG/	IV :			0959
250 ML IV)				

Central Nervous System Agents

		Sig/Sch	Start time		Last
Medication	Dose	Route			Admin
Trazodone HCI	50 MG	BEDTIME	09/12 2100	AC	09/12
(DESYREL)		PO	10/12 2101		2015
Sertraline HCI	100 MG	TDAILY	09/12 1700	AC	09/12
(ZOLOFT)		PO · · ·	10/12 1701		1626
Morphine Sulfate	1 MG	Q4H PRN PRN			
(MORPHINE SULFATE)		IV	10/12 1516		

Electrolytic, Caloric, And Wat

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

Gastrointestinal Drugs

	-	Sig/Sch	Start time		Last
Medication	Dose	Route			Admin
Pantoprazole	40 MG	Q12HR	09/12 2100	AC	09/12
(PROTONIX)		IV	10/12 2101		2015
Ondansetron HC	4 MG	Q4H PRN PRN			09/12
(ZOFRAN)		IV	10/12 1516		1625

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Acct#:

Vitamins

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

Allergies: Coded Allergies: No Known Allergies (09/12/17)

Objective

Physical Exam VS/I&O:

Last Documented:

		Date Time
Pulse Ox		09/12 2000
B/P		09/12 2000
Pulse		09/12 2000
Resp		09/12 2000
Temp		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

Page 3 of 8

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

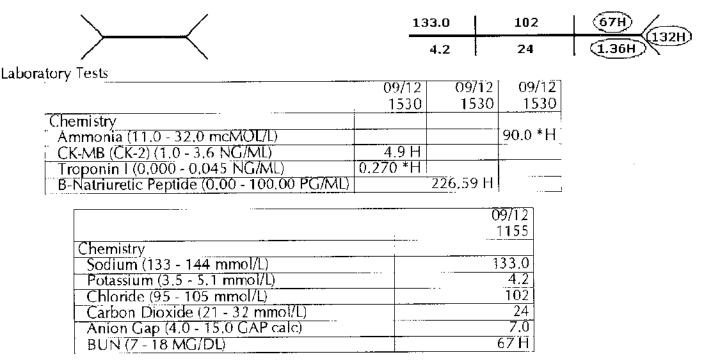
Results Findings/Data: Laboratory Tests

09/12/17 1200:

	11.2	1577
(15.1H)	30.1L)	(2)*1



09/12/17 1155:



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2020-ICLI-00006 2775

Acct#:

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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)	13211
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)	15.111
RBC (3,8 - 5.5 M/mm3)	3,50 L
Hgb (10.6 - 15.8 G/DL)	11.2
Hct (36.0 - 47.4 %)	<u>30.1 L</u>
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 []
Plt Count (155 - 337 K/mm3)	<u>27 * L</u>
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

Acct#:

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. <u>2 H</u>
Seg Neutrophils % (40 - 75 %)	73
Lymphocytes % (Manual) (12.6 - 43.5 %)	12 L
Monocytes % (Manual) (4.2 - 12.7 %)	14 <u>H</u>
Eosinophils % (Manual) (0.0 - 5.2 %)	1
Nucleated RBC % (0.0 - 1.0 /100WBC%)	1,71
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	
	NonReactive
Thep 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

Page 6 of 8

visualized on this examination. 2. Unremarkable right kidney and visualized portions of the abdominal aorta and IVC, (b)(6); (b)(7)(C) Impression By: t,SDR,RH16 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

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Acct#:

hematemesis. PSYCH: depression.

Vitals as above: General appearance: alert, awake, oriented Head/Eyes: atraumatic, EOMI, icteric ENT: moist mucosal membranes Cardiovascular: regular rate & rhythm, normal heart sounds Respiratory: clear to auscultation, no distress, no tenderness, aerating well Abdomen/GI: active bowel sounds, soft, non tenderness Extremities: moves all, no edema-all 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 plauned tomorrow NPO for now Follow up CBC in the AM Electronically Signed by on 09/12/17 at 2054

RPT #:0912-0667 ***END OF REPORT***

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Acct#:

PATIENT: RUIZ, FE FD: RESDR: (b)(6); (b)(7)(C)	LIPE OD: ABBA		(6); (b)(7)(C) K: 51/M S: ADM: LN	LOC: B ICU4 ROOM: B ICU18 BED: W	U#: BH0086189(REG: 09/12/17 DIS:
0912:CR;H00272R	COMP, Coll:	09/12/17-2020 Recd	: 09/12/17-2	059 (R#07673889)	
Test		Result	Flag	Reference	Site Verified
<u>CBC</u> > WBC		8.9		 4.1-12.1 k/mm3	
	880-00 (<u>800-10</u>			de la proprio de la construcción de 1996. A construcción de la construcción d	09/12/17-2105
> RBC	energia en la la <u>la secta en</u>	2.78	l L	3.8-5.5 M/mm3	09/12/17-2105
> HGB		9.0		10.6-15.8 G/DI	 09/12/17-2105
> HCT		24.6	<u></u>	36.0-47.4 %	
> MCV		88.5		80.1-101.1 fL	09/12/17-2105
> MC1					09/12/17-2105
> MCH		32.4		25.3~35.3 pg	09/12/17-2105
> MCHC		36.6	#	32.7-35.1 G/DI	
> RDW		17.2	<i>H</i>	12.2-16.4 %	09/12/17-2105
	ter i ser i se			an Nationadaeta († 1946 - 1946 - 1947) 1945 - Dalemanne Sandriger, filozofie	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	a javasi ven e becardereca
> MPV		11.1	<i>H</i>	7.6-10.4 fL	0\$/12/17-2105
			F	1 7 8 87 6 8	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
> глиьн \$	999. (*	11.4	L	14.1-45.4 %	
> MONO &		11.9		2.5-11.7 %	09/12/17-2105
					09/12/17-2105
> EOS %		1.8		0.0-6.2 ≹	 09/12/17-2105
> BASO %		0.1		0.0-2.6 %	
> NRBC% per100%	RBC	0.8		0.0-1.0 /100W	09/12/17-2105 BC%
					09/12/17-2105
> NEUT #		6.21		2.0-13.7 K/mm	3 09/12/17-2105
> IMM GRAN #		0.44] H	0.00-0.03 K/m	m3
> lymph #		1.01	2012200 988 0 119880 	0.6-3.8 K/mm3	09/12/17-2105
			······································		09/12/17-2105
> MONO #		1.06	H	0.11-0.59 K/m	m3 09/12/17÷21050

SPEC #: 09	12.CR H00272R	PATIENT :	RUIZ, FELAI	5E:	#	BH90230783	83 (Continued
Test			Result	T T	'lag Refe	rence	Site
> EOS #			0.16		0.0-0	4 K/mm3	1
s Baso #			0.01	anna an saoinn an saoinn		l K∕mm3	09/12/17-2105 09/12/17-2105
> NRBC#			0.07		H 0.00-	0.05 K/mm3	09/12/17-2105

Age/Sex: 51/M Acct#BH9023078383 Unit#BH00861890

2020-ICLI-00006 2781

Name: RUIZ, FELIPE

PATIENT: RUIZ, FELIPE	ACCT#: (b)(6), (b)(7)(C) LOC: B.ICU4 U#: BH0086189
FD: OD: A	BEAL AGE/SX: 51/M ROOM: B.ICU18 REG: 0.9/12/17
RESDR ^{(b)(6); (b)(7)(C)}	ANSNA STATUS: ADM IN BED: W DIS:
17:CR:BC00114195 RES, Col	l: 09/12/17-1530 Recd: 09/12/17-1619 (R#07673570 ^{(b)(6); (b)(7)(C)}
Source: BLOOD	Desc: PERIPHERAL
Procedure	Result Verified Site

Name: RUIZ, FELIPE

Age/Sex: 51/M Acct#BH9023078383 Unit#BH00861890

PATIENT: RUIZ,FELIPE FD: OD: ABBAL	
RESDR: Ansari, Nazia MD ANSN	IA STATUS: ADM.IN BED: W. DIS:
	/b\/c\·/b\/7\/c\
17:CR:BC00114205 RES, Coll: 09/12/ Source: BLOOD	(17-1530 Recd: 09/12/17-1619 (R#07673570) (b)(6); (b)(7)(C) Desc: PERIPHERAL

Acct#BH9023078383 Unit#BH00861890

______ Age/Sex: 51/M

Name : RUIZ, FELIPE

ATTENT: RUIZ, FEL	IPE OD: ABBA	l. Ag	(b)(6); (b)(7)(C) E/SX: 51/M	LOC: B ICU4 ROOM: B ICU18	U#: EH0086189(REG: 09/12/17
ESDR: ((b)(6), (b)(7)(C)			ATUS: ADM IN	BED: W	DIS:
913:CR:H00074R	COMP, Coll:	09/13/17-0420 R	ecd: 09/13/17-0	614 (R#07673573	- }
Test		Result	Flag	Reference	Site Verified
<u>Cec</u> WBC		5.9		4.1-12.1 k/mr	
RBC		2.60	L	3.8-5.5 M/mm3	09/13/17-0649 8
HGB		8.4		10.6-15.8 G/I	09/13/17-0649 DL
				36.0-47.4 %	09/13/17-0649
HCT		23.8]] L		09/11/17-0649
MCV		91.5		80.1-101.1 fl	 09/13/17-06 4 9
MCH		32.3		25.3-35.3 pg	09/13/17-0649
MCHC		35.3	<i>H</i>	32.7-35.1 G/I	CL
RD₩	1997 - 199 <u>8 - 1997</u> 	18,3	H	12.2-16.4 %	09/13/17-0649
RDN-SD		54.3] Н	35.1-43.9 fL	09/13/17-0649
			*L	155-337 K/mm	09/13/17-0649
PLT		35			09/13/17-0649
		09/13/17 AT 0647, ort was confirmed			
MPV		11.9	H	7.6-10.4 fL	 09/13/17-0649
NEUT 🗧		67.б		37.8-82.6 %	
IMM GRAN %		4.3	H	0.0-2.0 %	09/13/17-0649
LYMFH %		13.6])	14.1-45.4 %	09/13/17-0649
					09/13/17-0649
MONO ¥		11.6		2.5-11.7 &	 09/13/17-0649
EO5 %	litter (Constantion)	2.7		0.0-6.2 *	09/13/17-0649
BASO %		0.2		0.0-2.6 %	09/13/17-0649
NRBC% per100W	BC	0.3		0.0-1.0 /100	WBC*
NEUT #		3.98		2.0-13.7 K/m	
IMM GRAN #		0.25		0.00-0.03 K/	09/13/17-0649 mm3
			<u>Frank i Sa</u>		09/13/17-0649
LYMPH #		0.80	 Extension Metaleonoonaa	0.6-3.8 K/mm	3 09/13/17-0649

BPEC #: 0913 CR H0007	4R PATIENT: RUIZ	FELIPE	#BH90	23078383 (Continued)
8				e Ste
Test	Rep	115	Flag Referenc	e ste Verified
s Mono #	.	68	H C.11-0.59	∴K/mm3 09/13/17-0649
	0		Q.0+0-4 B	09/13/17-0649
	0.1		0.0-0.1 F	09/13/17-0649
* NRBC#	a.)	9∠		09/13/17-0649

Age/Sex: 51/M Acct#BH9023078383 Unit#BH00861890

Name: RUIZ, FELIPE

	*** Med.Director:		CAP#21190	
CIENT: RUIZ, FELIPE OE SDR: ((b)(6), (b)(7)(C)	ACCT#: (b)(6).(): ABBAL AGF/SX: ANSNA STATUS:	51/M	LOC: B ICU4 ROOM: B.ICU18 BED: W	U#: BH0086189 REG: 09/12/17 DIS:
	Coll: 09/13/17-0420 Recd: 0			
L3:CR:C00117R COMP,	COII: 09/13/17-0420 Recu. 0	· // IJ/ I/- 00	JI4 (M#0/0/33/1)	
Test	Result	Flag	Reference	Site Verified
COMP METABOLIC				
NA	138.0		133-144 mmol/J	- 09/13/17-0653
K	3.8		3.5-5.1 mmol/1	んしん かたかな たいしょうかかい かくれた しかいしい
AT	107	H	95-105 mmol/L	09/13/17-0653
CL		**		09/13/17-0653
CO2	23		21-32 mmol/L	
ANION GAP	8.0		4.0-15.0 GAP (09/13/17-0653 calc
ANION GAP				09/13/17-0653
GLU	57		70-110 MG/DL] 09/13/17-0653
BUN	40	 D H	7-18 MG/DL	
				09/13/17-0653
GFR	100	1	>60 estGFR	09/13/17-0653
99900	The estimated glomerular 1	Eiltration	rate is comput	ed using
	· "你们,你们不是你的,你们不是你的,你们就是你们的你?""你们,你们不是你们的你?""你们,你们不是你们,你们不是你们,你们不是你们,你们不是你们,你们不是你			a wear and the hear the second second
	patient race, age, bex, ar	nd serum a	reatinine. If	n not
	needed data elements are n	nissing th	e Laboratory ca.	n not
	needed data elements are n compute an estimation of t The GFR value units = ml/n	nissing th the glomer nin/1.73 m	e Laboratory ca ular filtration eter squared.	n not 14te. Estimated
	needed data elements are n compute an estimation of (The GFR value units = ml/n GFR values above 60 should	nissing th the glomer nin/1.73 m	e Laboratory ca ular filtration eter squared.	n not Tate Estimated
	needed data elements are n compute an estimation of (The GFR value units = ml/r GFR values above 60 should exact number. DRUG DOSAGE ALERT	nissing th the glomer nin/1.73 m 1 be inter	e Laboratory ca ular filtration eter squared. preted as >60,	n not inte. Estimated not an
	needed data elements are n compute an estimation of (The GFR value units = ml/n GFR values above 60 should exact number. DRUG DOSAGE ALERT Drug dosage adjustments up	nissing th the glomer nin/1.73 m 1 be inter	e Laboratory ca ular filtration eter squared. preted as >60,	n not inte. Estimated not an
CREAT	needed data elements are n compute an estimation of (The GFR value units = ml/r GFR values above 60 should exact number. DRUG DOSAGE ALERT	nissing th the glomer nin/1.73 m 1 be inter	e Laboratory ca ular filtration eter squared. preted as >60,	n not rate. Estimated not an ion
CREAT	needed data elements are n compute an estimation of (The GFR value units = ml/n GFR values above 60 should exact number. DRUG DOSAGE ALERT Drug dosage adjustments up parameters 0.81	nissing th the glomer nin/1.73 m 1 be inter tilize dif	e Laboratory ca ular filtration eter squared. preted as >60, ferent calculat 0.55-1.30 MG/	n not rate. Estimated not an ion
CREAT	needed data elements are n compute an estimation of (The GFR value units = ml/n GFR values above 60 should exact number. DRUG DOSAGE ALERT Drug dosage adjustments up parameters 0.81 Results may be depressed .	nissing th the glomer nin/1.73 m 1 be inter tilize dif if patient	e Laboratory ca ular filtration eter squared. preted as >60, ferent calculat 0.55-1.30 MG/ is taking	n not rate. Estimated not an ion DL
CREAT T. PROT	needed data elements are n compute an estimation of (The GFR value units = ml/n GFR values above 60 should exact number. DRUG DOSAGE ALERT Drug dosage adjustments up parameters 0.81	nissing th the glomer nin/1.73 m 1 be inter tilize dif if patient	e Laboratory ca ular filtration eter squared. preted as >60, ferent calculat 0.55-1.30 MG/ is taking	n not rate. Estimated not an ion DL 09/13/17-0653
T. PROT	needed data elements are n compute an estimation of t The GFR value units = ml/r GFR values above 60 should exact number. DRUG DOSAGE ALERT Drug dosage adjustments ut parameters 0.81 Results may be depressed : N-Acetylcysteine (NAC) and 4.8	nissing th the glomer nin/1.73 m 1 be inter tilize dif if patient 1 Metamizo 	e Laboratory ca. ular filtration eter squared. preted as >60, ferent calculat 0.55-1.30 MG/ is taking le (Dipyrone) 6.4-8.2 G/DL	n not rate. Estimated not an ion DL
	needed data elements are n compute an estimation of t The GFR value units = ml/r GFR values above 60 should exact number. DRUG DOSAGE ALERT Drug dosage adjustments ut parameters 0.81 Results may be depressed : N-Acetylcysteine (NAC) and	nissing th the glomer nin/1.73 m 1 be inter tilize dif if patient <u>1 Me</u> tamizo	e Laboratory ca ular filtration eter squared. preted as >60, ferent calculat 0.55-1.30 MG/ is taking 1e (Dipyrone)	n not rate. Estimated not an ion DL 09/13/17-0653
T. PROT	needed data elements are n compute an estimation of t The GFR value units = ml/r GFR values above 60 should exact number. DRUG DOSAGE ALERT Drug dosage adjustments ut parameters 0.81 Results may be depressed : N-Acetylcysteine (NAC) and 4.8	nissing th the glomer nin/1.73 m 1 be inter tilize dif if patient 1 Metamizo 	e Laboratory ca. ular filtration eter squared. preted as >60, ferent calculat 0.55-1.30 MG/ is taking le (Dipyrone) 6.4-8.2 G/DL	n not rate. Estimated not an ion DL 09/13/17-0653 09/13/17-0653
T.PROT ALB A/G RATIO	needed data elements are n compute an estimation of 1 The GFR value units = m1/n GFR values above 60 should exact number. DRUG DOSAGE ALERT Drug dosage adjustments un parameters 0.81 Results may be depressed : N-Acetylcysteine (NAC) and 4.8 2.4	nissing th the glomer nin/1.73 m 1 be inter tilize dif if patient 1 Metamizo L L	e Laboratory ca. ular filtration eter squared. preted as >60, ferent calculat 0.55-1.30 MG/ is taking le (Dipyrone) 6.4-8.2 G/DL 3.4-5.0 G/DL 1.2-2.2 RATIO	n not rate. Estimated not an ion DL 09/13/17-0653 09/13/17-0653 09/13/17-0653
T.PROT ALB	needed data elements are n compute an estimation of 1 The GFR value units = m1/n GFR values above 60 should exact number. DRUG DOSAGE ALERT Drug dosage adjustments un parameters 0.81 Results may be depressed . N-Acetylcysteine (NAC) and 4.8	nissing th the glomer nin/1.73 m 1 be inter tilize dif if patient 1 Metamizo L L L	e Laboratory ca. ular filtration eter squared. preted as >60, ferent calculat 0.55-1.30 MG/ is taking le (Dipyrone) 6.4-8.2 G/DL 3.4-5.0 G/DL 1.2-2.2 RATIO 8.5-10.1 MG/D	n not rate. Estimated not an ion DL 09/13/17-0653 09/13/17-0653 09/13/17-0653 L 09/13/17-0653 L
T.PROT ALB A/G RATIO	needed data elements are n compute an estimation of 1 The GFR value units = m1/n GFR values above 60 should exact number. DRUG DOSAGE ALERT Drug dosage adjustments un parameters 0.81 Results may be depressed : N-Acetylcysteine (NAC) and 4.8 2.4	nissing th the glomer nin/1.73 m 1 be inter tilize dif if patient 1 Metamizo L L	e Laboratory ca. ular filtration eter squared. preted as >60, ferent calculat 0.55-1.30 MG/ is taking le (Dipyrone) 6.4-8.2 G/DL 3.4-5.0 G/DL 1.2-2.2 RATIO	n not rate. Estimated not an ion DL 09/13/17-0653 09/13/17-0653 09/13/17-0653 L 09/13/17-0653 L 09/13/17-0653 L
T.PROT ALB A/G RATIO CA BILT	needed data elements are n compute an estimation of t The GFR value units = m1/n GFR values above 60 should exact number. DRUG DOSAGE ALERT Drug dosage adjustments ut parameters 0.81 Results may be depressed in N-Acetylcysteine (NAC) and 4.8 2.4 2.4 7.5	nissing th the glomer nin/1.73 m 1 be inter tilize dif if patient 1 Metamizo L L L	e Laboratory ca. ular filtration eter squared. preted as >60, ferent calculat 0.55-1.30 MG/ is taking le (Dipyrone) 6.4-8.2 G/DL 3.4-5.0 G/DL 1.2-2.2 RATIO 8.5-10.1 MG/D	n not rate. Estimated not an ion DL 09/13/17-0653 09/13/17-0653 09/13/17-0653 L 09/13/17-0653 DL 09/13/17-0653
T.PROT ALB A/G RATIO CA	needed data elements are n compute an estimation of t The GFR value units = m1/n GFR values above 60 should exact number. DRUG DOSAGE ALERT Drug dosage adjustments ut parameters 0.81 Results may be depressed : N-Acetylcysteine (NAC) and 4.8 2.4 1.0 3.15	nissing th the glomer nin/1.73 m 1 be inter tilize dif if patient 1 Metamizo L L L L	<pre>e Laboratory ca. ular f1ltration eter squared. preted as >60; ferent calculat 0.55-1.30 MG/ is taking 1e (Dipyrone) 6.4-8.2 G/DL 3.4-5.0 G/DL 1.2-2.2 RATIO 8.5-10.1 MG/D 0.00-1.00 MG/</pre>	n not rate. Estimated not an ion DL 09/13/17-0653 09/13/17-0653 L 09/13/17-0653 L 09/13/17-0653 DL 09/13/17-0653 DL 09/13/17-0653

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SPEC #: 0913.CR:C00117R PAT	TENT: RUIZ, FELIPE		BH9023078383 (Contin	jued)
Test	Result	Flag Ref.	erence . Verified	Site
~	61		- 7 Unit/L 09/13/17-00	653
ALT	44	12-7		
		45-1	09/13/17-00	653
* INDEX HEMOLYSIS	1 NORMAL <10 MG	Control of the contro	RMAL Index/DL 09/13/17-0	
> TNDEX ICTERIC	2 TRACE 2+5 MG		RMAL Index/DL 09/13/17-0	653
> INDEX LIPEMIA	1 NORMAL <\$0 MG	I NO	RMAL Index/DL 09/13/17-0	653

Age/Sex: 51/M Acet#BH9023078383 Unit#BH00861890

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Name: RUIZ, FELIPE

Specimen Inqu *** CONFIDEN	ilry Report TIAL *** Med	Conroe Regio		Center, Conroe T D CAP#21190-	х 10
PATIENT: RUIZ, FEL FD: RESDR: (b)(6); (b)(7)(C)	OD: ABEAL	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1))(6) (b)(7)(C) 3X: 51/M JS: ADM IN	LOC: B IC04 ROOM: B.ICU18 BED: W	U#: EH00861890 REG: 09/12/17 DIS:
0913:CR:CG00015R	COMP, Coll: 09/	13/17-0420 Recd	l: 09/13/17-0	514 (R#07673576)	
Test		Result	7lag	Reference	Site Verified
PT > PT PATIENT		16.6		9.4-12.5 SECON	īDS
> FI FAILENI > INR	 	1.46	/ H	0.85-1.11 INR	09/13/17-0702
		rtic range for : Prophylaxis / 1	INR is depend vencus thromb	ent upon the sit cembolism, Treat	uation. .ment of
		DVT, Acute myod Systemic embol:	cardial infar ísm preventio	ction stroke pre n in fibrillatio	evention, on
		AMI recurrence prevention in p AMI mortality	prosthetic he	Systemic emboli: art	741

Name: RUIZ, FELIPE

Age/Sex: 51/M

Acct#BH9023078383 Unit#BH00861890

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	13			
0913-0004	CONROE REGIONAL	MEDICAL CENTE	R	
	504 Medical Co	enter Blvd.		
	Conroe, Tex:	as 77304		
PATIENT NAME: RUIZ	, FELIPE	ADMIT	DATE:	09/12/17
ACCOUNT NO: BH9023	1078383	ROC	M NO:	B.ICU18
MEDICAL RECORD NO:	BH00861890		AGE:	51
REPORT TYPE: ELECT	ROCARDIOGRAM		SEX:	м
ADMITTING PHYSICIA	(b)(6); (b)(7)(C)			
ATTENDING PHYSICIA	n			
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 QRS Dur : 078 ms P-R Int : 182 ms P-R-T Axes : -14 009 032 degrees QT Int : 416 ms 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 (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) Confirmed by Referred By

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

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: BH9023078383

Patient Care I	nguiry (PCI: 0)	3 Database COCCR)		
Run: 09/13/17-	(b)(6);(b)(7	2020-ICLI-00006	2789	Page 1 of 1

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.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.

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

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

PATIENT NAME: RUIZ, FELIPE

Patie	ent	Care	Inquiry	(PCI:	OE	Database	COCCR)		DRAFT	CC	PY	
Run:	09/	13/17	/-11:21 k	(b)(6); (b)(7)(C)		20-ICLI-00006	2790	Page	1	of	1.

PATIENT: RUIZ, FELIP	E BBAL	ACCT#: (b)(6); (b)(7)(C) AGE/SX: 51/M		U#: BH00861890 REG: 09/12/17
(b)(6); (b)(7)(C)	Ansna	STATUS: ADM IN		DIS:
<u></u>				
17:CR:B0015805R RE	CS, Coll: 09/12/17-15	530 Recd: 09/12/17-1	.619 (R#07673572)	Fakhri,Alifiya
Source: URINE		Desc: CLEAN CATCH		
		114	Verified	Site
Procedure	Resi		아이는 아이에 아이에 가지 봐도 봐. 그 가 그 그 그 그 나 나 나 나 나 나 나 나 나 나 나 나 나 나	Construction of the state of the second states of t

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		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 :	
MD		20 312 20 20 20 20 20 20 20 20 20 20 20 20 20	

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* 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***

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

PATILENT NAME: RUIZ, FELIPE	ADMIT DATE:	09/12/17
ACCOUNT NO: (b)(6); (b)(7)(C)	ROOM NC:	B.ICU18
MEDICAL RECORD NO: BH00861890	AGE:	51
REPORT TYPE: HISTORY AND PHYSICAL	SEX:	М
ADMITTING PHYSICIAN:	7	

ADMISSION DATE: 09/12/2017

ADDENDUM TO THE HISTORY AND PHYSICAL REPORT:

Confirmation #2035335

ATTENDING PHYSICIAN

0913-0071

Flease 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 19:04:36 Conf#: 2035363/DTD#: 3991068

PATIENT NAME: RUIZ, FELTPE

ACCOUNT #: BH9023078393

RUIZ, FELIPE	NURS: B.ICU4	MR: BHC0861890
ACCT: (b)(6); (b)(7)(C)	BED: B.ICU18-W	
SEX: M DOB: 06/26/66 AGE:	51 ADMIT: 09/12/17 AV	v pr: (b)(6); (b)(7)(C)
This report is NOT part of	the permanent medical record pro	cess per Company Policy.

NOTE: Iruncated results are preceded by '-->'. Please Consult chart for entire result.

ALLERGIES

Coded Allergies Reaction

No Known Allergies

MED	CURRENT MEDICAT	DOSE	SIG/SCH	ROJTE	START	ated Orde STOP ST
				KOJIE	START	STOP SI
CARDENE-NACL 50 MG/250	ML IV	256 ML	ASDIR	IV	09/12	10/12
CHRONULAC 20 GM/30 ML		30 MT.	31D	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
AORPHINE SULFATE		1 MG	>Q4H PRN	IV	09/12	10/12
NORMAL SALINE 250 ML		250 ML	ASDIR/PRN	1V	09/12	10/12
NORMAL SALINE 250 ML		250 ML	ASDIR	IV	09/12	09/13
Y LUOI'CN1 X		40 MG	Q12HR	IV	09/12	10/12
SODIUM CHLORIDE 0.9% 1	U00 ML	1000 ML	.Q13H2OM	IV	09/12	10/12
SODIUM CHLORIDE 0.9% 2	.OML	1.C ML	ASDIR	TV	09/12	10/12
OPROL XI		12.5 MG	DAILY	PO	09/12	10/12
RANDATE		10 MG	>Q4H PRN	IV	09/12	10/12
CFRAN		4 MG	>Q4H PRN	TV	09/12	10/12
CLOFT		100 MG	DAILY	PO	natra	10/12

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

aorta and IVC.

	LABORATORY INFORMATION 09/12/17 20:20	- FROM: 09/12/17 15:30	09/12/17 0000 TO 09/12/17 12:00	: 09/13/17 0236 09/12/17 11:55
HEMATOLOGY				
WEC	8.9		H 15.1	
REC	L 2.79		L 3.50	
HGB	L 9.0		11.2	

1245

HCT	L 24.6		L 30.1			
MCV	68.5		86.0			
MCH	32.4		32.0			
MCHC	Н 36.6		н 37.2			
RDW	н 17.2		н 57.2 К 17.2			
RDW~SD	П 17.2 П 50.6					
			H 49.1			
PLT	L 55		*L 27			
MPV	H 11.1		10.3			
GRAN %	69.9 		65.8			
IMM CRAN %	Н 4.9		Н 7.2			
	LABORATORY INFORMATION					
	09/12/17	09/12/17	09/12/17		09/12/17	
	20:20	15:30	12:00		11:55	
LYMPH %			- ·			
MONO %	L 11-4		L 12.1			
	н 11.9		H 12.7			
EOS %	1.8		1.7			
BASO %	0.1		0.5			
NRBC%	0.8		H 1.7			
GRAN #	6.21		Н 9.95			
IMM GRAN #	氏 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		Н 0.25			
MAN DIFF NEE	DED		>MAN CIFA	?		
TOTAL CELLS			100			
SEC			73			
LYMPH			L 12			
MONOCYTE			H 14			
EOS			1			
NREC			Н 7			
POLYCHROM			SLIGET			
НҮРС			SLICHT			
POIK			SLIGHT			
ANISO			SLIGHT			
OVALOCYTES			FEW			
SCHISTO			RARE			
TOXIC GRANUL	ųΨ		SLIGHT			
ACANTHOCYTES	11					
PLT EST			RARE			
			L MRK DECR			
PLT MORPH			LARGE RARE			
COAGUIATION						
PT PATIENT			Н 17.3			
INR			Н 1.52			
PTT during during			29.4			
CHEMJ STRY						
NA					133.0	
ĸ					4.2	
CL					102	
CC 2					24	

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2020-ICLI-00006 2795

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		7.0
ANION GAF		7.0
GLU		Н 132
BUN		н 67
GFR		L 55
CREAT		н 1.36
T. PROT		L 5.4
ALB		L 2.9
A/G RATIO		1.2
CA		ь 7.8
BILT		н 6.56
BILD		II 3.35
BILL INDIRECT		Н 3.21
AST		E 81
ALT		49
ALKP TOTAL		107
АММ	*H 90.0	
BNF	H 226.59	
CKMB	н 4.9	
TROPI	*H 0.270	
INDEX HEMOLYSIS		>2 TRACE 1
INDEX ICTERIC	н. Н	>3 \$MALL
TWDRY TCIERTC		e la contraction

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.

		DN - FRCM: 09 09/12/17 15:30	09/12/17	09/12/17
INDEX LIPEMI	A			
SEROLOCY				
HAVMAB		>NonReacti		
HBSAG		>NEG NONRE		
HB CCRE 1GM		>NonReacti		
HCAAB		NR		
		FROM: 09/12/17 C9/13/17 C1:CO	09/13/17	09/12/17
Temp F				
Temp C	59	58	54	75
Pulse Resp	59 13	12	17	30
B/P:		86/50		
SPO2%	94	94	97	97
		09/12/17 22:00		
				

2020-ICLI-00006 2796

.<u>.</u>....

Temp F Temp C Pulse Resp E/P: SPO2%	62 15 97	63 16 90/53 98	66 16 98	64 16 97
	09/12/17 21:15	09/12/17 21:01	09/12/17 21:05	09/12/17 20:45
Temp F Temp C Pulse Resp B/P:	67 17 96	83 30 92/66 93	 77 29 95	 66 13 95
SPO2%	09/12/17 20:30	09/12/17 20:15	93 09/12/17 20:00	09/12/17 19:45
Temp F Temp C Pulse Resp B/P: SPC2%	୦୧ 1 ୧ ୨୨	68 15 96	68 17 106/56 96	69 44 95
	C9/12/17 19:36	19:30	/ 0000 TO: 09, 09/12/17 19:15	/13/17 0236 09/12/17 19:00
Temp F Temp C Fulse Resp B/F: SF02%	67 30 96	58 27 97	69 17 98	69 17 111/59 98
	09/12/17 18:45	09/12/17 18:38	09/12/17 18:30	C9/12/17 18:16
Temp F Temp C Puise Resp B/F: SP02%	68 17 98 09/12/17	98.2 36.8 76 17 101/55 100 09/12/17		98.6 37.0 74 18 101/55 100 09/12/17
Temp F	16:15	18:00	17:35 98.5	17:00

......

Temp C Pulse Resp B/P: SPO2%	76 20 98	73 25 101/55 99	36.9 73 18 111/59 98	74 21 111/59 99
	09/12/17 16:00	09/12/17 15:00	09/12/17 14:47	09/12/17 14:30
Temp F Temp C	98.3			
Fulse	78	80		84
Resp	29	18		18
E/F: SPO 2%	117/59 97	116/56 96	100	118/55 96
		20	200	24
	09/12/17 14:15	09/12/17 14:00	09/12/17 13:45	09/12/17 13:30
Temp F Temp C				
Fulse	86	88	84	87
Resp	1.8	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	C9/12/17 12:45	09/12/17 12:30
Temp F Temp C				
Pulse	95	9 0	92	91
Resp	20	16	15	16
В/Р:				
SPO2%	108/57 97	100/55 96	113/57 96	118/55 96

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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 - 09/12/17 12:15	FROM: C9/12/17 09/12/17 12:01	0000 70:09, 09/12/17 11:45	/13/17 0236 09/12/17 11:30
Temp F				
Temp C				
Pulse	96	108	97	100
Resp	19	29	18	21
B/P:	223/58	134/62	114/58	1.22/59
SPO2%	96	97	99	99

	09/12/17	09/12/17	09/12/17	09/12/17
	11:15	11:00	10:45	10:30
Temp F				
Temp C				
Pulse	104	100	99	105
Resp	51	24	25	31
B/F: SPO2%	120/58 99	134/55 100	135/65 100	142/71 100
5102%		100	100	100
	09/12/17	09/12/17	09/12/17	09/12/17
	10:15	10:01	10:00	09:52
Temp F				•
Temp C				
Fulse	93	9 C	87	82
Resp	25	25	19	22
E/P: SPO2%	137/60 1C0	186/78 100	201/91 100	210/105 100
2002%	100	100	100	100
	09/12/17	09/12/17	09/12/17	09/12/17
	09:51	09:47	09:45	09:31
Temp F Temp C				
Fulse	93	80	82	75
Resp	47	16	26	18
E/P:	211/104	194/94	203/95	170/90
SPO2%	100	100	100	100
	09/12/17	09/12/17	09/12/17	09/12/17
	09:30	09:15	09:13	09:02
Temp F Temp C				
Fulse	77	76	77	84
Resp	15	18	18	23
H/P:	182/92	173/92	184/87	184/95
SPO2%	1.00	100	100	100
	Vital Signs - 09/12/17	FROM: 09/12/17	7 0000 TO: 09,	/13/17 0236
	09:01			
'l'emp F				
Temp C Pulse	93			
Resp	46			
H/P:	181/107			
11/1.				

	I/O - PROMA	09/12/17 0700	то: 09/13/17 (0700
INTAKE	0700 - 1500	1500 - 2300	2300 0700	24 HR TOTAL
IV #1:		825		825
TARBe :		100		100
IV #2:		- 45		45
10 × × × × × × × × × × × × × × × × × × ×		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

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

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 PATIENT NAME: RUIZ, FFIJPE
 ADMIT DATE: 09/12/17

 ACCOUNT NO: PANA ANT ANTAL
 ROOM NO; B.ICU18

 MEDICAL RECORD NO: BHOC86189C
 AGE: 51

 REPORT TYPE: HISTORY AND PHYSICAL
 SEX: M

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

 ATTENDING PHYSICIAN
 ATTENDING PHYSICIAN

ADMISSION DATE: 09/12/2017

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

CHIEF COMPLAINT: Hematemests.

HISTORY OF PRESENT ILLNESS: The patient is a 51-year-old Mispanic incorderated 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 23.2. He was started on Sandostatin drip and then transferred to Conroe Regional Medical Center ICU for further care. Of note, his platelet level significantly decreased to 18,000.

FAST MEDICAL HISTORY: As mentioned above, which includes,

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

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. CARDICVASCULAR: No active chest pain. RESPIRATORY: No shortness of breath. GASTRCINTESTINAL: He presents with right upper quadrant abdominal pain and

FATIENT NAME: RUIZ, FELIPE

ACCOUNT #: (b)(6); (b)(7)(C)

bematemesis.
CENITOURINARY: Denies dysuria or hematuria.
MUSCULOSKELETAL: No active joint pain.
NEUROLOGICAL: He is moving all 4 extremities. Speech appears to be clear.
FSYCHTATRIC: He has history of depression.
LABORATORY AND DIAGNOSTIC DATA: From Livingston ER, sodium 127, potassium 4.3,
YUN 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 Eispanic male with history of

nonalcoholic liver cirrhosis, now presents with: 1. Gastrointestinal bleed. Efferential 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 guadrant abdominal pain. We will check hepatitis panel and right upper guadrant 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.

 Jaundice with elevated total bilirubin of 6.56 in the setting of liver cirrhosis. Once again, check hepatitis panel. GI has been consulted.
 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. GT 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.

Dictared	(b)(6); (b)(7)(C)	СТМ
	6°	6

WT: EP:B.HTM/FAKAT/NTS DD: 09/12/2017 15:22:12

PATIENT NAME: RUIZ, FELTPE

ACCOUNT #: (b)(6) (b)(7)(C)

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DT: 09/12/2017 19:49:10

conf#: 2035335/DID#: 3991040

PATTENT NAME: RUIZ, FELIPE

ACCOUNT #: BH9023078383

;

Patient Name: RJIZ, FELIPE

EXAMS : CPT CODE: 020697791 US ABDOMEN LTD 76705 Site:R16 Limited Abdominal Ultrasound History: Right upper guadrant 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 13.9 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 acrta and LVC. (b)(6); (b)(7)(C) ** Electronically Signed by on C9/12/2C17 at 1909 ** Reported and signed by (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) MD "echnologist: (b)(6);(b)(7)(C) - Agency Trnscrbd D/T: 09/12/2017 (1909) t.SDR.RH16 Orig Print D/U: S: 09/12/2017 (1913) Frobe: CONROE MED CTR IN/OBS NAME: RUIZ, FEIIPE MEDICAL IMAGING PHYS(b)(6); (b)(7)(C) 504 MEDICAL CENTER BLVD DOB: 36/26/1966 AGE: 51 SEX: M ACCT NG: (b)(6); (b)(7)(C) LOC: B.ICU19 W CONROE, TEXAS 77304 EXAM DATE: 09/12/2017 STATUS: ADM IN PHONE #: 936-539-7026 FAX #: 936-539-7681 RAD NO: Page 1 Signed Report

2020-ICLI-00006 2804

Specimen Inquis	ry Leport	Conroe (b)(6)	(b)(7)(C)	Center, Conr	oe TX
*** CONFIDENT		1.Diractor:		ND CAP#21	
PATIENT: RUIZ.FELIJ RD:	ee nay abbal	ACCT#:	b)(6); (b)(7)(C)	LOC: E:ICU4 ROOM: H.ICU	
RESURS A(b)(6); (b)(7)(C)	11 12 2 3 12 2 3 12 12 12 12 12 1 5 2 5	Concentration in the problem of the problem of the second s	ve: adm in	BED, W	DISA
0914:CR:H00071R CC	OMP, Coll: 09/	14/17-0450 Rec	d: 09/14/17-0	503 (R#07674)	936)
Тевт		Result	FIAG	Reference	Verified
			de la caldesciere de gli presente actives Autoritationes de gli presente actives		
> WBC		3,5	L	4.1-12.1 k	stable fores an strategic of the theory of the
> REC		2.74	! L	(3.0-5.5 M/1	
> hge		8.7		10.6-15.8 (09/14/17- 3/DL
> HCT		25.5		36.0-47.4	09/14/17- %
> MCV		93.1		80.1-101.1	fL D5/14/17-
> MCH		31.8		25.3-35.3	09/14/17
> MCHC	todinas is dans file is datablender (160, 4° april 160, 60) (160, 16° - June - S. Sharingang (189, 16° april 160, 160) (160, 16° april 1	34.1		32.7-35.1	09/14/17
		18.7	<u>і</u> н	12.2-16.4	
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		53.2		35.1-43.9	09/14/17-
> PLT			*L	155-337 K/1	09/14/17-
	call doo	l values after umentation reg	uirements for	this analyt.	A strates state and a second second second second second second
MRV		diagnosis or t 11.3		bls. 7,6-10,4 fb	
> Neut &		56 4	Na Standar (n. 1994), 25 Balancia, kwa 1957 (n. 19 1920 - Sandar (n. 1994), 25 Balancia, kwa 1957 (n. 19 1920 - Sandar (n. 1994), 26 Balancia, 26 Ba	. 57 8 82.6	09/14/17- 8
S IM GRAN &		2. 8		0.0-2.0.8	09/14/17-
S EXMEH \$				a ir im anti-anti-anti-anti-	09/14/17-
NONO: \$		· · · ·			09/14/17-
	6				09/14/17-
BASO 3					09/14/17-
NRBC% DETIOONEC	and the second	A A		0:0+1.0 /1	09/14/17-
					09/14/17-
> Neutof		1,94		-2-0-13-7-K	09/14/17-
s IM GRAN #				0,00-0,03 ~	S/mm3 09/14/17-
-> LYMPH #	i i colo (* 1951) Statistick i s	0.95		0.6-3.8 K/I	ໝາວີ 09/14/17

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#BH9023076383 (Continued)

Teat Flag Reference Site Verified
S. MONO #
≥: EQS # 0.16 0.0-0.4. κ/mm3
> PASC # 0,00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
> NREC# 0.00-0.05 К/mm3 09/14/17-0542

2020-ICLI-00006 2806

Acct#(b)(6); (b)(7)(C)

]**Upic#BHOC**861890

Age/Sex: 51/M

Name: RUIZ FEDIPE

0913-0070

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

ADMIT DATE:

ROOM NO:

AGE:

SEX: M

09/12/17

B.ICU18

51



PATIENT NAME: RUIZ, FELIPE ACCOUNT NO: [b)(6) (b)(7)(C) MEDICAL RECORD NO: BH00861890 REPORT TYPE: ENDOWORKS REPORT

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.

Jnplanned 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)

			± 4			Database						
Run:	09/:	13/17	-11:21	(b)(6); (by	b)(7)(C) 20/	20-ICLI-00006	2807	Page	1	of	2

Assisted By: The procedure was assisted by $\ensuremath{\text{N/A}}\xspace.$

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

Electronically Signed by On 09/13/17 at 0742

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: (b)(6); (b)(7)(C)

Patient Care Inquiry (PCI: OE Database COCCR)

Run: 09/13/17-11:21 by^{(b)(6); (b)(7)(C)}

2020-ICLI-00006 2808

Page 2 of 2

Patient: RUIZ,FELIPE Unit#:BH00861890 Date:09/12/17 BH9023078383

Acct#:

Potassium (3.5 - 5.1 mmol/L)	4.2
Chloride (95 - 105 mmol/L)	102
Carbon Dioxide (21 - 32 mmol/L)	24.
Anion Gap (4.0 - 15.0 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)	1 <u>32 H</u>
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)	
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
RDW (12.2 - 16.4 %)	17.2 H
Plt Count (155 - 337 K/mm3)	27 * [
MPV (7.6 - 10.4 fL)	10.3

Patient: RUIZ,FELIPE Unit#:BH00861890 Date:09/12/17 BH9023078383

Acct#:

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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 IND	ICATED
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 PLIS ON SCAN)	LARGE RARE	
Polychromasia (NONE ON SCAN)	SLIGHT	
Hypochromasia (NONE ON SCAN)	SLIGHT	
Poikilocytosis (NONE ON SCAN)	SLIGHT	
Anisocytosis (NONE ON SCAN)	<u>"Slight</u>	
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***

Page 4 of 4

Acct#:

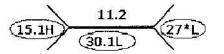
Nicardipine/Sodium Chloride 250 ML .STK-MED ONE IV (DC)

General appearance: alert, awake Head/eyes: normocephalic, PERRL, EOMI, clear cornea Neck: full range of motion, non-tender, normal thyroid, supple/no meningismus, no bruit/NL carotids, no JVD, no lymphadenopathy Cardiovascular: regular rate & rhythm Respiratory/chest: decreased breath sounds Abdomen: soft, non-tender, no distention, no guarding, no mass/organomegaly, no rebound Extremities: moves all, normal capillary refill, no edema Musculoskeletal: full range of motion, normal inspection

Results

Findings/Data: Laboratory Tests

09/12/17 1200:





09/12/17 1155;



133.0	102	(67H)
4.2	24	1.36H

Laboratory Tests

	09/12	09/12	09/12
	1530	1530	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	1996	
B-Natriuretic Peptide (0.00 - 100.00 PG/ML)	00001000	226,59 H	

	09/12
	1155
Chemistry	
Sodium (133 - 144 mmol/L)	133.0

Page 2 of 4

2020-ICLI-00006 2811

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井: (b)(6); (b)(7)(C)		ROOM/BED: B.ICU18-W	
DOB: 06/26/66 AGE: 51 ADM DT: 09/12/17	SEX: M	ATTEND (b)(6); (b)(7)(C) AUTHOR	
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:

		Date Time
Temp		09/12 1600
Pulse Ox	100	09/12 1447
O2 Flow Rate	2	09/12 1447
B/P	117/58	09/12 1400
Pulse		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 HCI 50 MG BEDTIME PO Metoprolol Succinate 12.5 MG DAILY PO Sertraline HCI 100 MG DAILY PO Sodium Chloride 250 ML ASDIR IV Labetatol HCI 10 MG Q4H PRN PRN IV Levofloxacin 100 ML Q24H IV Morphine Sulfate 1 MG Q4H PRN PRN IV Ondansetron HCI 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

Page 1 of 4

	aalaa gooraa ahaa ahaa ahaa ahaa ahaa ahaa ahaa	<u></u>	enne e platti tur bili
	ACCT#: (b)(6); (b)(7) : ABBAL AGE/SX: 51; ANSNA STATUS: ADM	M ROOM: B.ICU18	
912:CR:S00025R COMP,	Coll: 09/12/17-1530 Recd: 09/1	12/17-1619 (R#07673575	.)
Test			
	RCBUIC	Flag Reference	걸 가무우
lest	RESULC	Flag Reference	Sire Verified
HEPACUTE	HCBULC	Flag Reference	
	NonReactive	Nonreactive S	Verified CREEN
HEPACUTE HAVMAB	NonReactive	Nonreactive S	Verified CREEN 09/12/17-1750
HEPACUTE		Nonreactive S	Verified CREEN 09/12/17-1750 CREEN
HEPACUTE HAVMAB HESAG	NonReactive	Nonreactive S	Verified CREEN 09/12/17-1750 CREEN 09/12/17-1750
HEPACUTE > HAVMAB	NonReactive NEG-NONREAC	Nonreactive S	Verified CREEN 09/12/17-1750 CREEN 05/12/17-1750

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1. 取着由美文,使用不名。随我打开包包。 2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.		

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) AUTHOR:
* ALL edits or amendments must be made on the electronic/computer document *
See Addendum
Clinical Note Note: 2035335
(b)(6); (b)(7)(C) Electronically Signed b on 09/12/17 at 1522
Addendum 1: 09/12/17 1524 by ((b)(6); (b)(7)(C)
203 5363
Electronically Signed by ^{(b)(6); (b)(7)(C)} n 09/12/17 at 1525

.....

RPT #:0912-0490 ***END OF REPORT***

FAX: FAX:	(b)(6); (b)(7)(C)	936-585 936-58 (b)(7)(C)	Campus: C	St: ADM
	-			

Patient Name: RUI7, FEI TPE

Unit No: BHC0861890

71010

CPT CODE:

EXAMS:

C20697794 XR CHEST 1 V

Location: T 18

FAX #: 936-539-7681

PAGE 1

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 Jung base. No active CHF. Overlying lines obscure detail. No findings of high concern for pneumonia

π×	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 Technologis (b)(6); (b)(7)(C) Transcribed Date/Time: 09/12/201 Crig Print D/T: S: 09/12/2017 (1] 17 (1726) By: (b)(6); (b)(7)(C)
CONROE MED CTR IN/UBS	NAME: <u>RUIZ, FELIPE</u>
MEDICAL IMAGING	PHYS: ((b)(6); (b)(7)(C)
504 MEDICAL CENTER BLVD	DOB: 06/26/1966 AGE: 51 SEX: M
Conrof, TEXAS 77304	ACCT NO: (b)(6); (b)(7)(C) LOC: J.ICU18 W
Phone #: 936-539-7026	EXAM DATE: 09/12/2017 STATUS: ADM IN

RAD NO: DC Dt: Signed Report

i.

To:	lst A-nobody	
	+	

Fax: 919369678846

From: CHKR

Phone

Pages: 45 (including banner)

IMNET/EPRS fax request.

	Fax Server	9/18/2017	8:35:47	AM	PAGE	2/045	Fax	Server	
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	SI CHI	St. Luke's Health	AL	MAZON	03002675 AUIZ, FELI	948 GOV	т	J.	1
		Ju Lake J Heard	FD	·	EER, SYED 9/11/2017 6/1966	0010282353			igston
22	MEMORA	NDUM OF TRANSFER	1	- 00/2	o/1966 g	51Y M S		🗂 San /	Augustine
		SECTION A (To B	e Filled O	ut At '	Transferri	ing Hospital)			۵.
۱.	Name of Hospital: Address:	,		8.		ve determined that th care facility due			
	Phone Number:	HI St. Luke's Health Memoria	Livinget			Specialty Care fo	r patient's	condition not a	vailable at this
2.	Patient Information (if k	nown) Livingston Towns	3 6 1			institution Hospital bed acco	mmodatio	as at this facili	ty not available
	Address: 34100) FM 350 Salth	eniz -		-4	Patient and/or far Patient would ber			linical care
	Phone Number: ()	ston, TX 77351		1 fur	ther have det	ermined the risks	and benefit	s of transfer at	nd have explained
	Sex: M	F Age: 51		Risk	s: MUC		V b	nusice	<u>al</u>
	Religion: 🖉	ICO Race: HISPANIC		Bene	ene H	aner	tert	t of	CCIVE
	Physical Handicaps:	<i>D</i>							
'3.	Next of Kin information Next of Kin:	(if known)		9.	Date:	aspital secured by	transterrin Ti	me: <u>G<!---</u--></u>	90
	Address:	······································	<u> </u>		Na(b)(6); (b)				505118104 - 34
	Phone Number: (10.	(b)(6); (b)(7)(C)			
4. 5.	Date of Arrival: 9/11 Initial contact with recei	ving hospital:			-	•			
	Date: 9/12/17 Nam(b)(6); (b)(7)(C)	hg hospital:		11,	Type of yehi	CI I	l, equipmer =MS	and personne GIU Cla	in attendance:
	10210530500 B - 8.024091.0009468 - 04090 - 90				001	120+10C	100	10/ M	Vaccor
6.	Date: 91121	ured by transferring physician: 17 Time: Ci (O) ician(b)(6); (b)(7)(C)		12.		ceiving Hospital:	'CON		egicna
	Name of accepting phys	ician ^{(D)(O), (D)(7)(C)}	-		Address:	Canve	ecli	<u>cal</u> (ochter Blu
	Address: 504	Medical Center BI	yd		Phone Numb Diagnosis:	Der: (BC) 5	<u>39</u> 61	III	eð —
	Phone Number: (939	5391111		÷.,	2				
7.	physician's orders:	signature(b)(6); (b)(7)(C)	nder ngsto		Attachments X-Ray	<u>X</u>		ogress Notes	Χ
	Address:				Lab Reports H & P			Progress Notes tion Record	
	Phone Number; ()				Other:				
PH		CION: Based upon the information avail	able at the time	e of the	(b)(6): (b)(7))(C)	Inable	expected from	the provision of
app	ropriate medical treatment	t at another medical facility outweigh the in				(0)			child. The patient
	been examined and is dete	ermined to be: Physician Signature:		~~			<i>4</i>	28	
PA	TIENS CERTIFICATIO	N: I, the undersigned, hereinafter referred	to as the patie	nt, ackn	owledge that	the physician nam	ied above h	as explained to	me the risks and
ben ben	iefits of a transfer to anothe iefits of the transfer outwei	er medical facility. I further acknowledge (gh the risks. I herewith request that I be trai	nat I have an er isferred to anot	nergenc ther heal	y medical col Ità care facili	ndition which has/ tv. and hereby cons	has not bee sent to the r	n stabilized and elease of all an	d that the medical propriate medical
reco	ords available at the time of	of transfer, to the recein $(b)(6)$; $(b)(7)(C)$							11.16
	الله :	Patient of						_Date/Time	X A
- 		Witness: SECTION B (10 F			Parairin	a Üsemitel)		Date/Time	<u> </u>
		SECTION B (10 F	Street, Street			g Hospital)	nationt roci	marihilita	
				ат,	Date:	iysician's signatur		ne:	<u></u>
	Phone Number; ()	· · · · · · · · · · · · · · · · · · ·		(2, 2)		36 2.2 		£	
		2. Date of Arrival: Time:							
		3. Hospital Administration signature:				er: () to transfer request			<u> </u>
		Title:		1.1	document the	e reason(s) for the rring hospital. Use	delay, inclu	ding any time o	extensions agreed
		WHITE - To Receiving Facilit	y YELLOW - To	be retain	ed by Transferr	ing Facility	- Physical Hole 2		Kwik Kopy Printing
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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
Age: DOB: 51Y 06/26/1966	Room: RM4	Bed: A	Visit #: 0300267948
Attending Physician:	Created By	v:	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 arrivaD	EMS arrival
Informant: @atienD	-spouse-	-paramedics-	witness
Exam limited by: unconsciousness	- mentali	mpairment - unooc	perativeness - intoxication
-communication ±	arrier-		
History limited by: -unconsciousness	s mental i	impairment -uncod	perativeness — intoxication —
- communication t	arrier-		
Transfer from:			See transfer record
			ABREAL AND AN AND AN
	red 🗙 Updat	ted	
Complaint:	omiting) - dia	rrhea flank pain:	- R - L -
Opent of min has the		inter an	
Onset: 1 min hrs days	ago 🦾	Duration: 1	min hrs (days)
gradual onset sudden	onset wax	king waning	
persistent worse sin	ce:		
Timing: (still present) gone now	better	18 Q. K.	
constant) intermittent epis	odes lasting	2	
(onotane) intermittent epic	odea lasting	5	
Context: - travel out of country-	-bad food-	-recent trauma-	
Comments: 51 Year old male,	with a PMHx of H	iep C, presents to the ED	with a complaint of vomiting blood. The patient
reports that he has notes that he also	vomited blood a has blood in bis s	bout 3 times. He states th stool. The patient denies a	at he has abdominal pain at a 7/10. The patient
		6 7 8 9 10	Scale: Numeric Wong Baker ©
pain currently: 0 1 2		6 (7) 8 9 10	Scale: Qumerio Wong Baker ©
		\smile	
nar na charachara na na shakara na dolan ka casar a cas			ar dan an a
D	ocumenta	tion Cont. Next	Page

Circle (positives) strikethrough negatives unmarked = not applicable

[NAME: ALMAZON RUIZ, FELIPE - MRN: 0010282353 Printed: 00008 2818 Ptember 12, 2017 5:18:14 AM - Page 1/20]



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-Location: -stabbing-fullness Associated Symptoms: -fever -chillsnausea (vomiting) x 3 (bloody) -blood streaks - coffee grounds-Migration (show migration: ≯) m -diamhea x Cblood streaks -- grossly bloody -- mucous--sweating -loss of appetite - chest pain - testicular pain - back pain - neck pain Exacerbated by - supine - upright position - movements - - walking - - sough - deep breaths --food - (nothing) Relieved by -supineupright position - remaining still - antacids --food-(nothing) Similar symptoms previously: Recently: -treated by doctor- - hospitalized--seen-ROS Reviewed X X Updated CONST recent -illness--injury-GI -constipation bloody) Comments: bloody stools per patient.

CVS ---palpitations----

RESP -shortness of breath -hurts to breathe--cough-

GU	urine: bloody	-dark-	- problems urinating-	LMP date:	pregnant	post-menopausal
----	--------------------------	--------	-----------------------	-----------	----------	-----------------

MUSC	- joint pain			
SKIN	- rash-			
LYMPH	- swollen glands-	ankle swelling -R	· +	

EYES problems with vision-

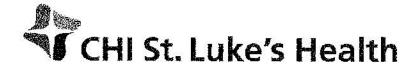
> Circle (positives) strikethrough negatives unmarked = not applicable

] NAME: ALMAZON RU(Z, FELIPE - MRN: 001028235820Pmted000096da289ptember 12, 2017 5:18:14 AM - Page 2/20]

CHI St. Luke's Health

MMC LIVINGSTON

Abdominel Pain Flank Pain ICD10, Transfer	of Care No	te add on			
Patient:	Sex:	DC	DS:	MR#:	
ALMAZON RUIZ, FELIPE	Male	09/1	1/2017 23:20	0010282353	
ENT sor e throat					ł
NEURO <u>headache</u> <u>dizziness</u> -	- light-h	eadednes	3		
PSYCH	_				
except as marked positive		is above n	eviewed and fo	und penative	
	-				
	i Up	dated			
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					



MMC LIVINGSTON Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on Patient: DOS: Sex: 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 hemia repair R L cardiac bypass cardiac stent BTL hysterectomy C-section tonsillectomy **Full Problem List** X Reviewed Updated Upper GI bleed (2017) Allergies X Reviewed Updated No Known Allergies **Home Medications** X Reviewed Updated Immunizations X Reviewed Updated SOCIAL HISTORY X Reviewed Update

	lse					
Never smoker None Reported	: TOBACCO HISTO	IRY Last Doc	cumented B	(b)(6); (b)(7)(C)	on 09/12/2017 01:58	
Alcohol Us	je			1		
Recreation	nal Drug Use					
FAMILY HI	ISTORY 🖾 R	eviewad 📲	Updated			
	ovarian cysts	CAD	ulcer	kidney stones	aortic aneurysm	
gall stones						

11

FINAL (SIGNED)

CHI St. Luke's Health

MMC LIVINGSTON

Abdominal Pain Fiank Pain ICD10, 7	Fransfer of Care Note	add on	
Patient:	Sex;	DOS:	MR#:
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353

VITAL SIGNS 🔀 Reviewed 🔚 Updated

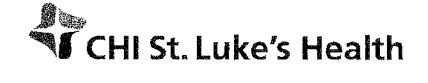
Last Set of Vitals:	Interpretation:	normal	hypoxic
BP: 160/103 09/12/2017 (02:31		
Pulse: 94 09/12/2017 01:	10		
Temp: 98.1 F 09/11/2017	21:36		
Resp: 18 09/11/2017 21:3	6		
O2 Sat: 99.0% 09/11/201	7 21:36		
Additional Vitals:			

PHYSICAL EXAM X Nursing assessment reviewed

CONST

	do acute distress	distress;	mild	moderate	severe
	alert	anxious	lethargic		
	Comments: Patient is alert and in no	acute distress (on exam,		
EYES					
	Aspection normal>	scleral icter	us	pale conju	nctivae
		EOM palsy	RL	anisocoria	RL
	Comments: Normal on exam,				
ENT					
	dormal inspection	pharyngeal	erythema		
	pharynx normal	abnormal Tl	MRL	hearing de	eficit R L
	Comments: Normal on exam.				
NECK					
	dormal inspection>	thyromegaly	/	lymphade	nopathy
	Comments: Normal on exam.				
RESP					
	of respiratory distress>	wheezes	RL	rales R L	rhonchi R L

Circle (positives) strikethrough negatives- unmarked = not applicable [NAME: ALMAZON RUIZ, FELIPE - MRN: 001028235320日前14年的00666dag8399ptember 12, 2017 5:18:14 AM - Page 5/20]



MMC LIVINGSTON

Patient:	Sex:	DOS:	MR#:
ALMAZON RUIZ, FELIPE	i Male	09/11/2017 23:20	0010282353
breath sounds normal>			
Comments: Normal breath sou	nds on exam.		
cvs			
equiar rate and rhythro-	irregu	larly irregular rhythm	tachycardia bradycardia
deart sounds normab	JVD	present gallop: S3	S4
equal pulses / full>	mum	nur: grade /6 sys	tolic diastolic
	deore	ased pulse(s): radial R	L femoral R L
		dorsalis p	edis R L
Comments: Normal heart sound	ds on exam.		
T = Tenderness G = Guarding R = Rebound mod = Moderate sv = Severe			
soft, non-tender	rigid	distended	
	tende	erness guarding rebound	d generalized RUQ_LUQ_RLQ_LL
to organomegaly	hepa	tomegaly splenomeg	aly
Aormal bowel sounds>	abno	mai bowel sounds: incre	eased decreased absent tympanic
do abdominal bruib	prom	inent aortic pulsation	
to pulsatile mass	McBu	imey's point tenderness	psoas Rovsing's sign obturator sig
	mass	c	
Comments: No abdominal tend	erness on exa	ı m .	
GU			
external inspection norm	al cathe	ter present	
PELVIC EXAM			
normal external exam	vagin	al bleeding vag	jinal discharge

Circle (positives) strikethrough negatives

[NAME: ALMAZON RUIZ, FELIPE - MRN: 00102823020 POtte00006da 826 ptember 12, 2017 5:18:14 AM - Page 6/20]

unmarked = not applicable

CHI St. Luke's Health

MMC LIVINGSTON

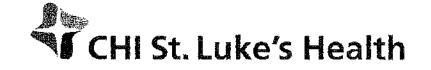
Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex: DOS:	MR#:
ALMAZON RUIZ, FELIPE	Male 09/11/2017 23:20	0010282353
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 imp	paction
heme negative stool	stool; heme positive	trace black bloody
BACK		
Comments: Normal on exam.	CVA tenderness R L	
SKIN		
color normation	cyanosis	diaphoresis pallor
	skin rash	zoster-like
(warm) (dry) infact)	embolic lesions	signs of IVDA
\bigcirc \bigcirc \bigcirc	pressure ulcer location:	3
	depth / stage: 1 2 3	3 4
Comments: Normal on exam.		
EXTREMITIES		
don tended	calf tendemess R L	
dormal ROM	Homan's sign R L	
do 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

[NAME: ALMAZON RU[Z, FELIPE - MRN: 001028235020Bmted000006da285eptember 12, 2017 5:18:14 AM - Page 7/20]



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	

PSYCH

mood normat	depressed mood
affect normal)	depressed affect

Comments: Normal on exam.

RESULTS 🛛 Reviewed 🖾 Updated

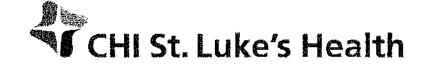
Laboratory

ED Laboratory Results Order	Test	Value	Reference	Comments	Status	Collection
			Range			
AMYLASE SERUM	Amylase	112 H	(12-103 U/Ľ)		Final	09/11/2017
					Result	23:29:00
CBC PLATELET AUTO	WBC	14.28 H	(4.80-10.80		Final	09/11/2017
DIFF			10^3/ul)		Result	23:29:00
CBC PLATELET AUTO	RBC	3.94 L	(4.70-6.10		Final	09/11/2017
DIFF			10^6/u!)		Result	23:29:00
CBC PLATELET AUTO	Hemoglobin	12.5 L	(14.0-18.0		Final	09/11/2017
DIFF			gm/di)		Result	23:29:00
CBC PLATELET AUTO	Hematocrit	33.2 L	(42.0-50.0)		Final	. 09/11/2017
DIFF					Result	23:29:00
CBC PLATELET AUTO	MCV	84.3	(80.0-94.0 fL)	F	Final	09/11/2017
DIFF					Result	23:29:00
CBC PLATELET AUTO	MCH	31.7 H	(27.0-31.0 pg)		Final	09/11/2017
DIFF					Result	23:29:00
CBC PLATELET AUTO	MCHC	37.7 H	(33.0-37.0		Final	09/11/2017
DIFF			gm/dl)		Result	23:29:00
CBC PLATELET AUTO	RDW	16.0 H	(11.5-14.5)		Final	09/11/2017
DIFF					Result	23:29:00
CBC PLATELET AUTO	Platelet	18 LL	(130-400		Final	09/11/2017
DIFF			10^3/ut)		Result	23;29;00
CBC PLATELET AUTO	NE	72.4	(42.0-75.0)		Final	09/11/2017
DIFF					Result	23:29:00
CBC PLATELET AUTO	LY	7.8 L	(13.0-42.0)		Final	09/11/2017
DIFF					Result	23:29:00
CBC PLATELET AUTO	MO	11.9	(4.0-14.0)		Final	09/11/2017
DIFF					Result	23:29:00
CBC PLATELET AUTO	EO	0.9 L	(1.0-3.0)		Final	09/11/2017
DIFF			·		Result	23:29;00
CBC PLATELET AUTO	BA	0.6 L	(1.0-3.0)		Final	09/11/2017
DIFF					Result	23:29:00
CBC PLATELET AUTO	IG	6.4 H	(0.0-0.4)	-	Final	09/11/2017
DIFF					Result	23:29:00
CBC PLATELET AUTO	NRBC, Auto	1	(0-2 /100WBC)	†	Final	09/11/2017
DIFF					Result	23:29:00

Circle positives

) strikethrough negatives- unmarked = not applicable

[NAME: ALMAZON RUIZ, FELIPE · MRN: 00102822020 POtte000006 day825 ptember 12, 2017 5:18;14 AM - Page 8/20]



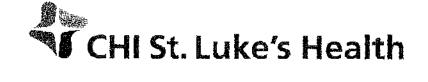
MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:		Sex:	DOS:	MR#:		
ALMAZON RUIZ, FELIPE		Male 09	9/11/2017 23:20	0010282353		
CBC PLATELET AUTO DIFF	Nucleated RBC	0	(0-2/100WBC)		Final Result	09/11/2017 23:29:00
CBC PLATELET AUTO	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
СКМВ	СКМВ	7.49 HK	(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	Polassium	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

strikethrough negatives unmarked = not applicable

[NAME: ALMAZON RUIZ, FELIPE - MRN: 00102822020 PCN1000006 d2826 ptember 12, 2017 5:18:14 AM - Page 9/20]



MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:		Sex:	Ē	005;	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)		Fínal Result	09/11/2017 23:29:00
CMP COMPREHENSIVE METABOLIC PANEL	Alkaline Phos		123 ł	(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, Correc	ted	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)]	Fina) Result	09/11/2017 23:29:00
СРК	СРК		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-Pep	tide)	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

[NAME: ALMAZON RUIZ, FELIPE - MRN: 001028232020101240000001ay28271ember 12, 2017 5:18:14 AM - Page 10/20]



MMC LIVINGSTON

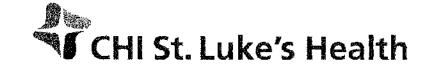
Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:		Sex:	0	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	Finat 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

Documentation Cont. Next Page

Circle (positives) strikethrough negatives unmarked = not applicable

[NAME: ALMAZON RUIZ, FELIPE - MRN: 0010282320204164e40000e6iag2628tember 12, 2017 5:18:14 AM - Page 11/20]



MMC LIVINGSTON

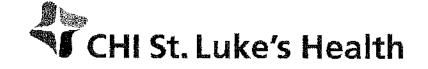
Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	Sex:	DOS:	MR#:		
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353		
TROPONIN I QUANTITATIVE		0.076 H (0.000-0.034 ng/ml)	The 99th Percentile URL is 0.034 ng/mL. The Joint European Society of Cardiology/Ame rican 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 23:29:00	

Rhythm Strip

Rate: Rhythm: NSR

EKG



MMC LIVINGSTON

Patient: Sex; DOS: MR#: ALMAZON RUIZ, FELIPE 09/11/2017 23:20 Male 0010282353 Viewed by me Interpreted by me Discussed with cardiologist Normal NAD normal intervals normal axis normal QRS normal ST/T Rate rhythm: NSR A-fib sinus tach EKG changed unchanged from: Repeat EKG changed unchanged from:

X-Rays Done

KUB	Upright a	ibdomen	3-view	CXR:	PA/Lat	AP
Viewed by	/ me	Interpreted by	me	Discussed	with radio	logist
Normal	NAD	normal bowel (jas	no free air	no	mass
No infiltrat	es	normal heart s	ize	normal mee	diastinum	

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

CT Scan Done

Abdomen		Pelvis		
Viewed by	y me	Interpreted by me	Discussed wit	th radiologist
Normai	NAD	normal bowel gas	no free air	no mass

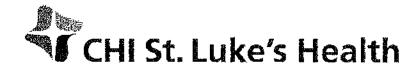
Ultrasound / FAST Exam

Abdomen	Pelvis	Heart / Pericardium
Viewed by me	interpreted by me	e Discussed with radiologist
Normal NAD		

Pulse Ox

99 %	Room Air	O ₂	L/min	FiO₂	%
NC	RB mask	NRB mask	other		
Interpre	tation:	normal	hypoxic	timet	

PROCEDURES



MMC LIVINGSTON Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on Patient: DOS: Sex: 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 síze: Procedure: successful unsuccessful performed by: ED physician me PA nurse tube inserted into: abdominal stoma oropharynx nostri 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

Interventions:

EGDT for sepsis considered



MMC LIVINGSTON

Abdominal Pain Flank Pair	n ICD10, Transfer of Care Note a	add on		
Patient:	Sex:	DOS:	MR#:	
ALMAZON RUIZ, FELIPE	Male	09/11/2017 23:20	0010282353	
CP: EKG ASA AMI: EKG ASA CAP: VS antibia Pregnancy: HCG	otic(s) pathogen BC C	insfer XR CT transfer		
Rh Negative Pregr	nancy: Rhogam	contraindicated	not available	
Discussed with Dr. will see patient in: Additional history from:	ED hospital family caretaker family regarding: @aborato	office paramedics	other:	
Critical care time: (excl	uding separately billable proc 2/2017 Patient placed on Octree	6. 201003/2	geal 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	СКМВ	STAT		Dates Met
9/11/2017	СРК	STAT		Dates Met
9/11/2017	LIPASE SERUM	STAT	2.02 -	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	STAT		Dates Met
9/11/2017	PROTIME PT INR	STAT		Dates Met
9/11/2017	CBC PLATELET AUTO DIFF	STAT		Dates Met

strikethrough -negatives - unmarked = not applicable

[NAME: ALMAZON RUIZ, FELIPE - MRN: 001028232020701ep0000epiage2elember 12, 2017 5:18:14 AM - Page 15/20]



MMC LIVINGSTON

Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on

Patient:	s	ex:	DOS:	MR#:	
ALMAZON F	RUIZ, FELIPE Ma	ale	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 Proto	ocol STAT	(m) (m)		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	Önce	51556 (119 57)		Dates Met

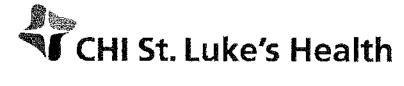
🗙 sequelae

CLINICAL IMPRESSION Initial visit unless marked: X subsequent

CV	
Acute MI: STEMI NSTEMI anterior inferior lateral posterior	
Angina: stable unstable	
Aorta dissection: abdornen 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	

CHI St. Luke's Health

MMC LIVINGSTON Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on Patient: DOS: MR#: Sex: 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: sigmoid colon rectum with: abscess bleeding fistula obstruction Volvulus GU Ovarian cyst: foilicular símple PID: GC chlamydia acute chronic 2nd 3rd Pregnancy: 1st trimester + pregnancy test ectopic-tubal labor: preterm term faise < 37 wk > 37 wk Pyelonephritis: chronic acute testicular R L Torsion: ovarian R L Ureterolithiasis: with gout UTI: cystitis: chronic with hematuria acute LIVER / GB / PANCREAS Biliary colic: with galistones Cholecystitis: chronic with: acute gallstones obstruction Hepatitis: acute chronic viral: А в С alcoholic drug induced: Pancreatitis: acute chronic alcoholic biliary idiopathic OTHER Dehydration Peritonitis, acute Pneumonia: aspiration atypical bronchopneumonia interstitial lobar RSV viral: influenza А B bacterial: Sepsis, severe: with shock SIRS



MMC LIVINGSTON Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on									
ALMAZON RUIZ, FELIP	Ē	Male	09/11/2017 23:20	0010282353					
SIGN / SYMPTOMS									
Abdominal pain: R	UQ LUQ R	LQ LLQ							
	acute abdomen	generalized	with: rebound	tenderness					
Fever									
Flank pain									
Nausea									
Vomiting									
Diarmea									
Comments: U	pper GI bleed								
Current Problems	S 🔀 Reviewed	X Updated							
Upper GI bleed (2017)									
DISPOSITION									
Decision made at: 02:35 AM Left department at:									
То:	Home	Transfer	Admit	Morgue					
	Nursing Home	Police	Funeral Home	Medical Examiner					
Present on arrival:	pressure ulcer	UTI							
patient condition:	unchanged	improved	stable se	erious critical	deceased				
	ambulatory	active	drinking fluid	eating pain control	ed				
Care transferred to Dr. Abas time: 05:15 AM									
Basis For Discharge D	Decision:								
patient exam:	stable impro	oved unchar	nged						
	tendemess migra	atory no reb	ound no rigid	ity					
test results:	no abnormal no	o serious abnon	mal min abnorn	nal mod abnormal					
social support:	adequate go	ood excelle	ent						
follow up:	available ar	ranged discus	ssed with physiciar	n					



bdominal Pain Flank P	ain ICD10, Transfer o	f Care Note add on		
Patient: ALMAZON RUIZ, FELIPE		Sex: DOS:		MR#:
		Nale 09/1	1/2017 23:20	0010282353
Basis For Admit Deci	sion.			
need for:	further evaluation	additional testing	monitoring	telemetry
	pain control	IV hydration	IV medication	
	culture results	surgery / intensiv	e care	
RANSFER OF C	ARE			
Relinquishing Scribe:	Cheyenne Cook	e R	eport given to ASS	suming Scribe: ^{(b)(6); (b)(7)(C)}
Relinquishing Mid-Le	vel:	R	eport given to ASS	suming Mid-Level:
Relinquishing Mid-Le	vel:	R	eport given to ASS	suming Physician:
Relinquishing Physician:		R	eport given to ASS	suming Physician:
Brief history:				
tems pending that ne	ed to be checked a	nd documented:		
Labs:				
X-Ray results:				
Pain control:	N			
CT results:				
MRI results:				
US results:				
Procedure(s):				
Other				
Physician / consult	arríval:			
Centative impression	of patient:			
admit dis	scharge transfe			



MMC LIVINGSTON Abdominal Pain Flank Pain ICD10, Transfer of Care Note add on Patient: DOS: MR#: Sex: ALMAZON RUIZ, FELIPE Male 09/11/2017 23:20 0010282353 TRANSFERRING SIGNATURE Transferring Mid-Level signing out: Signature Date/Time Transferring Physician signing out Date/Time Signature SIGNATURE (b)(6); (b)(7)(C) By signing my name below that this documentation has been prepared under the direction and in the presence of (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) Date 09/12/2017 Time: 02:35 AM Electronically sign 09/12/2017 05:17 Date/Time MidHevel Signature OR Scribe Signature **Emergency Physician Attestation** This scribe's documentation has been prepared under my direction and personally reviewed by me in its entirety. I confirm that the note accurately reflects all work, treatment, procedures, and medical decision making performed by me. ges have been reviewed and completed (b)(6); (b)(7)(C) 09/12/2017 05:18 Date/Time Authorized Signature

9/18/2017 8:35:47 AM PAGE 23/045 Fax Server

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.

Printed: 09/11/2017 Page 1 of 1 Patient: ALMAZ(FELIPE		C LIVINGSTON D Triage Report					Visit ID:		
Age: 51Y		:06/26/1966	Sex; M	Acuity: 3					Med Rec		
Chiaí Herno Complaint:	ptysis							Onset: 2	days	Hea Circ	
Triege D/T Room/Bed:)17 21:25		EMS: EMS Unit			Radio Call: N	Control:			
Arrival D/T: Arrived from: Mode of Arriva: Accompanied by:	Forensic Law Enf	017 21:02 : Facility forcement		Pre Hospitel Care: [None entered]				Screening	: "Domestic V 30 Days NO	icience, *Ti	3, Out US Last
Informant:	Self		Constant IoTraat?:					Suicide Risk: Pregnent?	Screened	- No Suick	de Risk
Petient Namative: hy varieus and cla (b)(6); (b)(7)(C)	rhosis of the	or co vomitina un	uplood and abd pair	; pt came here from ml	c datention	center; ca	ame here from ca	nter in fiorida.			
Stroke Assessmen	····				2	1					
NPO since:	Lastinta	ake Solid:		D/T		Last Inta	ika Liquid;			D/T	2 <u>2</u> 20
	BP		Temperature	Բսն			Respirations	SpO ₂	FSBS	GCS	Height
-	9/97 mmh	lg	98.1 F	99 bj	pim		18	99% 0 L/m		15	61 in
Site: Amn,Uppe Pos:	er Lt		Site: Forehead	Site: Qiy:			Qly:	O>Del:		M-6 V-5	Weight
Type:				Тура:						E-4	77.13 kg
Pain Assess	ment	Score:7/10	Scale: 7,Numerio 3	Scale	Location:		abd				
Cheracter: stabl	olng		ni		Non Verb	al Signs:	1951 - 414449 - 94 - 6144		0.0		
Distribution:					intensified	i By:					
Radiation					Relieved I	By:					
Durətion:					Goal:						
Dr. (Unessig PCP: NONE, N		<u>2000-000</u>	Electronic Signed By	BIIY WRIGHT, BRENDA	····· · ·			Dł	Signed: 09/1	1/2017 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 DOB: 06/26/1966	MR #: V0010282353
SEX: M	LOC: ER LIVINGSTON
ENCOUNTER #: V0300267948	
ATTD.PHYSICIAN: (b)(6); (b)(7)(C)	ADM/TTED:09/11/2017
===========	

HEMATOLOGY

Collected	09/11/2	17	Reference	Units
	23:29'			
Ord Physician	ZAHEE	ξ.		
1999 - 1999 - 199 9 - 1997 -	SYED			
WBC	14.28	Н	4,80,10,80	10^3/ul
RBC	3.94	L	4.70-6.10	10^6/w
Hemoglobin	12.5	Ľ.	14.0-18.0	gm/dl
Hematocrit	33.2	L	42.0 50.0	D/a
MCV	8 4.3		80.0-94.0	E.
MCH	31.7	н	27.0-31.0	pg
MCHC	37.7	н	33.0-37.0	gm/dl
RDW	16.0	н	1.5-14.5	%
Platelet	18	LP	30-400	10^3/ul
MPV	Not Me		7.4-10.4	C_
NE%	72.4		42.0-75.0	%
LY%	7.B	L	13.0-42.0	%
MO%	11.9		4.0-14.0	%
EO%	0,9	L	1. 0-3 .D	%
BA%	0.6	L	1, D-3 .D	%
IG%	6.4	н	0.0-0.4	%
NRBC, Auto	1		0-2	/100WBC
Nucleated RBC	Ó		0-2	/100WBC

<u>Manual</u> Differentials

 ¹AUTO DJFF Critical values were called id (b)(6); (b)(7)(C)
 0045 by FS30723 on 09/12/2017 00:46 AM, Results were read back by (b)(6);

 ²MPV 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 C_UMPING.

 ALMAZON RUIZ, FELIPE ER LIVINGSTO
 PRINTED. 09/12/2017 18:43

 ER LIVINGSTO
 REPORT: Final Chart Livingston

 (b)(6); (b)(7)(C)
 PAGE: 1 OF 8

CHI ST, LUKE'S HEALTH - LIVINGSTON ABORATORY - CLIA # 45D0697930 1717 HIGHWAY 59 BYPASS LIVINGSTON, TEXAS 77351 PH: (936) 329-8589

PATIENT: ALMAZ DOB: 06/26/1966	ON RUIZ, FELIPE		MR #: V0010	282353
SEX: M ENCOUNTER #: \	/0300267948	LOC: ER LIVINGSTON		
ATTD PHYSICIAN: (b)(6); (b)(7)(C)		ADMITTED:09/11/2017		
Collected	09/11/2017 23:29 ³	= = = = = = = = = = = = = = = = = = =	Reference	Units
Ord Physician	(b)(6); (b)(7)(C)			
Neutrophils	10 L		42-75	%
Nucleated RBC	0		0-2	/100WBC
Platelet Morphology	Decreased platelets,			
	NO Platelet clumping ,			
	few large platelets seen			
	on peripheral blood			
	smear.			

^aAUTO DIFF by FS30723 on 09/12/2017 00:46 AM. Results were read back by (b)(6); Critical values were called to (b)(6); (b)(7)(C) (b)(6); (b)(7)(C)



ALMAZON RUIZ, FELIPE ER LIVINGSTO (b)(6); (b)(7)(C)

REPORT: Final Chart Livingston

PRINTED: 09/12/2017 18:43

PAGE: 2 OF 8

1

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

COAGULATION

	Test			Units	Reference	Ord Physician
09/11/2017 23:29	Protime	15.1	н	seconds	9.0-11.8	(b)(6); (b)(7)(C)
	INR aPTT	1.41 22.1	H L	seconds	0.9-1.1 25.3-35.7	·

⁴'NR results are intended ONLY to monitor Oral Anticoegulant therapy in stabilized patients. The INR Therapeutic Range is 2.0 - 3.0 Patients with a mechanical heart, the INR Range is 2.5 - 3.5

ALMAZON RUIZ, FELIPE ER LIVINGSTO (b)(6); (b)(7)(C)

REPORT: Final Chart Livingston PAGE: 3 OF 8

PRINTED: 09/12/2017 18:43

CHI ST. LUKE'S HEALTH - LIVINGSTON ABORATORY - CLIA # 45D0697930 1717 HIGHWAY 59 BYFASS LIVINGSTON, TEXAS 77351 PH: (936) 329-8589

PATIENT: ALMAZON RUIZ, FELIPE		MR #: V0010282353
DOB: 06/26/1966		
SEX: M	LOC: ER LIVINGSTON	
NCOUNTER #: V0300267948		
TTD.PHYSICIAN: ^{(b)(6); (b)(7)(C)}	ADMITTED:09/11/2017	

CHEMISTRY

Collected	09/11/2	2017		Reference	Units
	23:29				
Ord Physician	ZAHEE				
	SYED	J, MC			
Sodium	127	Ļ		137-145	mmd/l
Potassium	4.3			3,5-5,0	mmdli
Chloride	95	Ľ		98-107	mmal/l
CO2	22			22-30	mmol/l
Glucose	127	H	•••••••••••••••••••••••••••••••••••••••	/5-110	mg/dł
BUN	85.0	H		6.0-17.0	mg/dl
Creatinine	1.5	H	(0.4 1.2	mg/dl
T Protein	6.5			5.1-6.7	gm/dl
Albumin	3.3	Ĺ		3.5-4.6	gm/dl
Globulin	3.2			2.3-3.5	gm/dl
A/G Ratio	1.0	Ľ		1.1-2.2	%
Calcium	8.6			8.4-10.2	mg/dl
Calcium, Corrected	9.2			8.4-10.2	mg/dl
Total Bilirubin	10.8			0.2-1.2	mg/dl
AST (SGOT)	102		* *	11-36	U/L
ALT (SGPT)	68	ΪΗ΄-΄		15 60	U/L
Alkaline Phos	123	H	· · · · · · · · · · · · · · · · · · ·	47-114	U/L

Various formulas exist for corrected serum calcium results, each yielding different values. This corrected result was based on the formula: Corrected Calcium = SerumCalcium + [0.8 * (4 - SerumAlbumin)]

ALMAZON RUIZ, FELIPE **ER LIVINGSTO** (b)(6); (b)(7)(C)

PRINTED: 09/12/2017 18:43

REPORT: Final Chart Livingston PAGE: 4 OF 8

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CHI ST. LUKE'S HEALTH - LIVINGSTON ABORATORY - CLIA # 45D0697930 1717 HIGHWAY 59 BYPASS LIVINGSTON, TEXAS 77351 PH: (936) 329-8589

PATIENT: ALM/ DOB: 06/26/1966	ZON RUIZ, FELIPE	MF	R #: V0010282353
SEX: M		LOC: ER LIVINGSTON	
ENCOUNTER #: <u>V0300267948</u> ATTD.PHYSICIAI ^{(b)(6); (b)(7)(C)}		ADMITTED:09/11/2017	
	00// //0517	Reference	e Units
ollected	09/11/2017 23:29	Keleisitte	
ord Physician	ZAHEER. SYED J. MD		
	SYED J. MD	12-103	U/L
ord Physician mylase ipase	SYED J. MD	12-103 8-223	U/L U/L
	SYED J. MD 112 H		

CARDIAC SECTION

⁶Estimated Glomerular Filtration Rate (eGFR) Reference Intervals Decision Points for 18 years and older and average body mass:

>= 60	Does not exclude kidney disease.
30 - 59	Suggests moderate chronic kidney disease and
	indicates the need for further investigation
	including assessment of proteinuria and
	cardiovascular factors.
< 30	Usually indicates a need for referral for assessment
	and management of chronic kidney failure.

ALMAZON RUIZ, FELIPE ER LIVINGSTO (b)(6); (b)(7)(C)

ALMAZON RUIZ, FELIPE PRINTED: 09/12/2017 18:43

REPORT: Final Chart Livingston PAGE: 5 OF 8

	ABORA 1717 LIVIN	JKE'S HFALTH - LIVINGSTON TORY - CLIA # 45D0697930 ' HIGHWAY 59 BYPASS NGSTON, TEXAS 77351 PH: (936) 329-8589		
DOB: 06/26/1960	AZON RUIZ, FELIPE		MR #:	V0010282353
SEX: M		LOC: ER LIVINGSTON		
CHOOLINTED #	100000000000			
ENCOUNTER #: ATTD.PHYSICIA	: V0300267948 N: ZAHEER, SYED J, MD	ADMITTED:09/11/201	17	
ATTD.PHYSICIA		ADMITTED:09/11/20	17 Reference	====== Units
ATTD.PHYSICIA	N: ZAHEER, SYED J, MD 09/11/2017 23:29 ⁷ ZAHEER,	ADMITTED:09/11/20		======================================
ATTD.PHYSICIA Collected Ord Physician	N: ZAHEER, SYED J, MD 09/11/2017 23:29 ⁷	ADMITTED:09/11/20		Units Drits
	N: ZAHEER, SYED J, MD 09/11/2017 23:29 ⁷ ZAHEER, SYED J, MD	ADMITTED:09/11/20	Reference	

SPECIAL CHEMISTRY

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

PRINTED: 09/12/2017 18:43

²Critical values were called(b)(6): (b)(7)(C) ^bRESULT CALLED TC(b)(6); (b)(7)(C) RN by H#132001 on 09/12/2017 00:03 AM. Results were read back b RN (ER) AT 0003 THEN READ BACK //HH/ The 99th Percentile URL is 0.034 ng/mL.

The Joint European Society of Cardiology/American College of Cardiology (ESC/ACC) and the National Academy of Clinical Biochemistry Standards of Laboratory Practices (NACB) recommends that the diagnosis of AMI includes the presence of clinical history suggestive of Acute Coronary Syndrome (ACS) and a maximum concentration of cardiac troponin exceeding the 99th percentile of a normal reference population [upper reference limit (URL)] on at least one occasion during the first 24 hours after the clinical event.

ALMAZON RUIZ, FELIPE **ER LIVINGSTO** b)(6); (b)(7)(C)

REPORT: Final Chart Livingston

PAGE: 6 OF 8

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CHI ST. LUKE'S HEALTH - LIVINGSTON ABORATORY - CLIA # 45D0697930 1717 HIGHWAY 59 BYPASS LIVINGSTON, TEXAS 77351 PH: (936) 329-8589

PATIENT: ALMAZO! DOB: 06/26/1966	I RUIZ, FELIPE	MR #: V0	010282353
SEX: M	an management and the second	OC: ER LIVINGSTON	
ENCOUNTER #: V03 ATTD.PHYSICIAN:	(6); (b)(7)(C)	ADM/TTED:09/11/2017	
Collected	09/11/2017 23:29 ¹⁴	Reference	Unifs
Ord Physician	ZAHEER, SYED J, MD		
Fro-BNP(B-Peptide)	4850" HP	0-125	pg/ml

¹⁶Critical values were called (b)(6); (b)(7)(C) + by H132001 on 09/12/2017 00:03 AM. Results were read back b(b)(6); (b)(7)(C) N. (ER) AT 0003 THEN READ BACK //HH/

ALMAZON RUIZ, FELIPE PRINTED: 09/12/2017 18:43

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

REPORT: Final Chart Livingston PAGE: 7 OF 8

CHI ST. LUKE'S HEALTH - LIVINGSTON 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	× 9 9	
ATTD.PHYSICIAN ^{(b)(6); (b)(7)(C)}	ADMITTED:09/11/2017	

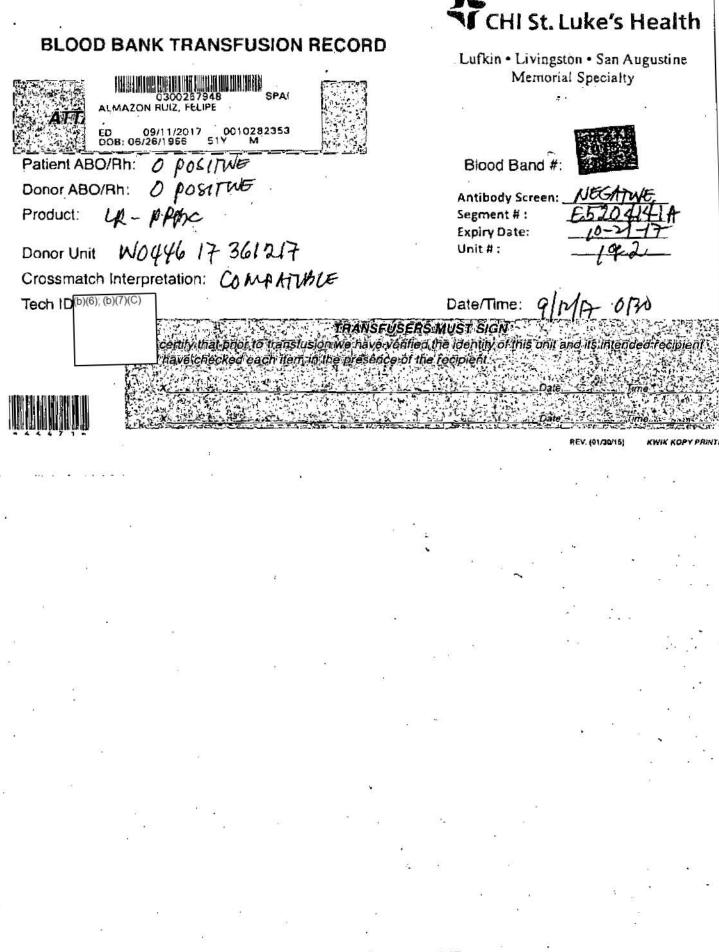
BLOOD BANK TESTS

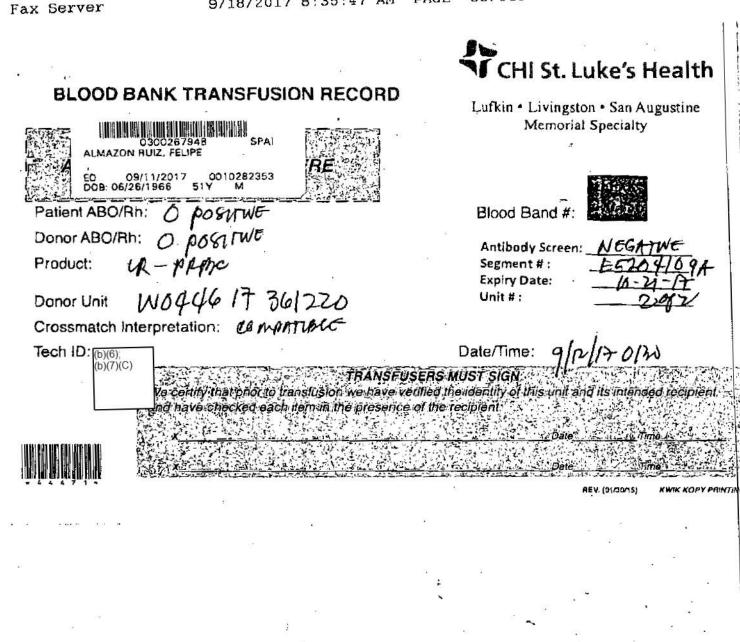
	Test	Analyte	Result	Ord Physician
09/11/2017 23:29	TYPE & SCREEN	ABO Blood Type	0	ZAHEER, SYED J, MD
		Rh Antipody Screen	Positive Negative	
09/11/2017 22:13	CROSSMATCH x 2	1.1.1.1.1 (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Completed: Compatible	ZAHEER, SYED J, MD

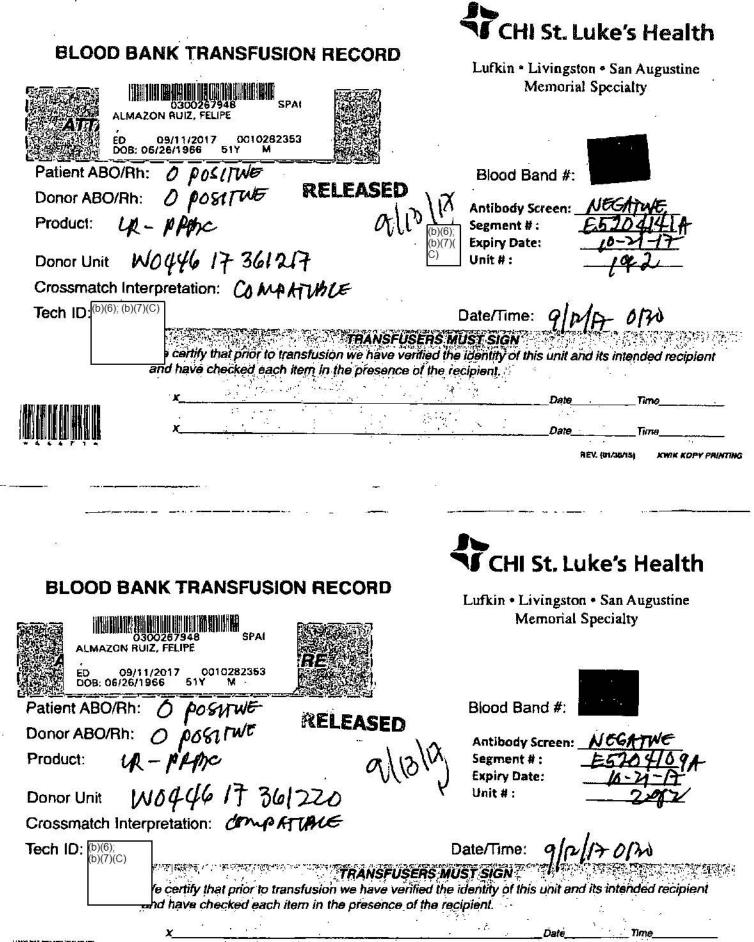
ALMAZON RUIZ, FELIPE		PRINTED: 09/12/2017 18:43
ER LIVINGSTO	REPORT: Final Chart Livingston	
(b)(6); (b)(7)(C)	PAGE: 8 OF 8	

9/18/2017 8:35:47 AM PAGE 32/045 Fax Server

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_____Time_____

Date

					IGSTON			
			Ambul	atory Assassm		nort		
				- 117 21:02 Thr	1 <u>7</u> 5	2		
Patient Name:	ALMAZON RU	IZ, FELIPE						
Visit ID:	0300267948		MR Num	ber: 001028	2353 (b)(6); (b)(3: 06/26 /	1966
Admitted:	09/11/2017 21:	02		Attending	:	////		
Assessment Date	•	144 - 14 - 140 -	:					Entry Date
Vitals	Entered B	y: (b)(6); (b)	(7)(C)					
	Pt. Locati	on: UNKN	OWN_LOCAT	ION UNKNOW	N_BED			
	Temp	Pulse	Resp	BP	02 %	Ht	Wł	
09/11/2017 21:36	98.1 F	99	18	149/97	99.0%	6 1.00 ln	77.13 kgs	09/11/2017 21:36
	Forehead			Arm,Upper	'Lt			
		(b)(6); (b)(7)(C)					
Vitels	Entered B		/)(0)				23	
	Pt. Locati	on <mark>: LIVEN</mark>	AERGENCY L	DEPARTMENT	RM-04-A			
	Temp	Pulse	Resp	BP	02 %	Ht	Wt	
09/12/2017 00:46								09/12/2017 00:50
Assessment Date	Ba							Entry Date
	IV Medica							
	Entered B	.2.	(b)(7)(C)					
	Pt. Locati	on: TIVEN	AERGENCY L	DEPARTMENT	RM-04-A			
09/12/2017 00:49	Site: Jugui	active town the	13	_				09/12/2017 00:49
	Started b	y: (b)(6); (b)(7)(C)					
09/12/2017 03:04		ctrectide 25n		20 2	5			09/12/2017 03:04
	Starte	d by: ^{(b)(6);}	(b)(7)(C)					
	Fluid: N			1 <u>100</u> 1	50			09/12/2017 03:04
	Starte	d by: ^{(D)(6);}	(b)(7)(C)					

A DOLLAR W

			MMC	LIVINGSTON			
		Da	lly Focus	Assessment Report			
		09/11/2	017 21:02	Through 09/14/2017	04:01		
Patient Name:	ALMAZON RUIZ	FEITPE					
Visit ID:	0300267948	MR Nu	mber: D	010282353	DOB:	06/26/1966	
Admitted:	09/11/2017 21:02		(h)(6); (b)(7)(C)			
Assessment Date						Entry Date	
	Actions	(b)(6); (b)(7)(C)					
	Entered By:	(-/(-// (-/(-/					
	Pt. Location:	LIV EMERGENCY D	EPARTME	ENT RM-04-A			
9/12/2017 00:47	Critical Value -	Name:	Platiets		÷.	09/12/2017 00:47	
***************************************	Critical Value -	Result:	18000			09/12/2017 00:47	
	Critical Value -	Date/Time Received:	09/12/20	17 00:48		09/12/2017 00:47	
	Critical Value - Notified:	Name of MD	Zaheer			09/12/2017 00:47	
	Critical Value - Notified:	Date/Time MD	09/12/20	17 00:48		09/12/2017 00:47	
	Critical Value - Received:	Comments/Orders	No new o	anebro		09/12/2017 00:47	
	Rounding Actic	חכ	Pt Visua	ly Checked		09/12/2017 00:47	
			No chang	ge from previous assessr	nent by this clinicia	n	
Assessment Date						Entry Date	
	ED Med Time(
	Entered By:	(b)(6); (b)(7)(C)					
	Pt. Location:	LIV EMERGENCY D	EPARTM	ENT RM-04-A			
9/12/2017 02:15	Pain Assessment	Pain Location	abd			09/12/2017 03:02	
		Pain Scale	Num	eric			
		Pain Score	5/10				
		Pain Goal	acce	ptable pain reduction			
9/12/2017 02:15	Name Of IV Pu	ish Med Given	octreotid	e		09/12/2017 03:02	
V, LELEVIT VE. 10	Dose		25mog	-		09/12/2017 03:02	
	Time IV Push !	Med Given	25mog 09/12/2017 02:15			09/12/2017 03:02	
	Response	a an 2022	No ADR			09/12/2017 03:02	
Assessment Date						Entry Date	
	Rounding		X-			¢t⊵	
	Entered By:	(b)(6); (b)(7)(C)					
	Pt. Location:	LIV EMERGENCY D	EPARTME	ENT RM-04-A			
0/10/2017 02:22	Rounding Agin		Will conf	inue to monitor policet &	r	00/40/00/7 00 00	
9/12/2017 02:33	Rounding Actio	תכ		inue to monitor patient fo ts or changes in status.	r	09/12/2017 02:33	
9/12/2017 02:33	Rounding Actio	תיב	complain		ſ	09/12/2017 02:33	

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NRUIZ, FELIPE	Dally Focus Assessment Report 09/11/2017 21:02 Through 09/14/2017 04:01	
48	09/11/2017 21:02 Through 09/14/2017 04:01	
48		
48		
	MR Number: 0010262353 DOB:	06/26/1966
7 21:02	Attending: (b)(6) (b)(7)(C)	00/20/1000
		2 23 2
<u> </u>		Entry Date
)g	C)	
By:		
tion: LIV EMERG	BENCY DEPARTMENT RM-04-A	
		09/12/2017 02:35
ig Status	No change from previous assessment by this clinician	09/12/2017 02:33
	Pt resting, no complaints voloed at this time	
	Pt, denies any complaints at this time.	
		Entry Date
ag		
By: (b)(6); (b)(7)(C)		
By: (b)(6); (b)(7)(C)	SENCY DEPARTMENT RM-04-A	
By: (b)(6); (b)(7)(C)	Dency DEPARTMENT RM-04-A	09/12/2017 02:35
By: (b)(6); (b)(7)(C) tion: LIV EMERG	Other	09/12/2017 02:35 09/12/2017 02:35
By: (b)(6); (b)(7)(C) tion: LIV EMERG	Other	
By: (b)(6); (b)(7)(C) tion: LIV EMERG g Action Note: IV attempted	Other x3. EJ by ^{(b)(6);}	09/12/2017 02:36
By: (b)(6); (b)(7)(C) tion: LIV EMERG g Action Note: IV attempted	Cther x3. EJ by ^{(b)(6)} Pt resting, no comptaints voiced at this time	09/12/2017 02:36
By: (b)(6); (b)(7)(C) tion: LIV EMERG g Action Note: IV attempted g Status	Other x3. EJ by ^{(b)(6)} ; Pt resting, no comptaints voiced at this time Pt. denies any complaints at this time.	09/12/2017 02:36 09/12/2017 02:35
By: (b)(6); (b)(7)(C) tion: LIV EMERG og Action Vote: IV attempted og Status	Other x3. EJ by ^{(b)(6)} ; Pt resting, no comptaints voiced at this time Pt. denies any complaints at this time.	09/12/2017 02:36 09/12/2017 02:35
By: (b)(6); (b)(7)(C) tion: LIV EMERG g Action Note: IV attempted g Status (b)(6); (b)(7)(By:	Other x3. EJ by ^{(b)(6)} ; Pt resting, no comptaints voiced at this time Pt. denies any complaints at this time.	09/12/2017 02:36 09/12/2017 02:35
By: (b)(6); (b)(7)(C) tion: LIV EMERG g Action Note: IV attempted g Status (b)(6); (b)(7)(By:	Other x3. EJ by ^{(b)(6)} ; Pt resting, no complaints voiced at this time Pt. denies any complaints at this time. C)	09/12/2017 02:36 09/12/2017 02:35
By: (b)(6); (b)(7)(C) tion: LIV EMERG g Action Note: IV attempted g Status (b)(6); (b)(7)(By:	C) Will continue to monitor patient for	09/12/2017 02:35 09/12/2017 02:35 Entry Date
By: (b)(6); (b)(7)(C) tion: LIV EMERG g Action Note: IV attempted g Status g (b)(6); (b)(7)(0 By: tion: LIV EMERG g Action	C) Will continue to monitor patient for complaints or changes in status.	09/12/2017 02:36 09/12/2017 02:35
By: (b)(6); (b)(7)(C) tion: LIV EMERG g Action Note: IV attempted g Status Ig (b)(6); (b)(7)(By: LIV EMERG	C) Will continue to monitor patient for	09/12/2017 02:35 09/12/2017 02:35 Entry Date
d B I I I I I I I I I I I I I I I I I I	d By: ation: LIV EMER(Note: Assisted to E standing. NSR on m	d By: (b)(6); (b)(7)(C) sation: LIV EMERGENCY DEPARTMENT RM-04-A Note: Assisted to BR by guards with wheelchair. Dizzy atanding. NSR on monitor ing Status No change from previous assessment by this clinician Ft resting, no complaints voloed at this time

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20 - February - Februa

		M	MC LIVINGSTON		
		Dally Fo	cus Assessment Repo	rt -	
		09/11/2017 21	1:02 Through 09/14/2	1017 04:01	
Patient Name: Visil (D: Admitted:	ALMAZON RUIZ, FELIPE 0300267948 09/11/2017 21:02	MR Number: Attending:	0010282353 (b)(6); (b)(7)(C)	DOB:	08/26/1986
sessment Date	•				Entry Date
de krode	Rounding Entered By:	7)(C)			
	Pt. Location; LIV EMER	GENCY DEPAR	TMENT RM-04-A		
/12/2017 05:57	Rounding Action		continue to monitor patie plaints or changes in stat		09/12/2017 05:57
		Pers	onal needs met		
	Rounding Status	No c	hange from previous ass	essment by this clinician	09/12/2017 05:57

Pt resting, no complaints voiced at this time Pt. denies any complaints at this time. 1

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			MMC LIVIN	IGSTON			
		Discharg	e Assessment	Summary Re	port		
		09/11/2017 21:	02 through	09/14/2017	04:01		
Patient Name:	ALMAZON RUIZ, FELIPI	E					
Visit ID:	0300267946	MR Numt		2353	DO	B; 06/26	1966
Discharged:	09/12/2017 07:00		Attending:	(b)(6); (b)(7)(C)			
Allergies	стор на безо на селото на селот		6			ананан (1997) 	Allergy Date
No Known Allergie Last Documented t	(b)(6); (b)(7)(C)	09/11/2017 21:3	5				09/11/2017
Viteis	Entered By: (b)(6); (b)(7)(C)					Entry Date
		OWN_LOCATIC	N UNKNOWN	BED			
	Temp Puise	Resp	BP	02 %	Ht	Wt	
09/11/2017 21:36	98.1 F	16	-	99.0%	61.00 In	77.13 kgs	09/11/2017 21:36
	Forehead						
Vitals	Entered By: (b)(6); (b)(7)(C)			<u>8</u> 2		Entry Date
		MERGENCY DE		M-04-A			Entry Date
	Temp Pulse	Resp	BP	02 %	Ht	Wt	
09/12/2017 00:49	91			•- ••			09/12/2017 02:37
09/12/2017 04:10			142/109				09/12/2017 05:58
	<u>1 1965 - 19</u> - 1976 19		Arm,Upper	Lt			
Assessment Date	Transfer		20				Entry Date
	Entered By: (b)(6); (b)(7)(C)					
		MERGENCY DE	PARTMENT R	M-04-A			
09/12/2017 06:45	Admit ta:		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:		Oxyge	1			09/12/2017 08:55
			Cardia	c / Apnea Moni	lor		
			TR/DC	with IV line inte	act		
			Other				
09/12/2017 06:45	Group Note: Octrept	de infusin					09/12/2017 06:56
09/12/2017 06:45	Report Given To		Lorette				09/12/2017 06:55
	Report Given On		Curren	t			
10			IV The	гару			
			Vitel S				
			Fail Pr	ecautions			
	Transfer to Another F		Yes				
	Notified of Discharge	Transfer	Other				
09/12/2017 06:45	Group Note: MTC gua	ards					09/12/2017 06:57
09/12/2017 08:45	MOT Completed		Yes				09/12/2017 06:55
	Receiving Physician		Abbas	6			

09/14/2017 04:02

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				nd Fluid Repor						
			09/11/2017 21:02	Through 09/	14/2017 04:01					
Patient Ne	me: ALMAZON R	UIZ, FELIPE								
Visit ID:	0300267948		MR Number:	(b)(6); (b)(7)(C)	DOB: 06/26/1966				
Admitted:	09/11/2017 2	1:02	Attending:	(0)(0); (0)(1)(
V Site:	Jugular, Left	· · · · · · · · · · · · · · · · · · ·								
		ed 09/12/2017 00:49 By gelb								
	Pt Location:	LIV EMER	GENCY DEPARTME	ENT RM-04-A						
	Туре;	Venous			Entered Date:	09/12/2017 00:49				
	Catheter Sz:	18 ga			Position Modifier:					
	Catheter Length:				Unsuccessful Attempts:					
	Lumens No.: Note:									
					2					
		(h)(6); (b)(7)(C)							
	Added By:	1997.039		On 09/12/2017						
	Pt Location: IV Site Started By:		V EMERGENCY DE ((6); (b)(7)(C)	n 09/12/2011						
	IV Site:	3.12	gular, Left	1.04/12/2011						
	IV Туре:	Ve	anous							
	Catheter Sz:	18	ga							
-luid:	NSS	A 4000 000								
iuiu.	Entry For Date 0	9/12/2017 0	3:04 By gelb							
	Pt Location:									
	Fluid Started By:	(b)(6); (b)(7)(6	GENCY DEPARTME	ENT RM-04-A	Fluid Started Date:	09/12/2017 03:04				
	Lümen Used:	(-/(-// (-/(-//			Entered Date:	09/12/2017 03:04				
	Rate:	150 ml/hr			IV Pump:	у				
	Starting Volume:	1000 ml			Volume Infused:	2				
	Bag No.:				Bag Complete Date:					
					beg complete date.					
					Deg Complete Date.					
		1010), (b)(7)(C)	1						
	Added By:); (b)(7)(C)	On 09/12/2017						
	Added By: Entry For Date:	<u>09</u>	/12/2017 03:04	On 09/12/2017						
	Added By:	09 NS	/12/2017 03:04 SS	1	7 03:04	······				
	Added By: Entry For Date: Fluid:	םם 19 NS נוי גע	/12/2017 03:04 SS / EMERGENCY DE gular, Left	1	7 03:04					
	Added By: Entry For Date: Fluid: P! Location: IV Site; Fluid Started By:	29 NS LIN Ju (b)(/12/2017 03:04 SS V EMERGENCY DE gudar, Left 6); (b)(7)(C)	1	7 03:04 M-04-A					
	Added By: Entry For Date: Fluid: Pt Location: IV Site; Fluid Started By: Sterling Volume:	29 NS LM Ju (b)(10	/12/2017 03:04 SS V EMERGENCY DE gular, Left 6); (b)(7)(C) 00		7 03:04 M-04-A					
	Added By: Entry For Date: Fluid: P! Location: IV Site; Fluid Started By:	09 NS LM Ju (b)(10 15	/12/2017 03:04 SS V EMERGENCY DE gudar, Left 6); (b)(7)(C)		7 03:04 M-04-A					
	Added By: Entry For Date: Fluid: Pt Location: IV Site: Fluid Started By: Sterling Volume: Rate:	29 NS LM Ju (b)(10	/12/2017 03:04 SS V EMERGENCY DE gular, Left 6); (b)(7)(C) 00		7 03:04 M-04-A					
iluid:	Added By: Entry For Date: Fluid: Pt Location: IV Site: Fluid Started By: Starting Volume: Rate: IV Pump: Octreotide 25mc	09 NS LM Ju (b)(10 15 y 9	/12/2017 03:04 SS V EMERGENCY DE gular, Left 6); (b)(7)(C) 00 0 ml/hr		7 03:04 M-04-A					
iluid:	Added By: Entry For Date: Fluid: Pt Location: IV Site; Fluid Started By: Sterling Volume: Rate: IV Pump:	09 NS LM Ju (b)(10 15 y 9	/12/2017 03:04 SS V EMERGENCY DE gular, Left 6); (b)(7)(C) 00 0 ml/hr		7 03:04 M-04-A					
fluid:	Added By: Entry For Date: Fluid: P! Location: IV Site: Fluid Starled By: Sterling Volume: Rate: IV Pump: Octreotide 25mc Entry For Date 00 Pt Location:	99 NS LN Ju (b)(10 15 y 9/12/2017 0 LIV EMERC	/12/2017 03:04 SS V EMERGENCY DE gular, Left 6); (b)(7)(C) 00 0 ml/hr 3:04 By geib SENCY DEPARTME	J PARTMENT RI]Dn 09/12/2017	7 03:04 M-04-A 7 03:04					
=luid:	Added By: Entry For Date: Fluid: P! Location: IV Site; Fluid Started By: Sterting Volume: Rate: IV Pump: Octreotide 25mc Entry For Date 0 Pt Location: Fluid Started By:	09 NS LM Ju (b)(10 15 y 9/12/2017 0	/12/2017 03:04 SS V EMERGENCY DE gular, Left 6); (b)(7)(C) 00 0 ml/hr 3:04 By geib SENCY DEPARTME	J PARTMENT RI]Dn 09/12/2017	7 03:04 M-04-A 7 03:04 Fluid Started Date:	09/12/2017 03:04				
=luid:	Added By: Entry For Date: Fluid: P! Location: IV Site; Fluid Started By: Sterling Volume: Rate: IV Pump: Octreotide 25mc Entry For Date 0: Pt Location: Fluid Started By: Lumen Used:	9 9 9 9 12/2017 0 15 9 12/2017 0 19 10 EMERO	/12/2017 03:04 SS V EMERGENCY DE gular, Left 6); (b)(7)(C) 00 0 ml/hr 3:04 By geib SENCY DEPARTME	J PARTMENT RI]Dn 09/12/2017	7 03:04 M-04-A 7 03:04 Fluid Started Data: Entared Data:	09/12/2017 03:04				
-luid:	Added By: Entry For Date: Fluid: P! Location: IV Site; Fluid Started By: Sterling Volume: Rate: IV Pump: Octreotide 25mc Entry For Date 0: Pt Location: Fluid Started By: Lumen Used: Rate:	99 NS LN Ju (b)(10 15 y 9/12/2017 0 LIV EMERC	/12/2017 03:04 SS V EMERGENCY DE gular, Left 6); (b)(7)(C) 00 0 ml/hr 3:04 By geib SENCY DEPARTME	J PARTMENT RI]Dn 09/12/2017	7 03:04 M-04-A 7 03:04 Fluid Started Date: Entered Date: IV Pump:					
luid:	Added By: Entry For Date: Fluid: P! Location: IV Site; Fluid Started By: Sterling Volume: Rate: IV Pump: Octreotide 25mc Entry For Date 0: Pt Location: Fluid Started By: Lumen Used:	9 9 9 9 9 12/2017 0 LIV EMERO (b)(6); (b)(7)(25 mog/hr	/12/2017 03:04 SS V EMERGENCY DE gular, Left 6); (b)(7)(C) 00 0 ml/hr 3:04 By geib SENCY DEPARTME	J PARTMENT RI]Dn 09/12/2017	7 03:04 M-04-A 7 03:04 Fluid Started Data: Entared Data:	09/12/2017 03:04				
iluid:	Added By: Entry For Date: Fluid: P! Location: IV Site; Fluid Started By: Starting Volume: Rate: IV Pump: Octreotide 25mc Entry For Date 0: Pt Location: Fluid Started By: Lumen Used: Rate: Starting Volume:	9 9 9 9 9 12/2017 0 LIV EMERO (b)(6); (b)(7)(25 mog/hr	/12/2017 03:04 SS V EMERGENCY DE gular, Left 6); (b)(7)(C) 00 0 ml/hr 3:04 By geib SENCY DEPARTME	J PARTMENT RI]Dn 09/12/2017	7 03:04 M-04-A 7 03:04 Fluid Started Data: Entaned Date; IV Pump: Volume infused:	09/12/2017 03:04				

09/14/2017 04:02

Fax Server

9/18/2017 8:35:47 AM PAGE 41/045 Fax Server

			MMC L	IVINGSTON		
			IV Site an	d Fluid Repor	t	
		09/1	1/2017 21:02	Through 09/1	14/2017 04:01	
Patient Na	me: ALMAZON RUI	Z, FELIPE				
Visit ID:	0300267948		AR Number:	0010282353	3	DOB: 06/26/1966
Admitted:	09/11/2017 21:0	12 /	Mending:	(b)(6); (b)(7)(C)	
Fluid:	octreotide 25mcg					
	Entry For Date 09/	12/2017 03:04	By gelb			
	Pt Location:		-	NT RM-04-A		
	Fluid Started By:)(6); (b)(7)(C)			Fluid Started Date:	09/12/2017 03:04
	Lumen Used:				Entered Date:	09/12/2017 03:04
		25 mcg/hr			IV Pump:	У
		120 ml			Volume Infused:	
	Bag No.:				Bag Complete Date:	
				_		
	Added By:	(b)(6); (b)(7)		n 09/12/2017	/ 03:04	
	Entry For Date: Fluid:		17 03:04 e 25mcg			
	Pt Location:		103 X 363 X X 204 564	PARTMENT R	MLOALA	
	N Site:	Jugular,				
	Fluid Started By:	(b)(6); (b)		n 09/12/2017	7 03:04	
	Starting Volume:	120	994.969 (1947)/		e an 1999 (1985)	
	Rate	25 mcg/l	ır			
	IV Pump:	Y				

09/14/2017 04:02

NOTE: All strikeouts were executed by person making original entry.

Page 2 of 2

		MMC	IVINGSTON							
IV Assessment Report										
09/11/2017 21:02 Through 09/14/2017 04:01										
Patient Name:	ALMAZON RUIZ, FELIPE									
Visit ID:	0300267948	MR Number:	0010282353	DOB:	06/26/1966					
Admitted:	09/11/2017 21:02									
		Altending:	(b)(6); (b)(7)(C)							
ssessment Date	IV Site: Jug Entered By: (b)((Catheter Sz:18	gular, Left 6); (b)(7)(C)		Entered Date:	09/12/2017 00:49					
	IV Site: Jug Entered By: (b)((Catheter Sz:18	gular, Left 6); (b)(7)(C)		Entered Date: Site Started Date;	09/12/2017 00:49 09/12/2017 00:49					
	IV Site: Jug Entered By: (b)(Catheter Sz: 18 IV Site Started By:	gular, Left 6); (b)(7)(C)								
	IV Site: Jug Entered By: (b)(Catheter Sz: 18 IV Site Started By:	gular, Left 6); (b)(7)(C) na (b)(7)(C)		Site Started Date;						
	IV Site: Jug Entered By: (b)(t) Catheter Sz: 18 IV Site Started By: (b)(6); Type: Ver	gular, Left 6); (b)(7)(C) na (b)(7)(C)		Site Started Date;	0 9/12/20 17 00:49					

09/14/2017 04:02

NOTE: All strikeouts were executed by person making original entry.

Page 1 of i

			MMC LIVINGSTON			
			Vital Sign Report			
		09/11/2017 :	21:02 Through 09.	/14/2017 04:01		
Patient Name: AL	MAZON RUIZ, FELIPI	E				
Visit ld: 03	00267948			Me	d Rec No: 0	010282353
	26/1966			Ad	mitled:	9/11/2017 21:02
Attend Phys: (b)(6)	; (b)(7)(C)			Dis	charged; (9/12/2017 07:00
	Assess Date/Time:	Assess Date/Time:	Assess Date/Time:	Assess Date/Time:	Assess Date/Time	: Assess Date/Time
	09/11/2017 21:36	09/12/2017 00:29	09/12/2017 00:31	09/12/2017 00:34	09/12/2017 00:37	09/12/2017 00:40
'Ital Type	Bed: UNKNOWN_B	E Bed: RM-04-A	Bed: RM-04-A	Bed: RM-04-A	Bed: RM-04-A	Bed: RM-04-A
		ay the Vital Signs, No	tes, Documenter, Co-s	signer (if applicable), a		ed.
emp	98.1 F	1	1		1	1
	Forehead					
	09/11/2017 21:36		1			
	By: brwr					
ulse	99	H 103	91	89	92	
	09/11/2017 21:36	09/12/2017 00:50	09/12/2017 00:50	09/12/2017 00:50	09/12/2017 00:50	2
	By: brwr	By: gelb	By: gelb	By: gelb	By: gelb	
P	149/97	142/104	161/109	162/98	162/94	158/95
	Arm,Upper Lt	Arm.Upper Lt	Arm,Upper Lt	Arm,Upper Lt	Arm,Upper Lt	Arm,Upper Lf
	09/11/2017 21:36	09/12/2017 00:50	09/12/2017 00:50	09/12/2017 00:50	09/12/2017 00:50	CONTRACTOR DE
	By: brwr	By: gelb	By: gelb	By: gelb	By: gelb	By: gelb
esp	16					
	09/11/2017 21:36	-				
	By: brwr					
/t	77.13 kgs			1		
	09/11/2017 21:36					
	By: brwr					
t	61.00 In		1			
	09/11/2017 21:36					
	By: brwr					
MI*	32.5				1	
P,Mean		117	124	124	120	116
		Arm Upper Lt	Arm,Upper Lt	Arm,Upper Lt	Arm,Upper Lt	Arm,Upper Lt
		09/12/2017 00:50	09/12/2017 00:50	09/12/2017 00:50	09/12/2017 00:50	09/12/2017 00:5
		By: gelb	By: gelb	By: gelb	By: gelb	By: gelb
SA*	1.76	401 - 28542 1	985 - 965	1.29 P3007	54 4653 - 28	55 2 4 93693731
2 Sat%,PulseOx	99.0%	1				
	09/11/2017 21:36	-				
	By: brwr					

Continued On Next Page...

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and the second methods are

			MMC LIVINGSTON			
			Vital Sign Report			
		09/11/2017	21:02 Through 09	/14/2017 04:01		
Patient Name: Visit id: Birth Dale: Attend Phys:	ALMAZON RUIZ, FELIPI 0300267948 06/26/1388 (b)(6); (b)(7)(C)	E 7		Adı	mitled:	0010282353 09/11/2017 21:02
Allend Phys.				Dis	cuargeo,	09/12/2017 07:00
/itaí 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/Tim 09/12/2017 00:55 Bed: RM-04-A	
	The cells below disp		les, Documenter, Co-	signer (if applicable), a	nd Date/Time enter	red.
ouise	94 09/12/2017 00:50	97 09/12/2017 00:50	91 09/12/2017 02:37	88 09/12/2017 02:37	91 09/12/2017 02:3	
3P	By: gelb 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 Ami,Upper L(09/12/2017 02:3	By: gelb 167/105 Arm,Upper Lt 7 09/12/2017 02:31
9 9,Me an	By: gelb 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: geib 118 Arm,Upper Lt 09/12/2017 02:37	By: gelb 120 Arm,Upper I f 09/12/2017 02:3	By: gelb 131 Arm,Upper Lt
= calculation	By: geib	By: gelb	By: gelb	By: gelb	By: gelb	By: gelb
/ital 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 Bec: 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	
				signer (if applicable), a		
*********	2.5	15 N.S. 16				
oilse	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: geib		
9P	162/97 Arm,Upper Ll 09/12/2017 02:37 By: gelb	156/100 Arm,Upper Lt 09/12/2017 02:37 By: gelb	146/97 Ann,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 02:3 By: gelb	160/103 Arm,Upper Lt 6 09/12/2017 02:36 By: gelb
3P,Mean	117 Arm,Upper Lt 09/12/2017 02:37	112 Arm,Upper Lt 09/12/2017 02:37	113 Arm.Upper Lt 09/12/2017 02:37	125 Arm,Upper Lt 09/12/2017 02:37	117 Am,Upper Lt 09/12/2017 02:3	126 Arm,Upper Li 6 09/12/2017 02:36
= calculation	By: gelb	By: gelb	By: gelb	By, gelb	By: gelb	By: geib

***Continued On Next Page ... ***

			MMC LIVINGSTON			
58			Vital Sign Report			
		09/11/2017	21:02 Through 09	/14/2017 04:01		
Visit ld:	ALMAZON RUIZ, FELIP 0300267948 06/26/1966 5); (b)(7)(C)	E			Med Rec No: Admitted: Discharged:	0010282353 09/11/2017 21:02 09/12/2017 07:00
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Discharged.	G9/12/2017 D7:00
	Assess Date/Time:	Assess Date/Time:	Assess Date/Time:		10/00	
0.595000	09/12/2017 04:10	09/12/2017 04:40	09/12/2017 05:10	09/12/2017 05:40)	
/ital Type	Bed: RM-04-A	Bed: RM-04-A	Bed: RM-04-A	Bed: RM-D4-A	572	
	The cells below disp	lay the Vital Signs, No	ites, Documenter, Co-s	signer (if applicable), and Date/Time	entered.
P	142/109	145/104	145/96	152/101	***************************************	·#####################################
	Arm, Upper LL	Arm Upper Lt	Arm,Upper Lt	Arm,Upper Lt		
	09/12/2017 05:58	09/12/2017 05:58	09/12/2017 05:58	09/12/2017 05:5	68	
	By: gelb	By: gelb	By: gelb	By: gelb		
P,Mean	122	121	114	116		
	Arm, Upper Lt	Arm, Upper Lt	Arm,Upper Lt	Arm,Upper Lt		
	09/12/2017 05:58	09/12/2017 05:58	09/12/2017 05:58	09/12/2017 05:5	58	
	By: gelb	By: gelb	By: gelb	By: gelb		
= calculation						

Staff IDs:----

brw/ (b)(6); (b)(7)(C) gelb

i.

-

and the second s

AHN :

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

From .

Texan EMS

https://te1253.epcr.com/newbase/reports/legacyprint/type/hospital/j

Fax/Print Date: 09/18/2017

936-327-9116

Subject: EMS Patient Care Report

Yo: Conroe Regional (Fax:)

From: TEXAN EMS_LC (Phone: 0)

Fax Confidentiality Notice: The information contained in this faxed patient report is private and confidential. It may contain Protected Heath Information (PHI) deemed confidential by HIPAA regulations. It is intended only for the use of Conroe Regional, and the privileges are not waived by virtue of this information having been directly printed or sent by fax. Any use, dissemblation, distribution or copying of the information contained in this communication is strictly prohibited by anyone except Conroe Regional 3 you have received this fax in error, please notify TEXAN EMS LLC by caling B and immediately destroy this fax/print-out.

Run#: TE22002

Medical Record #;			Cal	l Date: 09/12/2017	
Call received:	05;45:52	Dispatched:	06:45:53	En Route:	0 6: 45:54
Arrival at scene:	D5:45:56	Patient Contact:	06:45:57	Departure from Scene:	05:45: 5 8
Arrival at destination:	08:13:43	Return to service:	08:13:47		
Dispatch As/Chief Compla	int: Other m	eans of transport c	ontradicted		
Medical History			Current Medic	ration: no list presented	
Aliergies: NKDA			Pertinent Past	t History: HTN	
Patient Informatio					
Last Name: Aimazon Rutz			Adáress: 340	0 FM 350 S.	
First Name: Feipe – Middle II	nitial:		City: LIVINGS1	TON State: TX Zip: 77351	
DOB: 05/76/1966 Weight (I	lb): Height (ft):	County: POL*	Phone: 9369678000	
Physician Name: none					
Next of Kin		Name:		Phone:	
Origin				· · ·	
Facility: CHI St. Lukes of East	Texas		CITY: LIVINGST	ON Zip: 77351	
Street Address: 1717 Hwy 5	9 Bypass		County POLK	Phone #: 936-327-8500	
Patient Assessmen					··· _ ····
Suspected Incesses: Abcom	anal palb/problem	15	Amputations	:	
Skin; Normal			Extremities:		
Abdominal: Normal			Decubitus To	n	
Breathing: Clear L+R			Site of Pain:	Pain Scale:	
EKG Revealed: NSR (07:04:5	55)		Patient Has I	in Place: N octreamide drp 25mcg)/hr, O2 4lpm via
			NC, EKG		
Neurological					
Level: A+OX4					

Glasgow Coma Scale; 15 (Motor Resp.: 6 Verbal Resp.: 5 Eye Opening; 4)

https://te1253.eper.com/newbase/reports/legacyprint/type/hospital/id

ARCePCR - Almazon Ruiz- 842335-web1. ARconcepts.com

Vital Signs & Interventions

Interventions: Assessment, Cardiac monitoring, IV fluids, IV medication, Oxygen

Vitals							
BP	Pulse	Resp	5p02	+02	Etc02	- Time	
151/87	87	20	100	Y		06:49:28	
150/90	92	20	99	۲		08:13:35	
Meds Administr	ation						
Meds		Dose	Unit	Route	r	Time	
octreotide		25/n	mcg	м		06:50:26	
FV/10							
Fillid	Cath.	Adm.	Flow		Site	Time	
NS	20	10 D	TKO		LEJ	06:50:45	
CPAP Pressure:	Oxygen (LPM); 4	Oxygen Via: Na	sai Cannula Airway	: Size:	Tube Depth:		

Narrative

(b)(6) (b)(6) Narrative: Med 2 mannec by EM (b)(7)(C) and myself Paramedic responded to CHI St. Lukes of East Texas on 1717 Hwy 59 Bypas (b)(6); or a 51 year old Male requiring bransport to Conroe Regional on 504 Medical Center Blvd, CONROE for by of upper G bleed noticed when pt began vomiting blood @ 12 hrs ago, At the Hospitai - ER, patient was found ambulatory. Patient ambulated to EMS stretcher and secured with 3 straps, rais raised for safety and paced in semi-fowlers position for comfort. V/5; ((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 2Ipm via NC. EKG reveals NSR.C). Secondary Assessment: HEENT: Head: Assessed with No Abhormalties, Ears: Assessed with No Abnormatics. Throat: Assessed with No Abnormalities. Chest: Assessed with No Abnormalities. BBS: Clear L+R. ABD(b)(b)(b)b)(6) Assessed with No Abnormalities, Back: Assessed with No Abnormalities, PMS: no abnormalities noted Patient requires EMS transport due to: IV meds or route. O2 on route. EKG on noute. Fatient Allergies: NKDA - Current Medication: no list presented - Medical Doctor; none Patient has in place: IV octreomide drip 25mcg/hr, O2 41pm v a 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: Mec 2	Medic Name: ^{(b)(6); (b)(7)(C)}	Driver Nan ^{(b)(6); (b)(7)(C)}	

Report Ends.

Fax Server





HOUSTON SSC FAX

TO:	(b)(6); (b)(7)(C)	FROM:	(b)(6); (b)(7)(C) - Houston
FAX:	919369678846	=AX:	
PHONE.	*** ****	PHONE.	23
PAGE NUM:	49	DATE:	9/19/2017 10:42:16 AM

COMMENTS:



NOTICE OF DEATH - MU					
DATE OF DEATH:		PEATH PE	RONOUNCED BY:		
NEXT OF KIN NOTIFICATION:	0515		<u> </u>		
Name of notified next of kin:					
PHYSICIAN NOTIFICATION:	b)(6); (b)(7)(C)	raut	LICE OF THE PEAK	CE (JP) NOTIF	
Attending physician notified:			notified: 111d		
Preliminary cause of death: G		Re	ason: Priso	ner	
Death certificate to be completed b	55 · · · · · · · · · · · · · · · · · ·	100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100		Send email to RM	with patient information)
	C) JP;	1.	requested autopsy		
					uired if an autopsy is orde iner as part of a death inqu
(6); (b)(7)(C)			DATE:		
			9111	7	0551
DISPOSITION REQUESTS		22			
			1.11.11.11.11.1		
n ^{ang} awaranan men n	its physicians, and representatives a	ire authorized to do the	e rokowing:		
	If autopsy is requested by next of	kin or physician, comp	blete the Texas Depa	riment of State F	leath Services "Postmor
	Examination or Autopsy Conse	nt Form" (EDEMF97)	73).		al ^l
2. STILLBORN INFANT	S/NEONATAL DEATHS				
	ts/neonatal deaths who are of gre	ater than 20 weeks	gestational age or	greater than 35	0 gm bʻody weight, l
	se to funeral home is required. ts/neonatal deaths who are of les	s than 20 weeks ge	stational are or les	s than 350 nm l	autu weinht
(initial one of the f		a (nan zo neoro ge.	atterioriar age or rea		
Release to	the funeral home named in Secti	on 3.		05	
				1.1	
Dispose of	the body according to regular hos	spital practices.			
3. BELONGINGS	the body according to regular hos	spital practices.			
3. BELONGINGS	the body according to regular hose		🗋 Security		
3. BELONGINGS Belongings released	to: 🔲 Received by ;he undersig	ned next-of kin	1775 C 1775 C 1775 C 1775		, Time:
3. BELONGINGS Belongings released	to: 🔲 Received by ;he undersig	ned next-of kin	1775 C 1775 C 1775 C 1775		Time:
3. BELONGINGS Belongings released Name: AUTHORIZATION FOR RE	to: Received by the undersig Relat LEASE OF REMAINS:	ned rext-of kin ionship:	Date:_		fime:
3. BELONGINGS Belongings released Name: AUTHORIZATION FOR RE	to: Received by the undersig Relat LEASE OF REMAINS:	ionship:	Date:		
3. BELONGINGS Belongings released Name: AUTHORIZATION FOR RE	to: Received by the undersig Relat LEASE OF REMAINS: dical Center is authorized to relea tin to contact Security with funera	ined next-of kin lionship: se remains to the fol I home ングロハー くチルリバチ	lowing funeral hom $\int \frac{c}{r} \frac{mOr^2}{r}$	e: F. COUNTY	
3. BELONGINGS Belongings released Name: AUTHORIZATION FOR RE Conroe Regional Med Unknown-next of k Name of funeral home	to: Received by the undersig Relat LEASE OF REMAINS: dical Center is authorized to relea tin to contact Security with funera	ined next-of kin lionship: se remains to the fol I home ングロハー くチルリバチ	lowing funeral hom $\int \frac{c}{r} \frac{mOr^2}{r}$	e: F. COUNTY	
3. BELONGINGS Belongings released Name: AUTHORIZATION FOR RE Conroe Regional Med Unknown-next of k Name of funeral home	to: Received by the undersig Relat LEASE OF REMAINS: dical Center is authorized to relea tin to contact Security with funera	ined next-of kin lionship: se remains to the fol I home ングロハー くチルリバチ	lowing funeral hom $\int \frac{c}{r} \frac{mOr^2}{r}$	e: F. COUNTY	
3. BELONGINGS Belongings released Name: AUTHORIZATION FOR RE Conroe Regional Med Unknown-next of k Name of funeral home	to: Received by the undersigned in the context security with function $E_{\rm eff} = \frac{1}{111} \frac{1}{1000} \frac{1}{10000} \frac{1}{1000} \frac{1}$	ined next-of kin lionship: se remains to the fol I home ングロハー くチルリバチ	lowing funeral hom $\int \frac{c}{r} \frac{mOr^2}{r}$	e: F. COUNTY	
3. BELONGINGS Belongings released Name: AUTHORIZATION FOR RE Conroe Regional Med ① Unknown-next of k Name of funeral horne Address: Authorization for Release of Bo	to: Received by the undersig Relat LEASE OF REMAINS: dical Center is authorized to relea tin to contact Security with funera e: EICHENHOUST FOT IJII MXC (LO COMM rdy	ined next-of kin ionship: se remains to the for I home DEBL SERVICE IOF TX 77 J	lowing funeral hom $S \frac{c}{b} \frac{mo}{c^{2}}$ $S \frac{c}{b} \frac{mo}{c^{2}}$	е: 5. срынтч 5. срынтч с питрат: <u></u> <u></u>	56 536-3791
3. BELONGINGS Belongings released Name: AUTHORIZATION FOR RE Conroe Regional Med Unknown-next of k Name of funeral horm Address: <u>50</u> Authorization for Release of Bo Signature: <u>Udge</u> May	to: Received by the undersigned in the context security with function $E_{\rm eff} = \frac{1}{111} \frac{1}{1000} \frac{1}{10000} \frac{1}{1000} \frac{1}$	ionship: se remains to the fol I home DEDE SERVICE COE TX 773	lowing funeral hom $S \frac{c}{b} \frac{MO}{FOREr}$ $\frac{(0)}{(0)}$ Telephon	e: F. COUNTY SDCS CEN e number: <u>9</u> 9-17-2	SL 536-3791 0Птте: (0930)
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Patient:RUIZ, FELIPE

MRN:BH00861890 2520-10114-00006-2865

Page 1 of 5

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DATE OF DEATH: 91171170515 NEXT OF KIN NOTIFICATION: Name of notified next of kin: PHYSICIAN NOTIFICATION (b)(6); (b)(7)(C) Attending physician notified: Proliminary cause of death: GIBICCO	DEATH PRONOUNCED BY:	CE OF THE FEACE
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	Reason: Prischer	
Death certificate to be completed by: X Attending physician	Q JP released remains (Send email	
0 Other;		
□.IP:		Iol required if an autopsy i
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b)(6); (b)(7)(C)	DATE:	TIME:
	9117117	0551
DISPOSITION REQUESTS		
	re authorized to do the following:	5
Conroe Regional Medical Center, its physicians, and representatives a		1
1. AUTOPSY D No Yes If autopsy is requested by next of	kin or physician, complete the Texas Department of 3	State Health Services Pas
Exemination or Autopsy Conse	nt Form" (EDEMF9773).	
2. STILLBORN INFANTS/NEONATAL DEATHS		
D For stillborn infants/neonatal deaths who are of gre	eater than 20 wooks gestational age or greater th	an 350 gm body weight.
Understand release to funeral home is required.	a then 20 weaks destational are or loss than 250	an body weight
(initial one of the following)	is than 20 weeks gestational age of less than 350	, gm abey weight, .
Release to the funeral home named in Section	on 3.	
Dispose of the body according to regular ho	spital practices.	E.
3. BELONGINGS		
Belongings released to:	ned next-of kin 🔲 Security	N
	ionship:Date:	Time:
AUTHORIZATION FOR RELEASE OF REMAINS:		
Conroe Regional Medical Center is authorized to relea		भाष .
\Box Unknown-next of kin to contact Security with funeral	SEAL SEAVICES C/2 MORENDES S	-E-2- ·
Address: 350 LILLAX RD. COM		-11 est 1
Address: 350 HILAX RD. COM	UE 71 77 (0) Telephone number:	456 3317.3
And the first Deleges of Dedu		
Authorization for Release of Body	Dialto 9-1-	DAT MA
signatures Ludge WayNe L. MACK Relat	ionship: J. MONT. (Sr) Date: 77	- <u>2,011</u> Time; <u>©-7</u> 2
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indicate presence of known or suspected communicable disease	on tag per policy.	
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Funera; Hone); (b)(6); (b)(7)(C)	Remains to be transported	to above named funeral
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the pa	tient is a candidate	58	he following:			
· · · · · · · · · · · · · · · · · · ·	Eye	Tor donation of th	ne ronowing:			
	Tissue					:
Provid	e next of kin contact	t Information to L	<u>ife Gift Coordinat</u> or	LifeGift Coordir	ator will contact	next of kin.
(b)	6); (b)(7)(C)					
Signature:			e	911711	7_Time: 05	543
OUTCOME FOR P	OTENTIAL DONOF	RS	é			
□ Patient is a	registered donor.					
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Signature		······································	Date.		/ II/G	

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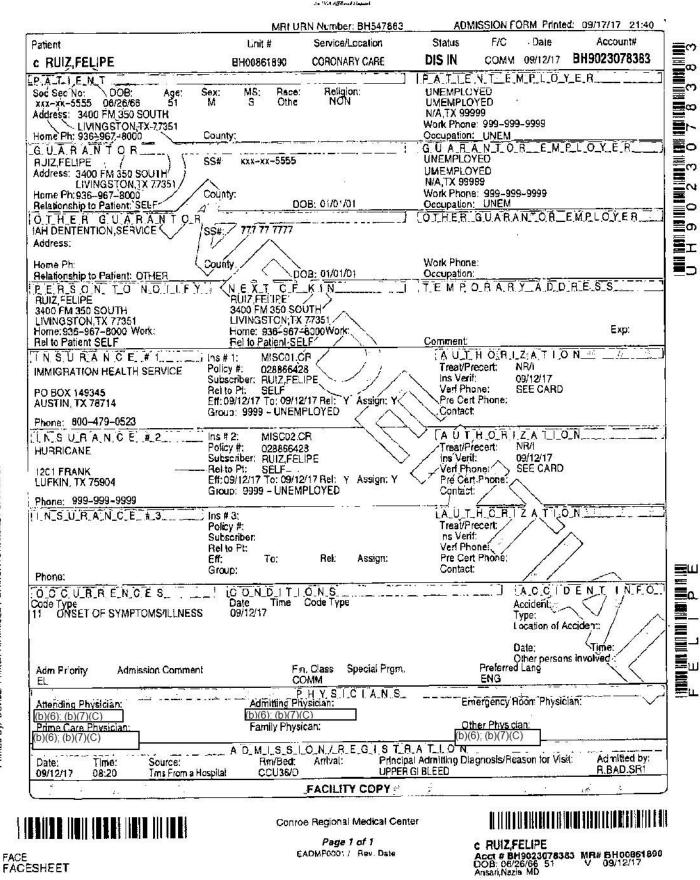
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	ONATION REFERRAL	ann 0 822 i		
ORGAN DO	NATION REFERRAL FOR IMMINE	NT DEATH (Ventilator-depend	ent patients on y)	
	al criteria: rsl indication that the patient begins	to lose neuro reflexes; GCS a	f < 5	
	n to discuss withdrawal of life sustair eys immediately after cardiac death)		this patient has the potential to donate liver a	Ind/
	ntact LifeGift Org <u>(b)(6); (b)(7)(C)</u> Gift Coordinator		26562 to determine eligibility for organ done 2017 - 09 - 150 2	tion.
	Gift Response:		acceration	
	The patient is NOT a candidate for o Do not approach the family.	rgan donalion due to: <u>1111</u>		
	The patient is a candidate for organ	donation.		
100		on to LifeGift Coordinator. Life	Gift Coordinator will contact next of kin.	
0	b)(6); (b)(7)(C)			
Signati		Date:	117117 Time: 0543	
TISSUE DO	NATION REFERRAL FOLLOWING	CARDIAC DEATH		
	al criteria:			
Call Lif	eGift within one hour of cardiac asys	stole to determine sultability fo	r tissue donation.	
1. Dal	e of death: 9117117	Time of death: 0.51	5	
	· · · · · · · · · · · · · · · · · · ·			natio
	위험하거 같은 것을 알려갔다. 같은 것은 것을 가지 않는 것을 가지 않는 것을 들었다. 것은 것은 것을 알려졌다. 것은 것을 알려졌다. 것은 것을 알려졌다. 것은 것을 알려졌다. 것은 것은 것은 것은 것을 알려졌다. 것은 것은 것은 것은 것은 것은 것은 것은 것은 것을 알려졌다. 것은 것은 것은 것은 것은 것을 알려졌다. 것은 것을 알려졌다. 것은	at (713) 737-6111 or (600) 633	FOREZ TO DECENTIONE ENGINEEY FOR EVENISSUE OF	
	(b)(6): (b)(7)(C	2)		1.1.1
	me of LifeGift Coordina ^{(b)(6); (b)(7)(C}	>)	ase: 2017-09-150	1.1.1
4. Life	Gift Response:		pse: 2017-09-150	
4. Life	Gift Response:			
4. Life	Gift Response:	ssue and eye donation due to	pse: 2017-09-150	
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Patient:RUIZ, FELIPE





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MRN: BH00861890 2000 punter BH9023078383 Page 1 of 1 0913-0071

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

PATIENT NAME: RUIZ, FELIPE	ADMIT DATE:	
ACCOUNT NO: BH9023078383	ROOM NO:	в. 141
MEDICAL RECORD NO: BH00861890	AGE :	51
REPORT TYPE: HISTORY AND PHYSICAL	SEX:	М
(b)(6); (b)(7)(C)		
ADMITTING PHYSICIAN		
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.

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DT:	09/12/2017 19:14:36					
Conf#:	2035363/D TD#. 2001060 ticated by					
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Electronically Signed by (b)(6); (b)(7)(C) MD on 09/14/17 at 2105

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: BH9023078383

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0912-0324

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

PATIENT NAME: RUIZ, FELIPE	ADMIT DATE:	09/12/17
ACCOUNT NO: BH9023078383	ROOM NO:	B.141
MEDICAL RECORD NO: BH00861890	AGE :	51
REPORT TYPE: HISTORY AND PHYSTCAL	SEX:	м
(L)(0)-(L)(7)(0)		

ADMITTING	PHYSICIAN ^{(D)(O), (D)(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 bedtîme, Aldactone 25 mg b.i.d., and omeprazole 40 mg daily.

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

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

REVIEW OF SYSTEMS: GENERAL: Positive for malaise and fatigue. HEENT: No headaches. CARDIOVASCULAR: No active chest pain. RESPIRATORY: No shortness of breath. GASTROINTESTINAL: He presents with right upper quadrant abdominal pain and

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: BH9023078383

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. Li 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.

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

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

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: BH9023078383

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Electronically Signed by $\frac{(b)(6); (b)(7)(C)}{MD \text{ on } 09/14/17 \text{ at } 2105}$

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: BH9023078383

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0917-0047

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

 PATIENT NAME: RUIZ, FELIPE
 ADMIT DATE: 09/12/17

 ACCOUNT NO: BH9023078383
 ROOM NO: B.CCU36

 MEDICAL RECORD NO: BH00861890
 AGE: 51

 REPORT TYPE: DISCHARGE SUMMARY
 SEX: M

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

 MD
 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. 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:
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.
Nonalcoholic liver cirrhosis, status post esophagogastroduodenoscopy consistent with hypertensive portal gastropathy.
Severe thrombocytopenia secondary to nonalcoholic liver cirrhosis.
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.
Sudden respiratory failure requiring ventilator support.
Cardiac arrest, the patient was then pronounced dead.

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #; BH9023078383

$\begin{array}{c} \text{CONSULTANTS:} \\ \underline{1 (b)(6); (b)(7)(C)} & \text{from GI}. \\ \underline{(b)(6); (b)(7)(C)} & \text{from critical care} \\ \hline \underline{3 \cdot (b)(6); (b)(7)(C)} & \text{from cardiology.} \end{array}$
PRINCIPAL PROCEDURES: EGD, stress test, intubation, and central line placement.
pictated B
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(b)(6); (b)(7)(C) Electronically Signed by MD on $09/17/17$ at 1305

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: BH9023078383

0916-0091

CONROE REGIONAL MEDICAL CENTER S04 Medical Center Blvd. Conroe, Texas 77304

PATIENT NAME: RUIZ, FELIPE	ADMIT DATE:	09/12/17
ACCOUNT NO: BH9023078383	ROOM NO:	в.141
MEDICAL RECORD NO: BH00861890	AGE :	51
REPORT TYPE: DISCHARGE SUMMARY	SEX:	м
(b)(6): (b)(7)(C)		

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 $C_{(b)(6), (b)(7)(C)}$ in the hospital, he was started on octreotide drip and was followed by 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 MA(F)(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:

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.
 Mild troponinemia. If stress test negative, the patient will be discharged back to jail.
 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.
 Thrombocytopenia secondary to liver cirrhosis. Hypertension.
CONSULTANTS: $(b)(6); (b)(7)(C)$ from GI and 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
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Electronically Signed by (b)(6); (b)(7)(C), MD on 09/16/17 at 1538

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: BH9023078383

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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 SUBSEQUEN ILY 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 Allergics: Coded Allergies: No Known Allergies (09/12/17)

Objective

Physical Exam: VS/1&O: Last Documented:

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

Page 1 of 9

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

Acct#:

Pulse		09/17 0115
Resp		09/17 0115
B/P		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:

5.4*L	(<u>148.0H</u>)	105	15
(12.4H) (16.5*L) (24*L)	(5.4H)	25	1.49H 87

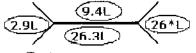
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\sim	(5.9*L)	1
9.8	(18.4*L)	(<u>351</u>)

 143.0
 114H
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 3.4L
 13*L
 1.01

09/16/17 0535:



Laboratory Tests

136.0	101	17
4.0	27	0.62
09/17	09/17	

Page 2 of 9

Patient: RUIZ, FELIPE Unit#:BH00861890 Date:09/17/17 EH9023078383

Acct#:

<u>30 L</u> 87

8.0 L

0.99 0.47 H

0.52 114 H 12.8 *H

	0440	0129
Blood Gas		
Puncture Site (DESCRIPTION ARTKIT)	ART LINE R	
ABG pH (7.35 - 7.45 pH units)	7.28 L	7.11 *L
ABG pCO2 (35 - 45 mmHg)	39 4	
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)	-8.21	-15.6 L
ABG Hematocrit (36 - 54 %)		24 L
Allen Test (POSITIVE Circ.CHK)	POSITIVE P	ositive
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	0.80 [
Respiration Rate (PT RespRate /MIN)	18	- 12
O2 Delivery Method (DESCRIPTION COMMENT	f) CMV – A	١C
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	717 09/17
		330 0200
Chemistry		
Sodium (133 - 144 mmol/L)	148.	0 H :
Potassium (3.5 - 5.1 mmol/L)		4 H
Chloride (95 - 105 mmol/L)		105
Carbon Dioxide (21 - 32 mmol/L)		25
Anion Gap (4.0 - 15.0 GAP calc)	18.	0H
BUN (7 - 18 MC/DL)		15
Creatinine (0.55 - 1.30 MG/DL)	1.4	9 H
$\frac{C[crucrular Filtr Rate (> 60 est CFR)]}{C[crucrular Filtr Rate (> 60 est CFR)]}$		5011

Page 3 of 9

MRN:BH00861890 250694016566680228883 Page 3 of 9 Patient:RUIZ, FELIPE

Glomerular Filtr Rate (>60 estGFR)

Total Bilirubin (0.00 - 1.00 MG/DL) Direct Bilirubin (0.00 - 0.30 MG/DL)

Indirect Bilirubin (0.2 - 1.3 MG/DL)

Glucose (70 - 110 MG/DL)

AST (15 - 37 Unit/L)

Tactic Acid (0.4 - 2.0 mmol/L) Calcium (8.5 - 10.1 MG/DL)

9/19/2017 10:49:09 AM PAGE 19/049 Fax Server

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

Acct#:

ÄLT (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) Specimen Hemolysis (1 NORMAL Index/DL)	1 NORMAL < 2 MG
Specimen Hemolysis (1 NORMAL Index/DL)	1 NORMAL < 10 MG
	09/17 09/17
	0127 0027
Chemistry	
	a + 0 / 0

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	1
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/DI)	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

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

Acct#:

0127

Coagulation	
PT (9.4 - 12.5 SECONDS)	22.6 H
INR (0.85 - 1.11 INR Unit)	1.96+1
PTT (Dade) (24 ~ 37.7 SECONDS)	60.4 H

Laboratory Tests

Tests	
	09/17
Hematology	0330
WBC (4,1 - 12,1 k/mm3)	12.4 H
RBC (3.8 - 5.5 Wmm3)	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 *[
MPV (7.6 - 10.4 fL)	11.2 H
Gran % (37.8 - 82.6 %)	59.3
Tymph % (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
Мопо # (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 년
Seg Neutrophils % (40 - 75 %)	82 1
Lymphocytes % (Manual) (12.6 - 43.5 %)	12 L
Monocytes % (Manual) (4.2 - 12.7 %)	4 Ĺ
Eosinophils % (Manual) (0.0 - 5.2 %)	2
Nucleated RBC % (0.0 - 1.0 /100WBC%)	1.1 H
<u>Nucleated RBCs # (0.00 - 0.05 K/mm3)</u>	<u> </u>
Toxic Granulation (NONE ON SCAN)	SLICHT
Platelet Estimate (ADEQUATE ON SCAN)	MRK DECR L

09/17 09/16

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

Acct#:

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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	
MCV (80.1 - 101.1 fL)	101.7 H	
MCH (25.3 - 35.3 pg)	32.6	32.5
MCHC (32.7 - 35.1 G/DL)	32.1 L	35.7 H j
RDW (12,2 - 16,4 %)	1 8.0 H	17.6
Plt Count (155 - 337 K/mm3)	35 *L	26 *L
MPV (7.6 - 10.4 fL)	11.5 H	
Gran % (37.8 - 82.6 %)	49.8	~~
Lymph % (Auto) (14.1 - 45.4 %)	33.7	
Mono % (Auto) (2.5 - 11.7 %)	6.0	9.0
Fos % (Auto) (0.0 - 6.2 %)	2.4	3.5
Baso % (Auto) (0.0 - 2.6 %)	0.1	0.0
Gran # (2.0 - 13.7 K/mm3)	4.87	1.82 L
Lymph # (Auto) (0.6 - 3.8 K/mm3)	3.29	0.67
Mono # (Auto) (0.11 - 0.59 K/mm3)	0.59	0.26
Eos # (Auto) (0.0 - 0.4 K/mm3)	0.23	0.10
Baso # (Auto) (0.0 - 0.1 K/mm3)	0.01	0.00
Add Manual Diff (CRITERIA DIFF/SCN)	MAN DIFF INDICATED	
Total Counted (100 #CFLLS)	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 ∟	
Fosinophils % (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)	SLICIIT	

Radiology data:

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

IMPRESSION:

Normal myocardial perfusion imaging stress test
 No reversible ischemia

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Patient: RUIZ,FELIPE Unit#:BH00861890 Date:09/17/17 BH9023078383	Acct#:
3. Normal left ventricular systolic function, calculated EF 72% on stress imaging Impression By: t.SDR.RM20 - (b)(6); (b)(7)(C) RADIOLOGY - XR CHEST 1 V 09/17 0127 *** Report Impression - Status: SIGNED Entered: 09/17/2017 0147	
IMPRESSION:	
ETT in the right mainstem bronchus. It should be pulled back 7 cm. ***********************FOR INTERNAL CODING PURPOSES ONLY***** RESULT CODE: CVR	****
Impression By ^{(b)(6); (b)(7)(C)} 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)} 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 rev'd	med profile

Treatment & Prophylaxis

Treatment & Prophylaxis	
VTE Prophylaxis	
VTE prophylaxis initiated: Y	es
Oxygen: ventilator	

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Patient: RUI2,FELIPE Unit#:BH00861890 Date:09/17/17 BH9023078383

Acct#:

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

Diagnosis, Assessment & Plan

Diagnosis, Assessment & Plan Problem List/A&P: 1. Respiratory failure

- 2. Lactic acidosis
- 3. Cirrhosis

4. GIB (gastrointestinal bleeding)

5. Hemorrhagic shock

Free Text A&P: 9/17

AT THIS 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 GIBL 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 NEB5 THIAMINE

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

Acct#:

NUTRITION CONSUL	Т
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***

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Fax Server

9/19/2017 10:49:09 AM PAGE 25/049 Fax Server

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#: BH9C23078383		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	Days	Qty	Entered	Last
	Max Daily Dose	10	1222024940		Reviewed
SERTRALINE (ZOLOFI)	100 MG PO DAILY		1999 E.S. 74	09/12/17	09/12/17
Strength: 100 MG TAB				1103	1104
traZODone (DESYREL)	50 MG PO BEDTIME			09/12/17	09/12/17
Strength: 50 MG TAB]			1103	1104
FOLIC ACID	1 MG PO DAILY			09/12/17	09/12/17
Strength: 1 MG TAB	122222 (2010)			1103	1104
OMEPRAZOLE ER (PriLOSEC)	40 MG PO DAILY	8		09/12/17	09/12/17
Strength: 40 MG CAP.DR				1104	1104
SPIRONOLACTONE	25 MG PO BID	:	ľ .	09/12/17	09/12/17
(ALDACTONE)	5455 54	i		1104	1104
Strength: 25 MG TAB					

Current Hospital Medications: Anti-Infective Agents

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Levofloxacin (LEVAQUIN 500MG/	100 MI	Q24H IV	09/12 1530		09/12
100ML)			00/19/1991		

Cardiovascular Drugs

		Sig/Sch	Start time	2	Last
Medication	Dose	Route	Stop Time	Status	Admin
Metoprolol Succinate	12.5 MG	DAILY	09/12 1700		09/12
(TOPROL XL)		PO	10/12 1701		1626
Labetalol HCl	10 MG	Q4H PRN PRN	09/12 1530	AC	
(TRANDATE)	I	IŶ	10/12 1531		
Lisinopril	20 MG	DAILY	09/12 1100	DC	09/12
(PRINIVIL)	002554 05034282545	PO	10/12 1101		1133
Nicardipine/Sodium	250 ML	ASDIR	09/12 1000	AC	
Chloride		IV	10/12 1001		

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Patient: RUIZ, FELIPE Unit#:BH00861890 Date:09/12/17 BH9023078383

Acct#:

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

Central Nervous System Agents

		Sig/Sch	Start time		Last
Medication	Dose	Route	Stop Time	Status	
Trazodone HCI	50 MG	BEDTIME	09/12 2100	AC	09/12
(DESYREL)		PÓ	10/12 2101		2015
Sertraline HCl	100 MG	DAILY	09/12 1700	AC	09/12
(ZOLOFT)		PO	10/12 1701		1626
Morphine Sulfate	1 MG	Q4H PRN PRN	09/12 1515	AC.	
(MORPHINE SULFATE)		<u>IV</u>	10/12 1516		

Electrolytic, Caloric, And Wat

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

Gastrointestinal Drugs

	-	Sig/Sch	Start time		Last
Medication	Dose				Admin
Pantoprazole	40 MC	Q12HR	09/12 2100	ЛĊ	C9/12
(PROTONIX)		IV	10/12 2101		2015
Ondansetron HCL	4 MG	Q4H PRN PRN	09/12 1515	AC	09/12
(ZOFRAN)		liv	10/12 1516		1625

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Patient:RUIZ, FELIPE MRN:BH00861890 2509 0140 0238383 Page 2 of 8

Patient: RUIZ,FELIPE Unit#:BH00861890 Date:09/12/17 BH9023078383

Acct#:

Vitamins

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

Allergies:

Coded Allergies: No Known Allergies (09/12/17)

Objective

Physical Exam

VS/1&O:

Last Documented:

	Result	Date Time
Pulse Ox	96	09/12 2000
B/P		09/12 2000
Pulse		09/12 2000
Resp		09/12 2000
Temp		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 250 ML ASDIR PRN IV

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Patient: RUIZ, FELIPE Unit#:BH00861890 Date:09/12/17 BH9023078383

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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

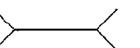
Results Findings/Data: Laboratory Tests

09/12/17 1200:

\rightarrow	11.2	1
(15.1H)	(30.1L)	~~~~



09/12/17 1155:



133.0	102	67H
4.2	24	(1.36H)

Laboratory Tests

	09/12	09/12	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

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9/19/2017 10:49:09 AM PAGE 29/049 Fax Server

Patient: RUIZ,FELIPE Unit#:BH00861890 Date:09/12/17 BH9023078383

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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)	
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
15.1 -
3.50
11.2
30.11
86.0
32.0
37.2 H
17.2
27 *
10.3
65.8
12,1
12.7 H
1.7
0.5
-

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Patient: RUIZ,FELIPE Unit#:BH00861890 Date:09/12/17 BH9023078383

Acct#:

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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)	<u>1.91 H</u>
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
Fosinophils % (Manual) (0.0 - 5.2 %)	1
Nucleated RBC % (0.0 - 1.0 /100WBC%)	1.7 H
Nucleated RBCs # (0.00 - 0.05 K/mm3)	0.2511
Toxic Granulation (NONE ON SCAN)	SLIGHT
Platelet Estimate (ADFOUATE ON SCAN)	MRK DECR I
Plt Morphology Comment (NORMAL PLTS ON SCAN)	LARGE RARE
Polychromasia (NONE ON SCAN)	SLIGHT
Hypochromasia (NONE ON SCAN)	SLIGHT
Poikilocytosis (NONE ON SCAN)	SLIGHT
Anisocytosis (NONE ON SCAN)	SLIGHT
Ovalocytes (NONE ON SCAN)	FEW
Acanthocytes (Spur) (NONE ON SCAN)	RARE
Schistocytes (NONE ON SCAN)	RARE

Laboratory Tests

	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

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Patient: RUIZ,FELIPE Unit#:BH00861890 Date:09/12/17 BH9023078383

Acct#:

visualized on this examination. 2. Unremarkable right kidney and visualized portions of the abdominal aorta and IVC. Impression By: t.SDR.RH16 -

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 ronalcoholic 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

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Patient: RUIZ, FELIPE Unit#:BH00861890 Date:09/12/17 BH9023078383

Acct#;

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hematemesis. PSYCH: depression.

Vitals as above: General appearance: alert, awake, oriented Head/Eyes: atraumatic, EOM1, 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***

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0918-0005 CONROE REGIONAL M 504 Medical Ce Conroe, Texa	enter Blvd.	
PATIENT NAME: RUIZ, FELIPE ACCOUNT NO: BH9023078383 MEDICAL RECORD NO: BH00861890 REPORT TYPE: ELECTROCARDIOGRAM ADMITTING PHYSICIAN	ADMIT DATE: ROOM NO: AGE: SEX:	51
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 : P-R Int : 000 ms QRS Dur : QT Int : 408 ms P-R-T Axes : QTC Int : 390 ms		
Sinus rhythm with 2nd degree AV block Right bundle branch block SI elevation, consider inferior injury ** ** ACUTE MI ** ** Abnormal ECG When compared with ECG of 17 SEP 2017 (Sinus rhythm is now with 2nd degree AV Vent. rate has decreased BY 67 BPM Right bundle branch block is now prese Confirmed by (b)(6); (b)(7)(C) Referred By:	or acute infarct 00:33, (Unconfirmed) block (Mobitz I)	

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

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: BH9023078383

0918-0002		dical Co	MEDICAL (enter Bl as 77304		
PATIENT NAME: RUIZ, FEI ACCOUNT NO: BH9023078 MEDICAL RECORD NO: BH/ REPORT TYPE: ELECTROC	383 00861890 ARDIOGRAM		j	ADMIT DATE: ROOM NO: AGE: SEX:	B.CCU36 51
ADMITTING PHYSICIA); (b)(7)(C)	MD MD			
Order: 20170917-0050 Test Reason : UNKNOWN Test Date/Time Stamp Sun Sep 17 2017 00:33 Blood Pressure : ***/ Vent. Rate : 122 BPM P-R Int : 158 ms QT Int : 298 ms QTC Int : 424 ms	:17 *** mmHG Atrial QR:	S Dur :	122 BPM 072 ms 022 114	026 degrees	
Sinus tachycardia Left posterior fascic Abnormal ECG When compared with ECG Vent. rate has increa	G of 12-SE		17:17,		
Left posterior fascic T wave invertion to 1. Confirmed by (b)(6); (b)(7)(C)	7 17 1	•	present Anterior on 9/1	leads 8/2017 7:41:	06 AM
Referred By: (b)(6); (b)(7)(C)			 nfirmed	(b)(6); (b)(7)(C)	

Electronically	Signed by	(b)(6); (b)(7)(C)	on	09/18/17	at	0741
			8.00 State		0750759	0.0 - COD

ACCOUNT #: BH9023078383

0913-0004	CONROE REGIONAL 504 Medical Conroe, Te	Cente	r Blvd.	
PATIENT NAME: RUI ACCOUNT NO: BH902 MEDICAL RECORD NO REPORT TYPE: ELFC	3078383 : BH00861890	<u>- 11</u>		B.ICU18 51
ADMITTING PHYSICI ATTENDING PHYSICI				
Test Date/Time S Tue Sep 12 2017 1 Blood Pressure : Vent. Rate : 070	7:17:29 ***/*** mmHG BPM Atrial Rate ms QRS Dur ms P-R-T Axes	: 070	BPM ms 009 032 degree	s
Normal sinus rhyt Nonspecific ST an Abnormal ECG No previous E <u>CGs</u> Confirmed by (^{b)(6);}	d T wave abnormality		9/13/2017 7:14	-36 AM
Referred By: (b)(6); (b)			by ^{(b)(6); (b)(7)(C)}	. 30 AM

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 ADMIT DATE: 09/12/17 PATIENT NAME: RUIZ, FELIPE ROOM NO: B.CCU36 ACCOUNT NO: BH9023078383 MEDICAL RECORD NO: BH00861890 AGE: 51 SEX: M REPORT TYPE: eECHOCARDIOGRAM REPORT ADMITTING PHYSICIAN (b)(6); (b)(7)(C) ATTENDING PHYSICIAN BH9023078383 BH00861890 ECH02DDOP Echocardiogram Report 682 Study Date: 09/13/2017 01:38 PM Name: RUIZ, FELIPE Patient Location: B.ICU4 B.ICU18 W MRN: BH00861890 URN: BH547883 BP: 89/50 mmHg Account #: BH9023078383 Height: 66 in Weight: 171 lb Gender: Male DOB: 06/26/1966 Gender: Male Age: 51 yrs BSA: 1.9 m2 Ethnicity: Other Reason For Study: CILEST PAIN Cardiac Measurements with Normal Values: 20-37 mmACS: 2.4 cm 15-26 mm Ao root diam: 3.1 cm LA dimension: 4.1 cm 19-40 mm LVIDd: 4.6 cm LVIDs: 2.8 cm 37-56 mm IVSd: 0.94 cm6-11 mm 7-23 mm RVDd: 3.0 cm Calculations MMode/2D Measurements 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 A max vel: 81.6 cm/sec MV dec slope: 461.6 cm/sec2 MV dec time: 0.19 sec MV E/A: 1.1 Ao V2 max: 161.9 cm/sec Ao max PG: 10.5 mmHg LV V1 max PG: 7.6 mmHg LV V1 max: 137.9 cm/sec AVA(V,D): 3.0 cm2 PA V2 max: 111.5 cm/sec PA max PG: 5.0 mmHg TR max vel: 240.2 cm/sec TR max PG: 23.1 mmHg PATIENT NAME: RUIZ, FELIPE ACCOUNT #: BH9023078383

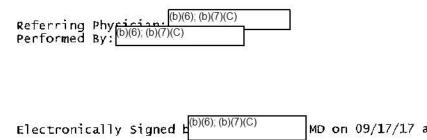
9/19/2017 10:49:09 AM PAGE 37/049 Fax Server

Fax Server

RVSP(TR): 33.1 mmHg RAP systole: 10.0 mmllg Conclusions A complete two-dimensional transthoracic echocardiogram was performed (2D, Mmode, 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. Flectronically 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



MD on 09/17/17 at 1236

PATIENT NAME: RUIZ, FELIPE

ACCOUNT #: BH9023078383

Patient Name: RUIZ, FELIPE

Unit No: BH00861890

EXAMS :

020699234 NM MYOCRD SPECT R/S MULT

CPT CODE: 78452

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

INDICATION:

Diagnosis of coronary artery disease in patient with atypical chest pain

Clinical history:

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

PROCEDURE :

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

FINDINGS:

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

Stress:

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

Rest:

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

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

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

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

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18 18

Patient Name: RUIZ, FELIPE	Unit No: BE00861890
EXAMS: 020699234 NM MYOCRD SPECT R/S MULT <continued></continued>	CPT CODE: 78452
** Electronically Signed by (b)(6); (b)(7)(C) 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

: XA	936-585	o)(6); Campus: (st:	ADM
)(7)(C)		
AX:	936-585 ^{(t}	5)(1)(0)		
AX:	M 936-756			

Patient Name: RUIZ, FELIPE

Unit No: BHC0861890

EXAMS: 020699688 XR CHEST 1 V CPT CODE: 71010

Page 1 of 1

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

AP Portable Chest

Location Code M12

HISTORY: POST LINE PLACEMENT

FINDINGS:

Patient:RUIZ, FELIPE

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.

	(b)(6); (b)(7)(C)	
** E1	ectronically Signed by	**
**	on 09/17/2017 at 05 <u>07</u>	**
	Reported and signed by: (b)(6); (b)(7)(C)	f.

Dictated Date/Tim	≥: 09/17/2017	(0507)		
Technologist: (b)(6);	Bickersta	ff - Agency	(b)(6); (b)	V7VC)
Transcribed Date/	Time: 09/17/2	017 (0507)	By:	(1)(0)
Orig Print D/T: S	: 09/17/2017	(0510)		

MRN:BH00861890 2525-0414-0606 2904

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FAX: (b)(6); (b)(7)(C) FAX:	936-585((b)(7)(C) 936-585	Campus: C	St: ADM
Patient Name: RUIZ, FELIPE	Unit	NO: BH008618	390
** Rep	ort Has Been Amended	l **	
EXAMS: 020699673 XR CHEST 1 V		CPT CO 71010	
ADDENDUM: 020699673 R Addendum: <u>Results were verbally co</u> (b)(6);(b)(7)(C) t 1:53 AM by WE ** Electronically Sig ** on 09 Reported	mmunicated by teleph RA on-call.	none to nurse	(b)(6); (b)(7)(C)
	Report		
AFTER HOURS SERVICE ON	: 9/17/2017 1:41 AM		
AP Portable Chest	¥.		
Location Code M12			
HISTORY: ETT PLACEMENT			
FINDINGS:			
Inspiration is shallow. located in the right mai effusions. There is no p mediastinum appear withi	nstem bronchus. The neumothorax. Cardiac	ere are no ple	eural
IMPRESSION:	а В.		
ETT in the right mains *********************FOF RESULT CODE: CVR			
** Electronically Sig ** on 09 Reported	med by ^{(b)(6); (b)(7)(C)} 9/17/2017 at 0143 and signed by ^{(b)(6); (b)(7)}	** (C)	

FAX : FAX :	(b)(6); (b)(7	')(C)		936-585(936-585	b)(6); b)(7)(C)	Campus:	C	St: ADM	
Patien	t Name:	RUIZ, FELIPE			Unit	NO: BHO	0861	890	
		× *	Report 1	Has Been	Amended	1 **			

9/19/2017 10:49:09 AM PAGE 44/049 Fax Server

EXAMS: 020699673 XR CHEST 1 V <Continued>

Fax Server

CPT CODE: 71010

21

C: (b)(6); (b)(7)(C)				
ictated Date	Time: 09/17/20	ччл (0143)		
echnologist:	Time: 09/17/20 b)(6); (b)(7)(C)		ſ	$(b)(6)^{-}(b)(7)(C)$
ranscribed Da	te/Time: 09/1	772017 (01)	43) By:	0/(0); (0/(1/(0)

FAX : FAX :	(b)(6); (b)(7)(C)	936-5 8 5 (b)(7)(C) 936-5 8 5	Campus: C	St: ADM	
					a. <u></u>

Patient Name: RUIZ, FELIPE

Unit No: BH00861890

EXAMS: 020699673 XR CHEST 1 V CPT CODE: 71010

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

AP Portable Chest

Location Code M12

HISTORY: ETT PLACEMENT

FINDINGS:

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

IMPRESSION:

**	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.

Dictated Date/Time: 09/17/2017 (
	(0143)
Technologist: ^{(b)(6); (b)(7)(C)}	7 (0143) By: $(b)(6); (b)(7)(C)$
Transcribed Date/Time: 09/17/201 Orig Print D/T: S: 09/17/2017 (0	

Patient:RUIZ, FELIPE MRN:BH00861890 Encounter:BH9023078383 Page 1 of 1 2020-ICLI-00006 2907

ERA.	(b)(6); (b)(7)(C)	936-585- ^{(b)(6);} 936-585-	Campus: C	St: ADM
FAX: FAX:		936-585- M 936-756-		

Patient Name: RUIZ, FELIPE

Unit No: BH00861890

EXAMS: 020699678 XR CHEST 1 V CPT CODE: 71010

1 mm 1/10 / 14

- 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

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

CC:

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 (b)(7)(C)	1.1	
	on 09/17/2017 at $(b)(6); (b)(7)(C)$ Reported and signed by		M.D

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

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FAX: FAX:	(b)(6); (b)(7)(C)	936-585- ^{(b)(6);} 936-585- ^{(b)(7)(C)}	Campus: C	St: ADM	
Patien	t Name: RUIZ, FELIPE	Uni	t No: BH00861	.890	
EXAM: 020697	S: 794 XR CHEST 1 V		CPT CO 71010	DDE:	
	Location: T 18				
C	hest x-ray exam, AP fro	ntal projection, 9/	12/2017		
C:	LINICAL HISTORY: Leukoo	ytosis, ICU patient	i.		
C	omparison exams: None o	of the chest			
g: cl	levation the right hemi iven lack of prior exam hanges mainly at the ri ines obscure detail. N	ns. Probable scarri .ght lung base. No	ng versus ate active CHF.	electatic Overlying	ge
	** Electronically Signe		l.D.	**	
	nn OTL	9/1////// All 1/20			

	oncarty bighed by	A + M +
*	on 09/12/2017 at 1726	**
	Reported and signed by: (b)(6); (b)	(7)(C)

CC: (b)(6); (b)(7)(C)	
Dictated Date/Time:	(1726)

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

(b)(6)· (h)(7)(C)
(b)(6); (D)(7)(C)

CONROR MED CTR IN /OBS NAME - RUIZ FRUTER Patient:RUIZ, FELIPE MRN:BH00861890 Encounter:BH9023078383 Page 1 of 1 2020-ICLI-00006 2909 Fax Server 9/19/2017 10:49

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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 $(b)(\overline{6}); (b)(\overline{7})(C)$ on 09/12/2017 at 1909 ** Reported and signed by: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) CC: Technologist: (b)(6); (b)(7)(C) Agency Trnscrbá D/T: 09/12/2017 (1909) (b)(6); (b)(7)(C)

Probe:

Orig Print D/T: S: 09/12/2017 (1913)

0913-0070

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

PATIENT NAME <u>: RUIZ.FELIPE</u>	ADMIT DATE:	09/12/17
ACCOUNT NO: (b)(6); (b)(7)(C)	ROOM NO:	B.ICU18
MEDICAL RECORD NO: BH00861890	AGE:	51
REPORT TYPE: ENDOWORKS REPORT	SEX:	М
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)

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Assisted By: The procedure was assisted by N/A. Procedure Codes: [43235]EGD (b)(6); (b)(7)(C) Version 1, electronically signed by 07:42 AM. on 09/13/2017 at

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)								
. ()									
X	8/18/2017	ALMAZAN RUIZ, FELIPE	AlienNumber, A028866428	GCSO17MNI005042	8/18/2017	Final Treatment			c/o of difficulty seeing
~]	(b)(6); (b)(7)(C)		8.47 8.8 V						
						Ĩ	(b)(6);	Î	
						J	10-0-0	ca ²	
1							(b)(6);		
						r	1.1.05	-	
						<u>k</u>	b)(6); b)(7)(C)	3	
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							(b)(6); (b)(7)(C)		
200									
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2020-ICLI-00006 2913

1										
R	8/22/2017	ALMAZAN RUIZ, FELIPE	AlienNumber, A028866428	GCSO17MNI005042		Manual	(b)(6); (b)(7)(C)	8/23/2017	PT HAS ALREADY BEEN	c/o eyes burning/vision difficulty request glasses/review meds
04	(b)(6); (b)(7)(C)									incus
)										
					2020-ICLI-00	006 291	4			

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8			1		
(b)(6); (b)(7)(C)					
OLOLOTI I I	AlienNumber				2
8/30/2017 ALMAZAN RUIZ, FELIF (b)(6); (b)(7)(C)	AlienNumber, PE A028866428 GCSC	D17MNI005042 8/30/2017	Final Treatment		inmate c/o painful joints and requests eye e
L	-				
		2020-1011-0	00006 2915		

(h	b)(6); (b)(7)(C)								
(D	D)(O), (D)(7)(C)								
)									
	E amour		AlienNumber, A028866428	000017101005010	0/2/2017	Final Treatmost		PATIENT	C/O HEADACHE AND EYE PAIN. PATIEI REQUEST GLASSES TO SEE.
1	(b)(6); (b)(7)(ALMAZAN RUIZ, FELIPE C)	AU20000428	GCSO17MNI005042	9/2/2017	Final Treatment	 B.C. 1.1.1	1 1941	REQUEST GLASSES TO SEE.
L									

2020-ICLI-00006 2916

From:	(b)(6); (b)(7)(C)
Sent:	6 Dec 2017 16:33:03 +0000
То:	(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)		
Managemen	t & Program Anal	lyst
ICE/OPR/ERAL	J	353
950 L'Enfant P	laza SW ^{(b)(6); (b)(7)(}	(C)
Washington, [C 20536	18
202-732 (b)(6); (b)(7)(202-253 C)	(desk)	
202-253 C)	(cell)	

From: ^{(b)(6); (b)(7)(C)}	
Sent: Thursday, November 30, 2017 5:10 PM	
Td ^{(b)(6); (b)(7)(C)}	
Cc	
Subject: RE: Krome and Glades interview list - ADDIN	IG 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.

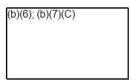
Thanks.

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: A	
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:



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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 A	nalyst
ICE/OPR/ERAU	
950 L'Enfant Plaza SW (b)(6); (b)(7)(C)	
Washington, DC 20536	
202-732 ^{(b)(6);} desk)	
202-253C) cell)	
From ^{(b)(6); (b)(7)(C)}	
Sent: Thursday, Novembe	er 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.

Managem	ent & Program Analys
ICE/OPR/EF	RAU
950 L'Enfan	t Plaza SW;(b)(6);
Washingtor	n, <u>D</u> C 20536
202-732 (b) 202-253 (b)	(6); (7)((cell)
202-253 C)	(cell)

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(<u>b)(6):</u> 202-253-4782 (cell)

From: (b)(6); (b)(7)(C)
Sent: Friday, November 24, 2017 6:22 PM
To: (b)(6); (b)(7)(C)
C: bioth: Knopp and Clades interview list

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)

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	(b)(6); (b)(7)(C)					<i>.</i>	»		
X	8/18/2017	ALMAZAN RUIZ, FELIPE	AlienNumber, A028866428	GCSO17MNI005042	8/18/2017	Final Treatment			c/o of difficulty seeing
0]	(b)(6); (b)(7)(C)	에 있다. 가슴 가지 않는 가슴 두 그가지, 바람가 가슴을 넣는 2000년 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					~ ~ ~ ~	N	
ä									

R	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)									
)										

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2020-ICLI-00006 2922

	(b)(6); (b)(7)(C)		1	
	ĸ	AlienNumber		
8/30/2017 ALMAZAN RUIZ, FELIPE AlienNumber, A028866428 GCSO17MNI005042 8/30/2017 Final Treatment inmate c/o painful joints and r (b)(6); (b)(7)(C)	8/30/2017 ALMAZAN RUIZ, FELIPE (b)(6); (b)(7)(C)	A028866428 GCSO17MNI005042	8/30/2017 Final Treatment	inmate c/o painful joints and requests eye exam.
	L	2	020-ICLI-00006 2923	

(L)(C), (L)(7)(C)						 	
(b)(6); (b)(7)(C)							
		Alianblumbar					PATIENT C/O HEADACHE AND EYE PAIN. PATIEN
9/2/2017	ALMAZAN RUIZ, FELIPE	AlienNumber, A028866428	GCSO17MNI005042	9/2/2017	Final Treatment		REQUEST GLASSES TO SEE.
(b)(6); (b)(7)(C)			25		10		
1							

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2020-ICLI-00006 2924

(b)(6); (b)(7)(C)
10 Oct 2017 14:44:13 -0400
(b)(6); (b)(7)(C)
FW: List of Employees to Interview
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 Det	ention Center
Conroe, Texas	

om:(b)(6); (b)(7)(C)	
te: Tuesday, Oct 10, 2017, 1:38 PM	
(b)(6); (b)(7)(C)	

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 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);} Cell – 832-435 ^{(b)(7)(C}	
Cell - 832-435-(b)(7)(C	

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, <u>Texas</u> 77301 863-873(b)(6); (b)(6);

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

<u>first dav**</u> (b)(6); (b)(7)(C)

kN DON - conducted the intake screen

(b)(6); (b)(7)(C) Psych Counselor - conducted the initial mental health assessment

- 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) 202-73 (b)(6); (b)(7)(C) (cell) (cell)

TUESDAY

WITNESS NAME
In-Brief (Optional)
Tour (b)(6); (b)(7)(C)

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	(b)(6); (b)(7)(C)
1:45-2:15PM	
2:30-3:00PM	
3:15-3:45PM	
4:00-4:30PM	

MAR/TAR for: ALMAZAN RUIZ, FELIPE, #GCSO17MNI005042 @ RELEASE

No Photo Available ALMAZAN RUIZ, FELIPE, #GCS017MN1005042 @ RELEASE Male, 53 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 Tհա	l I Fri	I 2 Sat	13 Sun	I4 Mon	IS Tue	16 Wed	17 Thu	ta Fri
01 - 0430 BS Labs - Send Out										Tereset		(1110)					YES (DSMITH)	
01 - 0430 BS Labs - Send Out																		
02 - 0900 CLOTRIMAZOLE I % CRM by mouth 2 times per day for 7 days Req Start: 8/12/2017 Req End: 8/12/2017 Fully Administered: 8/18/2017											(b)(6); Med not available/ will re-fax order	кор (b)(6):	KOP (b)(6);		кор (b)(6):	кор (b)(6): (b)(KOP 7)(C) }
02 - 0900 DOCUSATE SODUM 100 MG Take I Capsule by mouth 2 times per day for 30 days as needed Req Start: 8/12/2017 Req Find: 9/10/2017 Discontinued: 9/7/2017												(b)(6); YES(b)/7)/C)	¥E\$(b)(6);	YES (5)(6)	YES(b)(6):	YES ((b)(6)- (b)(YES 7)(C)	YES
02 - 0900 FOLIC ACID 1 MG Take I Tablet by mouth 1 time per day for 30 days Reg Start: 8/12/2017 Reg End: 9/10/2017 Discontinued: 9/6/2017												YES (b)(6); (b)(7)(C)	YES (b)(6);	(b)(6):	NO ((<u>b)(6</u>) Med not available/Pharmacy notified via fax	YES (b)(6); (b)(YE\$ 7)(C)	YES
02 - 0900 HYDROCORTISONE I % CRM topical 2 times per day for 7 days Reg Start: 8/12/2017 Reg End: 8/18/2017 Fully Administered: 8/18/2017		-										YES	Yres(b)(6);	ves (b)(6);)	NG ((b)(6) Med not available/Pharmacy notified via fax	NO (D)(6); (D)(7 Med not available/ will re-fax order	NA)(C) Med not avzilable/ 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 Reg Start: 8/24/2017 Reg End: 8/29/2017 Fully Administered: 8/29/2017										2								
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); (b)(7)(¥£ <mark>\$(</mark> b)(6);	YES {/h\/6\:	NO (b)(6); not avsilable/Pharmacy notified via fax	YES b)(6): (b)(7)	YES (C)	YPS
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 Pully Administered: 8/16/2017												(b)(6); YES (b)(7)(YES(b)(6);	(b)(6);	YES (b)(6);	(b)(6))	
02 - 0900 MULTIVITAMIN Take 1 Tablet by mouth 1 lime 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 ()(6)	yes(b)(6); (b)(7)(C)	YES (/b)(/6): (/b)(YES 7)(C.)	YES
02 - 0900 OMEPRAZOLE DR 20 MG CAPSULE 20 Take 1 Capsule by																		

×.

mooth 1 time per day for 30 days Req Start: 8/12/2017 Req End: 9/10/2017 Discontinued: 9/6/2017						 1	ves(b)(6); (b)(7)(C)	YES (b)(6):	YFS ((b)(6)	үеş (b)(6); (b)(7	yes)(C)	YES
02 - 0990 PROCTOSOL 2.5% Apply 1 Cream topical 2 times per day for 30 days Reg Start: 8/14/2017 Reg End; 9/13/2017 Discontinued; 9/7/2017			1000							кор ((b)(6);	(b)(6); (b)(7)(C)	KOP ((b)(6);
02 - 0900 SERTRALINE HCL 100 MG TAB 100 Take 1 Tablet by mouth 1 time per day for 60 days Reg Start; 8/33/2017 Reg 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 Stat: 8/12/2017 Req Find: 9/10/2017 Discontinued: 9/6/2017							YES(b)(6); (b)(7)(C)	YES (5)(6)	YES (b)(6);	YES (b)(6): (b)(7	YES)(C)	YES
02 - 0900 TRIAMCINOLONE 0.1% CREAM 0.1 CRM 2 times per day for 60 days Req Stat: 8/14/2017 Rcq End: 10/13/2017 Discontinued: 9/7/2017		•						Ŷ		ко <mark>(b)(6);</mark> [KOP (b)(6): (b)(7	кор)(С)	коғ <mark>(b)(6);</mark>
02 - 0900 XTFAXAN 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	(b)(6); Med not available/ will re-fax order	NO (b)(6) Med not available/Pharmacy notified via fax	(b)(6);	NO (h)(fi): (h)(Med not available/ will te-fax order	NO 7)(C) Med not avsilable/Phar notified via fa:
05 - 2100 CLOTRIMAZOLE 1 % CRM by mouth 2 times per day for 7 days Reg Start: 8/12/2017 Reg End: 8/18/2017 Fully Administered: 8/18/2017		.F			10 m		N <mark>((b)(6);)</mark> Med not available/ will re-fax order	NO (b)(6); Med not available/ will re-fax order	кор ((b)(6); (b)(кор 7)(С)	KOP	KOP	KOP
005 - 2100 DOCUSATE SODIUM 100 MG Take I Capsule by mouth 2 times per day for 30 days as needed Reg Start: 8/12/2017 Reg Find: 9/10/2017 Discontinued: 9/10/2017				 			yes (b)(6); (b)(7)(YES (b)(6);	yes (b)(6); (b)(7)	YES (ТУ <u>((b)(6);</u>)	<u>YES</u> (b)(6): (b)(7	YES DICD	ves(b)(6);
05 - 2100 HYDROCORTISONE 1 % CRM topical 2 times pet 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);	YFS ((b)(6);	YF.S (h)(6)* (h)(7	YES V(C)	(b)(6); ко <mark>(b)(7)(С)</mark>
05 - 2100 IBUPROFEN 200 MG Take 2 Tablets by mouth 2 times per day for 5 days as needed Ren Statt: 8/24/2017 Req End: 8/29/2017 Fully Administered: 8/29/2017		 : 2002		 ••••							mite		
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);	ves(b)(6);	үг. <mark>(b)(6);</mark> үг.(<u>b)(7)(</u>	YFS ((b)(6);	YES (b)(6): (b)(7	YES)(C)	ves (b)(6)

MAR/TAR for: ALMAZAN RUIZ, FELIPE, #GCSO17MNI005042 @ RELEASE

9/6/2017			ĺ									1		Ĩ.
25 - 2100 Maalox 30 55 - 2100 Maalox 30 55 Take 1 Liquid by mouth 2 times per day for 5 days as needed Req Start: 8/12/2017 Req End: 8/16/2017 2019 Administered; 8/16/2017		 						YES (b)(6);	NO (b)(6); NOT NEEDED	NO (b)(6); NOT NEEDED	YES (1(b)(6);	YES (h)(6):		
25 - 2100 PROCITOSOL 2.5% Apply 1 Cream topical 2 times per day for 30 tays Req Start: 3/14/2017 Reg End: 3/13/2017 Discontinued: 0/7/2017										YES ((b)(6)	NO((b)(6); Med not available/Phannacy notified via fax	кор (b)(6); (b)(кор 7)(С)	кс <mark>(b)(6);</mark>
25 - 2100 SERTRALINE HCL 100 MG TAR 100 Take 1 Tablet by nouth 1 time per day for 14 days Req Start: 3/12/2017 Req End: 3/25/2017 Discontinued: 3/22/2017					•3		89	YES (b)(6);	үрs <mark>((b)(6)</mark> ;	yf:s <mark>(b)(6);</mark>	YES (b)(6);	¥ES (b)(6): (b)(7	YES 7)(C)	YES((b)(6);
55 - 2100 SPIRONOL ACTONE 25 MG TABLET 25 Fake 1 Tablet by nouth 2 times per day for 30 days Req Start: 3/10/2017 Req End: 3/10/2017 Discontinued:		 		 	 	 		YES(b)(6);	YES <u>(b)(6);</u>	үң s (<mark>(b)(6)</mark>	(b)(6); YES ((b)(7)(C))	<u>ун:s</u> (b)(б); (b)(7	YES 7)(C)	YES ((b)(6);
25 - 2100 FRAZODONE 50 MG TABLET 50 1 pa 115 Req Start: 3/22/2017 Req End: 10/20/2017 Discontinued: 2/7/2017						. 20								
DS - 2100 TRAZODONE 50 MG TABLET 50 Take I Tablet by mouth 1 time per day for 14 days Req Start: 8/12/2017 Req End: 8/25/2017 Discontinued: 8/22/2017								ye <mark>.(b)(6);</mark> (b)(7)(C)	YES ((b)(6);	yE2 <mark>(b)(6);</mark> YE2 <u>(b)(7)(</u>	YE\$ ((b)(6);	YES (b)(6); (b)(7	YES 7)(C)	vrs(b)(6);
5 - 2100 TRAZODONE HCL 50 MG 1/2 tab PO at bedlime x 60 days Req Start: 8/22/2017 Req End: 10/20/2017 Discontinued: 9/7/2017) 									_	N		. *	
05 - 2100 TRAZODONE HCL 50 MG Take I Tablet by mouth 1 time per day for 10 days Req Slart: 8/12/2017 Req End: 9/10/2017 Discontinued: 8/12/2017	1					 1.11					12 			
D5 - 2100 TRIAMCINOLÓNE 0.1% CRFAM 0.1 CRM 2 times per day for 60 days Red Start: 8/14/2017 Red End: 10/13/2017 Discontinued: 3/7/2017		 								YES ((b)(6)	NO (b)(6); Med not available/Pharmacy notified via fax	кар (Ы/А)	кор (b)(6);	KOP(b)(6);
25 - 2100 XTFAXAN 550 MG TAB 550 Take 1 Tablet by mouth 2 times per day for 30 days Req Start: 8/12/2017 Req End:					 	 		NO (<mark>//L\//6\;)</mark> Med aot available/ will re-fax order	Nd(b)(6); Med not available/ will re-fax order	YES((b)(6))	YES (b)(6);	NO (h)(6): Med not available/ will re-fax order	NO (b)(6)- Med not available/ will re-fax order	NC((b)(6); Med not avaitable/Phar notified via fa:

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)

Date	Yes-No-KOP	Shift	Medication/Order Details	User	Reason	Comments
8/12/2017	YES	02 - 0900	FOLIC ACID 1 MG			NA NA
8/12/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG	(b)(6);	NA	NA
8/12/2017	YES	02 - 0900	MULTIVITAMIN	(b)(7)(C)	NA	NA
/12/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
/12/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	
/12/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25			NA
THE PROPERTY OF THE PROPERTY O	NO	02 - 0900	CLOTRIMAZOLE 1%		NA	NA
/12/2017	IVES			1	Med not available/ will re-fax order	NA .
/12/2017		02 - 0900	HYDROCORTISONE I %		NA	NA
/12/2017		02 - 0900	XIFAXAN 550 MG TAB 550		Med not available/Pharmacy notified via telephone	NA
/12/2017	YES	02 - 0900	Maalox 30 cc		NA	NA
/12/2017	YES	05 - 2100	SERTRALINE HCL 100 MG TAB 100		NA	NA
/12/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG	200	NA	NA
/12/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
/12/2017_	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
/12/2017	NO	05 - 2100	CLOTRIMAZOLE 1 %		Med not available/ will re-fax order	NA
/12/2017	YES	05 - 2100	HYDROCORTISONE 1 %	1	NA	NA
/12/2017	YES	05 - 2100	TRAZODONE SO MG TABLET SO	1	NA	NA NA
/12/2017	NO	05 - 2100	XIFAXAN 550 MC TAB 550		Med not available/ will re-fax order	NA
/12/2017	YES	05-2100	Maalox 30 cc		NA	NA
				—		
/13/2017	YES	02 - 0900	FOLIC ACID I MG		NA	NA
/13/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG	_	NA	NA
/13/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
/13/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20	2210	NA	NA
/13/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
/13/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
/13/2017	KOP	02 - 0900	CI-OTRIMAZOLE 1 %		NA	NA
/13/2017	YES	07 - 0900	HYDROCORTISONE 1 %	 1	NA	NA
/13/2017	NO	02 - 0900	XIFAXAN 550 MG TAB 550		Med not available/Pharmacy notified via fax	ÍNA
/13/2017	YES	02 - 0900	Maalox 30 cc		NA	NA
/13/2017	YES	05 - 2100	SERTRALINE HCL 100 MG TAB 100		NA	
		1				
/13/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA
/13/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
/13/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
/13/2017	NO	05 - 2100	CLOTRIMAZOLE 1 %		Med not available/ will re-fax order	NA
/13/2017	YES	05 - 2100	HYDROCORTISONE 1 %		NA	NA
/13/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
/13/2017	NO	05 - 2100	XIFAXAN 550 MG TAB 550	247.042	Med not available/ will re-fax order	NA
/13/2017	NO	05 - 2100	Maalox 30 cc		NOT NEEDED	NA
/14/2017	YES	02 - 0900	FOLIC ACID I MG		NA	NA
/14/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG	<u> </u>	NA	NA
/14/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
/14/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
/14/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
/14/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
/14/2017	KOP	02 - 0900	CLOTRIMAZOLE 1 %		NA	NA
/14/2017	YES	02 - 0900	HYDROCORTISONE 1 %		NA	NA
/14/2017]NO	02 - 0900	XIFAXAN 550 MG TAB 550	5.4	Med not available/ will re-fax order	NA
/14/2017	YES	02 - 0900	Maalox 30 cc		NA	NA
/14/2017	YF.S	05 - 2100	SERTRALINE HCL 100 MG TAB 100		NA	NA
/14/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG	-1	NA	NA
/14/2017	YES	05 - 2100	JACTULOSE 10 GM/15 ML SOLN 10		NA	NA
/14/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
/14/2017	KOP	05 - 2100	CLOTRIMAZOLE 1 %		NA	NA NA
14/2017	YES	05 - 2100	HYDROCORTISONE I %		NA	NA
/14/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
14/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550		NA	NA
14/2017	NO	05 - 2100	Maalox 30 cc	0.000	NOT NEEDED	NA
14/2017	YES	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
14/2017	YES	05 - 2100	PROCTOSOL 2.5%		NA][NA
(15/2017	NO	02 - 0900	FOLIC ACID I MG		Med not available/Pharmacy notified via fax	NA
(15/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG	500 B	NA	NA
(15/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
/15/2017		02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
	YES	1				
15/2017	NO	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		Med not available/Pharmacy notified via fax	NA .
15/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25	!	NA	NA
15/2017	KÖP	02 - 0900	CLOTRIMAZOLE I %	!	NA	NA
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);	Med not available/Pharmacy notified via fax	NA.
/15/2017	YES	02 - 0900	Maalox 30 cc	(b)(7)(C)	NA	NA
15/2017	KOF	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
15/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
(5/2017	YES	QS - 2100	SERTRALINE HCL 100 MG TAB 100	1	NA	NA
15/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA
15/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
15/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
5/2017	KOP	05 - 2100	CLOTRIMAZOLE 1 %		NA	NA NA
15/2017	YES	05 - 2100	HYDROCORTISONE 1 %	-	NA	NA.
	YES	2	TRAZODONE 50 MG TABLET 50	-		
15/2017		05 - 2100			NA	NA
5/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550	-	<u>NA</u>	NA
[\$/2017	YES	05 - 2100	Maslox 30 cc		NA	NA
15/2017	NO	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		Med not available/Pharmacy notified via fax	NA
15/2017	NO OM	05 - 2100	PROCTOSOL 2.5%		Med not available/Pharmacy notified via fax	NA
16/2017	YES	02 - 0900	FOLIC ACID 1 MG]	NA	NA
16/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		NA	NA
16/2017	YES	07 - 0900	MULTIVITAMIN	1	NA	NA
16/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20	1	NA	NA
				-	s per un versione en la companya de la companya de la companya	
16/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10	4	NA	NA I
6/2017	YES	02-0900	SPIRONOLACTONE 25 MG TABLET 25	1	NA	NA .
6/2017	KOP	02 - 0900	CLOTRIMAZOLE I %		NA	
6/2017	NO	02 - 0900	HYDROCORTISONE 1 %	1	Med not available/ will re-fax order	NA
6/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550]	NA	NA
6/2017	YES	02 - 0900	Maalox 30 cc	1	NA	NA
16/2017	КОР	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1	1	NA	NA
6/2017	KOP	02 - 0900	PROCTOSOL 2.5%	1	NA	NA NA
6/2017	YES	05 - 2100	SERTRALINE HCL 100 MG TAB 100	1	NA	NA
16/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG	4	····· · · · · · · · · · · · · · · · ·	
	Construction of the local sector				NA	NA
16/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10	-	NA	NA .
6/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25	-	NA	NA
6/2017	KOP	05 - 2100	CLOTRIMAZOLE 1 %		NA	NA
6/2017	YES	05 - 2100	HYDROCORTISONE I %		NA	NA
6/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50	1	NA	NA
16/2017	NO	05 - 2100	XIFAXAN 550 MG TAB 550		Med not available/ will re-fax order	NA
16/2017	YES	05 - 2100	Maalox 30 cc		NA	NA
16/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
16/2017	KOP	05 - 2100	PROCTOSOL 2.5%	-		NA
			0	-	NA	
17/2017	YES	01 - 0430 BS	Labs - Send Out		NA	NA
/17/2017	YES	02 - 0900	FOLIC ACID I MG		NA	NA
/17/2017	YES	02 - 0900	DOCUSATE SODRUM 100 MG		NA	NA
(17/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
/17/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
17/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10	1	NA	NA
17/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
17/2017	KOP	02 - 0900	CLOTRIMAZOLE 1 %		NA	NA
17/2017	NO	02 - 0900	HYDROCORTISONE 1 %		Med not available/ will re-fax order	NA
		02 - 0900			A second se	NA
	NO .	· · · · · · · · · · · · · · · · · · ·	XIFAXAN 550 MG TAB 550		Med not available/ will re-fax order	
17/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1	4	NA	NA
17/2017	KOP	02 - 0900	PROCTOSOL 2.5%	4	NA	NA
17/2017	YES	05-2100	SERTRALINE HCL 100 MG TAB 100		NA	NA
17/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG	1	NA	NA
17/2017	YES][05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA]NA
17/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25]	NA	NA
17/2017	KOP	05 - 2100	CLOTRIMAZOLE 1 %	1	NA	NA
17/2017	YES	05 - 2100	ITYDROCORTISONE 1 %	1	NA	NA
	YES	05 - 2100	TRAZODONE 50 MG TABLET 50	1	NA	NA
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Provide an organization	XIFAXAN 550 MG TAB 550	1		NA NA
	NO	05 - 2100		1	Med not available/ will re-fax order	
	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1	4	NA	NA
	KOP	05 - 2100	PROCIOSOL 2.5%	4	NA	NA
B/2017	YES	02 - 0900	FOLIC ACID 1 MG		NA	NA
8/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG]	NA	[NA
8/2017	YES	02 - 0900	MULTIVITAMIN	1	NA	NA
8/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20	1	NA.	NA
8/2017	YES	02 - 0900	LACTILOSE 10 GM/15 ML SOLN 10	1	NA	NA
				1	NA NA	NA
	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25	1		
18/2017	KOP	02 - 0900	CLOTRIMAZOLE 1 %	1	NA	NA
18/2017	NO	02 - 0900	BYDROCORTISONE 1 %		Med not available/Pharmacy notified via fax	NA
18/2017	NO	02 - 0900	XIFAXAN 550 MG TAB 550	1	Med not available/Pharmacy notified via fax	
8/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1	1	NA	NA
18/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NĂ	NA
18/2017	YES	05 - 2100	SERTRALINE HCL 100 MG TAB 100	1	NA	NA
			J	4	05572 Not -	

8/18/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10	(b)(6);	NA	NA
8/18/2017	YES .	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25	(b)(7)(C)	NA	NA
8/18/2017	KOP	05 - 2100	CLOTRIMAZOLE 1 %		NA][NA
B/(B/2017	KOP	05 - 2100	HYDROCORTISONE 1 %		NA	NA
8/18/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50	200 200	NA	NA
8/18/2017	ОN	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 I MG		NA	NA
8/19/2017	YES .	02 - 0900	DOCUSATE SODIUM 100 MG		NA][NA
8/19/2017	YES	02 - 0900	MULTIVITAMIN	8	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
1	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
	мо	02 - 0900	XIFAXAN 550 MG TAB 550	_	Med not available/Pharmacy notified via fax	NA
	KOP	02.0900	TRIAMCINOLONE 0.1% CREAM 0.1	-	NA	NA
	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	J.ACTULOSE 10 GM/15 ML SOLN 10	_	NA	NA
	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25	_	NA	NA .
F	YES	05 - 2100	TRAZODONE 50 MG TABLET 50	=	NA.	NA
	NO	05 - 2100	XIFAXAN 550 MG TAB 550 TRIAMCINOLONE 0.1% CREAM 0.1	=	Med not available/Pharmacy notified via fax	
8/19/2017 8/19/2017	KOP	05-2100		<u>-</u>	NA.	NA
8/20/2017	YES	05 - 2100	PROCTOSOL 2.5%		NA	NA
8/20/2017	YES	02 - 0900		-		NA INA
	YES	02 - 0900	DOCUSATE SODIUM 100 MG MULTIVITAMIN	-	NA NA	NA NA
	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20	-	NA	NA
	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10	755	NA	NA
	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25	=	NA	NA
	YES	02 - 0900	XIFAXAN 550 MG TAB 550		NA	NA
122000000000000000000000000000000000000	KOP	02 - 0900	TRIAMCINOLONE 0 1% CREAM 0.1	_	NA	NA
	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
B/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 I 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	2	NA	NA
8/21/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
1202103332805	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
-	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	10	NA	NA
	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
B/21/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10	=	NA	NA
	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25	=	NA	NA NA
8/21/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50	=	NA	
8/21/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550		NA NA	NA
	KOP	05 - 2100	TRIAMCINOLONE 9,1% CREAM 0,1		NA	NA
	KOP	05 - 2100	PROCTOSOL 2.5%	=	NA	NA NA
8/22/2017	NO	01 - 0430 BS	Labs - Send Out	<u>1950</u>		
8/22/2017	YES	02 - 0900	FOLIC ACID MG DOCUSATE SODRIM 100 MG	=	NA NA	INA NA
8/22/2017	YES	02 - 0900	MULTIVITAMIN	0-	NA	
8/22/2017		02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA NA	NĂ NĂ
2/22/2012	YES YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10	-1	NA	NA
8/22/2017	1. 1.20	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25	=	NA	NA
8/22/2017	VES	102 - 0900		-1	NA	- INA
8/22/2017 8/22/2017	YES	07 - 0000			le se	11 1 1 M 1
8/22/2017 8/22/2017 8/22/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550		NA .	
8/22/2017 8/22/2017 8/22/2017 8/22/2017	YES KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1	-	NA	NA
8/22/2017 8/22/2017 8/22/2017 8/22/2017 8/22/2017	YES KOP KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1 PROCTOSOL 2.5%	=	NA	NA NA
8/22/2017 8/22/2017 8/22/2017 8/22/2017 8/22/2017 8/22/2017	YES KOP KOP YES	02 - 0900 02 - 0900 05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1 PROCTOSOL 2.5% DOCUSATE SODIUM 100 MG	-	NA	NA NA NA
8/22/2017 8/22/2017 8/22/2017 8/22/2017 8/22/2017 8/22/2017 8/22/2017	YES KOP KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1 PROCTOSOL 2.5%		NA	NA NA

		I	1	(b)(6);	-	l
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1	(b)(7)(C)	NA	NA
	KOP	05 - 2100	PROCTOSOL 2.5%	(2)(1)(2)	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	1	NA	NA .
8/23/2017	YES	02 - 0900	FOLIC ACID I MG		NA	NA
		02 - 0900	DOCUSATE SODIUM 100 MG	1	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
B/23/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
B/23/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25]	NA	NA
8/23/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550	1	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	1	NA	NA
8/23/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		NA	NA
8/23/2017	YES	05 - 2100	JACTULOSE 10 GM/15 ML SOLN 10	1	NA	NA NA
8/23/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
8/23/2017	1	05 - 2100	XIFAXAN 550 MG TAB 550	1	NA	NA
	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA NA
	KOP	05 - 2100	PROCTOSOL 2.5%	1	NA	NA
8/23/2017	YES	05 - 2100		-		NA
-			TRAZODONE 50 MG TABLET 50	4	NA	
8/23/2017	YES	05 - 2100	TRAZODONE HCL 50 MG	4	NA	NA
B/24/2017	YES	01 - 0430 BS	Labs - Send Out	4	NA	NA ISA
8/24/2017	YES	02 - 0900	FOLIC ACID I MG		NA	NA
	YES	02 - 0900	DOCUSATE SODIUM 100 MG	1	NA	NA.
	YES	02 - 0900	MULTIVITAMIN		NA	NA
8/24/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20	1	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	1	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	1	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	1	NA	INA
8/24/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25	1	NA	NA
	YES	05 - 2100	XIFAXAN 550 MG TAB 550	1	NA	NA
	KOP	05 - 2100	TRIAMCINOLONE 0,1% CREAM 0,1		NA	NA
	KOP	05 - 2100	PROCTOSOL 2.5%	1	NA	NA
8/24/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
8/24/2017	YES	05-2100	TRAZODONE HCL. SO MG	1	NA	NA
8/24/2017	1		IBUPROFEN 200 MG			NA
	YES	05 - 2100		4	NA	
8/25/2017	YES	02 0900	FOLIC ACID I MG		NA	NA
8/25/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG	4	NA	NA
B/25/2017	YES	02 - 0900	MULTIVITAMIN	4	NA	NA
8/25/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		NA	NA
B/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	ļ	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	1	NA	NA
8/25/2017	YES	02 - 0900	IBUPROFEN 200 MG	1	NA	NA
8/25/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG	1	NA	NA
	YES	05 2100	LACTULOSE 10 GM/15 MJ. SOLN 10		NA	NA
8/25/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25	1	NA	NA
1.000		05 - 2100	XIFAXAN 550 MG TAB 550	1	NA	INA NA
	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1	1	NA	NA
	KOP	05-2100	PROCTOSOL 2.5%	1	NA	NA
	(<u> </u>			1		NA
8/25/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50	-	NA ·	
8/25/2017	YES	05 - 2100	TRAZODONE HCL 50 MG	4	NA	NA
8/25/2017	YES	05 2100	1BUPROFEN 200 MG	4	NA	NA
8/26/2017	YES	02 - 0900	FOLIC ACID 1 MG	4	NA	NA
	YES	02 - 0900	DOCUSATE SODIUM 100 MG	4	NA	NA
a second s	YES	02 - 0900	MULTIVITAMIN	1	NA	NA
8/26/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20	1	NA	NA
8/26/2017 8/26/2017	11	02 0900	LACTULOSE 10 GM/15 ML SOLN 10	1	NA	NA
	YES		PRINCIPAL OTONIC OF A COTADI ET AL	1	NA	NA
8/26/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25	1	11A	PAR .
8/26/2017 8/26/2017		02 - 0900 02 - 0900	XIFAXAN 550 MG TAB 550		NA	NA
8/26/2017 8/26/2017 8/26/2017 8/26/2017	YES YES	02 - 0900				
8/26/2017 8/26/2017 8/26/2017 8/26/2017 8/26/2017	YES YES KOP	02 - 0900 02 - 0900	XIFAXAN 550 MG TAB 550 TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/26/2017 8/26/2017 8/26/2017 8/26/2017 8/26/2017 8/26/2017	YES YES	02 - 0900	XIFAXAN 550 MG TAB 550	: - - -	NA	NA NA

and the second		1			I	- Kerren - 1
8/26/2017	YES	05 - 2100		o)(6); (b)(7)(C)	VA	
8/26/2017	YES	05-2100	LACTULOSE 10 GM/15 ML SOLN 10			NA
8/26/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		NA	
8/26/2017	KOP	05 - 2100	XIFAXAN 550 MG TAB 550 TRIAMCINOLONE 0.1% CREAM 0.1		VA	NA NA
8/26/2017	KOP	05 - 2100	PROCTOSOL 2 5%		{A	
8/26/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		14	NA
8/26/2017	YES	05 - 2100	TRAZODONE HCL 50 MG		7A	NA
8/26/2017	YES	05 - 2100	BUPROFEN 200 MG		NA	NA NA
8/27/2017	YES	02 - 0900	FOLIC ACID 1 MG		ΑΑ	NA I
8/27/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		VA	NA
8/27/2017	YES	02 - 0900			₩ · · · · · · · · · · · · · · · · · · ·	NA
8/27/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		VA	NA
8/27/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		fA.	NA
8/27/2017	YES	02 - 090D	SPIRONOLACTONE 25 MG TABLET 25		₩A	NA
8/27/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550		IA	NA
8/27/2017	KOP	02 - 0900	TRIAMCINOLONE 0,1% CREAM 0,1		ί λ	NA
8/27/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
8/27/2017	YES	02 - 0900	SERTRALINE HCL 100 MG TAB 100		A A	NA
8/27/2017	YES	02 - 0900	IBUPROFEN 200 MG		A)	NA
8/27/2017	YES	05 - 2100	DOCUSATE SODILIM 100 MG		۱۸	NA
8/27/2017	YES	05-2100	LACTULOSE 10 GM/15 ML SOLN 10		(A	NÁ
\$/27/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		iA.	NA
8/27/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550		ίΑ.	NA
8/27/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		IA.	NA
8/27/2017	KOP	05 - 2100	PROCTOSOL 2.5%		(A)	NA
8/27/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		1A	NA
8/27/2017	YES	05-2100	TRAZODONE HCL 50 MG		łA	NA
8/27/2017	YES	05 - 2100	IBUPROFEN 200 MG		(A	NA
8/28/2017	YES	02 - 0900	FOLIC ACID I MG		4A	NA
8/28/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		(A	NA
8/28/2017	YES	02 - 0980	MULTIVITAMIN		IA	NA
8/28/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		IA	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		۱۸ <u> </u>	NA
8/28/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550		{A	NA
8/28/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		1A	NA
8/28/2017	KOP	02 - 0900	PROCTOSOL 2.5%		ίΑ	NA
8/28/2017	YES	02 - 0900	SERTRALINE HCL 100 MG TAB 100		¥A	
8/28/2017	YES	02 - 0900	IBUPROFEN 200 MG		NA	NA
8/28/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG		<u>{A</u>	
8/28/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		¥A	
8/28/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		4A	NA
8/28/2017	YES	05 - 2100	XIFAXAN 550 MG TAR 550		VA	
8/28/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		[A	NA
8/28/2017	KOP	05 - 2100	PROCTOSOL 2.5%			NA NA
8/28/2017	YES	05-2100	TRAZODONE 50 MG TABLET 50		¥A	-10
	YES	05 - 2100	IBUFROFEN 200 MG		VA VA	
8/29/2017	YES	02 - 0900	FOLIC ACID MG	ĺ	₩2	NA
8/29/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		A	NA
8/29/2017	YES	02 - 0900	MULTIVITAMIN		<u>Α</u>	NA
8/29/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		A	NA
8/29/2017	YES	02 - 0900	I.ACTULOSE 10 GM/15 ML SOLN 10			NA NA
8/29/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		4A	NA
8/29/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550		VA	NA
8/29/2017	KOP	02 - 0900	TRIAMCINOLONE 0,1% CREAM 0 1			NA
	KOP	02-0900	PROCTOSOL 2.5%		A	NA I
8/29/2017	YES	02 - 0900	SERTRALINE HCL 100 MG TAB 100		VA	NA
8/29/2017	YES	02 - 0900	IBUPROFEN 200 MG		IA	NA
8/29/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG	ŝ	ν	NA
8/29/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		/A	NA
8/29/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25		A	NA
8/29/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550		ν <u>α</u>	NA
8/29/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1		A	NA
8/29/2017	KOP	05 - 2100	PROCTOSOL 2.5%		A	NA
8/29/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50			NA
8/29/2017	YES	05 - 2100	TRAZODONE HCL 50 MG		JA	NA
8/30/2017	YES	02 - 0900	FOLIC ACID 1 MG			NA
8/30/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG		JA	NA
					vA	NA
8/30/2017	IYES	02 - 0900	MULTIVITAMIN			
8/30/2017 8/30/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20		VA	NA

8/30/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25	(b)(6);	NA	NA
8/30/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550	(b)(7)(C)	NA	NA
3/30/2017	кор	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA
8/30/2017	КОР	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
8/3D/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550		NA	NA
8/30/2017	KOP	05 - 2100	TRIAMCINOLONE 0 1% CREAM 0.1		NA	
8/30/2017	KOP	05 - 2100	PROCTOSOL 2.5%	<u></u>	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	INA
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	YT-S	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
8/31/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	
8/31/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550	0/40/0	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	
8/31/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	NA
8/31/2017	YES	05 - 2100	TRAZODONE HCL. SO MG	13 1	NA	NA NA

MAR/TAR for: ALMAZAN RUIZ, FELIPE, #GCSO17MNI005042 @ RELEASE

No Photo Available
ALMAZAN RUIZ, FELIPE, #GCSO17MNI005042 @ RELEASE
Mate, 51 years old, DOB 6/26/1966
Allergies: NKDA
Diagnoses: CIRRHOSIS OF LIVER WITHOUT ALCOHOL, DEPRESSION, GENERALIZED ANXIETY DISORDER

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2017-09	01 Fri	02 Sat	03 Sun	04 Mon	05 Tue	06 Wed	07 Thu	08 Fri	09 Sat	LO Sun	11 Mon	12 Ti
01 - 0430 BS CBC		[<u> </u>					
01 - 0430 BS Labs - Send Out			(b)(6);	1.							. <u> </u>	
01 - 0430 BS Labs - Send Out			(h)(7)(C)		10 D D							
01 - 0430 BS Labs -					-	100	196	1		· · · · · · · · · · · · · · · · · · ·		10000
Send Out 102 - 0900 DOCUSATE SODIUM 100 MG Take I Capsule by mouth 2 times per day for 30 days as needed Req Start: 8/12/2017 Req End: 9/10/2017	YES ((b)(6); (b)(7	YES 7)(C)	YES	YES	YES	YES	MISSED					
Discontinued: 9/7/2017												
02 - 0900 FERROUS SULFATE 325MG 1 time per day for 90 days Reg Start: 9/7/2017 Req End: 12/5/2017 Discontinued: 9/7/2017												
02 - 0900 FOLIC ACID J 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			1 10			it.		4	- 			
02 - 0900 FOLIC ACID 1 MG Take 1 Tablet by mouth 1 time per day for 30 days Reg Start: 8/12/2017 Reg End: 9/10/2017	YES (b)(6); (b)(7)(YES (C)	YES	YES	YES	YES						
9/6/2017		10 1000		· · · · ·	<u>o</u>	<u></u>		<u></u>	5. 193			- 10
02 - 0900 LACTULOSE 10 GM/15 ML SOLN 10 40mt p o daily x 90 days Req Start: 9/772017 Req End: 10/7/2017 Discontinued: 9/7/2017			10.00						-		M	
	YES (b)(6); (b)(7)(YES C)	YES	YES	YES	YES		-				M
Discontinued: 9/6/2017						2						
02 - 0900 MULTIVITAMIN Take 1 Tablet by mouth 1 time per day	YES (b)(6); (b)(7)	YES (C)	YES	YES	YES	YES						
02 - 0900												
MULTIVITAMIN Take 1 Tablet by mouth 1 time per day for 90 days Req Start: 9/7/2017 Req Fad: 12/5/2017 Discontinued: 9/7/2017						esse .						
02 - 0900 OMEPRAZOLE 40 MG CPDR 40 Take 1 Capsule by mouth 1 time per day for 90 days Req Start:											5 S	

9/7/2017 Req End; 12/5/2017							1					
Discontinued:												1
9/7/2017				<u> </u>	l							
02 - 0900			· · · · · · · · · · · · · · · · · · ·				· · · · · ·	6	o;		1.	
OMEPRAZOLE DR 20 MG CAPSULE 20												1
Take I Capsule by												1
mouth I time per day	YES	YES	YES	YES	YES	YES					scale of the second	20000
for 30 days Req Start 8/12/2017 Req End:	(b)(6); (b)(7)	(C)						5				
9/10/2017		1										1
Discontinued: 9/6/2017					9							
02 - 0900	3L	0.0000			Personal Port and				<u></u> 00			
PREDNISONE 10								5 				
MG TABLET 10												í
Take (1.00) Tablet by mouth 1 time per day												
for 2 days Reg Start	3					1			19		1 000	00000
9/28/2017 Req End:						1						
9/29/2017 Discontinued:												
9/7/2017	i	27 2	1	i (are anno an			
02 - 0900												
PREDNISONE 10 MG TABLET 10												
Take (2.00) Tablets]									
by month I time per		ter anter the			S	An Internet	10 Mar 14					
day for 3 days Req Start: 9/25/2017 Req										а. -		
End: 9/27/2017		13	1									
Discontinued:		19	1	į.								
9/7/2017		h		ļ	И					-		
02 - 0900 PREDNISONE 10												
MG TABLET 10				l i								
Take (3 00) Tablets by mouth I time per												
day for 3 days Req					-87	18 - 59	1992	01085		an j	92	
Start: 9/22/2017 Reg										2		
End: 9/24/2017 Discontinued:			82	1								
9/7/2017							-					
02 - 0900		1911 - 19	P 83	s salate a		1	2 (3	0				2 2
PREDNISONE 20 MG TABLET 20			6		· ·				94		2	
Take (3.00) Tablets												
by mouth 1 time per	1	35	1		8		0.010	(11 mm)				
day for 3 days Req Start: 9/13/2017 Reg		19	1									
End: 9/15/2017		8										
Discontinued: 9/7/2017	• 49 2 - 2	20									1	
02 - 0900			<u> </u>		· · · · · · · · · · · · · · · · · · ·							
FREDNISONE 20									·			1
MG TABLET 20						-			1.24			
Take (4.00) Tablets by mouth 1 time per											3	1
day for 3 days Reg			0.02	2002	କ ଅକ	1.00						1.000
Start; 9/10/2017 Req												
End: 9/12/2017 Discontinued:												
9/7/2017									-			
02 - 0900	0.20											
PREDNISONE 20 MG TABLET 20				18								ŀ
Take 2 Tahlets by												
mouth 1 time per day			10-11-12		7 Z						1	1
for 3 days Reg Start: 9/19/2017 Reg End:											1 1	1
9/21/2017		8		-								
Discontinued: 9/7/2017												
02 - 0900		1	ĵ <u>.</u>	í –	1			X Z	i	i	i i	i i
PREDNISONE 5 MG		1.S		8							1	
TABLET 5 Take (1.00) Tablet by												1
mouth 1 time per day		- 13									∥ ¹	1
for 2 days Reg Start:				10		3943	30) (1)		() () () () () () () () () () () () () (-9999	i	1
9/30/2017 Req End: 10/1/2017		0								1		
Discontinued:		2										
9/7/2017		1	<u> </u>		ļ						ļ	Į
02 - 0900										1		
PREDNISONE 50 MG Take (1.00)										1		
Tablet by mouth 1												
time per day for 3			100					era -	l.		42	l.
days Req Start: 9/16/2017 Req End:									1			
9/18/2017												1
Discontinued: 9/7/2017											1	1
			<u></u>	· · · ·	·						i i	
02 0900 PREDNISONE 50												
MG Take 2 Tablets												
by mouth 1 time per	H	H.		l, s	la a	l	l.	l,	ll, J	Į	li j	ų.

MAR/TAR for: ALMAZAN RUJZ, FELIPE, #GCSO17MNI005042 @ RELEASE

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	22												
Decision Image: series	End; 9/9/2017												
	Discontinued: 9/7/2017												
	02 - 0900			¦ ── [©]		r	ĵ	<u> </u>					┢
Partial A mark Corr NOS			2	3									
	topical 2 times per	KOP	KOP	KOP	KOP	KOP	KOP	KOP					REV
bill of 1201	day for 30 days Req Start: 8/14/2017 Reg			incon	RO1	KOU	KOI	K01			(AUTO LABS) Released		AU Relea
Uncomparing	End: 9/13/2017								REICEASE.	Kereasea	(Creased	Keleased	KULC
Set TAL 02 (0) (0) (0) (0) (0) (0) (0) (0) (0) (0)	9/7/2017						ł						
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Greet (0) = Key (10) (7) (7) (C)	Take 1 Tablet by	VES	1000	NO			1910						
Introduction in the construction in	for 60 days Req Start:			122	TES	YES	YES	<u> </u>	<u> </u>		ciane:		
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SPERICURATOR VES VES <t< td=""><td></td><td></td><td> </td><td><u> </u></td><td></td><td>∦</td><td></td><td></td><td><u></u></td><td></td><td></td><td></td><td>╢──</td></t<>				<u> </u>		∦			<u></u>				╢──
Take 1. Thinks try: YES	SPIRONOLACTONE.							18					
mach 2 une pr day VES								0					
9/102017 No. No	mouth 2 times ner day	YES	YES	YES	YES	YES	YES						Ĩ.
M102017 Image: Second Processing Procesproprecessing Processing Processing Processing	for 30 days Req Start: 8/12/2017 Ren End:	(b)(6); (b)(7)(C)										
94207 94207 97	9/10/2017			P (1	8	1							
SPECIFICIAL CLOSE SPECIFICIAL C		r - 0.50 - 0.7											
15 MC 7ABJET 23 Har 1 Tablet 73 Rev 9 Are 9 Kes Mar 102/0217 fr 97/2017 Image: Set Mar 102/0217 fr 97/2017 fr	02 - 0900		ľ	R (978) - S	8								î –
mach 2 dar gene der (a dar bar, etc. schler (b) dar berge bergen (b) dar berge bergen (b) dar bergen (b)	25 MG TABLET 25												
In Se 0. App. Res Start Discontinued: Image: Discontinued: Image: Discontinue	Take 1 Tablet by											;	4
112/50217 Dicentinued: 07/2017 07 60 49 ke 5 8 m - 00 (0) (0) (0) (0) (0) (0) (0) (0) (0)	for 90 days Req Start:					1055	uara 🤅				ining (guine	
Discontinucia: Discontinucia:	9/6/2017 Reg End:										1		
02. 00/0 173AMCTNOLONE 01% CCR 2016 pc of cy 01% COR 2016 pc of c	Discontinued:												
TRAMENOLONE ROP KOP KOP KOP KOP KOP KOP KOP KOP KOP REVERED REVORED REVO		l		li	<u> </u>	<u> </u>	<u> </u>		ļ		3		╞
CRM 2 interpretary 17/2017 KOP (b)(6), (b)(7) KOP (b)(6), (c)(7) KOP (c)(7) REVORED (c)(7) RevoreD	TRIAMCINOLONE				a i								
R/1/2017 Rep Edit: 1000000000000000000000000000000000000	CDA(- 1	-	100000	(b)(6)		5			REVOKED	REVOKED	REVOKED	REVOKED	PSVA
0/1/2011/seq Edu: D/D/D/ D/D/D/ D/D/D//C Pectasol Recised Recised <threcised< th=""> Recised <threcised< th=""></threcised<></threcised<>	for 60 days Reg Start:	KOP (b)(6);	Contraction and a second	KOF.	110000	1.186.785.7 m	КОР	KOP	(AUTO LABS)	(_AUTO_LABS)	(AUTO_LABS)	(AUTO_LABS)	AL.
9/2017 9/2017	8/14/2017 Req End: 10/13/2017	ind in	(0)(0);		D)(D); (D)(/)(C)			Released	Released	Released	Released	Reler
Do: 000 XT7 XXN 500 KT7 A52N 500 KT7 A52N	Discontinued:												
550 MG TAB 550 Files I Table 10 (b) (b) (b) (7) (C) YES Y					2								i
matuł z times pre day (% 2017) Biocontinuci: 90/2017 Discontinuci: 90/2017 Colored VI, KAAN 50 (0) (%) (%) (%) (%) (%) (%) (%) Colored VI, KAAN 50 (%) (%) (%) (%) (%) (%) (%) (%) Colored VI, KAAN 50 (%) (%) (%) (%) (%) (%) (%) (%) (%) (%)	550 MG TAB 550	a J											
Did V Jolgs ACC Jall: (b)(6); (b)(7)(C) V12017 Reg End: (b)(6); (b)(7)(C) V12017 Reg End: (c)(c)(c)(c) V12017 Reg End: (c)(c)(c)(c)(c) V12017 Reg End: (c)(c)(c)(c)(c)(c) V12017 Reg End: (c)(c)(c)(c)(c)(c)(c) V12017 Reg End: (c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(mouth 2 times per day	VIC	VER	VEC	VEP	VEC	VEP						
9/10/2017 9/2017	HOL TO HAAR REG PIRT			1123	rts	185	165			<u></u>	22242	100000	012550
9/0/2017 02 - 0900 XIF AXAN 02 - 0900 XIF AXAN 02 - 0900 XIF AXAN 03 - 0900 XIF AXAN 03 - 0900 XIF AXAN 04	9/10/2017		(0)					2					
02.0900 XIFAXAN SSD MG TAB 530 MG T		8			8	1000	-	and and a	10	. 20052			
Take 1 Table by moult 2 imes per day 67:301 78 ep End: 09/72017	02 - 0900 XIFAXAN					i							í –
mouth 2 times get day 6//2017 Reg End: 10//2017 R													
9/6/2017 Req End: 10/6/2017 Discontinued: 9/7/2017 05 - 2100 DOCUSATE SODIIM 100 MG Take I Capsule by mouth 2 times prot day YES YES YES YES YES YES YES YES	mouth 2 times per day												
10/6/2017 Discontinued: 9/7/2017 SODIIM 100 MG Take 1 Capable by mouth 2 times per day for 10 days as needed Reg Stat 5/12/2017 Reg End: 9/10/2017 Discontinued: 9/7/2017 Reg End: 10/7/2017 S0 - 2100 LACTULOSE 10 GM/15 ML SOLN 10 days Reg Stat: 9/7/2017 S0 - 2100 LACTULOSE 10 GM/15 ML SOLN 10 days Reg End: 10/7/2017 S0 - 2100 LACTULOSE 10 GM/15 ML SOLN 10 Discontinued: 9/7/2017 Reg End: 10/7/2017 Discontinued: 9/7/2017 Reg End: 10/7/2017 Discontinued: 9/7/2017 Reg End: 10/7/2017 Discontinued: 9/7/2017 Reg End: 10/7/2017 Discontinued: 9/7/2017 Reg End: 10/7/2017 Discontinued: 9/7/2017 Reg End: 10/7/2017 Reg End: 10/7/2017 Reg End: 10/7/2017 Reg End: 10/7/2017 Reg End: 10/7/2017 Reg End: 10/7/2017 Reg End: 10/6) (b)(7)(C)			en (1000 1	0.000	000		caute	<u>839</u>	92250	en al anti-	
9/7/2017 05 - 2100 DOCUSATE SODIIM 100 MG Take 1 Capulo by mouth 2 times per day (2017) Discontinued: 9/7/2017 05 - 2100 LACTULOSE 10 GM/15 ML SOLN 10 00/7/2017 05 - 2100 LACTULOSE 10 GM/15 ML SOLN 10 00/7/2017 05 - 2100 LACTULOSE 10 GM/15 ML SOLN 10 00/7/2017 05 - 2100 LACTULOSE 10 GM/15 ML SOLN 10 Discontinued: 9/7/2017 05 - 2100 LACTULOSE 10 GM/15 ML SOLN 10 Discontinued: 9/7/2017 05 - 2100 LACTULOSE 10 GM/15 ML SOLN 10 Discontinued: 9/7/2017 05 - 2100 GM/15 ML SOLN 10 Discontinued: 9/7/2017 Discontinued: Discontinued	10/6/2017												
05 - 2100 DOCUSATE SODIIX 100 MG Take I Capsule by mouh 2 times per day (b)(6); (b)(7)(C) Reg Bad \$910/2017 Discontinued: 977/2017 05 - 2100 LACTULOSE 10 GM/15 ML SOLN 10 40m lp 0 daily x 90 dogs Reg Start: 977/2017 05 - 2100 LACTULOSE 10 GM/15 ML SOLN 10 NO SOLN by mouh 2 Immes per day for 30 GM/15 ML SOLN 10 NO SOLN by mouh 2 Immes per day for 30 days as needed Reg SUT: B/12/2017 Reg	9/7/2017		ĺ.				[
SDDII/M 100 MG YES	05 - 2100		ĺ	i		Î -	ſ	[[[]		
Take I Capsule by mouth 2 times per day (b)(6); (b)(7)(C) YES	SODIUM 100 MG												
for 10 days as needed Req Statt \$1/2/2017 Req Edd: 9/10/2017 (b)(6); (b)(7)(C) Discontinued: 9/7/2017		VES	VES	VES	VES	VES	VES						
Reg End: 9/10/2017	for 30 days as needed	(b)(6); (b)(7)(C)	1,50	11.0	11.0		0	4348				
Discontinued: p/72017 05 - 2)00 LACTULOSE I0 GM/15 MI. SQLN 10 40ml po daily x 90 days Reg Start: 9/7/2017 05 - 2100 LACTULOSE I0 GM/15 MI. SQLN 10 VICE VIC	NCL 31411 4/12/2017	x / x // x / x /											
D5 - 2100 LACTULOSE 10 GM/15 ML SOLN 10 dyn P o daily x 90 dys Reg Start: 9/7/2017 Discontinued: 9/7/2017 Discontinued: 9/7/2017 biscont	Discontinued:												
LACTULOSE 10 GM/15 ML SQLN 10 dong pe daily x 90 dogs Reg Start: 9/7/2017 Reg End: 10/7/2017 05 - 2100 LACTULOSE 10 GM/15 ML SQLN 10 V/CC V/						I						5 	Ĩ
40ml po daily x 90 days Req Start: 107/2017 Req End: 107/2017 0 Discontinued: 97/2017 N 05 - 2100 LACTULOSE 10 GM/L5 ML SOLN 10 SOLN by mouth 2 times per day for 30 (b)(6); (b)(7)(C) days as needed Req Start: B/12/2017 Req (b)(6); (b)(7)(C)	LACTULOSE 10												
days Req Start: 97/2017 97/2017 Reg End:	GM/15 ML SQLN 10 40ml p o daily x 90												1
10/7/2017 Discontinued: 97/2017 05 - 2100 LACTUL/OSE I0 GM/L5 ML SOLN 10 SOLN by mouth 2 times par day for 30 (b)(6); (b)(7)(C) days as needed Req Start: 6/12/2017 Req	days R.eq Start:								K (K)				
Discontinued: 97/2017 05 - 2100 LACTULOSE 10 GM/LS ML SOLN 10 SOLN by mouth 2 times par day for 30 (b)(6); (b)(7)(C) days as needed Req Start: 6/12/2017 Req	10/7/2017						3				2		1
05 - 2100 LACTULOSE I0 GM/IS ML SOLN 10 SOLN by mouth 2 times per day for 30 (b)(6); (b)(7)(C) days as needed Req Sat: B/12/2017 Req	Discontinued:												
LACTULOSE 10 GM/L5 ML. SOL.N 10 NO surre surre SOLN by mouth 2 (b)(6); (b)(7)(C) days as needed Req Sart: 6/12/2017 Req	0.21 394556255				l							<u></u>	í—
SOLN by mouth 2 times per day for 30 days as needed Reg Start: B/12/2017 Reg	LACTULOSE IN			1			1						
times per day for 30 (D)(0), (D)(7)(C) days as needed Req Start: B/12/2017 Req	GM/15 ML SOLN 10 SOLN by mouth 2		VIC	SUCE	NU: 6	WCC							
Start: B/12/2017 Reg	times per day for 30	(b)(6); (b)(7)(C)					(Test)	Ċ.		1		
	Start: 8/12/2017 Reg												
	End: 9/10/2017		ļ į	1 1	l,	H		E .	I. I	ļ	ļ į		5

Discontinued: 9/6/2017		1			[1				Î		
End: 9/13/2017	кор (b)(6); (b)(7)	кор (С)	кор	KOP	КОР	кор	кор	REVOKED (_AUTO_LABS) Released	REVOKED (_AUTO_LABS) Released	REVOKED (_AUTO_LABS) Released	REVOKED (_AUTO_LABS) Released	REV (_AL Relez
Discontinued: 9/7/2017												
05 - 2100 SPIRONOLACTONE 25 MG TABLET 25 Take 1 Tablet by mouth 2 times per day for 30 days Req Statt: 8/12/2017 Req End- 9/10/2017 Discontinued: 9/6/2017)(C)	YES	YES	YES					,		
05 - 2100 SPIRONOL ACTOME 25 MG TABLET 25 Take I Tablet 25 mouth 2 times per day for 90 days Req Start: 9/6/2017 Req End: 12/5/2017 Discontinued: 9/7/2017						<u>уғ</u> с (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	yES (b)(6); (b)(7	yes)(C)	YES	YES	YES	YES						
05 - 2100 TRAZODONE HCL. 50 MG 1/2 1ab FO at bedtime x 60 days Reg Start: 8/22/2017 Reg Find. 10/20/2017 Discontinued: 9/7/2017	YES (b)(6); (b)(7	YES)(C)	YES	YES	YES	YES		,				
05 - 2100 TRIAMCINOLONE 0.1% CREAM 0.1 CRM 2 times per day for 60 days Reg Stat: 8/14/2017 Reg End: 10/13/2017 Discontinued: 9/7/2017	ког ^{(b)(6)})	кор (b)(6);	ког(b)(6); /h\/7\/	кор ((b)(6); (b	кор))(7)(С)	KOP	кор	REVOKED (AUTO LABS) Released	REVOKED (AUTO J.ABS) Released	REVOKED (_AUTO, LABS) Released	REVOKED (AUTO_LABS) Released	REV (_AL Relea
05 - 2100 XIFAXAN 550 MG TAB 550 Take I Tablet by moutin 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	YES)(C)	YES	YES	YES].						
19/02/017 05 - 2100 XIFAXAN 550 MG TAB 550 Take 1 Tablet by mouth 2 times per day for 30 days Req Start: 9/6/2017 Discontinued: 9/7/2017						YES (b)(6):						

Legend									
White	Outside Prescription/Order's start and end date	Green	Dose/Treatment was administered	R.cd	Dose/Treatment was NOT administered		Future Dose/Treatment to be administered	II Yellow	Missed Dose/Treatment
Purple	Treat ONCE during this time	Silver	Dose/Treatment is NOT to be administered	Orango	PRN - Dispense/Treat as needed	Pink	Dose previously dispensed (KOP)		

Detxils							
Date	Yes-Na-KOP	Shift	Medication/Order	User	Reason	Comments	
9/1/2017	YES	02 - 090D	FOLIC ACID 1 MG	(b)(6);	NA	NA	
9/1/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG	(b)(7)(C)	NA	NA	
9/1/2017	YES	02 - 0900	MILTIVITAMIN	1992	NA	NA	
9/1/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20	11	NA	NA	
9/1/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10	4	NA	NA	
9/1/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25	17.17.0	NA	NA	
9/1/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	NA	NA	
9/1/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1		NA	NA	

MAR/TAR for: ALMAZAN RUIZ, FELIPE, #GCSO17MNI005042 @ RELEASE

9/1/2017	KOP	02 - 0900	PROCTOSOL 2.5%	TFAILE	NA	NA
/1/2017	YES	02 - 0900	SERTRALINE HCL 100 MG TAB 100	KHUGHES	NA	NA
/1/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG	LMONTOYA	NA	NA
/1/2017	NO	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10	LMONTOYA	NOT NEEDED	NA
/1/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25	LMONTOYA	NA	NA
/1/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550	LMONTOYA	NA	NA
W1/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1	FSAPP		NA
/1/2017	KOP	05 - 2100	PROCTOSOL 2.5%	TFAHIE	NA	NA
0/1/2017	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
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
/10/2017	REVOKED	05 - 2100	PROCTOSOL 2.5%	AUTO LARS	Released	NA
			TRIAMCINOLONE 0.1% CREAM 0.1			
/11/2017	REVOKED	02 - 0900		_AUTO_LABS	Released	NA NA
/11/2017	REVOKED	02 - 0900	PROCTOSQL 2.5%	_AUTO_LABS	Released	NA
/11/2017	REVOKED	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1	AUTO LABS	Released	NA
/11/2017	REVOKED	05 - 2100	PROCTOSOL 2.5%	AUTO LABS	Released	NA
/12/2017	REVOKED	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1	_AUTO_LABS	Released	NA
/12/2017	REVOKED	02 - 0900	PROCTOSOL 2.5%	AUTO LABS	Released	NA
412/2017	REVOKED	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1	AUTO LABS	Released	NA
- 3		105 - 2100	PROCTOSOL 2.5%	AUTO LABS	Released	
/12/2017	REVOKED					NA
413/2017	REVOKED	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1	AUTO LABS	Released	NA
/13/2017	REVOKED	32 - 0900	PROCTOSOL 2.5%	AUTO_LABS	Released	NA
13/2017	REVOKED	05-2100	TRIAMCINOLONE 0.1% CREAM 0.1	_AUTO_LABS	Released	NA
/14/2017	REVOKED	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1	AUTO LABS	Released	NA
/2/2017	YES	02 - 0900	FOLIC ACID I MG	(b)(6); (b)(7)(C)	NA	NA
/2/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG	1	NA	NA
/2/2017	YES	02 - 0900	MULTIVITAMIN	4	NA NA	NA
				-	and a second sec	
1/2/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20	4	NA	NA
0/2/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10	1	NA	NA
0/2/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25		NA	NA
/2/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550		NA	NA
/2/2017	KOP	02 - 0900	TRIAMCINOLONE 0.1% CREAM 0.1	1	NA	NA
/2/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
0/2/2017	YES	02 - 0900	SERTRALINE LICL 100 MG TAB 100	1	NA	NA
				4		
0/2/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG	-		NA
/2/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
0/2/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25	-	NA	NA
/2/2017	YES	05 - 2100	XIFAXAN 550 MG TAB 550		[NA	NA
/2/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1	1	NA	NA
/2/2017	KOP	05 - 2100	PROCTOSOL 2.5%	1	NA	NA
2/2/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50	4	NA	NA
				4		
9/2/2017	YES	0.5 - 2100	TRAZODONE HCL 50 MG	4		NA
0/3/2017	YES	01 - 0430 BS	Labs - Send Out	_	NA	NA
/3/2017	YES	02 - 0900	FOLIC ACID I MG		NA	NA
/3/2017	YES	02 - 0900	DOCUSATE SODIUM 100 MG	1	NA]NA
/3/2017	YES	02 - 0900	MULTIVITAMIN	1	NA	NA
/3/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20	1	INA	NA
/3/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
				1	NA	NA
/3/2017	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25	4		
0/3/2017	YES	02 - 0900	XIFAXAN 550 MG TAB 550	4	NA	NA
/3/2017	KOP	02 0900	TRIAMCINOLONE 0.1% CREAM 0.1	1	NA	NA
/3/2017	KOP	02 - 0900	PROCTOSOL 2.5%		NA	NA
/3/2017	YES	02 - 0900	SERTRALINE HCL 100 MG TAB 100]	NA	NA
/3/2017	YES	05 - 2100	DOCUSATE SODIUM 100 MG	1	NA	NA
/3/2017	YES	05 - 2100	LACTULOSE 10 GM/15 ML SOEN 10	1	ÍNA .	NA
9/3/2017	YES	05 - 2100	SPIRONOLACTONE 25 MG TABLET 25	1	NA	NA NA
				4		
/3/2017 =	YES	05 - 2100	XIFAXAN 550 MG TAB 550	4	NA	NA NA
/3/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1	4	. NA	NA
/3/2017	KOP	05 - 2100	PROCTOSOL 2.5%	1	NA .	NA
/3/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA]NA
/3/2017	YES	05 - 2100	TRAZODONE HCL 50 MG	1	NA	NA
/4/2017	YES	02 - 0900	FOLIC ACID I MG	1	NA	NA
				4		NA
/4/2017	YES	02 - 0900	DOCUSATE SÓDIUM 100 MG	4	[NA	
/4/2017	YES	02 - 0900		4	NA	NA
0/4/2017	YES	02 0900	OMEPRAZOLE DR 20 MG CAPSULE 20	_	NA	NA
/4/2017	YES	02 - 0900	LACTULOSE 10 GM/15 ML SOLN 10		NA	NA
11022011	YES	02 - 0900	SPIRONOLACTONE 25 MG TABLET 25	1	NA	NA
	R			4		NA
0/4/2017	VEC	07.0000	1 X G A X A N 550 M G T 6 9 550		INA	I NA
0/4/2017 0/4/2017	YES	02 - 0900	XIFAXAN 350 MG TAB 550	=	NA NA	
0/4/2017	YES KOP KOP	02 - 0900	IRIFAXAN 550 MG TAB 550 TRIAMCINOLONE 0.1% CREAM 0.1 PROCTOSOL 2.5%	=		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	VES	05 - 2100	XIFAXAN 550 MG TAB 550	• R	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	
9/4/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50		NA	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 NA
9/5/2017	YES	02 - 0900	MULTIVITAMIN		NA	NA
9/5/2017	YES	02 - 0900	OMEPRAZOLE DR 20 MG CAPSULE 20	1. 8	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 NA
9/5/2017	YES				Lange and the second seco	
9/5/2017	KOP	02 - 0900	XIFAXAN 550 MG TAB 550		NA	NA
		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	512527	NA	NA
9/5/2017	KOP	05 - 2100	TRIAMCINOLONE 0.1% CREAM 0.1	<u>_</u>	NA	NA
9/5/2017	KOP	05 - 2100	PROCTOSOL 2.5%		NA	NA
9/5/2017	YES	05 - 2100	TRAZODONE 50 MG TABLET 50	6	NA	NA
9/5/2017	YES	05 - 2100	TRAZODONE HCL 50 MG		NA	NA
9/6/2017	YES	02 - 0900	FOLIC ACID I 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	0.000.000	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	VES	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 SO MG TABLET SO		NA	NA
9/6/2017	YES	05 - 2100	TRAZODONE LICL 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			
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 Internet
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
		
CIRRHOSTS OF LIVER WITHOUT ALCOHO)T. 571.5	08-14-2017
	-14-2017	08-14-2017
GENERALIZED ANXIETY DISORDER	300.02	08-14-2017

 C^{*}

200

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

ALMAZAN RUIZ, FELIPE



U.S. Immigration and Customs Enforcement

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

DIONISIO

Appointment Facility: Krome North Service Processing Center

08/11/2017

(b)(6); (b)(7)(C) **Appointment Provider**

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

Cyrrent Medications

aking

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: equired for travel

Folic Acid 1 MG Tablet 1 tablet Daily AM, stop date 12/02/2017, KOP: No, Drug Source: In House Pharmacy, Notes: lequired 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: equired 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: es, 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

Patient: ALMAZAN RUIZ, FELIPE DIONISIO DOB: 06/26/1966 Progress Note (b)(6); (b)(7)(C)

RN 08/11/2017

8/11/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

(b)(7)(E)

Trazodone HCl 50 MG Tablet 1 t	tablet QITS, Stop date	e 11/09/2017, KOP	: No, Drug Sou	rce: In House Ph	armacy
Past Medical History Cirrhosis x 8 years	ж ж	н	×		
Allergies N.K.D.A.					
. ²	1.				
Disposition: Medically cleared for c	custody				×
Appointment Provider:); (b)(7)(C)		54	12 10	24
	-			1	23
2		2			
* * *		3			
14 15			12		
			24 12		13
				<i></i>	,
20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -	MIA	Cervice Processi 1 S.W. 12TH ST. AMI, FL 33194 305-207-2170 Fax:	ug Center		,
	MIA	1 S.W. 12TH ST. MI, FL 33194 305-207-2170	ng Contor		
Patient: ALMAZAN RUL	MI/ Tel: Z, FELIPE DIONIS	1 S.W. 12TH ST. AMI, FL 33194 305-207-2170 Fax: SIO DOB: 06/2	*	gress Note ^{(b)(6)}	; (b)(7)(C)
	MI/ Tel: Z, FELIPE DIONIS	1 S.W. 12TH ST. AMI, FL 33194 305-207-2170 Fax: 510 DOB: 06/2 08/11/2017	6/1966 Pro	L	; (b)(7)(C)
	MI/ Tel: Z, FELIPE DIONIS RN	1 S.W. 12TH ST. AMI, FL 33194 305-207-2170 Fax: 510 DOB: 06/2 08/11/2017	6/1966 Pro	L	; (b)(7)(C)
	MI/ Tel: Z, FELIPE DIONIS RN	1 S.W. 12TH ST. AMI, FL 33194 305-207-2170 Fax: 510 DOB: 06/2 08/11/2017	6/1966 Pro	L	; (b)(7)(C)
	MI/ Tel: Z, FELIPE DIONIS RN	1 S.W. 12TH ST. AMI, FL 33194 305-207-2170 Fax: 510 DOB: 06/2 08/11/2017	6/1966 Pro	L	; (b)(7)(C)
	MI/ Tel: Z, FELIPE DIONIS RN	1 S.W. 12TH ST. AMI, FL 33194 305-207-2170 Fax: 510 DOB: 06/2 08/11/2017	6/1966 Pro	L	; (b)(7)(C)
	MI/ Tel: Z, FELIPE DIONIS RN	1 S.W. 12TH ST. AMI, FL 33194 305-207-2170 Fax: 510 DOB: 06/2 08/11/2017	6/1966 Pro	L	; (b)(7)(C)
	MI/ Tel: Z, FELIPE DIONIS RN	1 S.W. 12TH ST. AMI, FL 33194 305-207-2170 Fax: 510 DOB: 06/2 08/11/2017	6/1966 Pro	L	; (b)(7)(C)
	MI/ Tel: Z, FELIPE DIONIS RN	1 S.W. 12TH ST. AMI, FL 33194 305-207-2170 Fax: 510 DOB: 06/2 08/11/2017	6/1966 Pro	L	; (b)(7)(C)

.

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: < 70 mg/dl LDL: NON-HDL: <100 mg/dl Goals for Patients with 2+ risk factors: <130 mg/dl LDL: 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 05:06:16 PM factors: LDL: <160 mg/dl NON-HDL: <190 mg/di 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

Page 2

09-06-2017 Encounter as of 09-20-2017 Wed 05:06:16 PM 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

ALMAZAN RUIZ, FELIPE, 06-26-1966, #GCSO17MNI005042

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:	NÖ
Sedentary Lifestyle:	NO
Multiple Sexual Partners:	NO
Tattooing/Body Piercing:	NÔ

FAMILT 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 hystagmus. 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 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===İBS 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

ALMAZAN RUIZ, FELIPE, 06-26-1966, #GCSO17MNI005042

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

53

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

ID 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 Referrat: 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 in 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 04:43:42 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 Person, Place, Time, and Situation Orientation: 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 WNL Appetite: Hopelessness: No Intention - No Plan - No Ideation - No, reports past ideation and overdrinking in attempts to die Suicide: Ideation - No Intention - No Plan - No Homicide: Insight: Fair Judgment: Fair DIAGNOSIS: Axis I 311 DEPRESSION 300.02 GENERALIZED ANXIETY DISORDER 303.90 ALCOHOL DEPENDENCE, in remission PLAN: Appointment electronically created for patient to see psychiatrist as soon as possible. APPT: **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 RU/Z

 No:
 GCS017MNI005042

 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 in 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 reports he has tried to commit suicide many times by drinking excessively. Suicide Attempts: 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: 10th grade Education:

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 WNL Appetite: Hopelessness: No Suicide: Intention - No Plan - No Ideation - No, reports past ideation and overdrinking in attempts to die Ideation - No Intention - No Plan - No Homicide: Insight: Fair Judgment: Fair DIAGNOSIS: Axis I **311 DEPRESSION** 300.02 GENERALIZED ANX(ETY 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 t(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.

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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) KF (Expired) Father: 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? Na 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: Wt 163 lbs BP: 112 / 78 Ht: 5 ft 3 in T: 98.4 P: 65 R: 16 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 loci

No lesions or masses.

Skin:

Pink, warm and dry. Good turgor. No rashes, lesions or infestations. Heart:

RRR without adventitious sounds.

Lungs:

ALMAZAN RUIZ, FELIPE, 06-26-1966, #GCSO17MNI005042 08-24-2017 Encounter as of 09-20-2017 Wed 04:44:44 PM 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: (b)(6); (b)(7)(C) RN on 08-24-2017 02:30:04 PM: The following items were created by ORDER: Provider - ROLITINE Electronically Approved b(b)(6); (b)(7)(C) RN on 08-24-2017 02:29:24 PM. NURSING PROTOCOL - MUSCULAR SKELETAL: Patient Name: FELIPE ALMAZAN RUIZ GCSO17MNI005042 NO: DOB: 06-26-1966 Sex: Male Date: 08-24-2017 Thu Time: 14:30 1*DORM 1*C*013 1*DORM 1*C*013 Location: SUBJECTIVE: "I have right knee pain." Complaint: Acute problem, began: 2 day(s) ago 1 week(s) Chronic problem, duration: How condition began: Unknown Pain: Mild Up and Down. Pattern of Pain: Level of activity related to pain: Able to function okay Remains at affected area Radiation of pain: Other characteristics of pain: Dull Condition made better by: Advil/Ibuprofen, Rest, Elevation of affected area, Stooping/Bending, standing long periods of time Condition made worse by: Associated Symptoms Fever? No Nausea/vomiting? No Other Symptoms: Allergies: NKDA Hx of Bleeding Ulcer of complications No of pain medication? 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: Freely moves about Describe gait and mobility: Describe range of motion of area concerned Swelling: No Tenderness: No Pupils: Equal and reactive, Neck: Supple, ASSESSMENT: Related to Occassional pain. Alteration in Comfort Locastion - Right knee 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 Ibuprofen 200 mg; two (2) tabs BID x 5 days PRN Tx given: (NO history of bleeding ulcers) Warm pads and head can provide relief Instructions given: Exercises as tolerated to improve muscle tone and strength. Education given: Return to sick call if symptoms worsent or persist more than 7 days.

DENTAL SCREENING:

Inmate/Detainee Name: FELIPE ALMAZAN RUIZ MNI#: GCS017MNI005042 Date of Birth:

Missing Teeth: 0 Fillings:

2020-ICLI-00006 2963

ALMAZAN RUIZ, FELIPE, 06-26-1966, #GCSO17MNI005042 08-24-2017 Encounter as of 09-20-2017 Wed 04:44:44 PM

Dentures:	N/A
Partials:	N/A
Other:	4 upper implants as per patient

Electronically Approved by	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.

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ALMAZAN RUIZ, FELIPE, 06-26-1965, #GCSO17MNI005042 08-30-2017 Encounter as of 09-20-2017 Wed 04:44:58 PM

NURSING PROTOCOL - MUSCULAR SKELETAL:

NURSING PROT	UGUL - MUSCULAR SKELETAL.
Patient Name:	FELIPE ALMAZAN RUIZ
NO:	GC\$O17MNI005042
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
Location.	
SUBJECTIVE:	
Complaint:	Joint Pain - Bilateral Shoulder Bilateral Knee Bilateral Elbow
Acute problen	
Chronic probl	
How condition	
Pain:	Moderate
Pattern of Pai	
	ity related to pain: Able to function okay
Radiation of p	
80.5 62.5 5	teristics of pain: None
Condition ma	
Condition ma	
Associated St	
Fever?	No
Nausea/vo	orniting? No
Other Sym	iptoms:
Allergies:	NKDA
	g Ulcer of complications No
of pain me	edication?
그는 것을 많은 것 같은 것을 가지 않는 것을 것 같이 많을 것 같아.	ERALIZED ANXIETY DISORDER
311, DEPRESSI	
571.5, UIRRHOS	SIS OF LIVER WITHOUT ALCOHOL
OBJECTIVE:	ALCIONCY (2) Malaiaht 465 3 Iba Usiaht 5.8 3 in DMI 30.3 DEA (Mastellar): 4.93 DEA (DuBais): 1.78 Diand Dessaures
	AL SIGNS: (6) Weight: 165.2 lbs, Height: 5 ft 3 in, BMI: 29.3, BSA (Mosteller): 1.83, BSA (DuBois): 1.78, Blood Pressure:
General Appe	rature: 98.6 °F, Pulse: 74, Respiration: 18
Describe are	
Describe gait	
	and mobility. There is moves about a second and a second and a second and a second a second a second a second a
Swelling:	No
Tendernes	
(Çindernes	5. 120
ASSESSMENT:	
	Comfort Locastion - IN JOINTS AREA Related to UNKNOWN.
PLAN/EDUCATIO	ON:
	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 g	
Education giv	
151	· · ·
Return to sick	c call if symptoms worsent or persist more than 7 days.
	(b)(6); (b)(7)(C)
Electronically Ap	proved b LPN, CCHP on 08-30-2017 02:24:30 PM.

Electronically Approved t^{(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 proble	
Chronic prob	lem, duration: N/A
Pain:	None
Description of	
	Ide better by: Nothing is helping, patient had an appointment scheduled with an optometrist prior to entering the facility.
	de worse by: unsure
Associated S	
Fever:	No
Drainage:	
Cough:	No
	s of Breath: No
Sneezing	
Other:	поле
Allergige:	NKDA
Allergies: Other Comm	
Other Comm	ents. None at this time.
300.02, GEN 311, DEPRESS	DICAL PROBLEMS: IERALIZED ANXIETY DISORDER ION SIS OF LIVER WITHOUT ALCOHOL
OBJECTIVE: Vital Signs: VIT 113 / 77, Tempe	AL 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: rature: 98.3 °F, Pulse: 83, Respiration: 18
General App	earance: No acute distress
	a of concernity unremarkable
Eye: Signs of Infe	Vision R: 20/200 Vision L: 20/200 Sclera: Clear, white.
ASSESSMENT:	
	insory Perception: R/O Visual disturbance.
PLAN/EDUCAT	ION:
	ral to Dr. Noel within 5 days secondary to Patient having difficulty seeing, may need glasses. Made same complaint during
Initial Health As	
Electronically Ap	
Electronically Ap	pproved b ^{(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: < 70 mg/dl LDL: NON-HDL; <100 mg/dl Goals for Patients with 2+ risk factors: <130 mg/dl LDL: 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 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

ALMAZAN RUIZ, FELIPE, 06-26-1966, #GCSO17MNI005042 09-06-2017 Encounter as of 09-20-2017 Wed 04:45:26 PM 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 factulose 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

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

Electronically Approved by

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n 09-06-2017 10:23:31 AM.

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Collection Date: 2017-08-17 Thu

Patient	n	Birth Date	Sex	SSN
ALMAZAN RUIZ, FELIPE	GCS017MN1005042	06-26-1966	м	

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date
CMP					ĺ	i	
Sodium	141		Normal	mmol/L	135-145	Final	
Potassium	4.3		Normal	mmol/T.	3,5-5,5	Final	ii
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	Abovc Normal	mg/dL	0.1-1.2	Final	
Alkaline Phos		162	Above Normal	U/L	20-130	Fina]	
AST (SGOT)	35		Normal	U/L	10-40	Final	
ALT (SGPT)	25		Normal	UA.	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					ſ		
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.				[Í		· -
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	i i	i i i i i i i i i i i i i i i i i i i	i i	Ì	F		

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Per Lai
Lipids Profile	1							
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	/				[]			\square
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		<u>Cr</u>
Goals for Patients with CHD or CHD risk equivalents:				[][]			
LDL: < 70 mg/d1								
NON-HDL: <100 mg/dl			[][]		[
								L
Goals for Patients with 2+ risk factors:	l1		[
LDL: <130 mg/dl		[
NON-HDI:: <160 mg/d1			[L
						ļ	<u></u>	Į
Goals for Patients with 0-1 risk factors:	ļ			l				L

LDL: <160 mg/d1			1	Î	Ĩ	TI	H
NON-HDL: <190 mg/d1		0 <u> </u>	Ï.			l lucestra	8 1000 D
LDL Cholesterol	29		Normal	mg/dL	0-130	Final	C
Chol/HDL Ratio	1.7		Normal		1.5-5.6	Final	C
Test Performed by: IRL - Florida						Î	
5361 NW 33 Avenue			Î	1			
Ft Lauderdale, FL 33309		accents.	35.000			<u> </u>	

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	j.	Î.		U/mL	0.00-0.90	In Lab		ÍCL .	Î
Test Performed by: IRL - Florida				1					
5361 NW 33 Avenue	Î			la de la				1	1
Ft Lauderdale, FL 33309		1	1	Ï					i

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								Ĩ
management of prostate cancer.					ĺ ĺ			Î
See the 2013 American Urological Association (AUA)			· · ·					í –
guidelines for result interpretation.			Ì	, <u> </u>	i i			i[
Test Performed by: IRL - Florida								Î
5361 NW 33 Avenue							· ·	i —
Ft Laudordale, FL 33309			8	1.70,00-1				1

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.	
Results status. All I mar Results Available, Older 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: 08-17-2017 12:08	
Ordering Frovider: (b)(6); (b)(7)(C)	
Observation Rot Date: 08-18-2017 14:08	
Results Status: I	
Results status, t	
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.	
require banda, for that results realistics, order complete.	
	<u>82</u>

Date/Time		Receiving Application/Facility
08-18-2017 14:11	&NBSP/ARMCO	CorrecTeK/ARMCOGL

Process ID	Version	Accept Ack.	Appl. Ack.
P-Production	2.3		

Collection Date: 2017-08-17 Thu

		Birth Date	Sex	SSN
ALMAZAN RUIZ, FELIPE	GCSO17MNI005042	06-26-1966	М	
]]		

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	[Fina]	
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	ил.	20-130	Final	
AST (SGOT)	35		Normal	U/L	10-40	Final	
ALT (SGPT)	25		Normal	UJL.	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				[<u> </u>	i	

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Per Lal
Lipids Profile								
Triglycerides	45	F	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 ma	4							
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		Cī.
Goals for Patients with CHD or CHD risk equivalents:								
LDL: < 70 mg/dl								Ĺ
NON-HDL: <100 mg/dl					[
	<u> </u>		l				-	<u> </u>
Goals for Patients with 2+ risk factors:				<u> </u>	l	<u> </u>		Ŀ
LDL: <130 mg/d1	Į	<u> </u>					·	<u> </u>
NON-HDT.: <160 mg/dl			i		ļ			
Goals for Patients with 0-1 risk factors:								
			1				l	

Lor:	<160 mg/a								
NON-HE	DL: <190 mg/«	dl			100 17				
LDL Cholesteral		220	a <u>a</u>	29	Normal	mg/dL	0-130	Final	CL
Chol/HDL Ratio			5887	1.7	Normal		1.5-5.6	Final	CL
Test F	Performed by: I	RL – Elorida							
	W 33 Avenue	1.00 March 10.00			1				
Ft Lau	iderdale, FL 33	309	2.3.46.40			3			22 - 23

Test Name	Normal Results	Abnormal Results	Abnorma) 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		8 80 934						1 _	
Ft Lauderdale, FL 33309	1				787.05				1

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: 1RL - Florida								
5361 NW 33 Avenue		[]]		2012				[]
Ft Lauderdale, FL 33309			S	22				

Performing ID	Name	Address	City	State	Zip	Country	County
CL^Core Lab^^^^	14 - 249 -				3) 		

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 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.	Filler Accession ID: LB174_0005626AA
Lipids Profile ID# 010009 ORDER Sequence#2 Control Number: LB174_0005626AA Collection Date: 08-17-2017 02:34 Lab Receipt Date: 08-18-217 13:08 Ordering Provide(D)(6); (b)(7)(C) Observation Rpt Date: 08-18-2017 13:58 Results Status: All Final Results Available, Order Complete.	Filler Accession ID: LB174_0005626AA
H Pylori Ab IgG (THIS IS THE ONE DR. NOEL ORDERS) TO ORDER Sequence#3 Control Number: 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: 1	D# 060031 Filler Accession ID: I.B174 0005626AA
PSA Diagnostic ID# 026003 ORDER Sequence#4 Control Number: 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.	Filler Accession ID: LB174 0005626AA

Date/Time	ischong Appreation/Facility	Receiving Application/Facility
08-18-2017 14:02	&NBSP/ARMCO	ContecTeK/ARMCOGL

Process ID	Version	Accept Ack.	Appl. Ack.
P-Production	2.3		

Collection Date: 2017-08-17 Thu

Patient		Birth Date	Sex	SSN
ALMAZAN RUIZ, FELIPE	GCSO17MNI005042	06-26-1966	М	
	1			

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Performing Lab	Performing MD
СВС									-
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/dJ_	13.0-18.0	Final		CL	
Hematocrit		34.8	Below Normal	%	40.0-52.0	Final		CL	
MCV	95.6		Normal	<u>ſ</u>	81.0-97.0	Final		CL	
MCH	31.0		Normal	pg]	26.0-34.0	Final		CJ.	
МСНС	32.4		Normal	g/dL	31.0 - 37.0	Final		CL	
RDW		17.4	Above Normal	%	11.5-15.0	Final		CI.	
Platelet Count		41	Below Normal	10 3/ul.	150-400	Final	,	CL	
Mcan 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		ĊL.	
Eosinophil %	3.9		Normal	%	0.0-5.0	Final		CL	
Basophil %	0.4		Normal	%	0.0-i.0	Final		CL	
Ncutrophil Abs#	2.0		Normal	10 3/uL	1.6-8.2	Final		CI.	
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			· · · · j						

Performing ID	Name	City	State	Zip	Country	County
CL^Core Lab^^^^						

Message Type		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	&NBSP/ARMCO	CorrecTcK/ARMCOGI.

Process ID	Version	Accept Ack.	Appl. Ack.
P=Production	2.3		

Collection Date: 2017-08-17 Thu

Patient	ID		r	SSN
ALMAZAN RUIZ, FELIPE	GCSO17MNI005042	06-26-1966	М	
	·			

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Performing Lab	Performing MD
СВС									
WBC		3.0	Below Normal	10 3/uL	3.6-11.0	Final		CL	
RBC		3.65	Below Normal	10 6/uJ.	4.50-5.90	Final		C1.	
Hemoglobin		11.3	Below Normal	g/dL	13.0-18.0	Final		CI.	
Hematocrit		34.8	Below Normal	%	40.0-52.0	Final		CL	
MCV	95.6		Normal	fl	81.0-97.0	Final		CL	
мсн	31.0		Normal	pg		Final		CL	
мснс	32.4		Normal	g/dL	31.0 - 37.0	Final		CL	
RDW		17.4	Above Normal	%	11.5-15.0	Final		CI.	
Platelet Count		41	Below Normal	10 3/uL	150-400	Final		СГ	
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/uJ.	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		CI.	
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	City	State	Zip	loomer 2	County
CL^Core Lab^^^^						

Message Type	Control Number		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

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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	&NBSP/ARMCO	CorrecTeK/ARMCOGI.

Process ID	Version	Accept Ack.	Appl. Ack.	
P Production	2.3			2 <u>10</u>

Collection Date: 2017-08-17 Thu

Patient		Birth Date	Sex	SSN
ALMAZAN RUIZ, FELIPE	GCSO17MN1005042	06-26-1966	м	
	100 million (100 m			

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date
Prothromin Time						1	
T		13,6	Above Normal	Seconds	9.4-12.5	Final	
Pro Time INR	1.2	Ē				Final	
PT reference range: 9.4-12.5						100	
							1
Use INR for clinical decision making - Recommended							
Therapeutic Range:							
					0		
INDICATION TARGETED INR RANGE	<u> </u>				ļ	<u> </u>	1 1
Prevention and treatment of VTE 2 - 3	1						1
At.rial fibrillation 2 - 3							
Acute myocardial infarction 2 - 3	i i	1. 1 . 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1	i) i			
Valvular heart disease 2 - 3							
Prosthetic tissue heart valve 2 - 3					·		(
Prosthetic mechanical heart valves 2.5 - 3.5				ſ			
Recurrent Thromboenbolism 2.5 - 3.5							
Targeted INR range of 2-3 is appropriate for patients who	<u></u>	<u></u>					
have a mechanical bileaflet in the sortic position, normal	1	100	10		de la companya de la		
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						<u></u>	
to determine if warfarin dose should be held when INR is	1						
elevated and patient is receiving argatroban."	Î		1				
Test Performed by: IRL - Florida	i i			1		[
5361 NW 33 Avenue		-	Q		1		
Ft Lauderdale, FL 33309							

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Performing Lab	Performing MD
PTT						I]	
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.	l						a cata		
Test Performed by: IRL - Florida		8		Ĩ			53. 	Î	
5361 NW 33 Avenue				1					
Ft Lauderdale, FL 33309		1							

Performing LD	Name	Address	State	Zip	 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: 08-17-2017 02:34 Ordering Provider (b)(6); (b)(7)(C)

Observation Rpt Date: 08-18-2017 13:56 Results Status: All Final Results Available, Order Complete.

PTT 1D# 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/Pacility
08-18-2017 14:00	&NBSP/ARMCO	ConceTcK/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	м	
]

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Performing Lab	Performing MD
Prothromin Time	I]						
PT				Seconds	9.4-12.5	In Lab		CL	
Pro Time INR						In Lab		CL	
Test Performed by: IRI Florida									
5361 NW 33 Avenue	Ϋ́					Í			
Ft Lauderdaie, FL 33309	1		l I	8					

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		CI.	
Therapeutic FTT range of 50- B9 seconds corresponds to									dat tak p
0.3-0.7 units anti- Xa activity.									
Test Performed by: IRL Florida					100 N		110	08 2 - C	C 0.000000 0
5361 NW 33 Avenue	1				Ì		[
Ft Lauderdale, FL 33309		ĺ				li i	I I	j	i

Performing ID	Name	Address	City	State	Zip	Country	County
CL^Core Lab			<u> </u>				

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: 08-18-7017 13-08 Ordering Provider: (b)(6); (b)(7)(C) Observation Rpt Date: 08-18-2017 13:56 Results Status: J

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 Provide(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	&NBSP/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	GCSO17MN1005042	06-26-1966	М	

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Performing Lab	Performing MD
Prothromin Time									
<u></u>			[Seconds	9.4-12.5	ln Lab		CI.	
Pro Time INR						In Lab		CL.	
Test Performed by: IRL - Florida									
5361 NW 33 Avenue	1								
Ft Lauderdale, FL 33309					— ———————————————————————————————————				

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Pcrforming Lab	Performing MD
РТГ][
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.			а 1						
Test Performed by: IRL - Florida									
5361 NW 33 Avenue						<u> </u>			
Ft Lauderdale, FJ, 33309									

Performing ID	Name	Address	City	State	Zip	Country	County
CLACore Lab							

Message Type	Control Number	Filler Accession ID	Group Number	
Results	LB174_0005626AA		<u>I</u>	

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

Concerton 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 13:56

Results Status: All Final Results Available, Order Complete.

Date/Time	Sending Application/Facility	Receiving Application/Facility	
08-18-2017 13:59	&NBSP/ARMCO	CorrecTeK/ARMCOGL	

Process ID	Version	Accept Ack.	Appl. Ack.
P-Production	2.3		

Collection Date: 2017-08-17 Thu

	ID		Sex	SSN
ALMAZAN RUIZ, FELIPE	GCSO17MNI005042	06-26-1966	м	
			[]	[]

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observatíon Date
CMP	Î						
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	r/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	UЛL	20-130	Final	
AST (SGOT)	35		Normal	U/L	10-40	Final	
ALT (SGPT)	25	:	Normal	U/L.	10-60	Final	
Urca Nitrogen	17		Normal	mg/dl	6-72	Final	-
Creatinine	0.70		Normal	mg/dL	0.43-1.13	Final	
eGFR NonAfrican Am	> 60					Final	
cGFR 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	1						
of medications or dosing adjustments of radiocontrast dye	Î	i	[]				
without patient-specific correction for height and weight.	j j						
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			[]			[]	j
Ft Lauderdale, FL 33309							

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Per La
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	r							
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]						ļ	
Goals for Patients with 2+ risk factors:								╞
LDL: <130 mg/dl			[[i
NON-HDL: <160 mg/dl	<u> </u>		[Ē
Goals for Patients with 0-1 risk factors:			[·	E
]							

	LDI.:	<160 mg/dl	and a second		1				
C/54	NON-HDL:	<190 mg/d1							i i
LDL (Cholesterol		29	i lanana a	Normal	mg/dL	0-130	Final	CL
Chol/	HDL Ratio		1.7		Normal		1.5-5.6	Final	CL
	Test Perfe	ormed by: IRL - Florida			1		Г		
-	5361 NW 33	Avenue		i anter		3 23			İ
	Ft Laudero	iale, FL 33309	1		Ï	1	1.1.1.1.1.1.1.1.1.1	1 1	

Test Name	Normal Results	Abnormal Results	Abnormal Flags	l foute	Reference Range	Status	Observation Date	Performing Lab	Performing MD
H Pylori Ab IgG (THIS IS THE ONE DR. NOEL ORDERS)									1
H Pylori Ab IgG]	U/mL	0.00-0.90	In Lab	ç.	CL.	
Test Performed by: IRL - Florida									
5361 NW 33 Avenue	i						<	1	1
Ft Lauderdale, FL 33309									

Test Name	Normal Results	Abnormal Results	Abnormal Flags		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				1		1			1
Ft Lauderdale, FL 33309				1		i i	Ì	1	1

Performing ID	Name	Address	City	State	Zip	Country	County
CL^Core Lab][]	

Message Type	Cantrol Number	Filler Accession ID	Group Number	
Results				1

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 02:54 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)	060031
ORDER Sequence#3 Control Number: LB174 0005626AA	Filler Accession ID: LB174 0005626AA
Collection Date: 08-17-2017 02:34	

Concerton 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 Receipt State: 1 Results Status: I

Date/Time	Sending Application/Facility	Receiving Application/Facility
08-18-2017 13:54	&NBSP/ARMCO	CorrecTeK/ARMCOGL

Process ID	Version	Accept Ack.	Appl. Ack.
P-Production	2.3		

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Collection Date: 2017-08-17 Thu

Patient			SSN
ALMAZAN RUIZ, FELIPE	DA DA LOZA	М	

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Obscrvation Date
CMP							
Sodium	14I		Normal	mmol/L	135-145	Final	
Potassium.	4.3		Normal	mmol/L	3.5-5.5	Final	I
Chloride	104		Normal	mmol/L	95-110	Final	
Carbon Dioxide	26		Normal	mmol/I.	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			Above Normal	mg/dL	0.1-1.2	Final	
Alkaline Phos			Above Normal	υл.	20-130	Final	
AST (SGOT)	35		Normai	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	i					[]	
(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: 1RL - Florida							
5361 NW 33 Avenue][
Ft Lauderdale, FL 33309	l · · ·		[]				

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Per Lai
Lipids Profile								ſ
Triglycerides	45		Normal	mg/dL	0-150	Final		CL
If patient is taking N- Acctylcycteine, Triglycerides may be								
falsely decreased.								\square
If patient is taking Metamizole, Triglycerides and HDL may	1				1			
be faisely decreased.					Į			
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:	l				l			
					IL I			⊫
LDL: <130 mg/d1	ļ	<u> </u> .	<u></u>	<u> </u>		<u> </u>	r	<u> </u>
NON-HDL: <160 mg/dl			<u> </u>		l	L		╞
Goals for Patients with 0-1 risk factors:			· <u>···</u>		<u> </u>			Ē
					[

1.01.: <160 mg/dl		1	I	I	II	1
NON-HOL: <190 mg/dl		1			Î	00000000
LDL Cholesterol	29	Normal	mg/dL	0-130	Final	
Chol/HDL Ratio	1.7	Normal		1.5-5.6	Final	6
Test Performed by: TRL - Florida		1				
5361 NW 33 Avenue			1			j
Ft Lauderdale, FL 33309						l l

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Rang e	Status	Observation Date
T Pylori Ab IgG (THIS IS THE ONE DR. NOEL ORDERS)	1						
I Pylori Ab IgG	0,70	- nerarecos	Normal	U/mL	0.00-0.90	Final	-
< or - 0.90 Negative			j i				
0.91-1.09 Equivocal	i	0 8 6.85		i i			
> or = 1.10 Positive							
THE STOOL (FECAL) H. PYLORI ANTIGEN TEST IS THE PREFERRED							
TEST FOR DETECTING AND MONITORING GASTRIC H. PYLORI			ľ i		<u> </u>		1
INFECTION.							
THE N. PYLORI 19G TEST THAT IS RESULTED ABOVE IS NOT	<u> </u>				3		
RECOMMENDED FOR DIAGNOSIS OR ANTIBIOTIC MONITORING.		i			(in)		
PLEASE SEE THE INFORMATION BELOW.	1			ļ			
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	1						
in the past. It does not provide any clinically useful	1			<u>[]</u>			
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 Lah
PSA Diagnostic								I
PSA Diagnostic	0.1		Normal	ng/mL	0-4.0	Final		Ct.
PSA is intended to be used as an aid in the detection and		8 X		5345805 - 35				ſ
management of prostate cancer.								0
See the 2013 American Urological Association (AUA)								
guidelines for result interpretation.				[
Test Performed by: IRL - Florida						[
5361 NW 33 Avenue								
Ft Lauderdale, FL 33309		174 <u>794</u> 9 868	03 SR(85)	1.00.000	p a la s		ſ	

Performing ID	Name	Address	City	State	Zip	Country	County
CL^Core Lab^	с п. 1830 с	[<u> </u>			<u> </u>		

Message Type	Control Number	Filler Accession ID	Group Number
Results	LB174 0005626AA		

Order Status: F CMP ID# 010103 ORDFR Sequence#1 Control Number: LB174_0005626AA Filler Accession ID: LB174_0005626AA Collection Date: 08-17-2017 02:34 Lab Receipt Date: (b)(6); (b)(7)(C) Ordering Provider 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	M
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 Concertion Date: 08-18-2017 02.34 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: 08-17-2017 02:34 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	&NBSP/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	GCS017MNI005042	06-26-1966	M	10.771 Marcar
10 X8				

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							<u> </u>		
Ft Lauderdale, FL 33309			j druš						

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

Concernin Date: 08-25-2017 00.10Lab Receipt Date: 08-25-2017 11:20Ordering 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	&NBSP/ARMCO	CorrecTeK/ARMCOGL	

Process ID	Version	Accept Ack.	Appl. Ack.
P=Production	2.3		

Collection Date: 2017-09-01 Fri

Patient		Birth Date	Sex	SSN
ALMAZAN RUIZ, FELIPE	GCSO17MNI005042	06-26-1966	м	

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date
CMP			Ī	í		ii —	i i
Sodium	140		Normal	mmol/L	135-145	Final	ji
Polassium	4.0		Normal	mmol/L	3.5-5,5	Final	i i
Chloride	104		Normal	mmol/L	95-110	Final	
Carbon Dioxide	27		Normai	mmol/L	19-34	Final	
Anion Gap	13.0		Normal	mmol/L	10-20	Final	
Glucose	82		Normal	mg/dL	70-110	Final	i i
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	j
Bilirubin Total			Above Normal	mg/dL	0.1-1,2	Final	
Alkaline Phos		151	Above Normal	ил.	20-130	Final	
AST (SGOT)	34		Normal	UA.	(0-40	Final	
ALT (SGPT)	23		Normal	<u>U/I.</u>	10-60	Final	
Venipuncture should occur prior to sulfasalazine or]						
sulfapyridine administration due to the potential for	<u>i</u>					1	
falsely depressed results.				<u> </u>		i —	<u> </u>
Urea Nitrogen	[11		Normal	mg/dl	6-22	Final	
Creatinine.,	0.80		Normal	mg/dL	0.43-1.13	Final	
cGFR NonAfrican Am	> 60		[]			Final	1
cGFR 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							i i
of medications or dosing adjustments of radiocontrast dye							
without patient-specific correction for height and weight.							
Limitations of the eGFR, guidelines on chronic kidney			[[[l	
disease definitions, and clinical action plans can be found				[
at www.kidney.org and NEJM 2006;354:2473-83.			jj			ĺ	
Test Performed by: IRL - Florida		· · · · · · · · · · · · · · · · · · ·					
5361 NW 33 Avenue	j.			i		i i	j li
Ft Lauderdale, FL 33309		ĺ	···			ĺ	

Test Name	Normal Results	Abnormal Results	Abnormal Flags	Units	Reference Range	Status	Observation Date	Per Lal
Lipids Profile	Ë l		[
Triglycerides	43		Normal	mg/dL	0-150	Final		CL.
If patient is taking N- Acctylcyctoine, Triglycerides may be								
falsely decreased.	[]	[]						
If patient is taking Metamizole, Triglycerides and HDL may			[ľ			<u> </u>
be falsely decreased.								\square
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								\square
NON-HDL: <100 mg/dl								\square
Goals for Patients with 2+ risk factors:					i			
LDL: <130 mg/dl	<u>.</u>			ļ				

NON-HDL: <160 mg/dl	·	<u> </u>	ľ	ļ	[[.	Į.] .
Goals for Patients with 0-1 risk factors:						1		
LDL: <160 mg/dl	1 -	I HEL / Y		1				
NON-HDL: <190 mg/dl		ſ			r	1	1	Î
LDL Cholesterol	30		Normal	mg/dL	0-130	Final	j	CL
Chol/IDL Ratio	∥ 1.7	Ĭ	Normal	1	1.5-5.6	Final	<u> </u>	CL
Test Performed by: IRL - Florida								
5361 NW 33 Avenue		T		Ĩ		1	1	ĵ.
Ft Lauderdale, FL 33309						1		

Performing ID	Name	Address	City	State	Zip	Country	County
CL^Core Lab^^^^							

Message Type	Control Number	Filler Accession ID	Group Number
Results	LB174_0005975BE		
		Sta 155 16	

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 JD; LB174_0005975BE Collection Date: 09-01-2017 00:54 Lab Receipt Date: 09-02-2017 13:52 Ordering Provider.[[D](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	&NBSP/ARMCO	CorrecTeK/ARMCOGI.	

Process ID	Version	Accept Ack.	Appl. Ack.
P-Production	2.3		

Collection Date: 2017-09-01 Fri

Patient	L	Birth Date	Sex	SSN
ALMAZAN RUIZ, FELIPE	GCSO17MNI005042	06-26-1966	Μ	

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		CJ.	
RBC		3.63	Below Normal	10 6/uL	4.50-5.90	Final		CL	
Hemoglobin		11.3	Below No r mal	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	
мсн	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		CI.	
Lymphocyte Abs #		0.7	Below Normal	10 3/uL	1.1-4.7	Final		CL	[
Monocyte Abs #	0.1			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		County
CL^Core Lab^^^^	_][Į	

	Control Number	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 Provide(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	&NBSP/ARMCO	CorrecTeK/ARMCOGL

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Process ID		Accept Ack.	Appl. Ack.
P=Production	2.3		

8

SICK	CALL REQUEST
FROM: (PLEASE PRINT)	
Felipe Almonan	Ruiz 100 50 42
(Inmate Name)	(ID #)
	350-218 01-9-17
(Date of Birth) (Localidad) (Fecha de Nacimiento) (Lojman) (Dat Nesans Prízonye a) (Housing Unit/	Cell#) (Date / Time) ONLY The Doc
	CIME The Bare
PROBLEM: (BE SPECIFIC) PROBLEMA: PWOBLE'M:	HOLE MY PLEF
Need See 1	the Doctor The Name of 11-
15 (b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)
THE NURSE ONLY NO	ME THE ADDA MEN FOR OPTIC
I have Pain in My 1	rlead and My TYES in My EYES
	1 The People Tsee Strappae
Aront Read Nathing	
For My Aboinment an	
O SOMTHIN' DRODG I	- Medicine to EYES Like Ville
	(b)(6); (b)(7)(C)
TRIAGE DECISION BY NURSING STAFF (Only check <u>ONE</u> box bel
Urgent:	Refer to Behavioral Health:
Referral to HCP:	Refer to Nurse Sick Call:
Refer to Dental:	· 71
Call Provider w/ Assessment: Temp	Pulse Resp BP Wt
Other	
	(b)(6); (b)(7)(C)
	NA20112 1002 1
TRIAGE DATE/TIME: 9/1/17 200	

2020-ICLI-00006 2995

52

Armor Correctional Health, Inc

SICK CALL REQUEST

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FROM: (PLEASE P) Fe(ipe) (Inmate Name) (Nombre) (Non) 6-26- (Date of Birth) (Fecha de Nacimiento) (Dat Nesans Prizonye a)	$\frac{P(NT)}{P(Mazan R)} = \frac{C-1 - Bed 13}{(Localidad)}$ $\frac{(Localidad)}{(Housing Unit/Cell#)}$	(ID #) (ID #) 27-8- (Fecha) (Dat) (Date / Time)	
PROBLEM: (BE SP PROBLEMA: PWOBLE'M: NE have To Wan'T S	ECIFIC) ED SEE THE O Much Pair OmThin like	DOCTOR BE nin Ny B Bengey is F	chuse I ond's 1 lard THE PA
Hand I Went I Exomer I Can T	NanTH See The See HE PUT n in My Syes Read Nothin		HELASS Tem FOT glosssple hy The Glass
<u>1</u>	ED: <u>2045</u> NURSE SIG	<u>ONE</u> bo	
Urgent:		☐ Refer to Behavioral	
☐ Referral to HCP: _ ☐ Refer to Dental: _		Refer to Nurse Sic	k Call:
Call Provider w/ A	Assessment: Temp Pulse	Resp BP V	Vt
Other		2	
8 29 1 4 TRIAGE DATE/TIME: PT-005	: <u>A 200</u> NURSE SIGI (White Copy – Inmate Medical File Ye	NATURE:	Revised 09/20/07

Armor Correctional Health Services, Inc.

ORDER SHEET

		(N	/rite orders top to boltom)		
Date	Time		HCP Orders	Orders Date &	Noted
5/17	3"12-	T. Trayadre	50 g 1'2 tabl	Orders 1 Date & (b)(6), (b)(7)(C)	
-		P Trazadre Sutralie	1000 10 Jol		
1-			(b)(6); (b)(7)(C)	/i	
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LLERGIES	3:		<u></u>	i	
	<u></u>				
		NO:	D.O.B. SE	M 6/Ade	·¬
ATIENT N.	n <u>DVIZ, P</u>				

Armor: PT-021 (Rev. 10/2007)

Almozon Rusz Felice

Armor Correctional Mealth Services, Inc

Specific Authorization for Psycholoppic Medications

ອີກາດ.ອ/ມີ.ອະຊັສຣະໄປຮາຊາ-ກາງອາກະບານ ອາກາ	and and	a signif of Usin involve to administrar treatment, invited to mention baselin marking the linear an follower:

ANDOLLY TICS/SEDATIVES/HYP/MOTICS: COMBIDM SIDE EFFECTS: The most common side effects are stephase, unitales, ight netwines, adjutan, interfectes, allouity weight, and problems with acardination.

APPERCACIONATE LIEVETH OF CARE: Generally, No mechanion with that to work in a few heart, Shorkern the of Mantedonfinish recommended as dependency may develop, it in important that you take this medication as presented to set the full banefit of this treatment. Your hualthears prevationer will mediary ou on a reputer bagic (unitally once a mendify and may adjust your medication doways from the to time as your condition warrants. The goal of fastness is to part the fast of the

Dottiven ATYPICAL ANTIPSYCHOTIC MEDS: Uspendol

COMMON SIDE DEPERTS: You may fact drawsy when first failing lines medications. On the dealy from diffing or lying hould one of the second to board pressure. Short-term alde effects may house incoming, weight gain, entities, hostadada, endaly, findle, minde Aduly, increand prokally lovels that may lead to en increase in broast liesue and milk production. Senalityly to our or sun lunge any laveloy, touriers execute any instants miles by prolifed.

LISSE COMMON SUDE EFFECTS: normolence, alguines, abaker, dezives, unaligation, names, and invested head real. In none inspla with heart mobilems of a elow heartback, Geodon can cause canous and polyntially faist hearbout brandmine. Negerial her heart bad bad addesize. Lead-term was new also potentially cause on irroversible muscular movement disorder called Tardive Dyskinosla.

ALTERNATION TRANSMENTER: I has been determined, at this time that the every of multiplication of the section of payonets by the transment of payonets by the transment of t elizviate the symptoms quictor then other meethods svelicity. Other tealings hut de select thereby and the hangy and he noticed by or behavior multication programs

APPROXIDUATE LEARS IN OF CARES THE medication wells shall be earling a few days builden mense of the industrian may be added to get medication more than the important. That you bake this medication represents to get the full benefit of the medicar, you had been medications of moder you are replaced to get more a month and may adjust your modication doesgo from time to time as your condition wereand, the gest of the medicated to use the middle emoty of periods to get or draptens.

TYPICAL ANUXEVOLOTIC MEDE	Chikapathazina (Thurvina)	🗋 vietkyneutol (Melkiol)	📋 likopheenminen (Produkin
Thiluopertaine (Staticane)	Pendra (Tristor)	Cheri	

CONTRICT SET IN THE AND AND A THE ADDRESS AND A STATE restineances, stimess and lightneededneed. Banalivity to an or our lange may develop, develop and an expense must be avoided.

ALTERUATIVE THERATES It has been determined, at this time that tide releging of medicalion is threating in frequencies and solitophysics and solitophysics. It will help alleviate the symptome quicker then other troatments evolution. Other treatments kickule solvity livings tivi fait financy such as estimability or behavior madification programm.

that you take this stand of the stand of the fail benefit of the realization of the realization of the realization of the real of the standard of the real of the standard of the real of the standard of the real of the standard of the real of the standard of the real of the standard of the standard of the real of the standard of the real of the standard of the real of the standard of the standard of the real of the standard of the standard of the real of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of modication doways from time to time to time wyour condition weinstis. The past of realists is to use the update and the industry to unleve your symptome.

	SPHENDI MUUMUMASHURI	((Puumeune)	Entonin (Citalogramit)	LIZMON: (Serus	alline) (kfexo	٢
	C DUNAN					
naadacho, dixiweinosa, insomnia, hadalla	and-bode artasiya sican noningoo Juliya heya heya heya heya ta	ulda alfanta may kabidir diy m	ailh, Romors, Neunoa, nervouune	su, endety, dianties,		
LINES COMMON SIDE EPREOTS: OTHER DI		lun, heardhunn, bluirrod vleicen, re	eh, lanilla idranigina, rilizzinania, and	I hol Ilauhau.		
al there is a course there is no considered and the course of the course		y of readlantian in allability for	tratiment of depression. Other i	realmenta Indiuda no	nivity	
aleratorial and a second survey of the second secon	91 Ibs fill penolit of the realment. Your weal	n mane (natolilional: will monitor ya	n on a regular basis (Usually office a	i month) and may adju		
TRACTCLUE OR TRACKCYCLIC ANTIDER	NZSBANTO: 🗌 Ambiphalmu (Ele	vii) 🗍 🗇 danskytyttaal (Pomok	r)			
[]]Tazadone (Desyal) 000wm						
COMMON SIDE SPFECTS; You may fee pressure. Short-lettin ekte effects may h Sendlivity to sun or eun fempe may dev	volucie dry mouth, biumad vision, treasaro, n	eesi ourigitellon, cottolipation, d			ood	

LGSS CONIMON SIDE (EFFISCTS; An uncommon side effect with Transfere to program which in a epodemicove errordon requiring reaction intervention.

ALTERENTIVE THERAPIES. It has been determined, at the line the steppy of noncoules is slightly for instantial of depression. Other traditionals include onlivity therapy and talk therapy such as counseling or hehavior mudifields programs.

APPROJORDATE LENGING OF OARE: The motionion dually niete in not will have for day but may take to first an AB works for explicit of support to occur, it is information that you take this markallon regularly to get the full benefit of the toeknard. You hellinear of exclusion with worker you on a regular bank (usually once a month) and may adjust your medical to make your show and the second leader of the second of the second second second second of the second s

ARMOR MH-021 (Revised 01/2011)

ham பால

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ANTHPARENNAN: C] Copensite (Itanstropera) []benddrif (Diplerithydiatutne) Arthur: (Italiassytheniddi

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RISICS AND HAZARDS; Dubig use of ony of these methodilane, which deathed or the forg use. And operation of a mater vehicle or other activities that equilar electrons well you losow how the drug offices you. Sudday discontinuation of mathematers upper problems places discuss discussional with the tradical staff prior to alopping the methodian.

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is evolution for (b)(6); (b)(7)(C) Pateral Signah three Stall Signature: TYTEN NAME TITALEN GIAC AlmAZAN RUIZ, FER ARMOR MH-021 (Revised 01/2011)

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2020-ICLI-00006 2999

Almozon Rule, Felice

Armor Correctional Health Berviosa, Inc

Specific Authorization for Psychobropic Medications

1, 150 undersigned, hereby-authorize the prof	ចរៈលោលៅ ព្	anal of the facility to ackenholes beatment, limited to mental health metheodemic, an ionown:	
ANDUOLY TICKSEED ATTVESHAPPNOTICS:	C		

CONTINEN SIDE INFLECTS: The most common side envice an despineer, undering, lightlessicities, solution, stredigeret, difficulty weight, and probleme with accordington.

APPROXIMATE LENGTH OF CARE Generally, the medication will dank to work in a two home, displant the of this mation but is recummended as dependency may develop. If he important that you take this madication as preparised to not the full benefit of the trainient. You health early prevalence will more any fully badic (transity once a month) and may still st your methodion doesge from the to time as your condition werears. The goal of treatmant to be within and the provided to relieve your symptome.

COUHER ATYPICAL ANTIPOYCHOTIC MIEDS: []httpperdist

COMPON SIDE REPECTE: You may teel droway when that taking these medications. On the deady train during or ying beattime or these medications may dense too blood prossure. Short-term side effects may include beginnin, weight gein, egilation, heedinate, entisty, shirtlin, muode agioliy, horspeet unitalin levels thet may tend to en incrouses in breast liesus and milk production. Sensibly to our or oun haupt may develop, therefore excessive expensive must be evolded.

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ALTERNATIVE TREES II to be a determined, at the line line line we would be added a second of the sec elieviate in exymptome quicker then other twentents gradable. Other teating to bakele advit inargy and this heady but to consoling or helpedor mudification programme.

APPROXUMENTE LIGNETH OF CANCE THE medication wantly state to set with a few days. Lang-teen usage of the relation may be requiped to gate medication benefit. If it important that you take this medication regularly to get the full benefit of this realized. You need to the medication were produced with medical you on a reliefer bene (detaily once a month) and mey adjuet your medication decays from time to time as your condition warenet. The guide feedmake to use the minimal except is conducted as a month, and mey adjuet your medication decays from time to time as your condition warenet. The guide feedmake to use the minimal except of conducters to relieve your symptome.

TYPICAL ANTIPSYCHOTIC NIEDS	Chilorpromotive (Chalendre)	🛄 Halopukini (Heldoz)	[]] Paipi Annaine (Profedici)
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APPERCOMPACTE LENGETH OF ORREST The medication beloady alustino activitien a nive days. Long-team leaning of hits medicalion may be required to use in medication bereaff. It is integrated Inat you halte this medioalice requiring to not the followed of the bealmant. You held to any matthey on an again bake (south) and a month) and may adjulat your medication design from time to line w your explicit warrayle. The goal of tweltheid to use the industrial anount of medications to relieve your wymptome.

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ALTERNATIONS TRIBUCAPHERS: It may been determined, at the line that the user of analosion is stelling for tradition of depresence. Other traditionity include and the traditional talk thereby such as compacility or behavior modification programs.	divity
A PROUNTATE LENGTH OF CARE: The inclusion usually data is not init in the analysis of the set of th	rlant. Ist
TRECYCLIC OR TETRACYCLIC ANTIBLEPRIESCAN'IU: [] Antikifiadine (Flavil) [] prhijityllun (Punsebur)	
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COMMON SIDE EFFECTER You may feel drowey when first laking have matikalians. Get up elowly kan sibbar bing pontium as these medicalions may deutee low knoch pressure. Stront-term side effects may include dry mouth, blured vision, bennett, need coupletion, coubletion, drowshows, difficulty uthesting, and lighthreadedness Secolarity to sun or suc lamps may develop, therefore excendite expansive much be evolded.

LESS COMMON SIDE EFFECTS: An uncommon side affect with Trazedone in pringhou which is a spontaneous area for madinal intervention.

MUTRENATIVE THERMORES It has been determined, at this time, that this entegory of medication is allocities for implements of depression. Other treatments include activity therapy and talk therapy such as counseling or behavior mudilication programs.

APPROXIMATE LEPTENT OF CAREE The methodial: study aters to establish a law days but mey idea to fing as 40 weeks for significant changes in more all to occur. It is insportant that you take this medication regularly to get the full behalf of the tost made of the full treatment. You hadn't our preditions with mether you on a regular basis to accur. It is insportant that you take this medication regularly to get the full behalf of the tost medication with mether you on a regular basis to accur. madication decage from time to time as your condition warents. The gast of tracket in in an the minimal mouth of matcalionists relieve your reprinting a

ARMOR MH-021 (Revised 01/2011)

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COMMON SIDE EPPECTS: Short-term ship ellevie intry include despinate, dy month, centres, nervennets, bitrivi vision, discusse, weekunse, depuncebut, contusion, difficulty unpating, constitution, replains providing heartheal, eye peth, and rish.

ALTERNATIVE THERAPIES: If the base determined, of link line the link all-pury of medicalica in attentive to be binned of able offects of out-psycholic condications. Other treatments include towering or discentionation of anti-psycholic methodica

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APPROXMATE LENGTH OP CARE. This medication usually date to not within a fact days. Large from weage of this medication user for required to pain merimum transition to be a fact and thet you take this mestivation requiring to pet the ket banefit of the bestman. You may be may be the require require the requirement of the bastman. You will be the stream the requirement of the requirement blood Tegratol/valproid and levels for an long on you take the madicellon. [] IM date that

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COMMON SIDE REFECTS: Possible alta alta alta alta any transm, feliqua, natitate, include, humanal utantion, ioneo alfada, rativiente, increment films, format diaorder, and increased that of soizhn.

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ALTERNATIVE (RERAPIES: 8 has been determined, at the Due that live an apply of medianism in a standard for instances. It will have also into the symplects determine in the symplectic determine in th

APPROXIMATE LENGTH OF CLARE: This revolution usually darts to not within a few days. Lengt-familiterm of full invelopility for explored to gote medication benefit. A fe Important their you toke this medicalican regularly to get the full bandh of this invited and practitioner will contain you as a few days of the medication of the second symptoms. You will teen periodio block illigin lavele for an inig an you take this method

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ALTERNATIVE THERAPLES: It has been detended, at the line that the category of methadion is ellevity for incident fit depleasing. Alternative incidents induce activity Restapy and talk therapy much an economication or behavior morfilication programm

APPROXIMATE LENGTH OF CARE: Generally, life modeation will also be well at 1-2 weeks with numbers in tending to 0-1 weeks to 9-0 weeks to 9-0 weeks with numbers in tending to 0-0 weeks to 9-0 weeks to of medications medical to relieve your symptoms.

------RISKS AND HAZARDE: During use of any of these modicalisms, would alached as they have see. Avait against in the moder which are modelined in the interview necessarily par lenger have the drug affects you. Suddan discontinuation of medications may entries interview particular discontinuation with the model staff prior to stopping the medicalien

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ARMOR MH-021 (Revised 01/2011)	
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2020-ICLI-00006 3001

Armor Correctional Health Services, Inc.

ORDER SHEET

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Date	Time				Orders Noted	
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Amor: PT-021 (Rev. 10/2007)





Glades County Detention Center

	, X	U	O,
Inmate/Detainee	Request or	Grievance Form	
(M	lust Check One of the Above I	Boxes) OFMN-10	05043
Inmate/Detainee Name: TELIPE	HASAMIA	Alien #:	/ \\$
Inmate/Detainee Gender:		Date of Request: <u>9.01</u>	<u>) ~) ~ </u>
MNI#: 100 CO 40		Housing Area: 🦉 🖕 🛥	<u> 820-13</u>
To: ICE Property Medical [] Mail [] Sergeant [] Lie	utenant 🗌 Captain 🔲 Other	;
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Received By:	Title: <u>VN</u>	Date:	<u>- (()</u>
Response By:	Title:	Date:	
Grievance Officer Approval:	Title:	Date:	
GCSO FORM 42	REVISED 3/9/2017	20	I

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. | 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.

PATIENT'S SIGNATURE

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

WITNESS (MEDICAL STAFF)

1

1

DATE

08-18-2017 Fri 07:34 AM

PATIENT NAME: FELIPE ALMAZAN RUIZ	NO: GCSO17MNI005042	D.O.B. 06-26-1966	SEX: M	LOCATION: 1*DORM 1*C*013 1*DORM 1*C*013
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Armor Correctional Health, Inc

SICK CALL REQUEST

PROBLEM: (BE SPECIFIC) PROBLEMA: PWOBLEMA: PWO	FROM: (PLEASE PRINT) \overrightarrow{Felipe} $\overrightarrow{Plmazan}$ $OINNIBOSO42$ (Inmate Name) (Inmate Name) (Nombre) (Non) (Ion) $OINNIBOSO42$ $\underbrace{(A-2)C-GG}_{(Date of Birth)}$ $\underbrace{(Iocalidad)}_{(Lojman)}$ $(ID #)$ (Dat Nesans Prizonye a) $(Iosing Unit/Cell#)$ $(ID #)$	
TRIAGE DECISION BY NURSING STAFF (Only check ONE box below) Urgent: Refer to Behavioral Health: Referral to HCP: Refer to Dental: Call Provider w/ Assessment: Temp Pulse Resp BP Wt	PROBLEMA: PWOBLEMAT Need See The Dastor be Cause He Toid mi I have 2 Apprimentes, Monday and Tuesday I ron'T Read Noting An My Dormitory Prease Because Trop'T See Notting and HE Told my y Need TEST FOR MY AVESS PIENSE The Doctor is (1000,0000) Please Help My I Cont Read Noting PIEASE HELP'MY	
(b)(6), (b)(7)(C)	TRIAGE DECISION BY NURSING STAFF (Only check ONE box below) Urgent:	
PT-005 (White Copy – Inmate Medical File Yellow Copy – Inmate) Revised 09/20/07	TRIAGE DATE/TIME: \$ 11 0 2100 NURSE SIGNATURE	

Armor Correctional Health Services, Inc. Informed Consent To Mental Health Treatment

, agree to participate in mental health treatment at the . I hereby authorize staff members assigned to the Mental Health Department (or designated volunteer s(b)(6); (b)(7)(C) er such treatment as agreed to and to perform he following services:

CONFIDENTIALITY:

Freatment staff members follow all ethical standards prescribed by state and federal law. Providers are equired 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 clients 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 acilities; 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 hegligence suit brought by the client against the provider; or the filing of a complaint with the censing or certifying board. If you have any guestions 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.

lunderstand that no warranty or promise has been made to me regarding the participation in or outcome of the proposed treatment. No lob(6); (b)(7)(C) Intation will be provided as a result of attending the service(s) listed al rms of this agreement will expire upon discharge from this facility: 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	o guardianship
Signature -	Lie Oliver 8/14/17
(b)(6); (b)(7)(C)	
(6)(6), (6)(7)(6)	Date 8 14 17
	Date Date Decord BroyB. SEX: LOCATION:
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Armor: MH-022	
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KEEP ON PERSON (KOP) CONTRACT

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- 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.
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- 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

(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

Pepartment (or designated volu		embers assigned to the Me	ntal Health
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 tacilities; 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 quardianship.

as it relates to guardianshi Signature - Clien	Juan 8/14/17 Date	0
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Armor: MH-022		
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Armor Correctional Health Services, Inc.

ORDER SHEET

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Amor: PT-021 (Rev. 10/2007)

Almazim Ruiz, Felice

Armor Correctional Regish Services, Inc.

Specific Authorization for Psycholropic Medications

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APPROXUMATE LENGTH OF CALES Generally, the medication with that to work in a few house. Singlearn use of the medicalicitie recommended as dependency may develop. It is important that you take this modeleation as prescribed to get the full benuil of the trackness, Yak hadle are inteditions wit incultor you on a require beels (textelly once a month) and may adjust your merikation dosago from time to time as your condition warents. The youl of factorial is to use the michaelianotial of mailooliting needed to relieve your availation and

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AD STANDARD THE MERCENTER AND A STANDARD AND A STANDARD AND A STANDARD AND A STANDARD THE MERCENTER AND THE MERCENTER A that you take this medication requiring to not the full benefit of the treatment. Your health east providence will mention you on a negative boilt (second) once a month) and may adjust your medication desage from time to three wyour asyditon wangity. The goal of waitmuit is to use the addant means of mathemican ensuit of mathemic

SSRIPNI	i antiliapressants:	🗋 Peone (Pianniline)	Cierce (Ciercerter)	Cizoloft (Sertration)	[_]affencor

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ALTERNATIVE THERAPHED II has been determined, at this the unequery of mediculus to allowing to inscinent of depression. Other incomments healthe activity therapy and tells therapy such as counseling or behavior modification program.

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ARMOR Wh-023 (Revised 01/2011)

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ARMOR MN-021 (Revised 01/2011)	

2020-ICLI-00006 3011

Armor Correctional Health Services, Inc.

ORDER SHEET

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Armor: PT-021 (Rev. 10/2007)

Almazon Ruiz, Felice

Armor Correctional Hegith Services, Inc

Specific Authorization for Psycholropic Medications

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LISSE CORIMON SIDE EFFECTS: compalence, sliftneer, chaker, dizzheur, consipellor, natuer, and incressod heari rele. In nome prople with heart problems or a ellow heartbaat, Guodon can cause osticus and polentially fetta hearicoul bregelanties. Neuerda hea been kited is distates. Long-term use may also polentially course on irreversible muscular movement disorder called Tardive Dyskinosla.

ALTERNATIVE THERAPIES: It has been determined, at the line that the adaptive insufation is allowive for treasment of payor and bipolar mania, and a discription is. I will have alieviate the symptoms quicies than other treatments available. Other treatment match subtly theory and test harpy with an optimality or behavior modification programs

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COMMON OUR EPIDERS Short-long also allocations lighting and the mostly formation of the second states of the states of the second state handeene, drovesiness, insomnia, andellon and rexuel dysfutuling.

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ARMOR Mit-023 (Revised 01/2011)

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ALTERNATIVE TRERAPHER: If the been determined, of the time first like collegery of mechanical is eliculted for implanent of also advected in anti-payetertic medications. (after transments luciude lowering or discontinuation of still-payaholio medications

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ALTERNATIVE THERAPICES IT has been deletering, at this loss that data safetery of meterster is allogive for instituent of bipolar discripter, it will bein allowing an approximation of the transmission of transmission of the transmission of transm

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