

Ioan Suiugan

Patient Health Summary, generated on Mar. 06, 2025

| Patient Demograp | hics - Male; born Feb. 27, 1961 |
|------------------|---------------------------------|
|------------------|---------------------------------|

Patient Address Patient Name Communication

23920 NAPIER RD (Home) Ioan Suiugan 248-778-7799 (Mobile)

SOUTH LYON, MI 48178 Former / Aliases: ioanaabdic@gmail.com

(Jun. 21, 2023 -): Loan Suiugan

23920 papier rd (Home)

23920 napier rd *(Home)* SOUTH LYON, MI 48178

Language Race / Ethnicity Marital Status

Romanian - Written (Preferred) White / Not Hispanic or Latino Divorced

Note from Trinity Health

This document contains information that was shared with Ioan Suiugan. It may not contain the entire record from Trinity Health.

Allergies

No known active allergies

Medications

apixaban (ELIQUIS) 5 mg tablet

Take 1 tablet (5 mg total) by mouth 2 (two) times a day.

LORazepam (ATIVAN INTENSOL) 2 mg/mL concentrated solution (Started 7/25/2023)

Take 0.5 mL (1 mg total) by mouth every 6 (six) hours if needed for anxiety. Max Daily Amount: 4 mg

amiodarone (PACERONE) 200 mg tablet (Started 7/26/2023)

Take 1 tablet (200 mg total) via g-tube 1 (one) time each day.

atorvastatin (LIPITOR) 40 mg tablet (Started 7/25/2023)

Take 1 tablet (40 mg total) via g-tube at bedtime.

metoprolol tartrate (LOPRESSOR) 25 mg tablet (Started 7/25/2023)

Take 1 tablet (25 mg total) via g-tube 2 (two) times a day.

OLANZapine (ZyPREXA) 10 mg tablet (Started 7/25/2023)

Take 1 tablet (10 mg total) via g-tube 2 (two) times a day.

insulin lispro (HumaLOG) 100 unit/mL injection (Started 7/25/2023)

Inject 1-6 Units under the skin 4 (four) times a day (with meals and nightly). -Administer within 15 minutes of a meal

nicotine (NICODERM CQ) 14 mg/24 hr (Started 7/26/2023)

Place 1 patch on the skin 1 (one) time each day.

valproate (DEPAKENE) 50 mg/mL syrup (Started 7/25/2023)

Take 20 mL (1,000 mg total) via g-tube 2 (two) times a day.

valproate (DEPAKENE) 50 mg/mL syrup (Started 7/25/2023)

Take 10 mL (500 mg total) via g-tube 1 (one) time each day.

divalproex (DEPAKOTE ER) 500 mg 24 hr tablet

Take 2 tablets (1,000 mg total) by mouth 2 (two) times a day. Do not crush, chew, or split. VIA PEG-TUBE

tamsulosin (FLOMAX) 0.4 mg 24 hr capsule

Take 1 capsule (0.4 mg total) by mouth 1 (one) time each day. Capsules should be taken 30 minutes following the same meal each day.

ascorbic acid (VITAMIN C) 500 mg/5 mL syrup

Take 5 mL (500 mg total) by mouth 1 (one) time each day.

clonazePAM (KlonoPIN) 1 mg tablet

Take 1 tablet (1 mg total) by mouth at bedtime.

nut.tx.gluc intol,lf,soy/fiber (GLUCERNA 1 CAL ORAL)

Take by mouth continuously. VIA PEG-TUBE

morphine 0.2 mg/0.5 mL oral solution

if needed for severe pain.

Active Problems

Problem Noted Date Diagnosed Date

Aggressive behavior 06/21/2023

Immunizations

Oxygen Therapy (Performed 7/7/2023)
Oxygen Therapy (Performed 7/7/2023)
SUPRAPUBIC CATHETER PLACEMENT

Performed for Flaccid neuropathic bladder, not elsewhere classified

Moderna SARS-CoV-2 COVID-19, mRNA, LNP-S, preservative free (Given 6/22/2021, 5/25/2021)

| Widderna SARS-COV-2 COVID | - 19, IIIKNA, LINP-3, preservative | e free (Given 6/22 | 2/2021, 3/23/20 | 21) |
|--|------------------------------------|--------------------|-----------------|------------------------|
| Social History | | | | |
| Tobacco Use | Types | Packs/Day | Years Used | Date |
| Smoking Tobacco: Former | Cigarettes | 1 | 12.2 | Started: 2013 |
| Passive Smoke Exposure: Past | | | | |
| Smokeless Tobacco: Never | | | | |
| | | | | |
| Alcohol Use | Standard Drinks/Week | | | |
| Not Currently | 0 (1 standard drink = 0.6 oz pu | re alcohol) | | |
| Sex and Gender Information | | Value | | Date Recorded |
| Sex Assigned at Birth | | Not on file | | |
| Legal Sex | | Male | | 06/21/2023 5:34 PM EDT |
| Gender Identity | | Not on file | | |
| Sexual Orientation | | Not on file | | |
| Last Filad Vital Signs | | | | |
| Last Filed Vital Signs | | | | _ |
| Vital Sign | Reading | Time Taken | | Comments |
| Blood Pressure | 115/78 | 10/26/2023 11: | | |
| Pulse | 92 | 10/26/2023 11: | | |
| Temperature | 36 °C (96.8 °F) | 10/26/2023 11: | | |
| Respiratory Rate | 16 | 10/26/2023 11: | | |
| Oxygen Saturation | 96% | 10/26/2023 11: | 15 PM EDI | |
| Inhaled Oxygen Concentration | - | - | | |
| Weight | 77.1 kg (170 lb) | 01/08/2024 10: | | |
| Height | 182.9 cm (6' 0.01") | 01/08/2024 10: | | |
| Body Mass Index | 23.05 | 01/08/2024 10: | 00 AM EST | |
| Procedures | | | | |
| Oxygen Therapy (Performed 7, | /10/2023) | | | |
| Oxygen Therapy (Performed 7) | | | | |
| | | | | |
| Oxygen Therapy (Performed 7, | • | | | |
| Oxygen Therapy (Performed 7, Oxygen Therapy (Performed 7, Oxygen Therapy (Performed 7, | /9/2023) | | | |

| (ABNORMAL) POCT G | | Det | | A 10 a l a ! - | | |
|---|--|--|--|---|---|---|
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 163 (H) | 70 - 110 mg/dL | | 07/26/2023 11:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Laterality | ocation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary bloc specimen / U | | | | 3 11:19 AM | 07/26/2023 11:20 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider S Maan MD | Result Type LAB POINT O TEST DOCKED UNSOLICITED | DEVICE | Result Status Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nui | mber | |
| TRINITY HEALTH | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) POCT G | LUCOSE BLO | | | - Final result | | 6:18 AM EDT) |
| LABORATORY (SMLI) (ABNORMAL) POCT G | | OD (POCT Ref | GLUCOSE, BLOOD) | - Final result Analysis | (07/26/2023 | • |
| LABORATORY (SMLI) | Value 115 (H) | OD (POCT | | - Final result | (07/26/2023 Performed At | 6:18 AM EDT) Pathologist Signature |
| (ABNORMAL) POCT G Component Glucose POCT | Value 115 (H) Anatomical L | OD (POCT Ref Range 70 - 110 mg/dL | GLUCOSE, BLOOD) Test Method Collection Method / | - Final result Analysis Time 07/26/2023 6:18 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature |
| (ABNORMAL) POCT G Component | Value 115 (H) | OD (POCT Ref Range 70 - 110 mg/dL | GLUCOSE, BLOOD) Test Method | - Final result Analysis Time 07/26/2023 6:18 AM EDT | (07/26/2023 Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| (ABNORMAL) POCT G Component Glucose POCT | Value 115 (H) Anatomical Laterality Capillary block | OD (POCT Ref Range 70 - 110 mg/dL | GLUCOSE, BLOOD) Test Method Collection Method / | - Final result Analysis Time 07/26/2023 6:18 AM EDT | (07/26/2023 Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) Blood Narrative | Value 115 (H) Anatomical Laterality Capillary bloc specimen / U | OD (POCT Ref Range 70 - 110 mg/dL | GLUCOSE, BLOOD) Test Method Collection Method / Volume | - Final result Analysis Time 07/26/2023 6:18 AM EDT | (07/26/2023 Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) Blood | Value 115 (H) Anatomical Laterality Capillary block | OD (POCT Ref Range 70 - 110 mg/dL ocation / od nknown | GLUCOSE, BLOOD) Test Method Collection Method / | - Final result Analysis Time 07/26/2023 6:18 AM EDT | (07/26/2023 Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider | Anatomical Laterality Capillary bloc specimen / U Result Type LAB POINT O TEST DOCKER UNSOLICITED | OD (POCT Ref Range 70 - 110 mg/dL ocation / od nknown | GLUCOSE, BLOOD) Test Method Collection Method / Volume Result Status | - Final result Analysis Time 07/26/2023 6:18 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 6:18 AM EDT | Pathologist Signature Received Time |

(ABNORMAL) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/25/2023 8:58 PM EDT)

| | | Ref | | Analysis | | |
|---------------------------------------|------------------------------|-----------|----------------------------|----------------|------------------------|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 131 (H) | 70 - 110 | | 07/25/2023 | TRINITY | |
| | | mg/dL | | 8:59 PM | HEALTH | |
| | | | | EDT | LIVONIA | |
| | | | | | HOSPITAL LABORATORY | |
| | | | | | (SMLI) | |
| | Anatomical Lo | ocation / | Collection Method / | | (52.) | |
| Specimen (Source) | Laterality | - | Volume | Collection | Time | Received Time |
| Blood | Capillary bloo | | | 07/25/202 | 3 8:58 PM EDT | 07/25/2023 9:00 PM EDT |
| | specimen / Ur | nknown | | | | |
| Narrative | | | | | | |
| Ivairative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB POINT O | | Final Result | | | |
| | TEST DOCKED | | | | | |
| | UNSOLICITED | RESULIS | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nui | mber | |
| TRINITY HEALTH | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| LIVONIA HOSPITAL | | | | | | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| (ABNORMAL) POCT G | LUCOSE BLO | OD (POCT | GLUCOSE, BLOOD) | - Final result | (07/25/2023 | 4:49 PM EDT) |
| (| | Ref | | Analysis | (01, 10, 1010 | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 130 (H) | 70 - 110 | | 07/25/2023 | TRINITY | |
| | | mg/dL | | 4:50 PM | HEALTH | |
| | | | | EDT | LIVONIA HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | | | | | | |
| (C) | Anatomical Lo | ocation / | Collection Method / | C - IIti | T: | Deceived Time |
| Specimen (Source) Blood | Laterality | . d | Volume | Collection | | Received Time |
| DIOOG | Capillary bloo specimen / Ur | | | 07/25/202 | 3 4.49 PIVI EDI | 07/25/2023 4:51 PM EDT |
| | specimen, or | THE TOWN | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizina Dravidar | Docult Turns | | Pocult Status | | | |
| Authorizing Provider S Maan MD | Result Type LAB POINT O | E CADE | Result Status Final Result | | | |
| S IVIAAII IVID | TEST DOCKED | | i iiiai Nesuil | | | |
| | UNSOLICITED | | | | | |
| | | | | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nui | | |
| TRINITY HEALTH | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| LIVONIA HOSPITAL LABORATORY (SMLI) | | | | | | |
| D. DOTO (TOTAL (SIVILI) | | | | | | |
| | | | | | | |

(ABNORMAL) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/25/2023 12:28 PM EDT)

| | | Ref | | Analysis | | |
|---|---------------------------------------|----------------------|----------------------------|-------------------------------|---|----------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 142 (H) | 70 - 110 mg/dL | | 07/25/2023 12:29 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| | Anatomical Lo | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Un | | | 07/25/2023 EDT | 23 12:28 PM | 07/25/2023 12:30 PM EDT |
| Narrative | | | | | | |
| Authorizing Provider S Maan MD | Result Type LAB POINT OF | | Result Status Final Result | | | |
| Performing Organization | TEST DOCKED UNSOLICITED Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-48 | | |
| (ABNORMAL) CBC W/ AM EDT) | | RENTIAL (Ref | (CBC WITH AUTO DIF | FFERENTIAL) Analysis | - Final resul | t (07/25/2023 9:33 |
| Component | | | Test Method | Time | Performed At | t Pathologist Signature |
| WBC | 13.1 (H) | 3.6 - 11.1 | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM | | Tuttlologist olgrides. |

| | | Ref | | Analysis | |
|------------|----------|--------------------------|--------------------------|------------------------------|---|
| Component | Value | Range | Test Method | Time | Performed At Pathologist Signature |
| WBC | 13.1 (H) | 3.6 - 11.1 K/mcL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| RBC | 4.17 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Hemoglobin | 12.3 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Hematocrit | 39.3 | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| MCV | 94.2 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|-----------------------------------|----------|--------------------------|--------------------------|------------------------------|---|-----------------------|
| MCHC | 31.3 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 15.3 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 403 | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Relative | 61.3 | 43.3 - 80.0 % | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Relative | 0.6 | 0.0 - 3.0 % | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Relative | 19.8 | 15.0 - 45.0 % | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Relative | 12.7 (H) | 4.6 - 12.4 % | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Relative | 5.2 (H) | 0.0 - 5.0 % | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Relative | 0.4 | 0.0 - 2.0 % | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Absolute | 8.05 (H) | 1.90 - 7.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|--|--------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Immature Granulocytes Absolute | 0.08 | 0.00 - 0.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Absolute | 2.60 | 0.80 - 3.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Absolute | 1.66 (H) | 0.20 - 0.80 K/ mcL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Absolute | 0.68 (H) | 0.00 - 0.50 K/ mcL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Absolute | 0.05 | 0.00 - 0.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Venous blood specimen / U | | | n 07/25/2023 | 3 9:33 AM EDT | 07/25/2023 9:45 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider R Akaraz-Avedissian MD | Result Type LAB BLOOD ORDERABLES | | Result Status Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| | | | | | | |

(ABNORMAL) COMPREHENSIVE METABOLIC PANEL - Final result (07/25/2023 9:33 AM EDT)

| | | Ref | | Analysis | | |
|---------------------------|------------------|---------------------------|--------------------------|-------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Sodium | 142 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Potassium | 4.1 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Chloride | 103 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| CO2 | 32 (H) | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 7 | 3 - 11 | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 129 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 19 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.59 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 110 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| equation refit without ad | ljustment for ra | ace. | based on the Chronic Kid | | | IIADUIALIUII (CKD-EPI) |
| BUN/Creatinine Ratio | 32.2 | >=0.0 | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|------------------------------|---------------------|-------------------------------|-------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Calcium | 8.3 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| AST (SGOT) | 18 | 13 - 39 unit/L | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| ALT (SGPT) | 12 | 7 - 52 unit/L | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Alkaline Phosphatase | 83 | 27 - 120 unit/L | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Total Protein | 6.2 | 6.1 - 7.9 g/dL | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Albumin | 2.7 (L) | 3.5 - 5.7 g/dL | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Total Bilirubin | 0.4 | 0.3 - 1.0 mg/dL | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Laterality | ocation / | Collection Method / Volume | Collection | Timo | Received Time |
| Blood | Venous blood specimen / U | | | | | 07/25/2023 9:45 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB BLOOD ORDERABLES | , | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| | | | | | | |

POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/25/2023 6:43 AM EDT)

| | | Ref | l | Analysis | 5 C - 1 A+ | 5 11 1 1 1 C' - strong |
|---|--------------------------------|---|--|---|--|--------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 108 | 70 - 110 | | 07/25/2023 6:43 AM | TRINITY HEALTH | |
| | | mg/dL | | 6:43 AM EDT | LIVONIA | |
| | | | | LDI | HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | Anatomical Loc | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | Time | Received Time |
| Blood | Capillary blood | | | 07/25/2023 | 3 6:43 AM EDT | 07/25/2023 6:44 AM EDT |
| | specimen / Un | known | | | | |
| | | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB POINT OF | CARF | Final Result | | | |
| J WIGGIT WID | TEST DOCKED | _ | Tillai Nesait | | | |
| | UNSOLICITED | | | | | |
| | - | | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | nber | |
| TRINITY HEALTH | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-48 | | |
| | | • - | | | | |
| LIVONIA HOSPITAL | | | | | | |
| LIVONIA HOSPITAL LABORATORY (SMLI) | | | | | | |
| | YSIS WITH MI | ICROSCOI Ref | PIC - Final result (07/2 | | 0 AM EDT) | |
| (ABNORMAL) URINAL | YSIS WITH MI Value | Ref | PIC - Final result (07/2 | Analysis | - | t Pathologist Signature |
| Laboratory (SMLI) | | | | Analysis Time 07/25/2023 6:48 AM | Performed A 3 TRINITY HEALTH | nt Pathologist Signature |
| (ABNORMAL) URINALY Component | Value | Ref Range | Test Method LAB URINALYSIS - | Analysis Time 07/25/2023 | Performed A TRINITY HEALTH LIVONIA | .t Pathologist Signature |
| (ABNORMAL) URINALY Component | Value | Ref Range | Test Method LAB URINALYSIS - | Analysis Time 07/25/2023 6:48 AM | Performed A TRINITY HEALTH LIVONIA HOSPITAL | |
| (ABNORMAL) URINALY Component | Value | Ref Range | Test Method LAB URINALYSIS - | Analysis Time 07/25/2023 6:48 AM | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR | |
| (ABNORMAL) URINALY Component Color, Urine | Value Amber | Ref Range Yellow | Test Method LAB URINALYSIS - AUTOMATED METHOD | Analysis Time 07/25/2023 6:48 AM EDT | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) | |
| (ABNORMAL) URINALY Component | Value | Ref Range | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - | Analysis Time 07/25/2023 6:48 AM EDT | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY | |
| (ABNORMAL) URINALY Component Color, Urine | Value Amber | Ref Range Yellow | Test Method LAB URINALYSIS - AUTOMATED METHOD | Analysis Time 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH | |
| (ABNORMAL) URINALY Component Color, Urine | Value Amber | Ref Range Yellow | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - | Analysis Time 07/25/2023 6:48 AM EDT | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LIVONIA | |
| (ABNORMAL) URINALY Component Color, Urine | Value Amber | Ref Range Yellow | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - | Analysis Time 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LIVONIA HOSPITAL | Y |
| (ABNORMAL) URINALY Component Color, Urine | Value Amber | Ref Range Yellow | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - | Analysis Time 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATOR | Y |
| (ABNORMAL) URINALY Component Color, Urine Clarity, Urine | Value Amber Cloudy (A) | Ref Range Yellow | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - AUTOMATED METHOD | Analysis Time 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) | Y |
| (ABNORMAL) URINALY Component Color, Urine | Value Amber | Ref Range Yellow | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - | Analysis Time 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) | Y |
| (ABNORMAL) URINALY Component Color, Urine Clarity, Urine | Value Amber Cloudy (A) | Ref Range Yellow Clear | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - AUTOMATED METHOD | Analysis Time 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY SPITAL LABORATOR (SMLI) TRINITY | Y |
| (ABNORMAL) URINALY Component Color, Urine Clarity, Urine | Value Amber Cloudy (A) | Ref Range Yellow Clear | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - AUTOMATED METHOD | Analysis Time 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LIVONIA HOSPITAL | Y |
| (ABNORMAL) URINALY Component Color, Urine Clarity, Urine | Value Amber Cloudy (A) | Ref Range Yellow Clear | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - AUTOMATED METHOD | Analysis Time 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATOR | Y |
| (ABNORMAL) URINALY Component Color, Urine Clarity, Urine Specific Gravity Urine | Value Amber Cloudy (A) 1.019 | Ref Range Yellow Clear | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - AUTOMATED METHOD | Analysis Time 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) | Y |
| (ABNORMAL) URINALY Component Color, Urine Clarity, Urine | Value Amber Cloudy (A) | Ref Range Yellow Clear 1.005 - 1.030 | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - AUTOMATED METHOD | Analysis Time 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY | Y |
| (ABNORMAL) URINALY Component Color, Urine Clarity, Urine Specific Gravity Urine | Value Amber Cloudy (A) 1.019 | Ref Range Yellow Clear | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - AUTOMATED METHOD | Analysis Time 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LABORATOR (SMLI) | Y |
| (ABNORMAL) URINALY Component Color, Urine Clarity, Urine Specific Gravity Urine | Value Amber Cloudy (A) 1.019 | Ref Range Yellow Clear 1.005 - 1.030 | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - AUTOMATED METHOD | Analysis Time 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY | Y |

Negative LAB URINALYSIS -

AUTOMATED METHOD

Positive (A)

Leukocytes, Urine

LABORATORY

(SMLI)

HEALTH

LIVONIA HOSPITAL LABORATORY

(SMLI)

07/25/2023 TRINITY

6:48 AM

EDT

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At Pathologist Signature |
|---------------------|----------|---------------------------|--------------------------------------|------------------------------|---|
| Nitrite, Urine | Negative | | LAB URINALYSIS - AUTOMATED METHOD | 07/25/2023 6:48 AM EDT | |
| Protein, Urine | 1+ (A) | Negative mg/dL | LAB URINALYSIS - AUTOMATED METHOD | 07/25/2023 6:48 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Glucose, Urine | Negative | Negative mg/dL | LAB URINALYSIS - AUTOMATED METHOD | 07/25/2023 6:48 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Ketones, Urine | Negative | Negative mg/dL | LAB URINALYSIS - AUTOMATED METHOD | 07/25/2023 6:48 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Urobilinogen, Urine | 2.0 (A) | Normal (<2.0) mg/dL | LAB URINALYSIS - AUTOMATED METHOD | 07/25/2023 6:48 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Bilirubin, Urine | Negative | Negative | LAB URINALYSIS - AUTOMATED METHOD | 07/25/2023 6:48 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Blood, Urine | 3+ (A) | Negative eryth/ mcL | LAB URINALYSIS - AUTOMATED METHOD | 07/25/2023 6:48 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| RBC, Urine | >50 (A) | 0 - 2 / HPF | LAB URINALYSIS - AUTOMATED METHOD | 07/25/2023 6:48 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| WBC, Urine | >50 (A) | 0 - 2 / HPF | LAB URINALYSIS - AUTOMATED METHOD | 07/25/2023 6:48 AM EDT | |
| Bacteria, Urine | 1+ (A) | None / HPF | LAB URINALYSIS - AUTOMATED METHOD | 07/25/2023 6:48 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |

| | | Ref | | Analysis | | |
|---|--------------------------|--------------------|--------------------------------------|-------------------------------|--|---|
| Component | Value | Range | Test Method | Time | Performed A | At Pathologist Signature |
| Mucus, Urine | Present (A) | HPF | LAB URINALYSIS - AUTOMATED METHOD | 07/25/2023 6:48 AM EDT | R TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) | ΥΥ |
| Chariman (Caura) | Anatomical Lo | cation / | Collection Method / Volume | Collection 7 | Timo o | Descrived Time |
| Specimen (Source) Urine | Laterality Urine specime | n from | Non-blood Collection / | | | Received Time 07/25/2023 6:17 AM EDT |
| Office | urinary condu Unknown | | Unknown | 01,23,2023 | 7 0.00 7 (17) 2.51 | 0172372023 0.17 7111 231 |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB URINE OF | RDERABLES | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nher | |
| TRINITY HEALTH | 36475 Five Mi | le Road | Livonia, MI 48154 | 734-655-48 | | |
| LIVONIA HOSPITAL LABORATORY (SMLI) | 3047311001011 | ic Rodd | Livoliia, Wii 40134 | 734 033 40 | | |
| | | | | | | |
| PHOSPHORUS - Final re | sult (07/25/20 |)23 12:02 . Ref | AM EDT) | Analysis | | |
| Component | Value | | Test Method | Time | Performed At | Pathologist Signature |
| Phosphorus | 3.7 | 2.4 - 4.6 mg/dL | LAB CHEMISTRY METHOD | 07/25/2023 12:41 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| | Anatomical Lo | cation / | Collection Method / | C II .: 3 | - · | D : 17 |
| Specimen (Source) Blood | Laterality Venous blood | | Volume Venipuncture / Unknow | Collection 7 | | Received Time 07/25/2023 12:09 AM |
| ыоод | specimen / Ur | | venipuncture / Onknow | EDT | 12.UZ AIVI | EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | le Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| | | | | | | |
| MAGNESIUM - Final resi | ult (07/25/202 | 23 12:02 A Ref | M EDT) | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Magnesium | 1.8 | 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 07/25/2023 12:41 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |

| | Anatomical Location / | | Collection Method / | | | |
|--|------------------------------------|--------------|--|------------------------------|---------------------|----------------------------|
| Specimen (Source) | Laterality | | Volume | Collection | Time | Received Time |
| Blood | Venous blood specimen / Unl | known | Venipuncture / Unknow | n 07/25/2023 12:02 AM EDT | | 07/25/2023 12:09 AM EDT |
| Narrative | | | | | | |
| Namative | | | | | | |
| Authorizing Provider | Posult Type | | Result Status | | | |
| Authorizing Provider R Akaraz-Avedissian MD | Result Type LAB BLOOD ORDERABLES | | Final Result | | | |
| IV AKaraz-Avedissian MD | | | i iliai Nesuit | | | |
| | | | | | | |
| Performing Organization TRINITY HEALTH | Address 36475 Five Mile | o Dood | City/State/ZIP Code Livonia, MI 48154 | Phone Nur | | |
| LIVONIA HOSPITAL LABORATORY (SMLI) | 30473 FIVE WIII | e Roau | LIVOTIIa, IVII 40134 | 734-655-4 | 000 | |
| | | | | | | |
| (ABNORMAL) POCT GI | LUCOSE BLOO | | | | (07/24/2023 | 8:23 PM EDT) |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 142 (H) | 70 - 110 | | 07/24/2023 | | J - 1 - 9 - 0.00.0 |
| | | mg/dL | | 8:23 PM | HEALTH | |
| | | | | EDT | LIVONIA HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | Anatomical Loc | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | cation / | Volume | Collection Time | | Received Time |
| Blood | Capillary blood | | | 07/24/2023 8:23 PM EDT | | 07/24/2023 8:24 PM EDT |
| | specimen / Unl | known | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB POINT OF | CARE | Final Result | | | |
| | TEST DOCKED | | | | | |
| | UNSOLICITED F | RESULTS | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| LIVONIA HOSPITAL | | | | | | |
| Laboratory (SMLI) | | | | | | |
| | | | | | | |
| (ABNORMAL) POCT GI | LUCOSE BLOO | = | | | (07/24/2023 | 4:41 PM EDT) |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed A+ | Pathologist Signature |
| Glucose POCT | 111 (H) | 70 - 110 | | 07/24/2023 | | r atmologist signature |
| GIUCOSC I OCT | (11) | mg/dL | | 4:42 PM | HEALTH | |
| | | J. | | EDT | LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATORY (SMLI) | |
| | | | | | (311121) | |
| 6 | Anatomical Loc | cation / | Collection Method / | C 11 .: | T : | D : 1- |
| Specimen (Source) Blood | Laterality Capillary blood | · | Volume | Collection | | Received Time |
| שוטטע | specimen / Unl | | | 07/24/2023 4:41 PM EDT | | 01/24/2023 4.43 FIVI EDI |
| | • | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| | | | | | | |

| Authorizing Provider | Result Type | | Result Status | | | |
|---|--|-------------------|-------------------------------|------------------------------|---|------------------------|
| S Maan MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| POCT GLUCOSE BLOOD | | Ref | | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 86 | 70 - 110 mg/dL | | 07/24/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Un | | | | | 07/24/2023 6:39 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| (ABNORMAL) POCT GI | LUCOSE BLOC | OD (POCT Ref | GLUCOSE, BLOOD) - | Final result Analysis | (07/23/2023 | 8:51 PM EDT) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 141 (H) | 70 - 110 mg/dL | | 07/23/2023 9:39 PM EDT | | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Un | | | | | 07/23/2023 9:40 PM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| | | | | | | |

| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
|--|---|---|---|--|---|--|
| TRINITY HEALTH | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| LIVONIA HOSPITAL LABORATORY (SMLI) | | | | | | |
| LADURATURT (SIVILI) | | | | | | |
| l | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GLUCO | SE, BLOO Ref | D) - Final result (07/23 | 3/2023 5:26 P Analysis | PM EDT) | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 95 | 70 - 110 | | | TRINITY | <u> </u> |
| | | mg/dL | | 5:26 PM EDT | HEALTH LIVONIA | |
| | | | | LDI | HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | Anatomical Loc | cation / | Collection Method / | | | |
| Specimen (Source) Blood | Laterality Capillary blood | | Volume | Collection | | Received Time 07/23/2023 5:27 PM EDT |
| ыооа | specimen / Unl | | | 01/23/202 | 3 3.20 PIVI EDI | 07/23/2023 3.27 PIVI EDI |
| | • | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB POINT OF TEST DOCKED | | Final Result | | | |
| | UNSOLICITED I | | | | | |
| Danfannsina Onnaninatian | A -1 -1 u | | City / Ctata / 7ID Cada | Dle e e e Niver | | |
| Performing Organization TRINITY HEALTH | 36475 Five Mile Road | | City/State/ZIP Code Livonia, MI 48154 | Phone Nur 734-655-4 | | |
| LIVONIA HOSPITAL | 30473 Tive Will | c Road | Livoina, ivii 40154 | | | |
| | | | | | | |
| LABORATORY (SMLI) | | | | | | |
| Laboratory (SMLI) | | | | | | |
| LABORATORY (SMLI) (ABNORMAL) POCT G | LUCOSE BLOO | D (POCT | GLUCOSE, BLOOD) - | Final result | (07/23/2023 | 11:48 AM EDT) |
| (ABNORMAL) POCT G | | Ref | | Analysis | | |
| (ABNORMAL) POCT G | Value | Ref Range | GLUCOSE, BLOOD) - Test Method | Analysis Time | Performed At | 11:48 AM EDT) Pathologist Signature |
| (ABNORMAL) POCT G | | Ref | | Analysis Time 07/23/2023 11:49 AM | Performed At TRINITY HEALTH | |
| (ABNORMAL) POCT G | Value | Ref Range 70 - 110 | | Analysis Time 07/23/2023 | Performed At TRINITY HEALTH LIVONIA | |
| (ABNORMAL) POCT G | Value | Ref Range 70 - 110 | | Analysis Time 07/23/2023 11:49 AM | Performed At TRINITY HEALTH | |
| (ABNORMAL) POCT G | Value | Ref Range 70 - 110 | | Analysis Time 07/23/2023 11:49 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL | |
| (ABNORMAL) POCT G | Value 163 (H) | Ref Range 70 - 110 mg/dL | Test Method | Analysis Time 07/23/2023 11:49 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |
| (ABNORMAL) POCT G | Value | Ref Range 70 - 110 mg/dL | | Analysis Time 07/23/2023 11:49 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| (ABNORMAL) POCT G Component Glucose POCT | Value 163 (H) Anatomical Local Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/23/2023 11:49 AM EDT Collection 07/23/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature Received Time 07/23/2023 11:50 AM |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) | Value 163 (H) Anatomical Local Laterality | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/23/2023 11:49 AM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature Received Time |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) | Value 163 (H) Anatomical Local Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/23/2023 11:49 AM EDT Collection 07/23/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature Received Time 07/23/2023 11:50 AM |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) Blood | Value 163 (H) Anatomical Local Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/23/2023 11:49 AM EDT Collection 07/23/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature Received Time 07/23/2023 11:50 AM |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) Blood Narrative | Anatomical Loc Laterality Capillary blood specimen / Uni | Ref Range 70 - 110 mg/dL | Test Method Collection Method / Volume | Analysis Time 07/23/2023 11:49 AM EDT Collection 07/23/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature Received Time 07/23/2023 11:50 AM |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) Blood | Value 163 (H) Anatomical Local Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/23/2023 11:49 AM EDT Collection 07/23/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature Received Time 07/23/2023 11:50 AM |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider | Anatomical Loc Laterality Capillary blood specimen / Uni Result Type LAB POINT OF TEST DOCKED | Ref Range 70 - 110 mg/dL cation / d known | Test Method Collection Method / Volume Result Status | Analysis Time 07/23/2023 11:49 AM EDT Collection 07/23/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature Received Time 07/23/2023 11:50 AM |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider | Anatomical Loc Laterality Capillary blood specimen / Unl | Ref Range 70 - 110 mg/dL cation / d known | Test Method Collection Method / Volume Result Status | Analysis Time 07/23/2023 11:49 AM EDT Collection 07/23/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature Received Time 07/23/2023 11:50 AM |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider | Anatomical Loc Laterality Capillary blood specimen / Uni Result Type LAB POINT OF TEST DOCKED UNSOLICITED I | Ref Range 70 - 110 mg/dL cation / d known | Test Method Collection Method / Volume Result Status | Analysis Time 07/23/2023 11:49 AM EDT Collection 07/23/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 11:48 AM | Pathologist Signature Received Time 07/23/2023 11:50 AM |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider S Maan MD Performing Organization TRINITY HEALTH | Anatomical Loc Laterality Capillary blood specimen / Uni Result Type LAB POINT OF TEST DOCKED UNSOLICITED I | Ref Range 70 - 110 mg/dL cation / d known | Collection Method / Volume Result Status Final Result | Analysis Time 07/23/2023 11:49 AM EDT Collection 07/23/202: EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 11:48 AM | Pathologist Signature Received Time 07/23/2023 11:50 AM |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider S Maan MD Performing Organization TRINITY HEALTH LIVONIA HOSPITAL | Anatomical Loc Laterality Capillary blood specimen / Unl Result Type LAB POINT OF TEST DOCKED UNSOLICITED I | Ref Range 70 - 110 mg/dL cation / d known | Test Method Collection Method / Volume Result Status Final Result City/State/ZIP Code | Analysis Time 07/23/2023 11:49 AM EDT Collection 07/23/202: EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 11:48 AM | Pathologist Signature Received Time 07/23/2023 11:50 AM |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider S Maan MD Performing Organization TRINITY HEALTH | Anatomical Loc Laterality Capillary blood specimen / Unl Result Type LAB POINT OF TEST DOCKED UNSOLICITED I | Ref Range 70 - 110 mg/dL cation / d known | Test Method Collection Method / Volume Result Status Final Result City/State/ZIP Code | Analysis Time 07/23/2023 11:49 AM EDT Collection 07/23/202: EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 11:48 AM | Pathologist Signature Received Time 07/23/2023 11:50 AM |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider S Maan MD Performing Organization TRINITY HEALTH LIVONIA HOSPITAL | Anatomical Loc Laterality Capillary blood specimen / Unl Result Type LAB POINT OF TEST DOCKED UNSOLICITED I Address 36475 Five Mile | Ref Range 70 - 110 mg/dL cation / d known | Collection Method / Volume Result Status Final Result City/State/ZIP Code Livonia, MI 48154 | Analysis Time 07/23/2023 11:49 AM EDT Collection 07/23/202: EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 11:48 AM | Pathologist Signature Received Time 07/23/2023 11:50 AM |

| | | Ref | | Analysis | | |
|---|------------------------------|---------------------------|---------------------------------|---|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Ammonia | 37 | 16 - 53 | LAB CHEMISTRY METHOD | 07/23/2023 8:50 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |
| Specimen (Source) | Anatomical L Laterality | _ocation / | Collection Method / Volume | Collection ⁻ | (SMLI) | Received Time |
| Blood | Venous bloo | d d | | | | 07/23/2023 8:15 AM EDT |
| 2.000 | specimen / U | | 1011pa110ta , | ., | , | 07,23,2323 22 |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | S | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | 1ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| VALPROIC ACID TOTAL (| (VALPROIC A | CID LEVEL, Ref | , TOTAL) - Final result (0 |)7/23/2023 8: Analysis | :11 AM EDT) | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Valproic Acid Level | 53.6 | 50.0 - 100.0 mcg/mL | LAB CHEMISTRY METHOD | 07/23/2023 8:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| <u>-</u> | Anatomical L | _ocation / | Collection Method / | 70 | | |
| Specimen (Source) | Laterality | 1 | Volume Vaniounctura / Unknow | Collection 7 | | Received Time |
| Blood | Venous blood specimen / U | | Venipuncture / Olikilow | Venipuncture / Unknown 07/23/2023 8:11 AM EDT | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | S | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five N | 1ile Road | Livonia, MI 48154 | 734-655-48 | | |
| POCT GLUCOSE BLOOD |) (POCT GLU(| COSE, BLOC | OD) - Final result (07/23 | 3/2023 7:41 A Analysis | vm EDT) | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 97 | 70 - 110 mg/dL | | 7:42 AM EDT | | |

| | Anatomical Loc | cation / | Collection Method / | | | |
|---------------------------------------|-------------------------------|----------|---------------------|------------------------|---------------------|------------------------|
| Specimen (Source) | Laterality | , | Volume | Collection | Time | Received Time |
| Blood | Capillary blood | | | 07/23/202 | 3 7:41 AM EDT | 07/23/2023 7:43 AM EDT |
| | specimen / Un | known | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB POINT OF CARE | | Final Result | | | |
| | TEST DOCKED | | | | | |
| | UNSOLICITED | RESULIS | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nui | mber | |
| TRINITY HEALTH | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| LIVONIA HOSPITAL LABORATORY (SMLI) | | | | | | |
| EADORATORT (SIVILI) | | | | | | |
| / | | _ | | | /a= /aa /aaa | |
| (ABNORMAL) POCT G | LUCOSE BLOO | Ref | GLUCOSE, BLOOD) - | | (07/22/2023 | 9:30 PM EDT) |
| Component | Value | Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 133 (H) | 70 - 110 | | 07/22/2023 | | <u></u> |
| | | mg/dL | | 9:31 PM | HEALTH | |
| | | | | EDT | LIVONIA HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | Anatomical Lo | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection Time | | Received Time |
| Blood | Capillary blood | | | 07/22/2023 9:30 PM EDT | | 07/22/2023 9:32 PM EDT |
| | specimen / Un | known | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB POINT OF | | Final Result | | | |
| | TEST DOCKED UNSOLICITED | _ | | | | |
| | UNSOLICITED | KESULIS | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nui | mber | |
| TRINITY HEALTH | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| LIVONIA HOSPITAL LABORATORY (SMLI) | | | | | | |
| , | | | | | | |
| (ADMODIAL) BOST SI | III.COCE DI OO | D (DOST | CHICAGE BLOOD | - 1 | (07/00/0000 | 4.44.014.507) |
| (ABNORMAL) POCT G | LUCOSE BLOO | Ref | GLUCOSE, BLOOD) - | Analysis | (07/22/2023 | 4:44 PIVI EDI) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 125 (H) | 70 - 110 | | 07/22/2023 | | 3 3 |
| | | mg/dL | | 4:44 PM EDT | HEALTH LIVONIA | |
| | | | | נטו | HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | Anatomical Loc | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | _ | Volume | Collection Time | | Received Time |
| Blood | Capillary blood specimen / Un | | | 07/22/202 | 3 4:44 PM EDT | 07/22/2023 4:45 PM EDT |
| | specimen / Un | KIIUWII | | | | |
| Narrative | | | | | | |
| | | | | | | |

| | - 1 | | | | | | | |
|---|--|-------------------|-------------------------------|--------------------------------|---|-------------------------|--|--|
| Authorizing Provider | Result Type | | Result Status | | | | | |
| S Maan MD | LAB POINT OF TEST DOCKED UNSOLICITED | D DEVICE | Final Result | | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-48 | | | | |
| (ABNORMAL) POCT GI | LUCOSE BLO | OD (POCT Ref | · GLUCOSE, BLOOD) - | - Final result Analysis | (07/22/2023 | 12:46 PM EDT) | | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature | | |
| Glucose POCT | 146 (H) | 70 - 110 mg/dL | | 07/22/2023 12:47 PM EDT | | <u> </u> | | |
| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection ¹ | Time | Received Time | | |
| Blood | Capillary bloo | | VOIGITIC | | 23 12:46 PM | 07/22/2023 12:48 PM | | |
| ыооч | specimen / U | | | EDT |) 12. 4 0 1vi | EDT | | |
| Narrative | | | | | | | | |
| Narrative | | | | | | | | |
| | | | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | | | |
| S Maan MD | LAB POINT OF TEST DOCKED UNSOLICITED | D DEVICE | Final Result | | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mher | | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-48 | | | | |
| (ABNORMAL) CBC W/ AM EDT) | | Ref | | Analysis | | | | |
| Component | Value | | Test Method | Time | Performed At | t Pathologist Signature | | |
| WBC | 10.3 | | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | (| | |
| RBC | 4.15 (L) | | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | (| | |
| Hemoglobin | 12.0 (L) | | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA | | | |

HOSPITAL LABORATORY (SMLI)

| Component | Value | Ref Range | Test Method | Analysis Time | Parformed At | Pathologist Signature |
|-----------------------------------|----------|-------------------------|--------------------------|------------------------------|---|------------------------|
| Hematocrit | 38.8 | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Tatriologist Signature |
| MCV | 93.5 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCHC | 30.9 (L) | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 14.6 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 452 (H) | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Relative | 48.8 | 43.3 - 80.0 % | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Relative | 0.6 | 0.0 - 3.0 % | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Relative | 33.9 | 15.0 - 45.0 % | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Relative | 11.9 | 4.6 - 12.4 % | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Relative | 4.3 | 0.0 - 5.0 % | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|-----------------------------------|------------------------------|--------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Basophils Relative | 0.5 | 0.0 - 2.0 % | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Absolute | 5.05 | 1.90 - 7.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Absolute | 0.06 | 0.00 - 0.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Absolute | 3.51 (H) | 0.80 - 3.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Absolute | 1.23 (H) | 0.20 - 0.80 K/ mcL | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Absolute | 0.44 | 0.00 - 0.50 K/ mcL | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Absolute | 0.05 | 0.00 - 0.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Venous blood specimen / U | | | | | 07/22/2023 7:12 AM EDT |
| Narrative | | | | | | |
| | | | | | | |

| Authorizing Provider | Result Type | | Result Status | | | |
|--|-----------------------------|--------------------|-------------------------------|------------------------------|----------------------|---|
| R Akaraz-Avedissian MD | LAB BLOOD | | Final Result | | | |
| | ORDERABLES | ı | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | | |
| LIVONIA HOSPITAL | | | | | | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| PHOSPHORUS - Final re | sult (07/22/2 | | AM EDT) | | | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Phosphorus | 3.3 | 2.4 - 4.6 | | 07/22/2023 | TRINITY | Fathologist Signature |
| | 5.5 | mg/dL | METHOD | 7:49 AM | HEALTH | |
| | | | | EDT | LIVONIA HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | Anatomical | - cation / | Callastian Mathod / | | | |
| Specimen (Source) | Anatomical Lo Laterality | Scation / | Collection Method / Volume | Collection 1 | Time | Received Time |
| Blood | Venous blood | | | | | 07/22/2023 7:12 AM EDT |
| | specimen / U | nknown | | | | |
| Narrative | | | | | | |
| Ivaliative | | | | | | |
| t d 11 Budden | D 1: T | | D. H. C. I | | | |
| Authorizing Provider R Akaraz-Avedissian MD | Result Type LAB BLOOD | | Result Status Final Result | | | |
| K AKdidz-Aveuissiaii ivid | ORDERABLES | | rillai Kesuit | | | |
| | | | | | | |
| Performing Organization | | ·" Deed | City/State/ZIP Code | Phone Num | | |
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five M | ile Koau | Livonia, MI 48154 | 734-655-48 | 300 | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| MAGNESIUM - Final resu | ult (07/22/20 | 23 7:05 A | M EDT) | | | |
| | , , , , | Ref | ., | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Magnesium | 2.1 | 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 07/22/2023 7:49 AM | TRINITY HEALTH | |
| | | mg/aL | WILTHOU | EDT | LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATORY (SMLI) | |
| | | | | | (3 | |
| Consideran (Course) | Anatomical Lo | ocation / | Collection Method / | Callection : | T: | Density of Times |
| Specimen (Source) Blood | Laterality Venous blood | 4 | Volume Venipuncture / Unknown | Collection 1 n 07/22/2023 | | Received Time 07/22/2023 7:12 AM EDT |
| Diood | specimen / U | | veriipunetare / Ontro | 1 01/22/2020 |) 1.03 / ((v) LD. | 01/22/2025 1.12 / 1.11 25 . |
| A1 | | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB BLOOD ORDERABLES | • | Final Result | | | |
| | OUDTIVUDEES | | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| LIVONIA HOSPITAL LABORATORY (SMLI) | | | | | | |
| <u> </u> | | | | | | |

| (ABNORMAL) COMF | | Ref | | Analysis | | |
|--|----------|---------------------------|-------------------------|------------------------------|--|-----------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Sodium | 140 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Potassium | 4.8 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Chloride | 105 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| CO2 | 28 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 7 | 3 - 11 | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 90 | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 19 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.54 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 113 | >=60 mL/min/ 1.73m2 | | 07/22/2023 7:47 AM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective C equation refit without | | | based on the Chronic k | Kidney Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 35.2 | >=0.0 | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | - 6 | |
|---|------------------------------|---------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Calcium | 8.2 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| AST (SGOT) | 23 | 13 - 39 unit/L | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| ALT (SGPT) | 9 | 7 - 52 unit/L | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Alkaline Phosphatase | 78 | 27 - 120 unit/L | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Total Protein | 6.3 | 6.1 - 7.9 g/dL | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Albumin | 2.7 (L) | 3.5 - 5.7 g/dL | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Total Bilirubin | 0.3 | 0.3 - 1.0 mg/dL | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | | Received Time |
| Blood | Venous blood specimen / U | | | | | 07/22/2023 7:12 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| | | | | | | |

POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/22/2023 6:14 AM EDT)

| | | Ref | | Analysis | | |
|--|--|---|---|--|--|--------------------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 87 | 70 - 110 | | 07/22/2023 | TRINITY | |
| | | mg/dL | | 6:15 AM EDT | HEALTH LIVONIA | |
| | | | | LDI | HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Timo | Received Time |
| Blood | Capillary blood | | volume | | | 07/22/2023 6:16 AM EDT |
| Бюба | specimen / Unl | | | 01/22/202 | 3 0.14 AIVI LD1 | 01/22/2023 0.10 AW ED1 |
| | • | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF | - | Final Result | | | |
| | TEST DOCKED UNSOLICITED I | | | | | |
| | UNSOLICITED I | KESULIS | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| LIVONIA HOSPITAL | | | | | | |
| I A RODATODY (SMI I) | | | | | | |
| LABORATORY (SMLI) | | | | | | |
| LABORATORY (SMLI) | | | | | | |
| LABORATORY (SMLI) (ABNORMAL) POCT G | LUCOSE BLOO | D (POCT | GLUCOSE, BLOOD) - | · Final result | (07/21/2023 | 9:01 PM EDT) |
| (ABNORMAL) POCT G | | Ref | - | Analysis | | · |
| (ABNORMAL) POCT G | Value | Ref Range | GLUCOSE, BLOOD) - Test Method | Analysis Time | Performed At | 9:01 PM EDT) Pathologist Signature |
| (ABNORMAL) POCT G | | Ref Range 70 - 110 | - | Analysis Time 07/21/2023 | Performed At TRINITY | |
| (ABNORMAL) POCT G | Value | Ref Range | - | Analysis Time | Performed At | |
| (ABNORMAL) POCT G | Value | Ref Range 70 - 110 | - | Analysis Time 07/21/2023 9:04 PM | Performed At TRINITY HEALTH LIVONIA HOSPITAL | |
| (ABNORMAL) POCT G | Value | Ref Range 70 - 110 | - | Analysis Time 07/21/2023 9:04 PM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | · |
| (ABNORMAL) POCT G | Value | Ref Range 70 - 110 | - | Analysis Time 07/21/2023 9:04 PM | Performed At TRINITY HEALTH LIVONIA HOSPITAL | |
| (ABNORMAL) POCT G | Value | Ref Range 70 - 110 mg/dL | - | Analysis Time 07/21/2023 9:04 PM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | · |
| (ABNORMAL) POCT G | Value 174 (H) | Ref Range 70 - 110 mg/dL | Test Method | Analysis Time 07/21/2023 9:04 PM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| (ABNORMAL) POCT G Component Glucose POCT | Value 174 (H) Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/21/2023 9:04 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) | Value 174 (H) Anatomical Local Laterality | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/21/2023 9:04 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) | Value 174 (H) Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/21/2023 9:04 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) Blood | Value 174 (H) Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/21/2023 9:04 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) Blood Narrative | Anatomical Loc Laterality Capillary blood specimen / Uni | Ref Range 70 - 110 mg/dL | Test Method Collection Method / Volume | Analysis Time 07/21/2023 9:04 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider | Anatomical Loc Laterality Capillary blood specimen / Unl | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume Result Status | Analysis Time 07/21/2023 9:04 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) Blood Narrative | Anatomical Loc Laterality Capillary blood specimen / Uni | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume | Analysis Time 07/21/2023 9:04 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider | Anatomical Loc Laterality Capillary blood specimen / Unl | Ref Range 70 - 110 mg/dL cation / d known | Test Method Collection Method / Volume Result Status | Analysis Time 07/21/2023 9:04 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider R Akaraz-Avedissian MD | Anatomical Loc Laterality Capillary blood specimen / Uni Result Type LAB POINT OF TEST DOCKED UNSOLICITED I | Ref Range 70 - 110 mg/dL cation / d known | Collection Method / Volume Result Status Final Result | Analysis Time 07/21/2023 9:04 PM EDT Collection 07/21/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 9:01 PM EDT | Pathologist Signature Received Time |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider R Akaraz-Avedissian MD Performing Organization | Anatomical Loc Laterality Capillary blood specimen / Unl Result Type LAB POINT OF TEST DOCKED UNSOLICITED I | Ref Range 70 - 110 mg/dL cation / d known | Collection Method / Volume Result Status Final Result City/State/ZIP Code | Analysis Time 07/21/2023 9:04 PM EDT Collection 07/21/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 9:01 PM EDT | Pathologist Signature Received Time |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider R Akaraz-Avedissian MD Performing Organization TRINITY HEALTH | Anatomical Loc Laterality Capillary blood specimen / Uni Result Type LAB POINT OF TEST DOCKED UNSOLICITED I | Ref Range 70 - 110 mg/dL cation / d known | Collection Method / Volume Result Status Final Result | Analysis Time 07/21/2023 9:04 PM EDT Collection 07/21/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 9:01 PM EDT | Pathologist Signature Received Time |
| (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider R Akaraz-Avedissian MD Performing Organization | Anatomical Loc Laterality Capillary blood specimen / Unl Result Type LAB POINT OF TEST DOCKED UNSOLICITED I | Ref Range 70 - 110 mg/dL cation / d known | Collection Method / Volume Result Status Final Result City/State/ZIP Code | Analysis Time 07/21/2023 9:04 PM EDT Collection 07/21/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 9:01 PM EDT | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider R Akaraz-Avedissian MD Performing Organization TRINITY HEALTH LIVONIA HOSPITAL | Anatomical Loc Laterality Capillary blood specimen / Unl Result Type LAB POINT OF TEST DOCKED UNSOLICITED I | Ref Range 70 - 110 mg/dL cation / d known | Collection Method / Volume Result Status Final Result City/State/ZIP Code | Analysis Time 07/21/2023 9:04 PM EDT Collection 07/21/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 9:01 PM EDT | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider R Akaraz-Avedissian MD Performing Organization TRINITY HEALTH LIVONIA HOSPITAL | Anatomical Loc Laterality Capillary blood specimen / Unl Result Type LAB POINT OF TEST DOCKED UNSOLICITED II Address 36475 Five Mile | Ref Range 70 - 110 mg/dL cation / d known | Collection Method / Volume Result Status Final Result City/State/ZIP Code Livonia, MI 48154 | Analysis Time 07/21/2023 9:04 PM EDT Collection 07/21/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 9:01 PM EDT | Pathologist Signature Received Time |

| | | Ref | | Analysis | | |
|---|--|---|---|--|---|--------------------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 102 | 70 - 110 mg/dL | | 07/21/2023 5:22 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Unl | | | 07/21/202 | 3 5:21 PM EDT | 07/21/2023 5:23 PM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF TEST DOCKED UNSOLICITED I | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| (4001000141) 0000 | | | | | | |
| (ABNORMAL) POCT G Component Glucose POCT | Value 133 (H) | Ref Range 70 - 110 mg/dL | Test Method | Analysis Time 07/21/2023 12:59 PM EDT | Performed At TRINITY HEALTH LIVONIA | Pathologist Signature |
| Component | Value 133 (H) | Ref Range 70 - 110 mg/dL | Test Method | Analysis Time 07/21/2023 12:59 PM | Performed At TRINITY HEALTH | |
| Component | Value | Ref Range 70 - 110 mg/dL | | Analysis Time 07/21/2023 12:59 PM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Component Glucose POCT | Value 133 (H) Anatomical Loc | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/21/2023 12:59 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature |
| Component Glucose POCT Specimen (Source) | Value 133 (H) Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/21/2023 12:59 PM EDT Collection 07/21/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood | Value 133 (H) Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/21/2023 12:59 PM EDT Collection 07/21/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood | Anatomical Loc Laterality Capillary blood specimen / Uni | Ref Range 70 - 110 mg/dL | Test Method Collection Method / Volume Result Status | Analysis Time 07/21/2023 12:59 PM EDT Collection 07/21/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative | Value 133 (H) Anatomical Loc Laterality Capillary blood specimen / Unl | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume | Analysis Time 07/21/2023 12:59 PM EDT Collection 07/21/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider | Anatomical Loc Laterality Capillary blood specimen / Uni Result Type LAB POINT OF TEST DOCKED UNSOLICITED I | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume Result Status | Analysis Time 07/21/2023 12:59 PM EDT Collection 07/21/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 12:58 PM | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider R Akaraz-Avedissian MD | Anatomical Loc Laterality Capillary blood specimen / Uni Result Type LAB POINT OF TEST DOCKED UNSOLICITED I | Ref Range 70 - 110 mg/dL cation / | Collection Method / Volume Result Status Final Result | Analysis Time 07/21/2023 12:59 PM EDT Collection 07/21/202 EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 12:58 PM | Pathologist Signature Received Time |

| Commont | Value | Ref | To at Mathe a d | Analysis | Danta was al At | Dath ala sist Cisusatuus |
|---|---|---------------------------|-------------------------------|--------------------------------|---|-------------------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 74 | 70 - 110 mg/dL | | 07/21/2023 6:29 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | , , | Received Time |
| Blood | Capillary blood specimen / Unl | | | 07/21/202 | 3 6:29 AM EDT | 07/21/2023 6:30 AM EDT |
| _Narrative | | | | | | |
| A .1 | D 1. T | | D. J. C. | | | |
| Authorizing Provider | Result Type | CARE | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF TEST DOCKED UNSOLICITED F | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| (ABNORMAL) POCT G Component Glucose POCT | Value 124 (H) | Ref Range 70 - 110 | GLUCOSE, BLOOD) - Test Method | Analysis Time 07/20/2023 | Performed At TRINITY | 8:40 PM EDT) Pathologist Signature |
| | | mg/dL | | 8:43 PM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | |
| Blood | Capillary blood | | | | | Received Time |
| | specimen / Unl | | | 07/20/202 | 3 8:40 PM EDT | 07/20/2023 8:44 PM EDT |
| <u>Narrative</u> | specimen / Unl | | | 07/20/202 | 3 8:40 PM EDT | |
| | | | Result Status | 07/20/202 | 3 8:40 PM EDT | |
| Narrative Authorizing Provider R Akaraz-Avedissian MD | Result Type LAB POINT OF TEST DOCKED UNSOLICITED F | CARE DEVICE | Result Status Final Result | 07/20/202 | 3 8:40 PM EDT | |
| Authorizing Provider R Akaraz-Avedissian MD | Result Type LAB POINT OF TEST DOCKED UNSOLICITED I | CARE DEVICE | Final Result | | | |
| Authorizing Provider | Result Type LAB POINT OF TEST DOCKED UNSOLICITED I | CARE DEVICE RESULTS | | Phone Nur 734-655-4 | mber | |

| | | Ref | | Analysis | | |
|---|-----------------------------------|-----------------------------------|-------------------------------|---|--|---|
| Component Glucose POCT | Value 94 | Range 70 - 110 mg/dL | Test Method | Time 07/20/2023 4:55 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | Pathologist Signature |
| Sanainan (Sanan) | Anatomical Loc | cation / | Collection Method / | Callantina | (SMLI) | Described Time |
| Specimen (Source) Blood | Laterality Capillary blood | <u> </u> | Volume | 07/20/202 | | Received Time 07/20/2023 4:56 PM EDT |
| | specimen / Unk | known | | | | |
| Narrative | | | | | | |
| Authorizina Drovidor | Dogult Turo | | Dogult Status | | | |
| Authorizing Provider R Akaraz-Avedissian MD | Result Type LAB POINT OF | CARE | Result Status Final Result | | | |
| | TEST DOCKED I UNSOLICITED F | | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| Component Glucose POCT | Value 107 | Ref Range 70 - 110 mg/dL | Test Method | Analysis Time 07/20/2023 12:21 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | Pathologist Signature |
| | A | | Callagai an Markagal / | | (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | .ation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Unk | | | 07/20/2023 EDT | 3 12:21 PM | 07/20/2023 12:22 PM EDT |
| Narrative | | | | | | |
| Aught and the Don't h | Describe T | | Decode Co. | | | |
| Authorizing Provider R Akaraz-Avedissian MD | Result Type LAB POINT OF | CARF | Result Status Final Result | | | |
| IV ARGINZ-AVENISSIBIT IVID | TEST DOCKED I | DEVICE | i mai nesuit | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| | | | | | | |

| | | Ref | | Analysis | | |
|---|--|--------------------------|-------------------------------|-----------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 89 | 70 - 110 mg/dL | | 07/20/2023 6:55 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Un | | | 07/20/202 | 3 6:54 AM EDT | 07/20/2023 6:56 AM EDT |
| Narrative | | | | | | |
| A .I | D 1. T | | D 11 Ct 1 | | | |
| Authorizing Provider | Result Type | CADE | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nui | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-4 | | |
| POCT GLUCOSE BLOOD Component | (POCT GLUCC | SE, BLOO Ref Range | D) - Final result (07/1 | 9/2023 8:52 F Analysis Time | | Pathologist Signature |
| Glucose POCT | 94 | 70 - 110 mg/dL | | 07/19/2023 8:53 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Un | | | | | 07/19/2023 8:54 PM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF | CARE | Final Result | | | |
| waraz / warasian MD | TEST DOCKED UNSOLICITED | DEVICE | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nui | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| | | | | | | |

(ABNORMAL) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/19/2023 4:38 PM EDT)

| | | Ref | | Analysis | | |
|---|----------------------------------|-------------------|---------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 112 (H) | 70 - 110 mg/dL | | 07/19/2023 4:39 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Un | | | 07/19/202 | 3 4:38 PM EDT | 07/19/2023 4:40 PM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF | CARE | Final Result | | | |
| 1.7.11.d.122 7.100d.155.d.11 1.112 | TEST DOCKED UNSOLICITED | DEVICE | . mai result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| ECG 12-LEAD - Final res | ult (07/19/202 | 3 12:15 PN Ref | M EDT) | Analysis | Performed | |
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| Ventricular Rate ECG | 85 | BPM | | | GEMUSE | |
| Atrial Rate | 85 | BPM | | | GEMUSE | |
| P-R Interval | 152 | ms | | | GEMUSE | |
| QRS Duration | 96 | ms | | | GEMUSE | |
| Q-T Interval | 406 | ms | | | GEMUSE | |
| QTc | 483 | ms | | | GEMUSE | |

GEMUSE

GEMUSE

GEMUSE

degrees degrees

degrees

-40

61

73

P Wave Axis

R Axis

T Axis

| | | Ref | | Analysis | Performed | |
|---------------------------------|--|---------------------------|---------------------|-------------------------|---|--------------------------------------|
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| ECG Interpretation | Unusual P axis, possible ectopic atrial rhythm Low voltage QRS Prolonged QT Abnormal ECG When compared with ECG of 16-JUL-2023 12:09, No significant change was found Confirmed by REDDY, MD, SHILPA (16837) on 7/19/2023 | | | | GEMUSE | |
| | 4:55:58 PM Anatomical Loc | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection 7 | | Received Time |
| | | | | 07/19/2023 EDT | 3 12:15 PM | 07/19/2023 4:55 PM EDT |
| Narrative This result has an at | ttachment tha | t is not | available. | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | | LES | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| GEMUSE | | | | | | |
| (ABNORMAL) POCT GI | LUCOSE BLOO Value | DD (POCT Ref Range | GLUCOSE, BLOOD) | Analysis | | 11:20 AM EDT) Pathologist Signature |
| Glucose POCT | 138 (H) | 70 - 110 | TOST IVICATION | | | Tutilologist signature |
| | , | mg/dL | | 11:21 AM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Consider the (Conses) | Anatomical Loc | cation / | Collection Method / | Callaction | * | D. satisfied Times |
| Specimen (Source) Blood | Laterality Capillary blood | ۲ | Volume | Collection 7 07/19/2023 | | Received Time 07/19/2023 11:23 AM |
| Біооц | specimen / Unk | | | EDT | 3 II.ZU Aivi | EDT |
| Narrative | | | | | | |
| | | | | | | |
| | | | | | | |

| Authorizing Provider | Result Type | Result Status | |
|---|--|---------------------|--------------|
| R Akaraz-Avedissian MD | LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | Final Result | |
| Performing Organization | Address | City/State/ZIP Code | Phone Number |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 |

(ABNORMAL) CBC W/ AUTO DIFFERENTIAL (CBC WITH AUTO DIFFERENTIAL) - Final result (07/19/2023 6:55 AM EDT)

| AIVI EDI) | | Ref | | Analysis | | |
|------------|----------|--------------------------|--------------------------|------------------------------|---|-----------------------|
| Component | Value | Ret Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| WBC | 9.2 | | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | | |
| RBC | 3.76 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hemoglobin | 11.1 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hematocrit | 35.1 (L) | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCV | 93.4 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCHC | 31.6 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 14.7 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 389 | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|-----------------------------------|----------|--------------------------|--------------------------|------------------------------|---|--|
| Neutrophils Relative | 55.7 | 43.3 - 80.0 % | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 2 a. a. a. a. g. sa a |
| Immature Granulocytes Relative | 0.4 | 0.0 - 3.0 % | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Relative | 24.5 | 15.0 - 45.0 % | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Relative | 13.3 (H) | 4.6 - 12.4 % | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Relative | 5.6 (H) | 0.0 - 5.0 % | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Relative | 0.5 | 0.0 - 2.0 % | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Absolute | 5.09 | 1.90 - 7.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Absolute | 0.04 | 0.00 - 0.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Absolute | 2.24 | 0.80 - 3.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Absolute | 1.22 (H) | 0.20 - 0.80 K/ mcL | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|--|-----------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | | Time | Performed At | Pathologist Signature |
| Eosinophils Absolute | 0.51 (H) | 0.00 - 0.50 K/ mcL | METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Basophils Absolute | 0.05 | 0.00 - 0.20 K/ mcL | METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| NRBC | 0.0 | 0.0 - 0.2 % | METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection 7 | Time | Received Time |
| Blood | Venous blood specimen / Ur | | Venipuncture / Unknown | | | 07/19/2023 7:23 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| AMMONIA - Final result | t (07/19/2023 | 6:55 AM | EDT) | | | |
| C | M-1 | Ref | | Analysis | Df a d A+ | District Cinneture |
| Component Ammonia | Value 46 | Range 16 - 53 mcmol/L | LAB CHEMISTRY METHOD | 7:52 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature |
| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection 1 | Time | Received Time |
| Blood | Venous blood specimen / Ur | | | | | 07/19/2023 7:08 AM EDT |
| _Narrative | | | | | | |
| Authorizing Provider | Posult Type | | Result Status | | | |
| R Akaraz-Avedissian MD | Result Type LAB BLOOD ORDERABLES | , | Final Result | | | |
| | | | | | | |

| TENUTY (15 ATT) | | | city/State/Zii code | 704 655 46 | 1001 | |
|--|--|---|---|--|--|---------------------------------|
| TRINITY HEALTH | 36475 Five M | lile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| LIVONIA HOSPITAL | | | | | | |
| Laboratory (SMLI) | | | | | | |
| | | | | | | |
| (ADMODRAN) VALDDO | NC ACID TOT | AL CALB | DOLG AGID LEVEL TOT | all Final | | (2022 C.FF ANA FDT) |
| (ABNORMAL) VALPRO | IC ACID TO | | ROIC ACID LEVEL, TOT | | esuit (07/19/ | 2023 6:55 AMI EDI) |
| | \ | Ref | T . M . I | Analysis | D (IA. | D. I. J |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Valproic Acid Level | 49.8 (L) | 50.0 - | LAB CHEMISTRY | 07/19/2023 | | |
| | | 100.0 | METHOD | 8:15 AM EDT | HEALTH | |
| | | mcg/mL | | בטו | LIVONIA HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | | | | | , | |
| | Anatomical L | ocation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection ⁻ | Гіте | Received Time |
| Blood | Venous blood | d | Venipuncture / Unknow | n 07/19/2023 | 6:55 AM EDT | 07/19/2023 7:23 AM EDT |
| | specimen / U | nknown | ' | | | |
| | | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | | | Final Result | | | |
| | ORDERABLES | • | | | | |
| | | | | | | |
| | Address | | City/State/ZIP Code | Phone Nun | nber | |
| Performing Organization | | | * | | | |
| TRINITY HEALTH | 36475 Five M | lile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| TRINITY HEALTH LIVONIA HOSPITAL | | lile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| TRINITY HEALTH | | lile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| TRINITY HEALTH LIVONIA HOSPITAL | | lile Road | Livonia, MI 48154 | 734-655-48 | 800 | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | | | | | \ |
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five M | ETABOLI | | (07/19/2023 | | Т) |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR | 36475 Five M | I ETABOLI (| C PANEL - Final result (| (07/19/2023 Analysis | 6:55 AM ED | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component | 36475 Five M EHENSIVE M Value | ETABOLIO Ref Range | C PANEL - Final result (Test Method | (07/19/2023 Analysis Time | 6:55 AM ED Performed At | T) Pathologist Signature |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR | 36475 Five M | Ref Range 135 - | C PANEL - Final result (Test Method LAB CHEMISTRY | (07/19/2023 Analysis Time 07/19/2023 | 6:55 AM ED Performed At TRINITY | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component | 36475 Five M EHENSIVE M Value | Ref Range 135 - 144 | C PANEL - Final result (Test Method | (07/19/2023 Analysis Time 07/19/2023 8:15 AM | Performed At TRINITY HEALTH | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component | 36475 Five M EHENSIVE M Value | Ref Range 135 - | C PANEL - Final result (Test Method LAB CHEMISTRY | (07/19/2023 Analysis Time 07/19/2023 | Performed At TRINITY HEALTH LIVONIA | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component | 36475 Five M EHENSIVE M Value | Ref Range 135 - 144 | C PANEL - Final result (Test Method LAB CHEMISTRY | (07/19/2023 Analysis Time 07/19/2023 8:15 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component | 36475 Five M EHENSIVE M Value | Ref Range 135 - 144 | C PANEL - Final result (Test Method LAB CHEMISTRY | (07/19/2023 Analysis Time 07/19/2023 8:15 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium | 36475 Five M EHENSIVE M Value 137 | Ref Range 135 - 144 mmol/L | C PANEL - Final result (Test Method LAB CHEMISTRY METHOD | (07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component | 36475 Five M EHENSIVE M Value | Ref Range 135 - 144 mmol/L | C PANEL - Final result (Test Method LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium | 36475 Five M EHENSIVE M Value 137 | Ref Range 135 - 144 mmol/L | C PANEL - Final result (Test Method LAB CHEMISTRY METHOD | (07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium | 36475 Five M EHENSIVE M Value 137 | Ref Range 135 - 144 mmol/L | C PANEL - Final result (Test Method LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium | 36475 Five M EHENSIVE M Value 137 | Ref Range 135 - 144 mmol/L | C PANEL - Final result (Test Method LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium Potassium | 36475 Five M EHENSIVE M Value 137 | Ref Range 135 - 144 mmol/L | Test Method LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) CARRONIA CARRONI | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium | 36475 Five M EHENSIVE M Value 137 | Ref Range 135 - 144 mmol/L 3.5 - 5.3 mmol/L | Test Method LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY TEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium Potassium | 36475 Five M EHENSIVE M Value 137 | Ref Range 135 - 144 mmol/L 3.5 - 5.3 mmol/L | Test Method LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium Potassium | 36475 Five M EHENSIVE M Value 137 | Ref Range 135 - 144 mmol/L 3.5 - 5.3 mmol/L | Test Method LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium Potassium | 36475 Five M EHENSIVE M Value 137 | Ref Range 135 - 144 mmol/L 3.5 - 5.3 mmol/L | Test Method LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium Potassium | 36475 Five M EHENSIVE M Value 137 | Ref Range 135 - 144 mmol/L 3.5 - 5.3 mmol/L | Test Method LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium Potassium Chloride | 36475 Five M Value 137 3.6 | Ref Range 135 - 144 mmol/L 3.5 - 5.3 mmol/L | Test Method LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium Potassium | 36475 Five M EHENSIVE M Value 137 | Ref Range 135 - 144 mmol/L 3.5 - 5.3 mmol/L 98 - 107 mmol/L | Test Method LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT 07/19/2023 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY TRINITY TRINITY | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium Potassium Chloride | 36475 Five M Value 137 3.6 | Ref Range 135 - 144 mmol/L 3.5 - 5.3 mmol/L | Test Method LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium Potassium Chloride | 36475 Five M Value 137 3.6 | Ref Range 135 - 144 mmol/L 3.5 - 5.3 mmol/L 98 - 107 mmol/L | Test Method LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT 07/19/2023 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium Potassium Chloride | 36475 Five M Value 137 3.6 | Ref Range 135 - 144 mmol/L 3.5 - 5.3 mmol/L 98 - 107 mmol/L | Test Method LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium Potassium Chloride | 36475 Five M Value 137 3.6 | Ref Range 135 - 144 mmol/L 3.5 - 5.3 mmol/L 98 - 107 mmol/L | Test Method LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA | |

City/State/ZIP Code

Phone Number

Performing Organization Address

| | | Ref | | Analysis | | |
|--|----------|---------------------------|---------------------------|------------------------------|---|-----------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Anion Gap | 6 | 3 - 11 | LAB CHEMISTRY METHOD | 07/19/2023 8:15 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 99 | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/19/2023 8:15 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 17 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/19/2023 8:15 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.46 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/19/2023 8:15 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 118 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/19/2023 8:15 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Oc equation refit without ac | | | based on the Chronic Kidr | ney Disease Ep | idemiology Col | laboration (CKD-EPI) |
| BUN/Creatinine Ratio | 37.0 | >=0.0 | LAB CHEMISTRY METHOD | 07/19/2023 8:15 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.2 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 07/19/2023 8:15 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| AST (SGOT) | 22 | 13 - 39 unit/L | LAB CHEMISTRY METHOD | 07/19/2023 8:15 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| ALT (SGPT) | 10 | 7 - 52 unit/L | LAB CHEMISTRY METHOD | 07/19/2023 8:15 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Alkaline Phosphatase | 71 | 27 - 120 unit/L | LAB CHEMISTRY METHOD | 07/19/2023 8:15 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| Total Protein 6 | 6.3 | Ref Range 6.1 - 7.9 g/dL | Test Method LAB CHEMISTRY | Analysis Time 07/19/2023 | Performed At TRINITY | Pathologist Signature |
|---|---|-----------------------------------|-------------------------------|--|---|------------------------|
| Total Protein 6 | 6.3 | 6.1 - 7.9 | | 07/19/2023 | | |
| Albumin 2 | | | METHOD | 8:15 AM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| | , | 3.5 - 5.7 g/dL | LAB CHEMISTRY METHOD | 07/19/2023 8:15 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | | mg/dL | LAB CHEMISTRY METHOD | 07/19/2023 8:15 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo Laterality | cation / | Collection Method / Volume | Collection 7 | Time | Received Time |
| Blood V | Venous blood specimen / Unknown | | | Venipuncture / Unknown 07/19/2023 6:55 AM ED | | |
| | specimen, c | IKIIO VVI. | | | | |
| Narrative | | | | | | |
| Authorizing Provider R | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD L | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization A | | | City/State/ZIP Code | Phone Nun | | |
| TRINITY HEALTH 3 LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | | Livonia, MI 48154 | 734-655-4800 | | |
| POCT GLUCOSE BLOOD (F | POCT GLUC | OSE, BLOC Ref | DD) - Final result (07/19 | 9/2023 6:26 A Analysis | .M EDT) | |
| Component V | Value | Range | Test Method | | Performed At | Pathologist Signature |
| | 101 | 70 - 110 mg/dL | | 07/19/2023 6:26 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo Laterality | cation / | Collection Method / Volume | Collection 1 | Time | Received Time |
| Blood C | Capillary blood specimen / Unknown | | | 07/19/2023 | 3 6:26 AM EDT | 07/19/2023 6:28 AM EDT |
| _ Narrative | | | | | | |
| A 11 deine Duraddon D | D. J. T. man | | D. M. Charles | | | |
| R Akaraz-Avedissian MD L T | Result Type LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Result Status Final Result | | | |
| Performing Organization A | | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH 3 LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | le Road | Livonia, MI 48154 | 734-655-48 | 300 | |

| POCT GLUCOSE BLOOD | (POCT GLUCC | SE, BLOO | D) - Final result (07/ I | 0/2023 11.32 | PIM EDT) | |
|---|--|---|---|--|--|---|
| | | Ref | | Analysis | 5 () | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 103 | 70 - 110 mg/dL | | 07/18/2023 11:48 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Un | | | 07/18/202 EDT | 3 11:32 PM | 07/18/2023 11:49 PM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| | | | | | | |
| (ABNORMAL) POCT G | | Ref | | - Final result Analysis | | |
| Component | Value | Ref Range | GLUCOSE, BLOOD) Test Method | Analysis Time | Performed At | 4:44 PM EDT) Pathologist Signature |
| | | Ref | | Analysis | | |
| Component | Value | Ref Range 70 - 110 mg/dL | | Analysis Time 07/18/2023 4:45 PM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |
| Component | Value 123 (H) Anatomical Local Laterality | Ref Range 70 - 110 mg/dL | Test Method | Analysis Time 07/18/2023 4:45 PM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Component Glucose POCT | Value 123 (H) Anatomical Loc | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/18/2023 4:45 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature |
| Component Glucose POCT Specimen (Source) | Value 123 (H) Anatomical Locaterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/18/2023 4:45 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative | Value 123 (H) Anatomical Loc Laterality Capillary blood specimen / Uni | Ref Range 70 - 110 mg/dL | Test Method Collection Method / Volume | Analysis Time 07/18/2023 4:45 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider | Anatomical Loc Laterality Capillary blood specimen / University | Ref Range 70 - 110 mg/dL | Test Method Collection Method / Volume Result Status | Analysis Time 07/18/2023 4:45 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative | Value 123 (H) Anatomical Loc Laterality Capillary blood specimen / Uni | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume | Analysis Time 07/18/2023 4:45 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider | Anatomical Loc Laterality Capillary blood specimen / Uni Result Type LAB POINT OF TEST DOCKED UNSOLICITED | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume Result Status | Analysis Time 07/18/2023 4:45 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 4:44 PM EDT | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider R Akaraz-Avedissian MD | Anatomical Loc Laterality Capillary blood specimen / Uni Result Type LAB POINT OF TEST DOCKED UNSOLICITED | Ref Range 70 - 110 mg/dL cation / | Collection Method / Volume Result Status Final Result | Analysis Time 07/18/2023 4:45 PM EDT Collection 07/18/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 4:44 PM EDT | Pathologist Signature Received Time |

(ABNORMAL) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/18/2023 11:29 AM EDT)

| | | Ref | | Analysis | | |
|--|---|---------------------------|--|-------------------|---------------------|----------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 148 (H) | 70 - 110 | | 07/18/2023 | TRINITY | |
| | | mg/dL | | 11:30 AM | HEALTH | |
| | | | | EDT | LIVONIA HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | Anatomical Loc | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Unknown | | | 07/18/202. EDT | 3 11:29 AM | 07/18/2023 11:31 AM EDT |
| | specimen / On | KIIOWII | | LDI | | LUI |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF | CARF | Final Result | | | |
| TO TRAINE TWO GISSIAN IVID | TEST DOCKED | | i mai nesare | | | |
| | UNSOLICITED F | RESULTS | | | | |
| Dorforming Organization | A ddross | | City/State/7ID Code | Phone Nur | | |
| Performing Organization TRINITY HEALTH | 36475 Five Mile | e Road | City/State/ZIP Code Livonia, MI 48154 | 734-655-4 | | |
| LIVONIA HOSPITAL | 30473 Tive Wille | : Noau | LIVOIIIA, IVII 40154 | 734-033-4 | 000 | |
| Laboratory (SMLI) | | | | | | |
| | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GILICO | SE BLOO | D) - Final result (07/19 | 8/2022 6:42 / | M EDT) | |
| FOCI GLOCOSE BLOOD | (FOCT GLOCO | Ref | D) - Hillar result (07, 13 | Analysis | AIVI LUI) | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 97 | 70 - 110 | | 07/18/2023 | TRINITY | |
| | | mg/dL | | 6:44 AM EDT | HEALTH LIVONIA | |
| | | | | בטו | HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | A | | Callastian Mathead / | | | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | | | VOIGITIC | Collection Time | | |
| | Capillary blood | | | | 3 6:43 AM EDT | |
| | specimen / Unl | | | | 3 6:43 AM EDT | 07/18/2023 6:45 AM EDT |
| | specimen / Uni | | | | 3 6:43 AM EDT | |
| Narrative | specimen / Unl | | | | 3 6:43 AM EDT | |
| _Narrative | specimen / Unl | | | | 3 6:43 AM EDT | |
| Narrative Authorizing Provider | specimen / Unl | | Result Status | | 3 6:43 AM EDT | |
| | Result Type LAB POINT OF | Known | Result Status Final Result | | 3 6:43 AM EDT | |
| Authorizing Provider | Result Type LAB POINT OF TEST DOCKED | CARE DEVICE | | | 3 6:43 AM EDT | |
| Authorizing Provider | Result Type LAB POINT OF | CARE DEVICE | | | 3 6:43 AM EDT | |
| Authorizing Provider R Akaraz-Avedissian MD | Result Type LAB POINT OF TEST DOCKED UNSOLICITED I | CARE DEVICE | Final Result | | | |
| Authorizing Provider | Result Type LAB POINT OF TEST DOCKED UNSOLICITED I | CARE DEVICE RESULTS | | 07/18/202 | mber | |
| Authorizing Provider R Akaraz-Avedissian MD Performing Organization TRINITY HEALTH LIVONIA HOSPITAL | Result Type LAB POINT OF TEST DOCKED UNSOLICITED F | CARE DEVICE RESULTS | Final Result City/State/ZIP Code | 07/18/202 | mber | |
| Authorizing Provider R Akaraz-Avedissian MD Performing Organization TRINITY HEALTH | Result Type LAB POINT OF TEST DOCKED UNSOLICITED F | CARE DEVICE RESULTS | Final Result City/State/ZIP Code | 07/18/202 | mber | |

(ABNORMAL) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/17/2023 11:09 PM EDT)

| | | Ref | | Analysis | | |
|---|--|-------------------|---------------------|-------------------------------|---|---|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 123 (H) | 70 - 110 mg/dL | | 07/17/2023 11:11 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo | cation / | Collection Method / | | (311121) | |
| Specimen (Source) | Laterality | | Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Unknown | | | 07/17/202 EDT | 3 11:09 PM | 07/17/2023 11:12 PM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nui | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| (ABNORMAL) POCT G | | Ref | - | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 113 (H) | 70 - 110 mg/dL | | 07/17/2023 4:57 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | J | Volume | Collection | | Received Time 07/17/2023 4:58 PM EDT |
| Blood | Capillary blood specimen / Un | | | 07/17/202 | 3 4:57 PIVI EDI | 07/17/2023 4:58 PINI EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nui | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| | | | | | | |

(ABNORMAL) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/17/2023 12:08 PM EDT)

| Component | Value | Ref | Tost Mothod | Analysis Time | Parformed At | Pathologist Signature |
|--|--------------------------|--------------------|--|-------------------------|----------------------|-------------------------|
| Component Glucose POCT | 129 (H) | Range 70 - 110 | Test Method | 07/17/2023 | | Pathologist Signature |
| Glucose FOCT | 129 (H) | 70 - 110 mg/dL | | 12:08 PM | HEALTH | |
| | | | | EDT | LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATORY | |
| | Anatomical Lo | ocation / | Collection Method / | | (SMLI) | |
| Specimen (Source) | Laterality |)Cation / | Volume | Collection ¹ | Time | Received Time |
| Blood | Capillary bloo | od | Volume | | 3 12:08 PM | 07/17/2023 12:10 PM |
| 3 .333. | specimen / Ur | | | EDT | | EDT |
| | | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF | F CARE | Final Result | | | |
| | TEST DOCKED | DEVICE | 1 11 10 10 10 10 10 10 10 10 10 10 10 10 | | | |
| | UNSOLICITED | RESULTS | | | | |
| D. C. in a Connection | 4 I I | | C'i (Ciete IZID Code | Dia Ni. | | |
| Performing Organization TRINITY HEALTH | Address 36475 Five Mi | !!= Dood | City/State/ZIP Code | Phone Nun | | |
| LIVONIA HOSPITAL | 364/5 Five ivii | ile Koau | Livonia, MI 48154 | 734-655-48 | 300 | |
| LABORATORY (SMLI) | | | | | | |
| ` . | | | | | | |
| | | | | | | |
| PHOSPHORUS - Final res | sult (07/17/20 | | (M EDT) | | | |
| | | Ref | | Analysis | | |
| Component | Value | | Test Method | Time | | Pathologist Signature |
| Phosphorus | 3.9 | | LAB CHEMISTRY METHOD | 07/17/2023 8:46 AM | TRINITY HEALTH | |
| | | mg/dL | METHOD | 8:46 AIVI EDT | LIVONIA | |
| | | | | LD ! | HOSPITAL | |
| | | | | | LABORATORY | ′ |
| | | | | | (SMLI) | |
| | Anatomical Lo | +ion / | Callastian Mathod / | | | |
| Specimen (Source) | Laterality |)Cation / | Collection Method / Volume | Collection 1 | Time | Received Time |
| Blood | Venous blood | 1 | | | | 07/17/2023 8:14 AM EDT |
| biood | specimen / Ur | | veriiparietare, e.i.a.e. | VII 01, 11, 20 | 77.107 == 1 | 07, 17,2020 3.117 22 1 |
| | • | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Docult Type | | Result Status | | | |
| Authorizing Provider S Maan MD | Result Type LAB BLOOD | | Final Result | | | |
| 2 Magu MD | ORDERABLES | | Final Result | | | |
| | OND ENGINEERS | | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | nber | |
| TRINITY HEALTH | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-48 | 800 | |
| LIVONIA HOSPITAL | | | | | | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| MAGNESIUM - Final resu | ult (07/17/20: | 23 7· Δ8 ΔΝ | A FDT) | | | |
| WIAGINESIGN T.M. S. T. | JIC (07, 17, 202 | Ref | // LD1) | Analysis | | |
| Component | Value | | Test Method | Time | Performed At | : Pathologist Signature |
| Magnesium | 1.9 | | LAB CHEMISTRY | 07/17/2023 | | |
| 3 | | mg/dL | METHOD | 8:46 AM | HEALTH | |
| | | • | | EDT | LIVONIA | |
| | | | | | HOSPITAL | , |
| | | | | | LABORATORY (SMLI) | |
| · | | | | | (SIVILI) | |

| Specimen (Source) | Anatomical Location / Laterality | | Collection Method / Volume | Collection | Time | Received Time |
|---|-------------------------------------|--------------------------------|-------------------------------|----------------------------------|---|---|
| Blood | Venous blood specimen / Unk | cnown | Venipuncture / Unknowr | า 07/17/202 | 3 7:48 AM EDT | 07/17/2023 8:14 AM EDT |
| Narrative | | | | | | |
| Ivaliative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD | | Final Result | | | |
| | ORDERABLES | | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| (APNORMAL) POST SI | LUCOSE PLOO | D (DOCT | CHICOSE BLOOD) | "mal vacult | (07/17/2022 | C-10 AM EDT) |
| (ABNORMAL) POCT G | LUCUSE BLUU | Ref | GLUCUSE, BLUUD) - F | Analysis | (07/17/2023 | 6:10 AIVI EDI) |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 129 (H) | 70 - 110 mg/dL | | 07/17/2023 6:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Loc | ation / | Collection Method / | | | |
| Specimen (Source) Blood | Laterality Capillary blood | | Volume | Collection Time | | Received Time 07/17/2023 6:12 AM EDT |
| ыооа | specimen / Unk | | | 07/17/202 | 5 6. IU AIVI EDI | 07/17/2023 6.12 AIVI EDI |
| Narrative | | | | | | |
| Ivaliative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF I | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| (ABNORMAL) POCT GI | LUCOSE BLOO | D (POCT Ref Range | | Final result Analysis Time | | 9:18 PM EDT) Pathologist Signature |
| Glucose POCT | 132 (H) | 70 - 110 | | 07/16/2023 | TRINITY | rathologist signature |
| Glucose i Gei | 132 (11) | mg/dL | | 9:18 PM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | ation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Unk | | | | | 07/16/2023 9:19 PM EDT |
| Narrative | | | | | | |
| | | | | | | |

| Authorizing Provider | Result Type | | Result Status | | | | |
|---|--|--------------------|-------------------------------|-----------------------------------|------------------|------------------------|--|
| R Akaraz-Avedissian MD | LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | | Final Result | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | Phone Number | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | | Livonia, MI 48154 | 734-655-4 | 800 | | |
| (ABNORMAL) POCT GI | LUCOSE BLOC | DD (POCT Ref | GLUCOSE, BLOOD) | - Final result Analysis | (07/16/2023 | 5:22 PM EDT) | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature | |
| Glucose POCT | 114 (H) | 70 - 110 mg/dL | | 07/16/2023 5:23 PM EDT | | <u> </u> | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time | |
| Blood | Capillary blood specimen / Un | | | | | 07/16/2023 5:24 PM EDT | |
| Narrative | | | | | | | |
| | | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | | |
| R Akaraz-Avedissian MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | | |
| ECG 12-LEAD - Final resu | | Ref | | Analysis | Performed | | |
| Component | Value | Range | Test Method | Time | At | Pathologist Signature | |
| Ventricular Rate ECG | 90 | BPM | | | GEMUSE | | |
| Atrial Rate | 90 | BPM | | | GEMUSE | | |
| P-R Interval | 146 | ms | | | GEMUSE | | |
| QRS Duration | 92 | ms | | | GEMUSE | | |
| Q-T Interval | 398 | ms | | | GEMUSE | | |
| QTc | 486 | ms | | | GEMUSE | | |
| P Wave Axis R Axis | -11 42 | degrees degrees | | | GEMUSE GEMUSE | | |
| T Axis | 83 | degrees | | | GEMUSE | | |
| 17003 | 05 | acgrees | | | GLIVIOSE | | |

| Component | | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|--|--|--|---|---|
| ECG Interpretation | Normal | | | | GEMUSE | |
| | sinus | | | | | |
| | rhythm Possible | | | | | |
| | Inferior | | | | | |
| | infarct | | | | | |
| | (cited on | | | | | |
| | or before | | | | | |
| | 16- JUL-2023) | | | | | |
| | Abnormal | | | | | |
| | ECG | | | | | |
| | When compared | | | | | |
| | with ECG of | | | | | |
| | 12-JUL-2023 | | | | | |
| | 06:17, | | | | | |
| | Nonspecific T wave | | | | | |
| | abnormality | | | | | |
| | no longer | | | | | |
| | evident in | | | | | |
| | Anterior leads | | | | | |
| | Confirmed | | | | | |
| | by Nona, | | | | | |
| | MD, Paul | | | | | |
| | (8666) on 7/17/2023 | | | | | |
| | 4:15:42 PM | | | | | |
| | Anatomical Loca | ation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| | | | | 07/16/202 EDT | 3 12:09 PM | 07/17/2023 4:15 PM EDT |
| Narrative | | | | | | |
| This result has an at | tachment that | is not | available. | | | |
| | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| Authorizing Provider R Akaraz-Avedissian MD | | ES | Result Status Final Result | | | |
| | ECG ORDERABLE | ES | Final Result | Phone Nui | mber | |
| R Akaraz-Avedissian MD | ECG ORDERABLE | ES | | Phone Nui | mber | |
| R Akaraz-Avedissian MD Performing Organization | ECG ORDERABLE | ES | Final Result | Phone Nui | mber | |
| R Akaraz-Avedissian MD Performing Organization | ECG ORDERABLE Address | | Final Result City/State/ZIP Code | | | 11:57 AM EDT) |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GI | Address LUCOSE BLOOD |) (POCT | Final Result City/State/ZIP Code GLUCOSE, BLOOD) | - Final result Analysis | (07/16/2023 | |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GL Component | Address LUCOSE BLOOD Value | O (POCT Ref Range | Final Result City/State/ZIP Code | - Final result Analysis Time | (07/16/2023 Performed At | 11:57 AM EDT) Pathologist Signature |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GI | Address LUCOSE BLOOD Value 156 (H) | O (POCT Ref Range 70 - 110 | Final Result City/State/ZIP Code GLUCOSE, BLOOD) | - Final result Analysis Time 07/16/2023 | (07/16/2023 Performed At TRINITY | |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GL Component | Address LUCOSE BLOOD Value 156 (H) | O (POCT Ref Range | Final Result City/State/ZIP Code GLUCOSE, BLOOD) | - Final result Analysis Time | (07/16/2023 Performed At | |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GL Component | Address LUCOSE BLOOD Value 156 (H) | O (POCT Ref Range 70 - 110 | Final Result City/State/ZIP Code GLUCOSE, BLOOD) | - Final result Analysis Time 07/16/2023 11:58 AM | (07/16/2023 Performed At TRINITY HEALTH | |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GL Component | Address LUCOSE BLOOD Value 156 (H) | O (POCT Ref Range 70 - 110 | Final Result City/State/ZIP Code GLUCOSE, BLOOD) | - Final result Analysis Time 07/16/2023 11:58 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GL Component | Address LUCOSE BLOOD Value 156 (H) | O (POCT Ref Range 70 - 110 | Final Result City/State/ZIP Code GLUCOSE, BLOOD) | - Final result Analysis Time 07/16/2023 11:58 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL | |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GL Component | Address LUCOSE BLOOD Value 156 (H) | O (POCT Ref Range 70 - 110 mg/dL | Final Result City/State/ZIP Code GLUCOSE, BLOOD) - Test Method | - Final result Analysis Time 07/16/2023 11:58 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GL Component | Address LUCOSE BLOOD Value 156 (H) | O (POCT Ref Range 70 - 110 mg/dL | Final Result City/State/ZIP Code GLUCOSE, BLOOD) | - Final result Analysis Time 07/16/2023 11:58 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GL Component Glucose POCT | Address LUCOSE BLOOD Value 156 (H) Anatomical Local Laterality Capillary blood | O (POCT Ref Range 70 - 110 mg/dL | Final Result City/State/ZIP Code GLUCOSE, BLOOD) - Test Method Collection Method / | - Final result Analysis Time 07/16/2023 11:58 AM EDT Collection 07/16/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature Received Time 07/16/2023 11:59 AM |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GL Component Glucose POCT Specimen (Source) | Address LUCOSE BLOOD Value 156 (H) Anatomical Local | O (POCT Ref Range 70 - 110 mg/dL | Final Result City/State/ZIP Code GLUCOSE, BLOOD) - Test Method Collection Method / | - Final result Analysis Time 07/16/2023 11:58 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GL Component Glucose POCT Specimen (Source) Blood | Address LUCOSE BLOOD Value 156 (H) Anatomical Local Laterality Capillary blood | O (POCT Ref Range 70 - 110 mg/dL | Final Result City/State/ZIP Code GLUCOSE, BLOOD) - Test Method Collection Method / | - Final result Analysis Time 07/16/2023 11:58 AM EDT Collection 07/16/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time 07/16/2023 11:59 AM |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GL Component Glucose POCT Specimen (Source) | Address LUCOSE BLOOD Value 156 (H) Anatomical Local Laterality Capillary blood | O (POCT Ref Range 70 - 110 mg/dL | Final Result City/State/ZIP Code GLUCOSE, BLOOD) - Test Method Collection Method / | - Final result Analysis Time 07/16/2023 11:58 AM EDT Collection 07/16/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time 07/16/2023 11:59 AM |

| Authorizing Provider | Result Type | Result Status | |
|---|--|---------------------|--------------|
| R Akaraz-Avedissian MD | LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | Final Result | |
| Performing Organization | Address | City/State/ZIP Code | Phone Number |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 |

(ABNORMAL) CBC W/ AUTO DIFFERENTIAL (CBC WITH AUTO DIFFERENTIAL) - Final result (07/16/2023 9:30 AM EDT)

| ANI EDI) | | Dof | | ۸ م م ای نجاز <u>-</u> | | |
|------------|----------|--------------------------|--------------------------|------------------------------|---|----------------------------|
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| WBC | 13.5 (H) | | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | . atmos giore originates o |
| RBC | 4.09 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hemoglobin | 11.9 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hematocrit | 38.0 | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCV | 92.9 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCHC | 31.3 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 14.9 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 335 | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | V/ I | Ref | T . M . I | Analysis | D (| D. I. J |
|-----------------------------------|---------------|--------------------------|-----------------------------|------------------------------|---|-----------------------|
| Component Neutrophils Relative | Value 65.5 | Range 43.3 - | Test Method LAB HEMETOLOGY | Time 07/16/2023 | TRINITY | Pathologist Signature |
| Neutrophiis Relative | 05.5 | 80.0 % | METHOD | 9:59 AM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Relative | 0.4 | 0.0 - 3.0 % | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Relative | 15.3 | 15.0 - 45.0 % | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Relative | 15.2 (H) | 4.6 - 12.4 % | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Relative | 3.2 | 0.0 - 5.0 % | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Relative | 0.4 | 0.0 - 2.0 % | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Absolute | 8.81 (H) | 1.90 - 7.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Absolute | 0.06 | 0.00 - 0.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Absolute | 2.06 | 0.80 - 3.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Absolute | 2.05 (H) | 0.20 - 0.80 K/ mcL | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|------------------------------|--------------------------|---------------------------------------|-------------------------------|---|------------------------|
| Component | Value | Range | | Time | Performed At | Pathologist Signature |
| Eosinophils Absolute | 0.43 | 0.00 - 0.50 K/ mcL | METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Absolute | 0.05 | 0.00 - 0.20 K/ mcL | METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| NRBC | 0.0 | 0.0 - 0.2 % | METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection 7 | Time | Received Time |
| Blood | Venous blood | 1 | | | | 07/16/2023 9:55 AM EDT |
| 2.000 | specimen / U | | , , , , , , , , , , , , , , , , , , , | 2.,, | | 01, 13, 2322 3112 |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| | 1- 107 14 6 10 | | | | | |
| PHOSPHORUS - Final re | sult (0//16/20 | 023 9:30 A Ref | • | Analysis | | |
| Component | Value | Range | | Time | Performed At | Pathologist Signature |
| Phosphorus | 3.8 | 2.4 - 4.6 mg/dL | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection 7 | Tima | Received Time |
| Blood | Venous blood specimen / U | | | | | 07/16/2023 9:55 AM EDT |
| NI | Specimen / Oi | IKHOVVII | | | | |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| | | | | | | |

| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
|---|------------------------------|------------------------|-------------------------------|-------------------------------|--|--------------------------|
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| , | | | | | | |
| MAGNESIUM - Final res | ult (07/16/20) | 23 9:30 AI Ref | M EDT) | Analysis | | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Magnesium | 1.9 | 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection ⁻ | Гіте | Received Time |
| Blood | Venous blood specimen / U | | Venipuncture / Unknowr | n 07/16/2023 | 9:30 AM EDT | 07/16/2023 9:55 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ABNORMAL) COMPR | EHENSIVE M | | C PANEL - Final result (| | 9:30 AM ED | т) |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Sodium | 139 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 1 dans 10 g 12 t 2 . g 1 |
| Potassium | 4.7 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Chloride | 100 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| CO2 | 30 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | D () | |
|---|----------|---------------------------|---------------------------|-------------------------------|---|-----------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Anion Gap | 9 | 3 - 11 | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 141 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 14 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.59 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 110 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Oct equation refit without ad | | | based on the Chronic Kidr | iey Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 23.7 | >=0.0 | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.5 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| AST (SGOT) | 19 | 13 - 39 unit/L | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| ALT (SGPT) | 6 (L) | 7 - 52 unit/L | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Alkaline Phosphatase | 92 | 27 - 120 unit/L | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | • | Analysis | | |
|---|--|--------------------|-------------------------------|-------------------------------|---|-------------------------|
| Component | Value | Range | Test Method | Time | Performed At | : Pathologist Signature |
| Total Protein | 6.5 | 6.1 - 7.9 g/dL | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | | |
| Albumin | 2.8 (L) | 3.5 - 5.7 g/dL | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Total Bilirubin | 0.4 | 0.3 - 1.0 mg/dL | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Venous blood specimen / Ur | | Venipuncture / Unkno | wn 07/16/2023 | 3 9:30 AM EDT | 07/16/2023 9:55 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | le Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ABNORMAL) POCT GI | LUCOSE BLO | | T GLUCOSE, BLOOD) | | (07/16/2023 | 6:54 AM EDT) |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 119 (H) | 70 - 110 mg/dL | | 07/16/2023 6:59 AM | | |
| _Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Capillary bloo specimen / Ur | | | 07/16/2023 | 3 6:54 AM EDT | 07/16/2023 7:00 AM EDT |
| Narrative | | | | | | |
| _Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OI TEST DOCKED UNSOLICITED | D DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | le Road | Livonia, MI 48154 | 734-655-48 | 300 | |

| (ABNORMAL) POCT G | LUCOSE BLOO | D (POCT | GLOCOSE, BLOOD) | - Finai result | (07/15/2023 | 10:10 PM EDT) |
|---|--|---|---|--|--|---|
| _ | | Ref | | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 138 (H) | 70 - 110 mg/dL | | 07/15/2023 10:12 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Unl | | | 07/15/202 EDT | 3 10:10 PM | 07/15/2023 10:13 PM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF TEST DOCKED UNSOLICITED I | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nui | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| | | | | | | |
| (ABNORMAL) POCT G | | Ref | | Analysis | | |
| Component | Value | Ref Range | GLUCOSE, BLOOD) Test Method | Analysis Time | Performed At | 5:00 PM EDT) Pathologist Signature |
| | | Ref | | Analysis | Performed At | |
| Component | Value | Ref Range 70 - 110 mg/dL | | Analysis Time 07/15/2023 5:00 PM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |
| Component Glucose POCT Specimen (Source) | Value 146 (H) Anatomical Local Laterality | Ref Range 70 - 110 mg/dL | Test Method | Analysis Time 07/15/2023 5:00 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT | Value 146 (H) Anatomical Loc | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/15/2023 5:00 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature |
| Component Glucose POCT Specimen (Source) | Value 146 (H) Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/15/2023 5:00 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood | Value 146 (H) Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/15/2023 5:00 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider | Anatomical Loc Laterality Capillary blood specimen / Uni | Ref Range 70 - 110 mg/dL | Test Method Collection Method / Volume Result Status | Analysis Time 07/15/2023 5:00 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative | Anatomical Loc Laterality Capillary blood specimen / Uni | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume | Analysis Time 07/15/2023 5:00 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider | Anatomical Loc Laterality Capillary blood specimen / Uni Result Type LAB POINT OF TEST DOCKED UNSOLICITED | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume Result Status | Analysis Time 07/15/2023 5:00 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 5:00 PM EDT | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider R Akaraz-Avedissian MD | Anatomical Loc Laterality Capillary blood specimen / Uni Result Type LAB POINT OF TEST DOCKED UNSOLICITED | Ref Range 70 - 110 mg/dL cation / d known | Collection Method / Volume Result Status Final Result | Analysis Time 07/15/2023 5:00 PM EDT Collection 07/15/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 5:00 PM EDT | Pathologist Signature Received Time |

(ABNORMAL) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/15/2023 12:23 PM EDT)

| C | V/ loss | Ref | T + NA-AlI | Analysis | D | D. I. Janist Cinnatum |
|--|---------------------------|-------------------|---------------------|------------------------|------------------------|----------------------------|
| Component Glucose POCT | Value | Range 70 - 110 | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 147 (H) | 70 - 110 mg/dL | | 07/15/2023 12:24 PM | TRINITY HEALTH | |
| | | •••• | | EDT | LIVONIA | |
| | | | | | HOSPITAL LABORATORY | |
| | | | | | (SMLI) | |
| | Anatomical Lo | ocation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Capillary bloo | | | 07/15/202 EDT | 3 12:23 PM | 07/15/2023 12:25 PM EDT |
| | specimen / Ur | IKHOWH | | בטו | | EDI |
| Narrative | | | | | | |
| | | | | | | |
| Atharising Drawider | Docult Turo | | Result Status | | | |
| Authorizing Provider R Akaraz-Avedissian MD | Result Type LAB POINT OF | | Final Result | | | |
| K AKaraz-Aveuissiaii ivid | TEST DOCKED | | rinai kesuit | | | |
| | UNSOLICITED | | | | | |
| | | | 51 (G) (TID G) I | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Number | | |
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five Mi | le Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| | | | | | | |
| (ABNORMAL) CBC W/ | AUTO DIFFE | RENTIAL (| (CBC WITH AUTO DIF | FERENTIAL) | - Final resul | t (07/15/2023 6:29 |
| AM EDT) | | D - f | | A L in | | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | : Pathologist Signature |
| WBC | 11.0 | | LAB HEMETOLOGY | 07/15/2023 | TRINITY | . Tuttle.og.or o.g.tate |
| | | K/mcL | METHOD | 6:53 AM | HEALTH | |
| | | | | EDT | LIVONIA | |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|------------|----------|--------------------------|--------------------------|------------------------------|---|-----------------------|
| WBC | 11.0 | 3.6 - 11.1 K/mcL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RBC | 4.16 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hemoglobin | 12.2 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hematocrit | 39.4 | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCV | 94.7 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|-----------------------------------|----------|--------------------------|--------------------------|------------------------------|---|-----------------------|
| MCHC | 31.0 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 14.7 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 324 | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Relative | 57.1 | 43.3 - 80.0 % | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Relative | 0.4 | 0.0 - 3.0 % | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Relative | 21.8 | 15.0 - 45.0 % | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Relative | 13.5 (H) | 4.6 - 12.4 % | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Relative | 6.7 (H) | 0.0 - 5.0 % | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Relative | 0.5 | 0.0 - 2.0 % | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Absolute | 6.28 | 1.90 - 7.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|------------------------------|--------------------------|--|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Immature Granulocytes Absolute | 0.04 | 0.00 - 0.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Lymphocytes Absolute | 2.40 | 0.80 - 3.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Absolute | 1.49 (H) | 0.20 - 0.80 K/ mcL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Eosinophils Absolute | 0.74 (H) | 0.00 - 0.50 K/ mcL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Absolute | 0.05 | 0.00 - 0.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Specimen (Source) | Anatomical L Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Гіте | Received Time |
| Blood | Venous blood specimen / U | | | | | 07/15/2023 6:33 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | <u> </u> | Final Result | | | |
| Performing Organization TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Address 36475 Five M | ile Road | City/State/ZIP Code Livonia, MI 48154 | Phone Nun 734-655-48 | | |
| PHOSPHORUS - Final re | esult (07/15/2 | 023 6:29 <i>A</i> | AM EDT) | | | |

| | | Ref | | Analysis | | |
|---|------------------------------|--------------------|---|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Phosphorus | 3.8 | 2.4 - 4.6 mg/dL | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical L Laterality | ocation / | Collection Method / Volume | Collection ⁻ | | Received Time |
| Blood | Venous blood | | | | | 07/15/2023 6:32 AM EDT |
| | specimen / U | nknown | , | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | CRDERABLES | 5 | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nun | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | lile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| | | | | | | |
| MAGNESIUM - Final res | ult (07/15/20 | 23 6:29 Al Ref | M EDT) | Analysis | | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Magnesium | 1.9 | 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical L | ocation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Venous blood specimen / U | | Venipuncture / Unknown 07/15/2023 6:29 AM EDT | | | 07/15/2023 6:32 AM EDI |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD | | Final Result | | | |
| | ORDERABLES | · | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | lile Road | Livonia, MI 48154 | 734-655-48 | | |
| | | | | | | |
| AMMONIA - Final result | (07/15/2023 | | EDT) | | | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed A+ | Pathologist Signature |
| Ammonia | 28 | 16 - 53 | LAB CHEMISTRY METHOD | 07/15/2023 6:57 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL | |
| | | | | | LABORATORY (SMLI) | |

| | Anatomical Loc | cation / | Collection Method / | | | |
|--|---|-------------------------------------|--------------------------|------------------------------|---|------------------------|
| Specimen (Source) | Laterality | , | Volume | Collection T | ime | Received Time |
| Blood | Venous blood specimen / Unk | known | Venipuncture / Unknown | 07/15/2023 | 6:29 AM EDT | 07/15/2023 6:31 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | ber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | ∍ Road | Livonia, MI 48154 | 734-655-48 | 00 | |
| (ABNORMAL) VALPRO | IC ACID FREE | (VALPRO | DIC ACID LEVEL, FREE) - | · Final resul | t (07/15/20 | 23 6:29 AM EDT) |
| , , , , , , , , , , , , , , , , , , , | | Ref | | Analysis | Performed | · . |
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| Valproic Acid, Free | 19.2 (H) | 4.8 - 17.3 mg/L | | 07/21/2023 5:59 AM EDT | WARDE LAB | |
| Comment: Note: Non-linear drug the fraction of Free total drug increases. 5% to 25% for the tot TEST PERFORMED AT: QUEST DIAGNOSTICS/NIC | Valproic Acio . The free fra tal drug range | d increas action ma e of 30-1 | sing as Ly range from | | | |
| 14225 NEWBROOK DRIVE PATRICK W. MASON,MD,F | | 1 20151-2 | 228 | | | |
| | Anatomical Loc | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection T | | Received Time |
| Blood | Venous blood specimen / Unk | known | Venipuncture / Unknown | 07/15/2023 | 6:29 AM EDT | 07/15/2023 6:32 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | ber | |
| WARDE LAB | 300 W. Textile R | ₹d | Ann Arbor, MI 48108 | 800-876-65 | 22 | |
| | F | Ref | | Analysis | | |
| Component | | | | | | Pathologist Signature |
| Sodium | | | METHOD 7 | 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |

(SMLI)

| _ | | Ref | | Analysis | | |
|---------------------------|------------------|---------------------------|---------------------------|------------------------------|---|-----------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Potassium | 5.0 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Chloride | 102 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| CO2 | 30 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 7 | 3 - 11 | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 98 | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 15 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.56 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 111 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| equation refit without ad | ljustment for ra | ice. | based on the Chronic Kidn | | | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 26.8 | >=0.0 | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.6 | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|------------------------------------|--------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| AST (SGOT) | 21 | 13 - 39 unit/L | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| ALT (SGPT) | 7 | 7 - 52 unit/L | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Alkaline Phosphatase | 97 | 27 - 120 unit/L | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Total Protein | 6.3 | 6.1 - 7.9 g/dL | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Albumin | 2.8 (L) | 3.5 - 5.7 g/dL | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Total Bilirubin | 0.3 | 0.3 - 1.0 mg/dL | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection Time | | Received Time |
| Blood | Venous blood specimen / U | | Venipuncture / Unknow | n 07/15/2023 | 3 6:29 AM EDT | 07/15/2023 6:32 AM EDT |
| Narrative | | | | | | |
| Authorisis - Descriptor | Dogude Torre | | Docult Ctatus | | | |
| Authorizing Provider S Maan MD | Result Type LAB BLOOD ORDERABLES | | Result Status Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | nher | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | | |
| POCT GLUCOSE BLOOD |) (POCT GLUC | OSE, BLO | OD) - Final result (07/15, | /2023 6:10 A | M EDT) | |
| | | Ref | | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 95 | 70 - 110 mg/dL | | 07/15/2023 6:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL | |

HEALTH LIVONIA HOSPITAL

LABORATORY (SMLI)

| Specimen (Source) | Laterality | JCaliOII / | Volume | Collection | Time | Received Time |
|---|---------------------------------|---------------------|----------------------------|-----------------------------------|---|-------------------------|
| Blood | Capillary bloo | | volulile | | | 07/15/2023 6:11 AM EDT |
| ыооч | specimen / Ur | | | 017137202 | 3 0.10 AW LD | 01/13/2023 0.11 ANI EDI |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB POINT OF | F CARE | Final Result | | | |
| | TEST DOCKED UNSOLICITED | | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nu | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| (ABNORMAL) POCT GI | LUCOSE BLO | OD (POCT Ref | GLUCOSE, BLOOD) - | - Final result Analysis | (07/14/2023 | 9:56 PM EDT) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 146 (H) | 70 - 110 mg/dL | | 07/14/2023 9:56 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| · (C | Anatomical Lo | ocation / | Collection Method / | C II - stiese | • | 5 1 17 |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Capillary bloo specimen / Ur | | | U// 14/ZUZ | 3 9:56 PIVI EUI | 07/14/2023 9:57 PM EDT |
| Narrative | | | | | | |
| A. C. State of Description | D. code Tono | | D. J. Crahan | | | |
| Authorizing Provider S Maan MD | Result Type LAB POINT OF | | Result Status Final Result | | | |
| S Maan Mu | TEST DOCKED UNSOLICITED | D DEVICE | Finai Kesuit | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nu | mbe <u>r</u> | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-4 | .800 | |
| VAS US DUPLEX LOWER | . EXT VENOUS | S LEFT - Fin Ref | nal result (07/14/2023 | 7:05 PM EDT Analysis | Performed | |
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| BSA | 2.07 | m2 | | | CV PACS | |
| Anatomical Region | Laterali | itv | Modality | | | |
| Vascular, Abdomen | | <u>-7</u> | Ultrasoun | | | |
| | Anatomical Lo | ocation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | Time | Received Time |
| Narrative | | | | | | |
| 07/16/2023 5:23 PM ED |)T | | | | | |
| This result has an at | tachment that | at is not | available. | | | |
| | | | | | | |

Anatomical Location / Collection Method /

Narrative

- 1. There is evidence of acute deep vein thrombosis in the left lower extremity common femoral vein, proximal femoral vein, mid femoral vein, and distal femoral vein.
- 2. Suggest further testing if clinically indicated.

Left Lower Venous

Common femoral vein is abnormal. A(n) acute thrombus is present. Proximal femoral vein is abnormal. A(n) acute thrombus is present. Mid femoral vein is abnormal. A(n) acute thrombus is present. Distal femoral vein is abnormal. A(n) acute thrombus is present.

Popliteal vein was not visualized. Posterior tibial veins were not visualized. Peroneal veins were not visualized. Gastrocnemius vein was not visualized. Great saphenous vein is was not visualized.

Vascular Tech Details

A gray scale, color and doppler analysis ultrasound was performed. During the study longitudinal and transverse views were obtained. Pulsed wave doppler was performed. Overall the study quality was limited and technically difficult. Study was technically difficult due to: patient uncooperative, presence of lines and dressings, bedside exam and patient movement.

Preliminary Report Communication

Critical result. Preliminary report called to Tamara Ziembroski, RN/ Progress note on 7/14/2023 at 19:17 EDT.

| Result Status |
|---------------|
| Final Result |
| { |

Analysis

(ABNORMAL) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/14/2023 4:28 PM EDT)

| | | 1/61 | | Allalysis | | | |
|----------------------|--|-------|---------------|-----------|--|------------------------|--|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature | |
| Glucose POCT | POCT 116 (H) 70 - 110 mg/dL Anatomical Location / | | · · | | 07/14/2023 TRINITY 4:29 PM HEALTH EDT LIVONIA HOSPITAL LABORATORY (SMLI) | | |
| Specimen (Source) | | | | | Time | Received Time | |
| Blood | Capillary blood specimen / Unknown | | | 07/14/202 | 3 4:28 PM EDT | 07/14/2023 4:30 PM EDT | |
| Narrative | | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | | |

| Authorizing Provider | Result Type | Result Status | |
|---|--|---------------------|--------------|
| S Maan MD | LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | Final Result | |
| Performing Organization | Address | City/State/ZIP Code | Phone Number |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 |

(ABNORMAL) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/14/2023 11:33 AM EDT)

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At Pathologist Signature |
|--------------|---------|-------------------|-------------|-------------------------------|---|
| Glucose POCT | 123 (H) | 70 - 110 mg/dL | | 07/14/2023 11:34 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|--|-------------------------------|----------------------------|----------------------------|
| Blood | Capillary blood specimen / Unknown | | 07/14/2023 11:33 AM EDT | 07/14/2023 11:35 AM EDT |
| Narrative | | | | |
| | | | | |
| Authorizing Provider | Result Type | Result Status | | |
| S Maan MD | LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | Final Result | | |
| Performing Organization | Address | City/State/ZIP Code | Phone Number | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 | |
| (ARNORMAI) CRC W/ | ' AUTO DIFFFRENTIAL | (CRC WITH AUTO DIF | FERENTIAL) - Final resu | ılt (07/14/2023 6:45 |

(ABNORMAL) CBC W/ AUTO DIFFERENTIAL (CBC WITH AUTO DIFFERENTIAL) - Final result (07/14/2023 6:45 AM EDT)

| AIVI EDI) | | 5 (| | | |
|------------|---------------|--------------------------|-------------------------------------|--------------------------------------|--|
| Camananan | Value | Ref | To at Mathe and | Analysis | Dayle was ad At Dath ale sist Circustum |
| WBC | Value 10.3 | 3.6 - 11.1 K/mcL | Test Method LAB HEMETOLOGY METHOD | Time 07/14/2023 7:30 AM EDT | Performed At Pathologist Signature TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| RBC | 4.03 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Hemoglobin | 11.8 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Hematocrit | 38.6 | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| MCV | 95.8 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| MCHC | 30.6 (L) | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| RDW | 14.6 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| | | | | | |

| Component | Value | Ref Range | Test Method | Analysis Time | Parformed At | Pathologist Signature |
|-----------------------------------|----------|--------------------------|--------------------------|------------------------------|---|-----------------------|
| Platelets | 339 | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Relative | 51.2 | 43.3 - 80.0 % | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Relative | 0.4 | 0.0 - 3.0 % | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Relative | 27.6 | 15.0 - 45.0 % | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Relative | 12.9 (H) | 4.6 - 12.4 % | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Relative | 7.4 (H) | 0.0 - 5.0 % | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Relative | 0.5 | 0.0 - 2.0 % | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Absolute | 5.28 | 1.90 - 7.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Absolute | 0.04 | 0.00 - 0.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Absolute | 2.84 | 0.80 - 3.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|--|--------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Monocytes Absolute | 1.33 (H) | 0.20 - 0.80 K/ mcL | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Absolute | 0.76 (H) | 0.00 - 0.50 K/ mcL | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Absolute | 0.05 | 0.00 - 0.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| _Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Venous blood specimen / U | | Venipuncture / Unknow | n 07/14/2023 | 3 6:45 AM EDT | 07/14/2023 7:11 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Posult Type | | Result Status | | | |
| Authorizing Provider S Maan MD | Result Type LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| PHOSPHORUS - Final re | sult (07/14/2 | 023 6:45 <i>F</i> Ref | AM EDT) | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Phosphorus | 3.4 | 2.4 - 4.6 mg/dL | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo | ocation / | Collection Method / | | | |
| Specimen (Source) | Laterality | 1 | Volume | Collection | | Received Time |
| Blood | Venous blood specimen / U | | venipuncture / Unknow | n U//14/2023 | 5 6:45 AM EDF | 07/14/2023 7:11 AM EDT |

| Narrative | | | | | | |
|---|-------------------------|------------------------|------------------------------|------------------------------|---|---|
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | ; | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | | |
| | | | | | | |
| MAGNESIUM - Final res | ult (07/14/20 | 23 6:45 A ¹ | M EDT) | | | |
| | | Ref | | Analysis | | |
| Component | Value | Range | Test Method | Time | | t Pathologist Signature |
| Magnesium | 1.8 | 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| ((| Anatomical Lo | ocation / | Collection Method / | C Usetian' | | n to take a |
| Specimen (Source) Blood | Laterality Venous blood | | Volume Venipuncture / Unknow | Collection 7 | | Received Time 07/14/2023 7:11 AM EDT |
| DIUUU | specimen / U | | veriipuncture / onknom | 11 UI/ 17/2020 | 10.43 AIVI LUI | 01/14/2023 1.11 MV 251 |
| | • | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | , | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Num | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| | | | | | | |
| (ARNORMAL) COMPR | EHENCIVE M | IETAROLI | C PANEL - Final result (| /07/1 <u>4/202</u> 3 | 2 6·45 AM EC |)T) |
| (ADITORWIAL) | Elleroit | Ref | S FAITLE THURSDOOMS, | Analysis | U.TJ / | 11, |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Sodium | 138 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | <u>'</u> |
| Potassium | 4.2 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | | |
| | | | | | LABORATORY (SMLI) | |
| Chloride | 103 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SM I) | ′ |

(SMLI)

| | | Ref | | Analysis | | |
|--|----------|---------------------------|---------------------------|------------------------------|---|-----------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| CO2 | 30 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 5 | 3 - 11 | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 95 | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 17 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.50 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 115 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Oct _equation refit without ac | | | pased on the Chronic Kidr | ney Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 34.0 | >=0.0 | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.2 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| AST (SGOT) | 19 | 13 - 39 unit/L | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| ALT (SGPT) | 7 | 7 - 52 unit/L | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|--------------------------------|--------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Alkaline Phosphatase | 96 | 27 - 120 unit/L | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Total Protein | 6.0 (L) | 6.1 - 7.9 g/dL | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Albumin | 2.7 (L) | 3.5 - 5.7 g/dL | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Total Bilirubin | 0.3 | 0.3 - 1.0 mg/dL | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality |)Cation / | Collection Method / Volume | Collection 7 | Time | Received Time |
| Blood | Venous blood specimen / U | | Venipuncture / Unknow | /n 07/14/2023 | 3 6:45 AM EDT | 07/14/2023 7:11 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| POCT GLUCOSE BLOOD | (POCT GLUC | OSE, BLOC | OD) - Final result (07/12 | 4/2023 6:13 A Analysis | M EDT) | |
| Component | Value | Range | Test Method | | Performed At | Pathologist Signature |
| Glucose POCT | 95 | 70 - 110 mg/dL | | EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection 1 | Time | Received Time |
| Blood | Capillary bloc specimen / U | | | 07/14/2023 | 3 6:13 AM EDT | 07/14/2023 6:15 AM EDT |
| Narrative | | | | | | |
| Authorisis - Duraidos | Danielt Tona | | Decole Character | | | |
| Authorizing Provider S Maan MD | Result Type LAB POINT O | F CARE | Result Status Final Result | | | |

| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mher | |
|------------------------------------|---------------------------------------|--------------|-------------------------------|------------------|-------------------|------------------------|
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five Mile | Road | Livonia, MI 48154 | 734-655-4 | | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| POCT GLUCOSE BLOOD | | | D) - Final result (07/13 | | PM EDT) | |
| Component | | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 110 | 70 - 110 | rest method | 07/13/2023 | TRINITY | Tathologist signature |
| | | mg/dL | | 8:42 PM EDT | HEALTH LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATORY (SMLI) | |
| | Anatomical Loc | ation / | Collection Method / | | | |
| Specimen (Source) | Laterality | ation / | Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Unk | | | 07/13/202 | 3 8:41 PM EDT | 07/13/2023 8:43 PM EDT |
| | specificity of | | | | | |
| Narrative | | | | | | |
| Authorities Describes | Decode Tone | | Danill Chatura | | | |
| Authorizing Provider S Maan MD | Result Type LAB POINT OF | CARF | Result Status Final Result | | | |
| 3 Maari MB | TEST DOCKED I | DEVICE | Tillar Nesalt | | | |
| | UNSOLICITED R | RESULIS | | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nur | | |
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five Mile | Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GLUCOS | | D) - Final result (07/13 | | PM EDT) | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 99 | 70 - 110 | 1000 11100.100 | 07/13/2023 | TRINITY | Tutilologist elgilele |
| | | mg/dL | | 4:27 PM EDT | HEALTH LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATORY (SMLI) | |
| | * * * * * * * * * * * * * * * * * * * | / | C !! \$4 4b - 1 / | | | |
| Specimen (Source) | Anatomical Loc Laterality | ation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood | | | 07/13/202 | 3 4:26 PM EDT | 07/13/2023 4:28 PM EDT |
| | specimen / Unk | nown | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | CARE | Result Status | | | |
| S Maan MD | LAB POINT OF C | DEVICE | Final Result | | | |
| | UNSOLICITED R | RESULTS | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five Mile | Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| | | | | | | |

| (ADINUKIVIAL) PULT GI | LUCOSE BLOC | D (POCT | GLUCOSE, BLOOD) - | Final result | (07/13/2023 | 11:30 AM EDT) |
|---|--|--|---------------------|---|---|----------------------------|
| • | | Ref | | Analysis | | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 135 (H) | 70 - 110 mg/dL | | 07/13/2023 11:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Un | | | 07/13/2023 EDT | 3 11:30 AM | 07/13/2023 11:31 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-48 | 800 | |
| (ABNORMAL) CBC W/ AM EDT) | AUTO DIFFEI | RENTIAL (| (CBC WITH AUTO DIF | FERENTIAL) | - Final resul | + (07/13/2023 6·58 |
| | | Ref | | Analysis | - 1.44 | |
| Component | | Range | Test Method | Analysis Time | | Pathologist Signature |
| <u>Component</u> WBC | | Range | LAB HEMETOLOGY | Analysis | | Pathologist Signature |
| | 10.3 4.37 | Range 3.6 - 11.1 K/mcL 4.30 - | LAB HEMETOLOGY | Analysis Time 07/13/2023 7:11 AM | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature |

Hemoglobin

Hematocrit

MCV

12.8 (L)

40.9

93.6

12.9 -

18.0 g/

37.6 -

52.0 %

82.0 -

102.0 FL METHOD

dL

LAB HEMETOLOGY

LAB HEMETOLOGY

LAB HEMETOLOGY

METHOD

METHOD

07/13/2023 TRINITY

07/13/2023 TRINITY

07/13/2023 TRINITY

HEALTH

LIVONIA HOSPITAL LABORATORY (SMLI)

HEALTH

LIVONIA HOSPITAL LABORATORY

(SMLI)

HEALTH

LIVONIA HOSPITAL LABORATORY

(SMLI)

7:11 AM

7:11 AM

7:11 AM

EDT

EDT

EDT

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|-----------------------------------|---------|--------------------------|--------------------------|------------------------------|---|-----------------------|
| MCHC | 31.3 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 14.7 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 372 | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Relative | 57.1 | 43.3 - 80.0 % | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Relative | 0.5 | 0.0 - 3.0 % | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Relative | 24.5 | 15.0 - 45.0 % | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Relative | 12.2 | 4.6 - 12.4 % | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Relative | 5.2 (H) | 0.0 - 5.0 % | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Relative | 0.5 | 0.0 - 2.0 | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Absolute | 5.88 | 1.90 - 7.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| _ | | Ref | | Analysis | | |
|---|-------------------------|--------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Immature Granulocytes Absolute | 0.05 | 0.00 - 0.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Absolute | 2.52 | 0.80 - 3.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Absolute | 1.26 (H) | 0.20 - 0.80 K/ mcL | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Absolute | 0.54 (H) | 0.00 - 0.50 K/ mcL | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Absolute | 0.05 | 0.00 - 0.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Laterality | ocation / | Collection Method / Volume | Collection ¹ | Timo | Received Time |
| Blood | Lateranty | | | | | 07/13/2023 7:08 AM EDT |
| Narrative | | | | | | |
| 1.0 | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | ; | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (4.5.10.5.4.1) 5.5.5.5 | 4FT4 DOLLS - | | | 6 F0 ANS | \ | |

(ABNORMAL) BASIC METABOLIC PANEL - Final result (07/13/2023 6:58 AM EDT)

| | | Ref | | Analysis | | |
|------------------------------|------------------|---------------------------|--|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Sodium | 142 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 07/13/2023 7:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Potassium | 4.4 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/13/2023 7:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Chloride | 104 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/13/2023 7:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| CO2 | 28 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/13/2023 7:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 10 | 3 - 11 | LAB CHEMISTRY METHOD | 07/13/2023 7:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 115 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/13/2023 7:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 15 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/13/2023 7:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.50 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/13/2023 7:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR Comment: Effective Oct | 115 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD based on the Chronic Kidr | 07/13/2023 7:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| equation refit without ad | ljustment for ra | ace. | | | | IIADUIALIUII (CND-EPI) |
| BUN/Creatinine Ratio | 30.0 | >=0.0 | LAB CHEMISTRY METHOD | 07/13/2023 7:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|---------------------------------|-------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Calcium | 8.5 (L) | | LAB CHEMISTRY METHOD | 07/13/2023 7:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | ′ |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Venous blood | | | | | 07/13/2023 7:08 AM EDT |
| | specimen / Ui | nknown | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-48 | 800 | |
| POCT GLUCOSE BLOOD | | OSE, BLOC Ref | | 3/2023 6:04 A Analysis | AM EDT) | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 95 | 70 - 110 mg/dL | | 07/13/2023 6:04 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Capillary bloo specimen / Ur | | | | | 07/13/2023 6:06 AM EDT |
| _Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB POINT O | F CARE | Final Result | | | |
| 3 Maari M.S | TEST DOCKED UNSOLICITED | D DEVICE | Titul Nesale | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | le Road | Livonia, MI 48154 | 734-655-48 | 800 | |
| (ABNORMAL) POCT GI | LUCOSE BLO | OD (POCT | 「GLUCOSE, BLOOD) - | Final result Analysis | (07/12/2023 | 8:38 PM EDT) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 124 (H) | 70 - 110 mg/dL | | 07/12/2023 8:39 PM EDT | | |

| Chasiman (Saurea) | Anatomical Loc | cation / | Collection Method / | Collection | T: no o | Descived Time |
|---|--|-------------------|-------------------------------|---|---|---|
| Specimen (Source) Blood | Laterality Capillary blood | | Volume | | | Received Time 07/12/2023 8:40 PM EDT |
| | specimen / Unk | known | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider S Maan MD | Result Type LAB POINT OF | CADE | Result Status Final Result | | | |
| ט ואוממוז ואוט | TEST DOCKED I | DEVICE | riliai Resuit | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nur | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4800 | | |
| POCT GLUCOSE BLOOD | (POCT GLUCO | | D) - Final result (07/12 | | PM EDT) | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 107 | 70 - 110 mg/dL | | 07/12/2023 4:46 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Loc | cation / | Collection Method / | | | |
| Specimen (Source) Blood | Laterality Capillary blood | | Volume | Collection Time 07/12/2023 4:45 PM EDT | | Received Time 07/12/2023 4:47 PM EDT |
| 5,000 | specimen / Unk | | | 01, 1 2, 2 0 | J 11. 13 1 11 | 01,12,2020 22 |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB POINT OF TEST DOCKED I UNSOLICITED F | DEVICE | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Number | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4800 | | |
| (ABNORMAL) POCT GI | | Ref | - | Analysis | | |
| Component Glucose POCT | Value 137 (H) | Range 70 - 110 | Test Method | Time 07/12/2023 | TRINITY | Pathologist Signature |
| Glucose r OC1 | 137 (11) | mg/dL | | 12:06 PM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection Time | | Received Time |
| Blood | Capillary blood specimen / Unk | | Volume | 07/12/2023 12:05 PM EDT | | 07/12/2023 12:07 PM EDT |
| | specimen / one | CHOWII | | בטו | | EDI |
| Narrative | | | | | | |
| | | | | | | |

| Authorizing Provider | Result Type | Result Status | |
|---|--|---------------------|--------------|
| S Maan MD | LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | Final Result | |
| Performing Organization | Address | City/State/ZIP Code | Phone Number |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 |

(ABNORMAL) CBC W/ AUTO DIFFERENTIAL (CBC WITH AUTO DIFFERENTIAL) - Final result (07/12/2023 6:46 AM EDT)

| 6 | \/ I | Ref | T | Analysis | |
|------------|----------|------------------------------|-------------------------------------|--------------------------------------|--|
| WBC | 8.7 | Range 3.6 - 11.1 K/mcL | Test Method LAB HEMETOLOGY METHOD | Time 07/12/2023 7:30 AM EDT | Performed At Pathologist Signature TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| RBC | 3.97 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Hemoglobin | 11.4 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Hematocrit | 37.2 (L) | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| MCV | 93.7 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| MCHC | 30.6 (L) | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| RDW | 14.6 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Platelets | 374 | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|-----------------------------------|----------|--------------------------|--------------------------|------------------------------|---|-----------------------|
| Neutrophils Relative | 48.9 | 43.3 - 80.0 % | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Relative | 0.2 | 0.0 - 3.0 % | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Relative | 31.7 | 15.0 - 45.0 % | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Relative | 13.7 (H) | 4.6 - 12.4 % | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Relative | 4.8 | 0.0 - 5.0 % | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Relative | 0.7 | 0.0 - 2.0 % | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Absolute | 4.26 | 1.90 - 7.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Absolute | 0.02 | 0.00 - 0.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Absolute | 2.76 | 0.80 - 3.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Absolute | 1.19 (H) | 0.20 - 0.80 K/ mcL | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|-------------------------|--------------------------|--------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Eosinophils Absolute | 0.42 | 0.00 - 0.50 K/ mcL | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Absolute | 0.06 | 0.00 - 0.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical L | ocation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | | | Venipuncture / Unknow | n 07/12/2023 | 3 6:46 AM EDT | 07/12/2023 7:14 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ABNORMAL) BASIC M | METABOLIC P | | inal result (07/12/2023 | | OT) | |
| Composit | Value | Ref | Tost Mothad | Analysis | Dorformand | Dathologist Ciaratura |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Sodium | 142 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 07/12/2023 7:55 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Potassium | 3.9 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/12/2023 7:55 AM EDT | | |
| Chloride | 107 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/12/2023 7:55 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |

(SMLI)

| | | Ref | | Analysis | | |
|---|--|---------------------------|------------------------------|------------------------------|---|---|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| CO2 | 26 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/12/2023 7:55 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 9 | 3 - 11 | LAB CHEMISTRY METHOD | 07/12/2023 7:55 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 96 | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/12/2023 7:55 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 15 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/12/2023 7:55 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.60 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/12/2023 7:55 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 109 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/12/2023 7:55 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Oct equation refit without ad | | | pased on the Chronic Kidr | ney Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 25.0 | >=0.0 | LAB CHEMISTRY METHOD | 07/12/2023 7:55 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.2 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 07/12/2023 7:55 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| (C | Anatomical L | ocation / | Collection Method / | C = II = =t; = -= : | Γ' | Described Time |
| Specimen (Source) Blood | Venous blood specimen / U | | Volume Venipuncture / Unknow | Collection on 07/12/2023 | | Received Time 07/12/2023 7:14 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider A Cheema MD | Result Type LAB BLOOD ORDERABLES | ; | Result Status Final Result | | | |
| | | | | | | |

| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
|---|---|---------------------------|--|-------------------------------|-----------------|------------------------|
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| LADURATURE (SIVILI) | | | | | | |
| ECG 12-LEAD - Final resu | ult (07/12/2021 | | И EDT) | | | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Ventricular Rate ECG | 80 | BPM | TOSC INTO CLOS | 111119 | GEMUSE | Tuttiologist signal |
| Atrial Rate | 80 | BPM | | | GEMUSE | |
| P-R Interval | 138 | ms | | | GEMUSE | |
| QRS Duration | 100 | ms | | | GEMUSE | |
| Q-T Interval | 420 | ms | | | GEMUSE | |
| QTc | 484 | ms | | | GEMUSE | |
| P Wave Axis | -23 | degrees | | | GEMUSE | |
| R Axis | 42 | degrees | | | GEMUSE | |
| T Axis | 78 | degrees | | | GEMUSE | |
| ECG Interpretation | Normal sinus rhythm Nonspecific ST and T wave abnormality Confirmed by SALEH, ASHRAF (3519) on 7/12/2023 4:25:22 PM | | | | GEMUSE | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection 1 | | Received Time |
| | | | | 07/12/2023 | 3 6:17 AM EDT | 07/12/2023 4:25 PM EDT |
| Narrative | | | | | | |
| This result has an at | ttachment tha | t is not | available. | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | ECG ORDERABI | LES | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| GEMUSE | | | | | | |
| (ABNORMAL) CULTUR | tE URINE - Fina | al result (Ref | (07/12/2023 12:09 A | AM EDT) Analysis | | |
| Component | Value | Range | Test Method | , | Performed At | Pathologist Signature |
| Culture, Urine | 100,000 CFU/ mL Enterobacter cloacae-CRE (A) | | MIC | 07/14/2023 10:16 PM EDT | | |
| Comment: Organism phenotype su | uggests carbaլ | penemase | production. | | | |
| This is an edited res | | | sm was Gram negative erobacter cloacae on | | | t 1124 EDT. |

Edited result: Previously reported as Enterobacter cloacae on 7/14/2023 at 1124 EDT.

Result component has been updated to reportable to State Health.

| Urine | Urinary bladder structure / Unknown | Non-blood Collection / Unknown | 07/12/2023 12:09 AM EDT | 07/12/2023 12:21 AM EDT |
|---|--|-----------------------------------|----------------------------|----------------------------|
| Narrative | | | | |
| | | | | |
| Authorizing Provider | Result Type | Result Status | | |
| S Maan MD | LAB MICROBIOLOGY - GENERAL ORDERABLES | Final Result | | |
| Performing Organization | Address | City/State/ZIP Code | Phone Number | |
| TRINITY HEALTH ANN ARBOR HOSPITAL LABORATORY (SJAA) | 5301 McAuley Dr | Ypsilanti, MI 48197 | 734-712-3456 | |

Collection Method /

Collection Time

Received Time

Volume

Anatomical Location /

Laterality

Specimen (Source)

(ABNORMAL) CBC W/ AUTO DIFFERENTIAL (CBC WITH AUTO DIFFERENTIAL) - Final result (07/11/2023 6:30 AM EDT)

| 7.00. 251) | | Ref | | Analysis | | |
|------------|----------|--------------------------|--------------------------|------------------------------|---|-----------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| WBC | 10.1 | | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | J |
| RBC | 4.02 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hemoglobin | 12.0 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hematocrit | 36.9 (L) | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCV | 91.8 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCHC | 32.5 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 14.5 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| Carananant | Value | Ref | Test Method | Analysis Time | Danfanna ad At | Dath all wist Circulature |
|-----------------------------------|----------|--------------------------|--------------------------|------------------------------|---|---------------------------|
| Component Platelets | 353 | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature |
| Neutrophils Relative | 62.2 | 43.3 - 80.0 % | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Relative | 0.3 | 0.0 - 3.0 % | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Relative | 20.3 | 15.0 - 45.0 % | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Relative | 14.6 (H) | 4.6 - 12.4 % | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Relative | 2.2 | 0.0 - 5.0 % | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Relative | 0.4 | 0.0 - 2.0 % | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Absolute | 6.27 | 1.90 - 7.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Absolute | 0.03 | 0.00 - 0.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Absolute | 2.04 | 0.80 - 3.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|-----------------------------|--------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Monocytes Absolute | 1.47 (H) | 0.20 - 0.80 K/ mcL | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Absolute | 0.22 | 0.00 - 0.50 K/ mcL | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Absolute | 0.04 | 0.00 - 0.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | _according | | | | | 07/11/2023 6:34 AM EDT |
| _Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | | |
| | | | | | | |
| (ABNORMAL) BASIC M | IETABOLIC P | ANEL - Fi Ref | nal result (07/11/2023 | | OT) | |
| Component | Value | Range | Test Method | Analysis Time | Performed At | Pathologist Signature |

| | | 1101 | | 7 (Traily 515 | | |
|-----------|---------|------------------------|-------------------------|------------------------------|---|-----------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Sodium | 143 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 07/11/2023 7:07 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Potassium | 3.4 (L) | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/11/2023 7:07 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|------------------------------|---------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Chloride | 108 (H) | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/11/2023 7:07 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| CO2 | 25 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/11/2023 7:07 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 10 | 3 - 11 | LAB CHEMISTRY METHOD | 07/11/2023 7:07 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 96 | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/11/2023 7:07 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 12 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/11/2023 7:07 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.60 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/11/2023 7:07 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 109 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/11/2023 7:07 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Octo equation refit without adj | | | based on the Chronic Kidne | ey Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 20.0 | >=0.0 | LAB CHEMISTRY METHOD | 07/11/2023 7:07 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.1 (L) | mg/dL | LAB CHEMISTRY METHOD | 07/11/2023 7:07 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical L Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Venous blood specimen / U | | | | | 07/11/2023 6:34 AM EDT |
| _Narrative | | | | | | |

| Authorizing Provider | Result Type | | Result Status | | | |
|---------------------------------|--------------------------|-----------|----------------------|--------------|-------------|------------------------|
| A Cheema MD | LAB BLOOD | | Final Result | | | |
| | ORDERABLES | | | | | |
| Performing Organization | Addracc | | City/State/ZIP Code | Phone Num | nhar | |
| TRINITY HEALTH | 36475 Five Mile | – Road | Livonia, MI 48154 | 734-655-48 | | |
| LIVONIA HOSPITAL | 30-73 1113 | , node | LIVOTIIA, IVII 1015. | 131 035 | 50 | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| ECG 12-LEAD - Final resu | ul+ (07/11/202 | 2 5·28 ΔN | / EDT) | | | |
| ECG 12-LLAD - Fillal 1630 | JIL (07) 11/2023 | Ref | (EDI) | Analysis | Performed | |
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| Ventricular Rate ECG | 101 | BPM | | | GEMUSE | |
| Atrial Rate | 101 | BPM | | | GEMUSE | |
| P-R Interval | 140 | ms | | | GEMUSE | |
| QRS Duration | 96 | ms | | | GEMUSE | |
| Q-T Interval | 388 | ms | | | GEMUSE | |
| QTc | 503 | ms | | | GEMUSE | |
| P Wave Axis | 44 | degrees | | | GEMUSE | |
| R Axis | 54 | degrees | | | GEMUSE | |
| T Axis | 67 | degrees | | | GEMUSE | |
| ECG Interpretation | Sinus | | | | GEMUSE | |
| | tachycardia Otherwise | | | | | |
| | normal ECG | | | | | |
| | When | | | | | |
| | compared | | | | | |
| | with ECG of | | | | | |
| | 10-JUL-2023 06:21, | | | | | |
| | Premature | | | | | |
| | ventricular | | | | | |
| | complexes | | | | | |
| | are no | | | | | |
| | longer | | | | | |
| | Present Confirmed | | | | | |
| | by SALEH, | | | | | |
| | ASHRAF | | | | | |
| | (3519) on | | | | | |
| | 7/11/2023 | | | | | |
| | 3:44:02 PM | | | | | |
| | Anatomical Loc | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection T | ime | Received Time |
| | | | | 07/11/2023 | 5:28 AM EDT | 07/11/2023 3:44 PM EDT |
| | | | | | | |
| Narrative This result has an at | the change the | t ic not | availahla | | | |
| This result has an at | ,тасппень снач |] 15 NOC | avarrabre. | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | ECG ORDERABI | LES | Final Result | | | |
| Performing Organization | Addross | | City/State/ZIP Code | Phone Num | ahar | |
| GEMUSE | Address | | City/State/Zir Code | FIIOHE INGH | Dei | |
| GLIVIOSE | | | | | | |
| | | | | | | |
| EGD - Final result (07/10 |)/2023 4:51 PM | 1 EDT) | | | | |
| Anatomical Region | Laterality | У | Modality | | | |
| | | | Other | | | |
| | | | | | | |
| | | | | | | |

| | Anatomical Lo | ocation / | Collection Method / | | | |
|--------------------------------|-----------------------------|---------------|-------------------------------|-------------------------|----------------------|------------------------|
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| | | | | 07/10/2023 | 3 4:17 PM EDT | |
| Narrative | | | | | | |
| This result has an at | ttachment th | at is not | available. | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Putrus MD | GI~PROCEDU | RE | Final Result | | | |
| | ORDERABLES | | | | | |
| | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GLUC | | DD) - Final result (07/10 | | M EDT) | |
| Component | Value | Ref Range | Test Method | Analysis Time | Parformed At | Pathologist Signature |
| Glucose POCT | 95 | 70 - 110 | iest Metriod | | TRINITY | Tatriologist Signature |
| | | mg/dL | | 3:46 PM | HEALTH | |
| | | | | EDT | LIVONIA HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | A | | Callastian Mathead / | | | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Capillary bloo | od | | 07/10/2023 | 3:45 PM EDT | 07/10/2023 3:47 PM EDT |
| | specimen / Uı | nknown | | | | |
| Narrative | | | | | | |
| Narrative | | | | | | |
| A | D 1: T | | D. H. C. | | | |
| Authorizing Provider S Maan MD | Result Type LAB POINT O | E CADE | Result Status Final Result | | | |
| 3 IVIdali IVID | TEST DOCKED | | rillai Result | | | |
| | UNSOLICITED | RESULTS | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nhar | |
| TRINITY HEALTH | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-48 | | |
| LIVONIA HOSPITAL | | | ,, | | | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| (ABNORMAL) CBC W/ | AUTO DIFFE | RENTIAL | (CBC WITH AUTO DIF | FERENTIAL) | - Final result | t (07/10/2023 9:02 |
| AM EDT) | | | | | | |
| | V/ I | Ref | T . M . I . I | Analysis | D () A (| D .1 1 |
| Component WBC | Value 12.9 (H) | Range | Test Method LAB HEMETOLOGY | Time 07/10/2023 | | Pathologist Signature |
| VVDC | 12.9 (H) | K/mcL | METHOD | 9:16 AM | HEALTH | |
| | | , | | EDT | LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATORY (SMLI) | |
| RBC | 4.15 (L) | 4.30 - | LAB HEMETOLOGY | 07/10/2023 | | |
| | | 5.90 M/ | METHOD | 9:16 AM | HEALTH | |
| | | mcL | | EDT | LIVONIA HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| Hemoglobin | 12.1 (L) | 12.9 - | LAB HEMETOLOGY | 07/10/2023 | | |
| | | 18.0 g/ dL | METHOD | 9:16 AM EDT | HEALTH LIVONIA | |
| | | GL. | | LDI | HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | | |
| | | | | | (SMLI) | |

| Component | Value | Ref Range | Test Method | Analysis Time | Darfarmad At | Pathologist Signature |
|-----------------------------------|----------|-------------------------|--------------------------|------------------------------|---|-----------------------|
| Hematocrit | 39.0 | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCV | 94.0 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCHC | 31.0 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 14.5 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 373 | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Relative | 70.1 | 43.3 - 80.0 % | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Relative | 0.7 | 0.0 - 3.0 % | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Relative | 14.9 (L) | 15.0 - 45.0 % | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Relative | 11.5 | 4.6 - 12.4 % | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Relative | 2.6 | 0.0 - 5.0 % | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|-----------------------------------|----------------------------|--------------------------|-------------------------------|------------------------------|---|---|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Basophils Relative | 0.2 | 0.0 - 2.0 % | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Absolute | 9.07 (H) | 1.90 - 7.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Absolute | 0.09 | 0.00 - 0.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Absolute | 1.93 | 0.80 - 3.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Absolute | 1.49 (H) | 0.20 - 0.80 K/ mcL | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Absolute | 0.33 | 0.00 - 0.50 K/ mcL | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Absolute | 0.02 | 0.00 - 0.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) Blood | Anatomical L Laterality | ocation / | Collection Method / Volume | Collection ⁻ | | Received Time 07/10/2023 9:05 AM EDT |
| Narrative | | | | 11 01, 10, 2023 |) J.UL / ((V) LD . | 01/10/2023 3.03 / 11/1 22 . |
| | | | | | | |
| Authorizing Provider S Maan MD | Result Type LAB BLOOD | | Result Status Final Result | | | |
| | ORDERABLES | , | | | | |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|----------------------|---------------------|--------------|
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 |

(ABNORMAL) BASIC METABOLIC PANEL - Final result (07/10/2023 6:54 AM EDT)

| (ABNORMAL) BASIC N | METABOLIC P | | nal result (07/10/2023 | | DT) |
|---------------------|-------------|---------------------------|------------------------------------|------------------------------|--|
| Component | Value | Ref | Tast Mathad | Analysis Time | Parformed At Pathologist Signature |
| Component Sodium | 141 | 135 - 144 mmol/L | Test Method LAB CHEMISTRY METHOD | 07/10/2023 7:34 AM EDT | Performed At Pathologist Signature TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Potassium | 3.3 (L) | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/10/2023 7:34 AM EDT | |
| Chloride | 107 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/10/2023 7:34 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| CO2 | 28 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/10/2023 7:34 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Anion Gap | 6 | 3 - 11 | LAB CHEMISTRY METHOD | 07/10/2023 7:34 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Glucose | 90 | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/10/2023 7:34 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| BUN | 12 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/10/2023 7:34 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Creatinine | 0.58 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/10/2023 7:34 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| eGFR | 110 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/10/2023 7:34 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) idemiology Collaboration (CKD-EPI) |

Comment: Effective October 9, 2022, calculation based on the Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) equation refit without adjustment for race.

| | | Ref | = | Analysis | D 6 14: | Bull I de Charles |
|---|-----------------------------|-------------------|-------------------------------|------------------------------|---|--------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| BUN/Creatinine Ratio | 20.7 | >=0.0 | LAB CHEMISTRY METHOD | 07/10/2023 7:34 AM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.4 (L) | mg/dL | LAB CHEMISTRY METHOD | 07/10/2023 7:34 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Гime | Received Time |
| Blood | Venous blood | | | | | 07/10/2023 6:57 AM EDT |
| ыооч | specimen / Ur | | veriipuncture / Onknowi | 1 07/10/2023 | 0.34 AIVI EDI | 01/10/2023 0.37 AIVI EDI |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | le Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| | | | | | | |
| ECG 12-LEAD - Final res | ult (07/10/202 | 23 6:21 AN Ref | M EDT) | Analysis | Performed | |
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| Ventricular Rate ECG | 88 | BPM | | | GEMUSE | |
| Atrial Rate | 88 | BPM | | | GEMUSE | |
| P-R Interval | 144 | ms | | | GEMUSE | |
| QRS Duration | 100 | ms | | | GEMUSE | |
| | | | | | | |

GEMUSE

GEMUSE

GEMUSE

GEMUSE

GEMUSE

434

525

60

74

71

Q-T Interval

P Wave Axis

QTc

R Axis

T Axis

ms

ms

degrees

degrees

degrees

| | | Ref | | Analysis | Performed | |
|--|--|----------|---------------------------|-------------------------|-----------|------------------------|
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| ECG Interpretation | Sinus rhythm with occasional Premature ventricular complexes Prolonged QT Abnormal ECG When compared with ECG of 09-JUL-2023 06:05, Premature ventricular complexes are now Present Confirmed by SALEH, ASHRAF (3519) on 7/10/2023 4:03:29 PM Anatomical Loc | | Collection Method / | Time | GEMUSE | Pathologist Signature |
| Specimen (Source) | Laterality | .ation / | Volume | Collection T | ime | Received Time |
| | - I I I I I | | | | | 07/10/2023 4:03 PM EDT |
| Narrative | | | | | | |
| This result has an a | ttachment that | is not | available. | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | ECG ORDERABI | LES | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | ber | |
| GEMUSE | | | | | | |
| XR ABDOMEN 1 VIEW - Anatomical Region | Final result (07 Laterality | | 12:19 AM EDT) Modality | | | |
| Body | | | Radiograp | phic Imaging | | |
| | A | | Callagtion Martin - 1 | | | |
| Specimen (Source) | | ation / | | Collection T | ime | Received Time |
| | | | | 07/10/2023 EDT | | |
| Anatomical Region | | У | Modality | Collection T 07/10/2023 | | Received Time |

Impressions 07/10/2023 12:49 AM EDT Single frontal view of the abdomen obtained. Supine imaging limits evaluation for pneumoperitoneum. No gross pneumoperitoneum. Moderate fecal loading within the ascending colon and rectum. No dilated bowel loops. A PEG tube is not visualized. No suspicious calcifications. No acute osseous abnormalities.

Reviewed and electronically signed by: Ursula Sylvia Knoepp, MD 7/10/2023 12:49 AM

----- FINAL REPORT -----Dictated By: Knoepp, Ursula Sylvia
Dictated Date: 07/10/2023 00:48

Assigned Physician: Knoepp, Ursula Sylvia

Reviewed and Electronically Signed By: Knoepp, Ursula Sylvia

Signed Date: 07/10/2023 00:49 Workstation ID: AARRPRW1036 Transcribed By: Self Edit

Transcribed Date: 07/10/2023 00:48

Patients: If you have questions regarding some of the verbiage in your report, please visit RadiologyExplained.com for a definition. If you have any other please visit RadiologyExplained.com for a definition. If you have any other questions please contact your physician.

Physicians: If your patient was seen at Trinity Health St. Mary Mercy Livonia or Trinity Health Medical Center Schoolcraft and you have questions 24/7 regarding this report,

please call: 734-655-2421.

Narrative

07/10/2023 12:49 AM EDT

XR ABDOMEN 1 VIEW

COMPLETED DATE: 7/9/2023 11:47 PM

REASON FOR EXAM: PEG tube

ADDITIONAL HISTORY PROVIDED BY CLINICAL TEAM: None Provided

ADDITIONAL HISTORY REVIEWED: pt pulled PEG tube

VIEWS: 1 IMAGES: 1
COMPARISON: None

Procedure Note

U Knoepp, MD - 07/10/2023

Procedure Note

Formatting of this note might be different from the original.

XR ABDOMEN 1 VIEW

COMPLETED DATE: 7/9/2023 11:47 PM

REASON FOR EXAM: PEG tube

ADDITIONAL HISTORY PROVIDED BY CLINICAL TEAM: None Provided

ADDITIONAL HISTORY REVIEWED: pt pulled PEG tube

VIEWS: 1 IMAGES: 1

COMPARISON: None

IMPRESSION:

Single frontal view of the abdomen obtained. Supine imaging limits evaluation for pneumoperitoneum. No gross pneumoperitoneum. Moderate fecal loading within the ascending colon and rectum. No dilated bowel loops. A PEG tube is not visualized. No suspicious calcifications. No acute osseous abnormalities.

Reviewed and electronically signed by: Ursula Sylvia Knoepp, MD 7/10/2023 12:49 AM

------ FINAL REPORT ------Dictated By: Knoepp, Ursula Sylvia Dictated Date: 07/10/2023 00:48

Assigned Physician: Knoepp, Ursula Sylvia

Reviewed and Electronically Signed By: Knoepp, Ursula Sylvia

Signed Date: 07/10/2023 00:49 Workstation ID: AARRPRW1036

Transcribed By: Self Edit

Transcribed Date: 07/10/2023 00:48

Patients: If you have questions regarding some of the verbiage in your report, please visit RadiologyExplained.com for a definition. If you have any other please visit RadiologyExplained.com for a definition. If you have any other questions please contact your physician.

Physicians: If your patient was seen at Trinity Health St. Mary Mercy Livonia or Trinity Health Medical Center Schoolcraft and you have questions 24/7 regarding this report,

please call: 734-655-2421.

| Authorizing Provider | Result Type | Result Status |
|----------------------|-------------------|---------------|
| S Maan MD | IMG XR PROCEDURES | Final Result |

ECG 12-LEAD - Final result (07/09/2023 6:05 AM EDT)

| | | Ref | | Analysis | Performed | |
|----------------------|-------|---------|-------------|----------|-----------|-----------------------|
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| Ventricular Rate ECG | 83 | BPM | | | GEMUSE | |
| Atrial Rate | 83 | BPM | | | GEMUSE | |
| P-R Interval | 136 | ms | | | GEMUSE | |
| QRS Duration | 98 | ms | | | GEMUSE | |
| Q-T Interval | 436 | ms | | | GEMUSE | |
| QTc | 512 | ms | | | GEMUSE | |
| P Wave Axis | -9 | degrees | | | GEMUSE | |
| R Axis | 80 | degrees | | | GEMUSE | |
| T Axis | 56 | degrees | | | GEMUSE | |

| | | Ref | | Analysis | Performed | |
|--------------------------------|--|--------------------------|-------------------------------|----------------------------------|---|----------------------------|
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| ECG Interpretation | Normal sinus rhythm with sinus arrhythmia Prolonged QT Abnormal ECG When compared with ECG of 06-JUL-2023 06:20, QT has lengthened Confirmed by SALEH, ASHRAF (3519) on 7/9/2023 11:12:34 AM | | | | GEMUSE | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Narrative This result has an a | · | at is not | | | | 07/09/2023 11:12 AM EDT |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | ECG ORDERA | BLES | Final Result | | | |
| Performing Organization GEMUSE | Address | | City/State/ZIP Code | Phone Nun | nber | |
| (ABNORMAL) BASIC N | METABOLIC PA | ANEL - F i Ref | inal result (07/09/202 | 23 5:35 AM EI Analysis | DT) | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Sodium | 142 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 07/09/2023 6:28 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Potassium | 3.8 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/09/2023 6:28 AM | TRINITY HEALTH | |

EDT

6:28 AM

EDT

Chloride

107

98 - 107 LAB CHEMISTRY

mmol/L METHOD

LIVONIA HOSPITAL LABORATORY

(SMLI)

HEALTH

LIVONIA HOSPITAL LABORATORY

(SMLI)

07/09/2023 TRINITY

| | | Ref | | Analysis | | |
|---|------------------------------------|---------------------------|------------------------------|------------------------------|---|---|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| CO2 | 25 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/09/2023 6:28 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 10 | 3 - 11 | LAB CHEMISTRY METHOD | 07/09/2023 6:28 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 108 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/09/2023 6:28 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 12 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/09/2023 6:28 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.57 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/09/2023 6:28 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 111 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/09/2023 6:28 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Oct equation refit without ac | | | pased on the Chronic Kidr | ney Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 21.1 | >=0.0 | LAB CHEMISTRY METHOD | 07/09/2023 6:28 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.5 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 07/09/2023 6:28 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| (C i (C) | Anatomical L | ocation / | Collection Method / | C - IIt' ' | T' | De seive d'Time e |
| Specimen (Source) Blood | Venous blood specimen / U | | Volume Venipuncture / Unknow | Collection on 07/09/2023 | | Received Time 07/09/2023 5:48 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider A Cheema MD | Result Type LAB BLOOD ORDERABLES | ; | Result Status Final Result | | | |
| | | | | | | |

| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
|---|------------------------------|--------------------|--|-------------------------------|---|------------------------|
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| | | | | | | |
| PHOSPHORUS - Final re | sult (07/08/2 | 023 9:09 / | AM EDT) | | | |
| | \ | Ref | T (M) | Analysis | D (| D (1 1 ') (C') |
| Component Phosphorus | Value 2.4 | Range 2.4 - 4.6 | Test Method LAB CHEMISTRY | Time 07/08/2023 | | Pathologist Signature |
| Thospholus | 2.4 | mg/dL | METHOD | 10:11 AM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo | ocation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Venous blood specimen / U | | Venipuncture / Unknowr | n 07/08/2023 | 3 9:09 AM EDT | 07/08/2023 9:22 AM EDT |
| Narrative | | | | | | |
| Authorities D. 11 | Describe T | | Descript Charts | | | |
| Authorizing Provider A Cheema MD | Result Type LAB BLOOD | | Result Status Final Result | | | |
| A Cheema MD | ORDERABLES | | rillai Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ADNODMAL) MACNE | CILINA Final | regult (0 | 7/00/2022 0.00 AM ED | T \ | | |
| (ABNORWAL) WAGNE | SiUWi - Finai | Ref | 7/08/2023 9:09 AM ED | Analysis | | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Magnesium | 1.5 (L) | 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 07/08/2023 10:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection 7 | Timo | Received Time |
| Specimen (Source) Blood | Venous blood specimen / U | | | | | 07/08/2023 9:22 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Address 36475 Five M | ile Road | City/State/ZIP Code Livonia, MI 48154 | Phone Nun 734-655-48 | | |
| (ABNORMAL) BASIC N | 1ETABOLIC P | ANEL - F | inal result (07/08/2023 | 9:09 AM E | OT) | |

| | | Ref | | Analysis | | |
|---------------------------|------------------|---------------------------|--------------------------|-------------------------------|---|-----------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Sodium | 142 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 07/08/2023 10:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Potassium | 3.6 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/08/2023 10:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Chloride | 108 (H) | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/08/2023 10:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| CO2 | 25 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/08/2023 10:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 9 | 3 - 11 | LAB CHEMISTRY METHOD | 07/08/2023 10:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 115 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/08/2023 10:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 12 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/08/2023 10:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.57 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/08/2023 10:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 111 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/08/2023 10:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| equation refit without ad | ljustment for ra | ace. | based on the Chronic Kid | | | liaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 21.1 | >=0.0 | LAB CHEMISTRY METHOD | 07/08/2023 10:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| _ | | Ref | | Analysis | ~ | |
|---|------------------------------|--------------------------|-------------------------------|-------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Calcium | 8.2 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 07/08/2023 10:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection 1 | | Received Time |
| Blood | Venous blood specimen / U | | | | | 07/08/2023 9:22 AM EDT |
| <u>Narrative</u> | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | LAB BLOOD ORDERABLES | ; | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | ;00 | |
| (ABNORMAL) BASIC N | 1ETABOLIC P | PANEL - Fi Ref | inal result (07/07/2023 | 3:25 PM ED Analysis |)T) | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Sodium | 142 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 07/07/2023 4:01 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Potassium | 4.1 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/07/2023 4:01 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Chloride | 110 (H) | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/07/2023 4:01 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| CO2 | 26 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/07/2023 4:01 PM EDT | | , |
| Anion Gap | 6 | 3 - 11 | LAB CHEMISTRY METHOD | 07/07/2023 4:01 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Glucose | 109 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/07/2023 4:01 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL | |

LABORATORY (SMLI)

| | | Ref | | Analysis | | |
|---|------------------------------|---------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| BUN | 13 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/07/2023 4:01 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.65 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/07/2023 4:01 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 107 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/07/2023 4:01 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Octo equation refit without adj | | | pased on the Chronic Kidne | ey Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 20.0 | >=0.0 | LAB CHEMISTRY METHOD | 07/07/2023 4:01 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.1 (L) | mg/dL | LAB CHEMISTRY METHOD | 07/07/2023 4:01 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Venous blood specimen / U | | | | | 07/07/2023 3:29 PM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| EGD - Final result (07/07 | 7/2023 2:33 P | m edt) | | | | |
| Anatomical Region | Lateral | ity | Modality Other | | | |
| | | | Other | | | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection | | Received Time |
| | | | | 07/07/2025 | 3 1:52 PM EDT | |
| Narrative This result has an at | ttachment th | at is not | available. | | | |
| | | | | | | |

| VAS LIS DI IDI EY LIDDE | :D EXT VENI∪I | IS I FFT - Fir | nal result (07/07/2023 9:4 | 12 AM EDT) | | |
|-------------------------|--------------------------|----------------|-------------------------------|------------|-----------|-----------------------|
| VAS OS DOFELA OFFE | K LAT VLIVOC | Ref | ar result (07/07/2023 3.5 | Analysis | Performed | |
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| BSA | 2.11 | m2 | | | CV PACS | |
| Anatomical Region | Late | rality | Modality | | | |
| Vascular, Abdomen | | | Ultrasound | | | |
| Specimen (Source) | Anatomical Laterality | Location / | Collection Method / Volume | Collection | Time | Received Time |

Result Status

Final Result

Narrative

07/07/2023 12:52 PM EDT

Authorizing Provider

A Putrus MD

This result has an attachment that is not available.

Result Type

GI~PROCEDURE

ORDERABLES

- 1. There is evidence of acute superficial vein thrombosis in the left upper extremity cephalic vein of the upper arm.
- 2. There is no evidence of acute deep vein thrombosis in the left upper extremity in images obtained.
- 3. Suggest further testing if clinically indicated.

Left Upper Venous Axillary vein was not visualized. Radial vein not visualized. Ulnar vein was not visualized. Basilic vein was not visualized.

Cephalic vein, in the upper arm, is abnormal. A(n) acute thrombus is present. Cephalic vein, in the forearm, was not visualized.

No evidence of deep vein thrombosis in the internal jugular, subclavian and mid brachial veins of the left arm. The vessels showed compressibility with normal Doppler flow.

Vascular Tech Details

A gray scale, color and doppler analysis ultrasound was performed. During the study longitudinal and transverse views were obtained. Pulsed wave doppler was performed. Overall the study quality was limited and technically difficult. Study was technically difficult due to: bedside exam. Patient is combative. Nurse Renee helping to hold arm.

Preliminary Report Communication

Critical result. Preliminary report called to Nurse Renee and progress note on 7/7/2023 at 09:48 EDT.

| Authorizing Provider | Result Type | Result Status |
|----------------------|---------------------------|---------------|
| A Cheema MD | CV VASCULAR PROCEDURES | Final Result |

ECG 12-LEAD - Final result (07/07/2023 5:54 AM EDT)

| | | Ref | | Analysis | Performed | |
|----------------------|-------|---------|-------------|----------|-----------|-----------------------|
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| Ventricular Rate ECG | 78 | BPM | | | GEMUSE | |
| Atrial Rate | 78 | BPM | | | GEMUSE | |
| P-R Interval | 146 | ms | | | GEMUSE | |
| QRS Duration | 96 | ms | | | GEMUSE | |
| Q-T Interval | 416 | ms | | | GEMUSE | |
| QTc | 474 | ms | | | GEMUSE | |
| R Axis | 44 | degrees | | | GEMUSE | |
| T Axis | 63 | degrees | | | GEMUSE | |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|-------------------------|------------------------------|--------------|-------------------------------|-----------------------|-------------------|---------------------------|
| ECG Interpretation | Normal | Nurige | rest iviculou | THILE | GEMUSE | r attrologist signature |
| eco interpretation | sinus | | | | GEIVIUSE | |
| | rhythm | | | | | |
| | Normal ECG | | | | | |
| | When | | | | | |
| | compared | | | | | |
| | with ECG of 06-JUL-2023 | | | | | |
| | 06:20, | | | | | |
| | NO | | | | | |
| | significant | | | | | |
| | change was | | | | | |
| | found Confirmed | | | | | |
| | by SALEH, | | | | | |
| | ASHRAF | | | | | |
| | (3519) on | | | | | |
| | 7/10/2023 | | | | | |
| | 4:03:33 PM | | | | | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Timo | Received Time |
| specimen (source) | Lateranty | | voiume | | | 07/10/2023 4:03 PM EDT |
| | | | | 01/01/202 | 3 3.34 AIVI LUI | 07/10/2023 4.03 1 101 ED1 |
| Narrative | | | | | | |
| This result has an at | ttachment tha | t is not | available. | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | ECG ORDERAB | I FS | Final Result | | | |
| 7 Circoma Wib | 200 011010 | | That Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| GEMUSE | | | | | | |
| | | | | | | |
| (ADMODMAL) PROTUE | ONADINI TINA | VA/ITI I IN | D First | .c./2022 2.45 | DIA EDT) | |
| (ABNORMAL) PROTHE | COMBIN TIME | Ref | K - Final result (07/0 | | PIVI EDI) | |
| Component | Value | Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Protime | 14.7 (H) | 9.4 - 12.5 | iest ivietilou | 07/06/2023 | TRINITY | Tatriologist Signature |
| Trounce | 14.7 (11) | sec | | 3:41 PM | HEALTH | |
| | | | | EDT | LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATORY | |
| INID | 1.2 | . 4 5 | | 07/06/2022 | (SMLI) | |
| INR | 1.2 | <4.5 | | 07/06/2023 3:41 PM | TRINITY HEALTH | |
| | | | | EDT | LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | Anatomical Lo | cation / | Collection Mathed / | | | |
| Specimen (Source) | Laterality | LatiOH / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Venous blood | | | | | 07/06/2023 3:22 PM EDT |
| 51000 | specimen / Un | known | Tempericiale / Officion | 01/00/202 | 5.17 T WI LDT | 5.,00,2025 5.22 TWILDT |
| | • | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Putrus MD | LAB BLOOD | | Final Result | | | |
| A FULLUS IVID | ORDERABLES | | ı ınaı Nesull | | | |
| | | | | | | |
| | | | | | | |

| Performing Organization | on Address City/State/ZIP Code Phone Number | | nber | | | |
|---|--|-------------------|-------------------------------|------------------------------|---|------------------------|
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| | | | | | | |
| ECG 12-LEAD - Final res | ult (07/06/202 | 3 6:20 AN Ref | I EDT) | Analysis | Performed | |
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| Ventricular Rate ECG | 93 | BPM | | | GEMUSE | |
| Atrial Rate | 93 | BPM | | | GEMUSE | |
| P-R Interval | 150 | ms | | | GEMUSE | |
| QRS Duration | 94 | ms | | | GEMUSE | |
| Q-T Interval | 390 | ms | | | GEMUSE | |
| QTc | 484 | ms | | | GEMUSE | |
| P Wave Axis | 48 | degrees | | | GEMUSE | |
| R Axis | 59 | degrees | | | GEMUSE | |
| T Axis | 76 | degrees | | | GEMUSE | |
| | rhythm Normal ECG When compared with ECG of 04-JUL-2023 06:09, No significant change was found Confirmed by Nona, MD, Paul (8666) on 7/6/2023 2:49:36 PM | | | | | |
| _Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| | | | | 07/06/202 | 3 6:20 AM EDT | 07/06/2023 2:49 PM EDT |
| | | | | | | |
| Narrative This result has an a | ++-chmon+ +h- | t ic mot | ovedleble | | | |
| inis result has an a | ctachment tha | t is not | available. | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | ECG ORDERAB | LES | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| GEMUSE | | | | | | |
| | | | | | | |
| (ABNORMAL) POCT G | LUCOSE BLOO | | GLUCOSE, BLOOD) | | (07/04/2023 | 6:11 AM EDT) |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed A+ | Pathologist Signature |
| Glucose POCT | 113 (H) | 70 - 110 mg/dL | rest Method | 07/04/2023 6:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | | | | | | |

Performing Organization Address City/State/ZIP Code Phone Number

| | Anatomical Loc | ation / | Collection Method / | | | |
|---|--|---------|---------------------|--------------|-------------|------------------------|
| Specimen (Source) | Laterality | | Volume | Collection T | ime | Received Time |
| Blood | Capillary blood specimen / Unk | | | 07/04/2023 | 6:11 AM EDT | 07/04/2023 6:13 AM EDT |
| Narrative | | | | | | |
| _Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | LAB POINT OF (TEST DOCKED I UNSOLICITED R | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | iber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | | Livonia, MI 48154 | 734-655-48 | 00 | |
| ECG 12-LEAD - Final res | | Ref | | Analysis | Performed | D. H. Janist Cinnatura |
| Component | | Range | Test Method | Time | At | Pathologist Signature |
| Ventricular Rate ECG | | BPM | | | GEMUSE | |
| Atrial Rate | | BPM | | | GEMUSE | |
| P-R Interval | 146 | ms | | | GEMUSE | |
| QRS Duration | 104 | ms | | | GEMUSE | |
| Q-T Interval | 400 | ms | | | GEMUSE | |

GEMUSE

GEMUSE

GEMUSE

GEMUSE

QTc

R Axis

T Axis

P Wave Axis

478

-23

69

60

ms

degrees degrees

degrees

| | | Ref | | Analysis | Performed | |
|--------------------------------|--|-------------------|-------------------------------|-------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| ECG Interpretation | Normal sinus rhythm Possible Inferior infarct (cited on or before 30-JUN-2023) Abnormal ECG When compared with ECG of 30-JUN-2023 11:23, Premature ventricular complexes are no longer Present Nonspecific T wave abnormality no longer evident in Lateral leads Confirmed by REDDY, MD, SHILPA (16837) on 7/4/2023 3:31:07 PM | | | Time | GEMUSE | Pathologist Signature |
| Specimen (Source) | Anatomical Lo Laterality | Cation / | Collection Method / Volume | Collection | Time | Received Time |
| | | | | 07/04/202 | 3 6:09 AM EDT | 07/04/2023 3:31 PM EDT |
| | | | | | | |
| Narrative This result has an a | ttachment tha | t is not | availahla | | | |
| inis resurt has an a | ccaciment cna | 13 1100 | avarrabre. | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | ECG ORDERAB | SLES | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nui | mber | |
| GEMUSE | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GLUCC | OSE, BLOC Ref | | Analysis | PM EDT) | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 93 | 70 - 110 mg/dL | | 07/03/2023 10:51 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | Anatomical Loc | cation / | Collection Method / | | | |
|------------------------------------|-------------------------------------|-------------------|-------------------------------|-------------------------|------------------------|--------------------------------------|
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Unl | | | 07/03/202 EDT | 3 10:50 PM | 07/03/2023 10:51 PM EDT |
| | specimen, om | Known | | נטו | | EDI |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | LAB POINT OF | | Final Result | | | |
| | TEST DOCKED UNSOLICITED F | _ | | | | |
| | ONSOLICITLE . | NESCE.S | | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nur | | |
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five Mile | e Koad | Livonia, MI 48154 | 734-655-4 | 800 | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GLUCC | SE, BLOO | DD) - Final result (07/03 | 3/2023 4:50 F | PM EDT) | |
| | | Ref | | Analysis | | |
| Change POCT | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 94 | 70 - 110 mg/dL | | 07/03/2023 4:51 PM | TRINITY HEALTH | |
| | | | | EDT | LIVONIA | |
| | | | | | HOSPITAL LABORATORY | |
| | | | | | (SMLI) | |
| | A -+ | · · - · - / | C II wis a Mathad / | | | |
| Specimen (Source) | Anatomical Location / Laterality | | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood | | | 07/03/202 | 3 4:50 PM EDT | 07/03/2023 4:52 PM EDT |
| | specimen / Unl | known | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | LAB POINT OF | | Final Result | | | |
| | TEST DOCKED UNSOLICITED F | | | | | |
| | UNSOLICITED I | KESULIS | | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nur | | |
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| (ABNORMAL) POCT GI | LUCOSE BLOC | D (POCT | GUICOSE BLOOD) - | Final result | (07/03/2023 | 11·37 AM FDT) |
| (ADITORIVIAL) TOCT CI | LOCOSE BLOO | Ref | GLOCOSL, DLOOD, | Analysis | (01/03/2023 | TI.ST AM EDI) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 138 (H) | 70 - 110 | | 07/03/2023 | | |
| | | mg/dL | | 11:38 AM EDT | HEALTH LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATORY (SMLI) | |
| | | | | | (SIVILI) | |
| (C (C) | Anatomical Loc | cation / | Collection Method / | C - II+: | T: | Described Times |
| Specimen (Source) Blood | Laterality Capillary blood | | Volume | Collection 07/03/202 | 3 11:37 AM | Received Time 07/03/2023 11:39 AM |
| ыоса | specimen / Unl | | | EDT | 3 11.37 71141 | EDT |
| Namativa | | | | | | |
| Narrative | | | | | | |
| | | | | | | |

| Authorizing Provider | Result Type | | Result Status | | | |
|---|--|-----------------------|--------------------------|------------------------------|---------------|------------------------|
| A Cheema MD | LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | | Livonia, MI 48154 | 734-655-4 | | |
| (ABNORMAL) POCT GI | LUCOSE BLOO | D (POCT Ref | GLUCOSE, BLOOD) - | Final result Analysis | (07/03/2023 | 6:39 AM EDT) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 111 (H) | 70 - 110 mg/dL | | 07/03/2023 6:39 AM EDT | | <u> </u> |
| | Anatomical Loc | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | • | Volume | Collection Time | | Received Time |
| Blood | Capillary blood specimen / Unknown | | | 07/03/2023 6:39 AM EDT | | 07/03/2023 6:40 AM EDI |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | | |
| POCT GLUCOSE BLOOD | (POCT GLUCO | SE, BLOO Ref | D) - Final result (07/02 | 2/2023 9:41 F Analysis | PM EDT) | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 101 | 70 - 110 mg/dL | | 07/02/2023 9:55 PM EDT | | <u> </u> |
| | Anatomical Loc | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection Time | | Received Time |
| Blood | Capillary blood specimen / Unknown | | | 07/02/202 | 3 9:41 PM EDT | 07/02/2023 9:56 PM EDT |
| Narrative | | | | | | |
| Hallative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| | | | | | | |

| 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-48 | 300 | |
|---|---|--|---|-----------------|---|
| | | · | 731 033 10 | ,,,, | |
| | | | | | |
| ult (07/02/202 | | I EDT) | A so a location | Doutoussad | |
| Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| 99 | BPM | | | GEMUSE | <u> </u> |
| 99 | BPM | | | GEMUSE | |
| 134 | ms | | | GEMUSE | |
| 94 | ms | | | GEMUSE | |
| 404 | ms | | | GEMUSE | |
| 518 | ms | | | GEMUSE | |
| -9 | | | | GEMUSE | |
| 71 | | | | GEMUSE | |
| | | | | | |
| Normal sinus rhythm Normal ECG When compared with ECG of 30-JUN-2023 11:23, Premature ventricular complexes are no longer Present Confirmed by RAHEJA, SURAJ (102) on 7/5/2023 2:35:33 PM | ucy. c.c | | | GEMUSE | |
| Anatomical Loc Laterality | cation / | Collection Method / Volume | | | Received Time 07/05/2023 2:35 PM EDT |
| | | | · • · | | .,, |
| · · · · · · · · · · · · · · · · · · · | · 1 | 19.69. | | | |
| | E 15 NOC | | | | |
| | | | | | |
| ECG ORDERABI | LES | Final Result | | | |
| Address | | City/State/ZIP Code | Phone Nun | nber | |
| | | | | | |
| | | | | | |
| (POCT GLUCO | | D) - Final result (07/0 | | M EDT) | |
| Value | | Test Method | | Performed At | Pathologist Signature |
| 95 | 70 - 110 mg/dL | icst wethod | 07/02/2023 5:20 PM EDT | | |
| | Value 99 99 134 94 404 518 -9 71 42 Normal sinus rhythm Normal ECG when compared with ECG of 30-JUN-2023 11:23, Premature ventricular complexes are no longer Present Confirmed by RAHEJA, SURAJ (102) on 7/5/2023 2:35:33 PM Anatomical Local Laterality Etachment that Result Type ECG ORDERABI Address | Personal Ref Range Personal Regrees Personal Regr | Value Range Test Method 99 BPM 99 BPM 134 ms 94 ms 404 ms 518 ms -9 degrees 71 degrees 42 degrees Normal sinus rhythm Normal ECG When compared with ECG of 30-JUN-2023 11:23, Premature ventricular complexes are no longer Present Confirmed by RAHEJA, SURAJ (102) on 7/5/2023 2:35:33 PM Anatomical Location / Collection Method / Laterality Collection Method / Volume Etachment that is not available. Result Type Result Status ECG ORDERABLES Final Result Address City/State/ZIP Code (POCT GLUCOSE, BLOOD) - Final result (07/0. Ref Value Range Test Method 95 70 - 110 | Name | Ref Value Range Test Method Time At Time At Option Ref At September 1 |

| | Anatomical Loc | cation / | Collection Method / | | | |
|---|--|-------------------|-------------------------------|------------------------------|---|----------------------------|
| | Laterality | | Volume | Collection | | Received Time |
| | Capillary blood specimen / Unknown | | | 07/02/2023 | 3 5:19 PM EDT | 07/02/2023 5:21 PM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| | LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4800 | | |
| | | | | | | |
| POCT GLUCOSE BLOOD (| (POCT GLUCO | OSE, BLOO Ref | D) - Final result (0//0 | 2/2023 11:24 / Analysis | AM EDT) | |
| Component | Value | Range | Test Method | , | Performed At | Pathologist Signature |
| Glucose POCT | 78 | 70 - 110 mg/dL | | EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Capillary blood specimen / Unk | | VOIGHT | | 3 11:24 AM | 07/02/2023 11:27 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| | Result Type | | Result Status | | | |
| | LAB POINT OF TEST DOCKED I UNSOLICITED F | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | ∍ Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ABNORMAL) COMPLE | | | inal result (07/02/20 | | EDT) | |
| Component | | Ref Range | Test Method | Analysis Time | Performed At | t Pathologist Signature |
| | 10.8 | 3.6 - 11.1 | LAB HEMETOLOGY METHOD | 07/02/2023 7:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL | |
| | | | | | LABORATORY (SMLI) | |
| RBC | ī | | LAB HEMETOLOGY METHOD | 07/02/2023 7:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |

| | | Ref | | Analysis | | |
|-------------------------|-----------------------------|-------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Hemoglobin | 12.1 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 07/02/2023 7:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hematocrit | 39.4 | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 07/02/2023 7:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCV | 93.6 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 07/02/2023 7:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCHC | 30.7 (L) | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 07/02/2023 7:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 13.3 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 07/02/2023 7:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 531 (H) | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 07/02/2023 7:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 07/02/2023 7:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 07/02/2023 7:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Spacimon (Source) | Anatomical L | ocation / | Collection Method / Volume | Collection ⁻ | | Received Time |
| Specimen (Source) Blood | Venous bloo specimen / L | | | | | 07/02/2023 7:04 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | S | Final Result | | | |
| | | | | | | |

| LIVONIA HOSPITAL LABORATORY (SMLI) | | | | | | |
|---|------------------------------|------------------------|-------------------------------|------------------------------|---|------------------------|
| · | | | | | | |
| (ABNORMAL) MAGNE | SIUM - Final | l result (07 | 7/02/2023 6:44 AM ED | T) Analysis | | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Magnesium | 1.2 (L) | | LAB CHEMISTRY METHOD | 07/02/2023 7:32 AM EDT | | |
| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection 7 | Time | Received Time |
| Blood | Venous blood specimen / U | | | | | 07/02/2023 7:04 AM EDT |
| Narrative | · | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | , | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ABNORMAL) BASIC N | ΛΕΤΑΒΟLIC F | PANEL - F | inal result (07/02/2023 | 8 6:44 AM E | DT) | |
| (Abitoliiii iz) Di Dic | ILIABOLIC . | Ref | nai resait (51, 52, 252) | Analysis | J., | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Sodium | 141 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 07/02/2023 7:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Potassium | 3.7 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/02/2023 7:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Chloride | 103 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/02/2023 7:32 AM EDT | | , |
| CO2 | 25 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/02/2023 7:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| | | | | | | |

City/State/ZIP Code Phone Number

734-655-4800

Livonia, MI 48154

Performing Organization Address

36475 Five Mile Road

TRINITY HEALTH

| | V 1 | Ref | T (M) | Analysis | D (| D. I. J |
|---|------------------------------|---------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Anion Gap | 13 (H) | 3 - 11 | LAB CHEMISTRY METHOD | 07/02/2023 7:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 82 | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/02/2023 7:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 14 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/02/2023 7:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.62 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/02/2023 7:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 108 | >=60 mL/min/ 1.73m2 | | 07/02/2023 7:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| equation refit without adj | | | pased on the Chronic Kidne | еу Disease Ер | idemiology Co | ilaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 22.6 | >=0.0 | LAB CHEMISTRY METHOD | 07/02/2023 7:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.1 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 07/02/2023 7:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection ⁷ | Timo | Received Time |
| Blood | Venous blood specimen / U | | | | | 07/02/2023 7:04 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| | | | | | | |

| | | Ref | | Analysis | | |
|---|--|---|---|--|--|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 85 | 70 - 110 mg/dL | | 07/02/2023 6:35 AM | TRINITY HEALTH | |
| | | mg/aL | | EDT | LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATORY (SMLI) | |
| | Anatomical Loc | cation / | Collection Method / | | (SIVILI) | |
| Specimen (Source) | Laterality | | Volume | Collection | Time | Received Time |
| Blood | Capillary blood | | | 07/02/202 | 3 6:34 AM EDT | 07/02/2023 6:36 AM EDT |
| | specimen / Unl | KNOWN | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | LAB POINT OF | | Final Result | | | |
| | TEST DOCKED I | | | | | |
| | 0.1302.0.125 | | | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nur | | |
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GLUCO | SE BLOO | 1D) - Final result (07/0 | 1/2023 8.21 🛭 | M EDT) | |
| POCT GLUCOSE BLOOD | (POCT GLUCO | SE, BLOO Ref | DD) - Final result (07/0 | | PM EDT) | |
| Component | Value | Ref Range | DD) - Final result (07/0) Test Method | 1/2023 8:21 P Analysis Time | | Pathologist Signature |
| | | Ref Range 70 - 110 | | Analysis Time 07/01/2023 | Performed At | Pathologist Signature |
| Component | Value | Ref Range | | Analysis Time | Performed At | Pathologist Signature |
| Component | Value | Ref Range 70 - 110 | | Analysis Time 07/01/2023 8:23 PM | Performed At TRINITY HEALTH LIVONIA HOSPITAL | Pathologist Signature |
| Component | Value | Ref Range 70 - 110 | | Analysis Time 07/01/2023 8:23 PM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | Pathologist Signature |
| Component | Value | Ref Range 70 - 110 | | Analysis Time 07/01/2023 8:23 PM | Performed At TRINITY HEALTH LIVONIA HOSPITAL | Pathologist Signature |
| Component Glucose POCT | Value 88 Anatomical Loc | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/01/2023 8:23 PM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Component Glucose POCT Specimen (Source) | Value 88 Anatomical Loc Laterality | Ref Range 70 - 110 mg/dL | Test Method | Analysis Time 07/01/2023 8:23 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time |
| Component Glucose POCT | Value 88 Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/01/2023 8:23 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Component Glucose POCT Specimen (Source) Blood | Value 88 Anatomical Loc Laterality | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/01/2023 8:23 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time |
| Component Glucose POCT Specimen (Source) | Value 88 Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/01/2023 8:23 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time |
| Component Glucose POCT Specimen (Source) Blood | Value 88 Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/01/2023 8:23 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider | Value 88 Anatomical Loc Laterality Capillary blood specimen / Unk | Ref Range 70 - 110 mg/dL | Test Method Collection Method / Volume Result Status | Analysis Time 07/01/2023 8:23 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative | Anatomical Loc Laterality Capillary blood specimen / Unk Result Type LAB POINT OF | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume | Analysis Time 07/01/2023 8:23 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider | Anatomical Loc Laterality Capillary blood specimen / University Result Type LAB POINT OF TEST DOCKED | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume Result Status | Analysis Time 07/01/2023 8:23 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider A Cheema MD | Anatomical Loc Laterality Capillary blood specimen / University Result Type LAB POINT OF TEST DOCKED UNSOLICITED F | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume Result Status | Analysis Time 07/01/2023 8:23 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider A Cheema MD Performing Organization | Anatomical Loc Laterality Capillary blood specimen / University Result Type LAB POINT OF TEST DOCKED UNSOLICITED F | Ref Range 70 - 110 mg/dL cation / | Collection Method / Volume Result Status Final Result City/State/ZIP Code | Analysis Time 07/01/2023 8:23 PM EDT Collection 07/01/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 8:21 PM EDT | Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider A Cheema MD Performing Organization TRINITY HEALTH | Anatomical Loc Laterality Capillary blood specimen / University Result Type LAB POINT OF TEST DOCKED UNSOLICITED F | Ref Range 70 - 110 mg/dL cation / | Collection Method / Volume Result Status Final Result | Analysis Time 07/01/2023 8:23 PM EDT Collection 07/01/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 8:21 PM EDT | Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider A Cheema MD Performing Organization | Anatomical Loc Laterality Capillary blood specimen / University Result Type LAB POINT OF TEST DOCKED UNSOLICITED F | Ref Range 70 - 110 mg/dL cation / | Collection Method / Volume Result Status Final Result City/State/ZIP Code | Analysis Time 07/01/2023 8:23 PM EDT Collection 07/01/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 8:21 PM EDT | Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider A Cheema MD Performing Organization TRINITY HEALTH LIVONIA HOSPITAL | Anatomical Loc Laterality Capillary blood specimen / University Result Type LAB POINT OF TEST DOCKED UNSOLICITED F | Ref Range 70 - 110 mg/dL cation / | Collection Method / Volume Result Status Final Result City/State/ZIP Code | Analysis Time 07/01/2023 8:23 PM EDT Collection 07/01/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 8:21 PM EDT | Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider A Cheema MD Performing Organization TRINITY HEALTH LIVONIA HOSPITAL | Anatomical Loc Laterality Capillary blood specimen / University Result Type LAB POINT OF TEST DOCKED UNSOLICITED FOR Address 36475 Five Miles | Ref Range 70 - 110 mg/dL cation / d known | Collection Method / Volume Result Status Final Result City/State/ZIP Code Livonia, MI 48154 | Analysis Time 07/01/2023 8:23 PM EDT Collection 07/01/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 8:21 PM EDT | Received Time |

| | | Ref | | Analysis | | |
|---|-------------------------------|----------|-------------------------------|--------------|---------------------|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 101 | 70 - 110 | | 07/01/2023 | TRINITY | |
| | | mg/dL | | 4:32 PM | HEALTH | |
| | | | | EDT | LIVONIA HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | Anatomical Lo | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Un | | | 07/01/202 | 3 4:32 PM EDI | 07/01/2023 4:33 PM EDT |
| | specimen / on | KIIOWII | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | LAB POINT OF | CARE | Final Result | | | |
| | TEST DOCKED | DEVICE | | | | |
| | UNSOLICITED | RESULTS | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-4 | | |
| LIVONIA HOSPITAL | | | | | | |
| Laboratory (SMLI) | | | | | | |
| | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GILICO | SE BLOO | ID) - Final result (07/0 | 1/2023 11:27 | AM EDT) | |
| 1 0 0 1 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 | (100102000 | Ref | <i>b)</i> Tilial resalt (07/0 | Analysis | 7 (14) [201) | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 86 | 70 - 110 | | 07/01/2023 | | |
| | | mg/dL | | 11:27 AM | HEALTH | |
| | | | | EDT | LIVONIA HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | | | | | | |
| Specimen (Source) | Anatomical Lo Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood | | voidine | | 3 11:27 AM | 07/01/2023 11:28 AM |
| | specimen / Un | | | EDT | | EDT |
| Na matica | | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | LAB POINT OF | | Final Result | | | |
| | TEST DOCKED UNSOLICITED | | | | | |
| | ONSOLICITED | VESOFIS | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| LIVONIA HOSPITAL | | | | | | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |

(ABNORMAL) COMPLETE BLOOD COUNT - Final result (07/01/2023 8:53 AM EDT)

| | | Ref | | Analysis | | |
|-------------------|-----------------------------|--------------------------|--------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| WBC | 10.3 | 3.6 - 11.1 K/mcL | LAB HEMETOLOGY METHOD | 07/01/2023 9:17 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RBC | 4.22 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 07/01/2023 9:17 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hemoglobin | 12.4 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 07/01/2023 9:17 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hematocrit | 38.7 | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 07/01/2023 9:17 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCV | 91.7 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 07/01/2023 9:17 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCHC | 32.0 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 07/01/2023 9:17 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 13.4 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 07/01/2023 9:17 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 500 (H) | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 07/01/2023 9:17 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 07/01/2023 9:17 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 07/01/2023 9:17 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| 6 | Anatomical L | ocation / | Collection Method / | 6 11 11 | - : | D : 1 T |
| Specimen (Source) | Laterality | ۸ ا | Volume | Collection | | Received Time |
| Blood | Venous bloo specimen / L | | veriipuricture / Unknow | ni 07/01/202: | O.JS AIVI EUI | 07/01/2023 9:11 AM EDT |

| Narrative | | | | | | |
|---|------------------------------|-----------------------------|-------------------------|------------------------------|---|------------------------|
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | · • | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ABNORMAL) MAGNE | SIUM - Final | | 7/01/2023 8:53 AM EC | IT) | | |
| Component | Value | Ref | Test Method | Analysis Time | Darfarmad A+ | Dath alogist Cignoture |
| _Component Magnesium | 1.2 (L) | Range 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 07/01/2023 9:46 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature |
| | Anatomical Lo | ocation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Venous blood specimen / U | | Venipuncture / Unknow | n 07/01/2023 | 3 8:53 AM EDI | 07/01/2023 9:11 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | , | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| | | | | | | |
| (ABNORMAL) BASIC N | IETABOLIC P | PANEL - Fi Ref | inal result (07/01/2023 | |)T) | |
| Component | Value | Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Sodium | 140 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 07/01/2023 9:46 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Potassium | 3.6 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/01/2023 9:46 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Chloride | 104 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/01/2023 9:46 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|------------------------------------|---------------------------|-------------------------------|------------------------------|---|---|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| CO2 | 27 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/01/2023 9:46 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 9 | 3 - 11 | LAB CHEMISTRY METHOD | 07/01/2023 9:46 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 92 | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/01/2023 9:46 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 13 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/01/2023 9:46 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.60 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/01/2023 9:46 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 109 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/01/2023 9:46 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Oct equation refit without ad | | | pased on the Chronic Kidr | ney Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 21.7 | >=0.0 | LAB CHEMISTRY METHOD | 07/01/2023 9:46 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 7.9 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 07/01/2023 9:46 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| 6 . (6) | Anatomical L | ocation / | Collection Method / | C II .: . | | 5 . 1.7 |
| Specimen (Source) Blood | Venous blood specimen / U | | Volume Venipuncture / Unknow | Collection on 07/01/2023 | | Received Time 07/01/2023 9:11 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider M Calice MD | Result Type LAB BLOOD ORDERABLES | <u> </u> | Result Status Final Result | | | |
| | ONDLINABLES | • | | | | |

| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | | |
|---|--|-------------------|--|----------------------------------|---|----------------------------|
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GLUCO | OSE, BLOO Ref | D) - Final result (07/0 | 1/2023 6:41 <i>A</i> Analysis | AM EDT) | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 94 | 70 - 110 mg/dL | | 07/01/2023 6:41 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Unl | | Telae | | | 07/01/2023 6:42 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT OF TEST DOCKED UNSOLICITED F | DEVICE | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| POCT GLUCOSE BLOOD | (POCT GLUCC |)SE, BLOC | DD) - Final result (06/3 | 0/2023 10:46 | PM EDT) | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 107 | 70 - 110 mg/dL | TOST IVICTION | 06/30/2023 10:47 PM EDT | | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Unl | | | | 3 10:46 PM | 06/30/2023 10:48 PM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT OF TEST DOCKED UNSOLICITED I | DEVICE | Final Result | | | |
| | | (E)OLIO | | | | |
| Performing Organization TRINITY HEALTH | Address 36475 Five Mile | - Pood | City/State/ZIP Code Livonia, MI 48154 | Phone Nur 734-655-4 | | |
| LIVONIA HOSPITAL LABORATORY (SMLI) | 304/3 FIVE WING | 3 KUau | LIVOIIId, IVII 40134 | / 34-033-4 | 800 | |
| POCT GLUCOSE BLOOD | (POCT GLUCC |)SE, BLOC | DD) - Final result (06/3 | 0/2023 5:35 F | PM EDT) | |

| | | _ | | | | |
|---|--|---|---|---|--|------------------------|
| Campanana | Malina | Ref | Total Mothod | Analysis | Dantaum ad A+ | D-th-d-rist Cianatura |
| Component Glucose POCT | Value 96 | Range 70 - 110 mg/dL | Test Method | Time 06/30/2023 5:35 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | Pathologist Signature |
| Specimen (Source) | Anatomical Lo Laterality | cation / | Collection Method / Volume | Collection ⁻ | (SMLI) | Received Time |
| Blood | Capillary blood specimen / Un | | Volume | | | 06/30/2023 5:36 PM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-48 | | |
| | | | | | | |
| (ABNORMAL) COMPLE | | Ref | - | Analysis | - | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| | Value 10.6 | Ref Range 3.6 - 11.1 | - | Analysis | Performed At | |
| Component | Value 10.6 3.85 (L) | Ref Range 3.6 - 11.1 K/mcL 4.30 - | Test Method LAB HEMETOLOGY | Analysis Time 06/30/2023 12:55 PM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Component | Value 10.6 3.85 (L) 11.3 (L) | Ref Range 3.6 - 11.1 K/mcL 4.30 - 5.90 M/ mcL | Test Method LAB HEMETOLOGY METHOD LAB HEMETOLOGY | Analysis Time 06/30/2023 12:55 PM EDT 06/30/2023 12:55 PM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

EDT

12:55 PM

EDT

82.0 - LAB HEMETOLOGY

102.0 FL METHOD

 MCV

92.7

LIVONIA HOSPITAL LABORATORY

(SMLI)

HEALTH

LIVONIA HOSPITAL LABORATORY (SMLI)

06/30/2023 TRINITY

| | | Ref | | Analysis | | |
|---|------------------------------|-------------------------|-------------------------------|-------------------------------|---|----------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| MCHC | 31.7 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 06/30/2023 12:55 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 13.5 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 06/30/2023 12:55 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 497 (H) | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 06/30/2023 12:55 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 06/30/2023 12:55 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 06/30/2023 12:55 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ² | Time | Received Time |
| Blood | Venous blood specimen / U | | Venipuncture / Unknow | | | 06/30/2023 12:47 PM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | | |
| (ABNORMAL) MAGNE | SIUM - Final | result (0 | 6/30/2023 12:39 PM E | DT) Analysis | | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Magnesium | 1.4 (L) | 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 06/30/2023 1:22 PM EDT | TRINITY HEALTH LIVONIA | <i>y y</i> |
| | | | | | HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo | ocation / | Collection Method / | | LABORATORY | |

Venipuncture / Unknown 06/30/2023 12:39 PM EDT

Venous blood

specimen / Unknown

Blood

06/30/2023 12:47 PM

EDT

| Narrative | | | |
|-----------|--|--|--|
| | | | |

| Authorizing Provider | Result Type | Result Status | |
|---|-------------------------|---------------------|--------------|
| M Calice MD | LAB BLOOD ORDERABLES | Final Result | |
| Performing Organization | Address | City/State/ZIP Code | Phone Number |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 |

(ABNORMAL) BASIC METABOLIC PANEL - Final result (06/30/2023 12:39 PM EDT)

| (715110111111111111111111111111111111111 | | Ref | iiai resuit (00/30/2023 | Analysis | , |
|--|----------|--------------------------|-------------------------|------------------------------|---|
| Component | Value | Range | Test Method | Time | Performed At Pathologist Signature |
| Sodium | 138 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 06/30/2023 1:22 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Potassium | 3.6 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 06/30/2023 1:22 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Chloride | 104 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 06/30/2023 1:22 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| CO2 | 26 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 06/30/2023 1:22 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Anion Gap | 8 | 3 - 11 | LAB CHEMISTRY METHOD | 06/30/2023 1:22 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Glucose | 90 | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 06/30/2023 1:22 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| BUN | 14 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 06/30/2023 1:22 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Creatinine | 0.69 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 06/30/2023 1:22 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |

| | | Ref | | Analysis | | |
|--|-------------------------------|---------------------|--|-------------------------|------------------------|----------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| eGFR | | >=60 mL/min/ | LAB CHEMISTRY METHOD | 06/30/2023 1:22 PM | TRINITY HEALTH | |
| | | 1.73m2 | | EDT | LIVONIA | |
| | | | | | HOSPITAL LABORATORY | |
| | | | | | (SMLI) | |
| equation refit without ad | justment for rac | e. | pased on the Chronic Kidn | | | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 20.3 | >=0.0 | LAB CHEMISTRY METHOD | 06/30/2023 1:22 PM | TRINITY HEALTH | |
| | | | | EDT | LIVONIA | |
| | | | | | HOSPITAL LABORATORY | |
| | | | | | (SMLI) | |
| Calcium | | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 06/30/2023 1:22 PM | TRINITY HEALTH | |
| | | 9, | | EDT | LIVONIA | |
| | | | | | HOSPITAL LABORATORY | |
| | A 4 | | Calland Add I | | (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Venous blood | | Venipuncture / Unknow | | 3 12:39 PM | 06/30/2023 12:47 PM |
| | specimen / Un | known | | EDT | | EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| | | | C'. (C. 1 /7ID C. 1 | DI NI | 1 | |
| Performing Organization TRINITY HEALTH | 36475 Five Mile | e Road | City/State/ZIP Code Livonia, MI 48154 | Phone Nur 734-655-48 | | |
| LIVONIA HOSPITAL | 30173114614111 | c rioda | Livorna, ivii 10151 | 751 055 10 | 300 | |
| LABORATORY (SMLI) | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GILICO | SE BLO | DD) - Final result (06/30. | /2022 12:00 | DM EDT) | |
| TOCT GLOCOSE BLOOD | (FOCT GLOCC | Ref |) - Tillal Tesult (00/30/ | Analysis | r IVI LDI) | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 86 | 70 - 110 mg/dL | | 06/30/2023 12:01 PM | TRINITY HEALTH | |
| | | J. | | EDT | LIVONIA | |
| | | | | | HOSPITAL LABORATORY | |
| | | | | | (SMLI) | |
| | Anatomical Lo | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Un | | | 06/30/2023 EDT | 3 12:00 PM | 06/30/2023 12:02 PM EDT |
| | ' | | | | | |
| Narrative | | | | | | |
| Authorizina Dravidor | Dogult Turo | | Dogult Status | | | |
| Authorizing Provider M Kang MD | Result Type LAB POINT OF | CARE | Result Status Final Result | | | |
| , | TEST DOCKED | DEVICE | | | | |
| | UNSOLICITED | KESULTS | | | | |
| | | | | | | |

| Performing Organization | Address | | City/State/ZIP Code | Phone Num | | |
|---------------------------------|---|--------------|----------------------------|----------------------------|-----------------|---|
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-48 | 00 | |
| LABORATORY (SMLI) | | | | | | |
| ECG 12-LEAD - Final res | ult (06/30/202 | 3 11:23 A | M EDT) | | | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Ventricular Rate ECG | 102 | BPM | lest Mictiloa | TITIC | GEMUSE | Tatilologist signature |
| Atrial Rate | 102 | BPM | | | GEMUSE | |
| P-R Interval | 144 | ms | | | GEMUSE | |
| QRS Duration | 92 | ms | | | GEMUSE | |
| Q-T Interval | 364 | ms | | | GEMUSE | |
| QTc | 474 | ms | | | GEMUSE | |
| P Wave Axis | 78 | degrees | | | GEMUSE | |
| R Axis | 42 | degrees | | | GEMUSE | |
| T Axis | 87 | degrees | | | GEMUSE | |
| ECG Interpretation | sinus tachycardia with Premature ventricular complexes Possible Inferior infarct (cited on or before 28- JUN-2023) Nonspecific ST abnormality Abnormal ECG Confirmed by MISIRLIYAN, MD, ROY (874) on 6/30/2023 4:05:26 PM | | | | GEMUSE | |
| Supering and (Supering) | Anatomical Loc | cation / | Collection Method / | Callestion | E' | December of Times |
| Specimen (Source) | Laterality | | Volume | Collection T 06/30/2023 | | Received Time 06/30/2023 4:05 PM EDT |
| | | | | EDT | 11.25 Alvi | 00/30/2023 4.03 FIVI EDI |
| Narrative | | | | | | |
| This result has an at | ttachment that | t is not | available. | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | ECG ORDERABI | LES | Final Result | | | |
| Performing Organization GEMUSE | Address | | City/State/ZIP Code | Phone Num | ber | |
| POCT GLUCOSE BLOOD | (POCT GLUCC |)SE, BLOC |)D) - Final result (06/30, | /2023 7:17 A | M EDT) | |

| | | Ref | | Analysis | - 6 | |
|---|---|--------------------------|---|----------------------------------|---|--------------------------------------|
| Change POCT | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 90 | 70 - 110 mg/dL | | 06/30/2023 7:17 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | • | Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Un | | | 06/30/202 | 3 7:17 AM EDI | 06/30/2023 7:19 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| POCT GLUCOSE BLOOD Component | (POCT GLUCC | SE, BLOO Ref Range | D) - Final result (06/30 Test Method | 0/2023 12:34 Analysis Time | | Pathologist Signature |
| Glucose POCT | 84 | 70 - 110 mg/dL | | 06/30/2023 12:34 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Consider and (Conses) | Anatomical Loc | cation / | Collection Method / | Callantina | T: | Deceived Time |
| Specimen (Source) Blood | Laterality Capillary blood | l | Volume | Collection | 3 12:34 AM | Received Time 06/30/2023 12:35 AM |
| Бюос | specimen / Un | | | EDT | J 12.54 AIVI | EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | Result Type LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Result Status Final Result | | | |
| | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | | Phone Nur | mber | |

(ABNORMAL) VALPROIC ACID TOTAL (VALPROIC ACID LEVEL, TOTAL) - Final result (06/29/2023 9:15 PM EDT)

| | | Ref | | Analysis | | |
|---|---|---------------------------|-------------------------------|-------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Valproic Acid Level | 33.9 (L) | 50.0 - 100.0 mcg/mL | LAB CHEMISTRY METHOD | 06/29/2023 9:48 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Specimen (Source) | Anatomical L Laterality | ocation / | Collection Method / Volume | Collection | | Received Time |
| Blood | Venous blood specimen / U | | | | | 06/29/2023 9:20 PM EDT |
| Narrative | • | | | | | |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB BLOOD ORDERABLES | 5 | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nur | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | lile Road | Livonia, MI 48154 | 734-655-48 | 800 | |
| (ABNORMAL) POCT GI | | Ref | | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 114 (H) | 70 - 110 mg/dL | | 06/29/2023 5:03 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Colores (Colores) | Anatomical L | .ocation / | Collection Method / Volume | Collection | | Received Time |
| Specimen (Source) Blood | Laterality Capillary blocspecimen / U | | Volume | | | 06/29/2023 5:04 PM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT O TEST DOCKEI UNSOLICITEI | D DEVICE | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nur | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | lile Road | Livonia, MI 48154 | 734-655-48 | 800 | |
| POCT GLUCOSE BLOOD | (POCT GLUC | | DD) - Final result (06/2 | | AM EDT) | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 99 | 70 - 110 mg/dL | | 06/29/2023 11:54 AM EDT | | |

| Blood | Capillary blood specimen / Unknown | | 06/29/2023 11:53 AM EDT | 06/29/2023 11:55 AM EDT |
|---|--|---------------------|----------------------------|----------------------------|
| Narrative | | | | |
| Authorizing Provider | Result Type | Result Status | | |
| M Kang MD | LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | Final Result | | |
| Performing Organization | Address | City/State/ZIP Code | Phone Number | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 | |

Collection Method /

Collection Time

Analysis

Received Time

Volume

(ABNORMAL) COMPLETE BLOOD COUNT - Final result (06/29/2023 7:22 AM EDT)

Ref

Anatomical Location /

Laterality

Specimen (Source)

| Component | Value | Range | Test Method | Time | Performed At Pathologist Signature |
|------------|----------|--------------------------|--------------------------|------------------------------|---|
| WBC | 10.0 | | LAB HEMETOLOGY METHOD | 06/29/2023 8:00 AM EDT | |
| RBC | 4.00 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 06/29/2023 8:00 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Hemoglobin | 11.6 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 06/29/2023 8:00 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Hematocrit | 37.6 | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 06/29/2023 8:00 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| MCV | 94.0 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 06/29/2023 8:00 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| MCHC | 30.9 (L) | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 06/29/2023 8:00 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| RDW | 13.6 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 06/29/2023 8:00 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |

| | V/ 1 | Ref | T . M . I . I | Analysis | D () A (| D. (1. 1 |
|--|-----------------------------|--------------------|--|-------------------------|------------------------|------------------------|
| Component Platelets | Value | Range 140 - | Test Method LAB HEMETOLOGY | Time | | Pathologist Signature |
| Platelets | 548 (H) | 140 - 440 K/ | METHOD | 06/29/2023 8:00 AM | HEALTH | |
| | | mcL | | EDT | LIVONIA | |
| | | | | | HOSPITAL LABORATORY | / |
| | | | | | (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 | LAB HEMETOLOGY | 06/29/2023 | | |
| | | % | METHOD | 8:00 AM EDT | HEALTH LIVONIA | |
| | | | | LDI | HOSPITAL | |
| | | | | | LABORATORY | |
| NRBC Absolute | 0.00 | <0.01 K/ | LAB HEMETOLOGY | 06/29/2023 | (SMLI) TRINITY | |
| Tribe / tosoiate | 0.00 | mcL | METHOD | 8:00 AM | HEALTH | |
| | | | | EDT | LIVONIA HOSPITAL | |
| | | | | | LABORATORY | , |
| | | | | | (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection 1 | Time | Received Time |
| Blood | Venous blood | d | | | | 06/29/2023 7:44 AM EDT |
| | specimen / U | nknown | • | | | |
| Narrative | | | | | | |
| - Namadive | | | | | | |
| Authorizina Drovidor | Describ Tuno | | Result Status | | | |
| Authorizing Provider M Calice MD | Result Type LAB BLOOD | | Final Result | | | |
| IVI Cance IVID | ORDERABLES | ; | Tillal Nesalt | | | |
| Daufausina Organization | - ^ -l -l uo o o | | City/Ctata/7ID Code | Dhana Mur | | |
| Performing Organization TRINITY HEALTH | 36475 Five M | Iile Road | City/State/ZIP Code Livonia, MI 48154 | Phone Num 734-655-48 | | |
| LIVONIA HOSPITAL | 301131113111 | iic read | Livorna, in io.o. | 75 7 555 | ,00 | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| MAGNESIUM - Final res | ult (06/29/20 | | M EDT) | | | |
| Companant | Malua | Ref | Took Markad | Analysis Time | Danfarmad At | Dethelogist Cignoturo |
| Component Magnesium | Value 2.1 | Range 1.7 - 2.5 | Test Method LAB CHEMISTRY | 06/29/2023 | | Pathologist Signature |
| Magnesium | ۷. ۱ | mg/dL | METHOD | 8:25 AM | HEALTH | |
| | | - | | EDT | LIVONIA | |
| | | | | | HOSPITAL LABORATORY | , |
| | | | | | (SMLI) | |
| | Anatomical Lo | ocation / | Collection Method / | | | |
| Specimen (Source) | Laterality | JCation / | Volume | Collection 1 | Time | Received Time |
| Blood | Venous blood | | Venipuncture / Unknow | n 06/29/2023 | 3 7:22 AM EDT | 06/29/2023 7:44 AM EDT |
| | specimen / U | nknown | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD | | Final Result | | | |
| | ORDERABLES | <i>,</i> | | | | |
| Performing Organization | Δddress | | City/State/ZIP Code | Phone Num | nhar | |
| TRINITY HEALTH | 36475 Five M | lile Road | Livonia, MI 48154 | 734-655-48 | | |
| LIVONIA HOSPITAL | | | | • • • • • • | | |
| Laboratory (SMLI) | | | | | | |

| (ABNORMAL) BASIC | WIETABULIC | Ref | 11a1 1 2 5411 (00/23/20 | Analysis | <i>5</i> 1) |
|---|------------|---------------------------|--------------------------------|------------------------------|---|
| Component | Value | Range | Test Method | Time | Performed At Pathologist Signature |
| Sodium | 141 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 06/29/2023 8:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Potassium | 4.2 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 06/29/2023 8:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Chloride | 107 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 06/29/2023 8:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| CO2 | 27 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 06/29/2023 8:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Anion Gap | 7 | 3 - 11 | LAB CHEMISTRY METHOD | 06/29/2023 8:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Glucose | 96 | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 06/29/2023 8:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| BUN | 20 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 06/29/2023 8:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Creatinine | 1.12 | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 06/29/2023 8:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| eGFR | 74 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 06/29/2023 8:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Comment: Effective O equation refit without a | | | oased on the Chronic k | (idney Disease Ep | idemiology Collaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 17.9 | >=0.0 | LAB CHEMISTRY METHOD | 06/29/2023 8:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAI |

HOSPITAL LABORATORY

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | t Pathologist Signature |
|---|---|-------------------|--|------------------------------|---|--------------------------------------|
| Calcium | 8.5 (L) | | LAB CHEMISTRY METHOD | 06/29/2023 8:25 AM EDT | | |
| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection | | Received Time |
| Blood | Venous blood specimen / U | | | | | 06/29/2023 7:44 AM EDT |
| INGITATIVE | | | | | | |
| Authorizing Provider M Calice MD | Result Type LAB BLOOD ORDERABLES | | Result Status Final Result | | | |
| Performing Organization TRINITY HEALTH LIVONIA HOSPITAL | Address 36475 Five M | Iile Road | City/State/ZIP Code Livonia, MI 48154 | Phone Nur 734-655-48 | | |
| LABORATORY (SMLI) | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GLUC | COSE, BLOC Ref | | 9/2023 6:24 A Analysis | AM EDT) | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 90 | 70 - 110 mg/dL | | 06/29/2023 6:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| C (Saura) | Anatomical Lo | ocation / | Collection Method / | Callection | | D. J. Letters |
| Specimen (Source) Blood | Laterality Capillary bloc specimen / U | | Volume | Collection 06/29/2023 | | Received Time 06/29/2023 6:26 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT O TEST DOCKED UNSOLICITED | D DEVICE | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nur | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 800 | |
| (ABNORMAL) POCT GI | LUCOSE BLO | OOD (POCT | Γ GLUCOSE, BLOOD) - | Final result Analysis | (06/28/2023 | 8:44 PM EDT) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 122 (H) | 70 - 110 mg/dL | | 8:45 PM | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | , |

| | Anatomicallo | cation / | Callaction Mathad / | | | |
|---|--|-----------|-------------------------------|------------------|-------------------|---------------------------|
| Specimen (Source) | Anatomical Lo Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood | d | voidine | | | 06/28/2023 8:46 PM EDT |
| | specimen / Un | | | | | |
| Narrative | | | | | | |
| Ivarrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL | | | Livonia, MI 48154 | 734-655-4 | | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| (ABNORMAL) POCT G | LUCOSE BLOC | D (POCT | GLUCOSE, BLOOD) - | Final result | (06/28/2023 | 4:49 PM EDT) |
| | | Ref | | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 128 (H) | 70 - 110 | | 06/28/2023 | | |
| | | mg/dL | | 4:49 PM EDT | HEALTH LIVONIA | |
| | | | | LDI | HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | A | / | Callastian Mathead / | | | |
| Specimen (Source) | Anatomical Lo Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood | | volunic | | | 06/28/2023 4:51 PM EDT |
| biood | specimen / Un | | | 00,20,202 | 3 1. 13 1 101 201 | 00/20/2023 1.31 1 111 251 |
| | | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT OF | CARE | Final Result | | | |
| J | TEST DOCKED | | | | | |
| | UNSOLICITED | RESULTS | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mher | |
| TRINITY HEALTH | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-4 | | |
| LIVONIA HOSPITAL | JOHN JINE WIII | ic nodu | LIVOTHA, IVII TO 134 | 137 033-4 | | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| FCC 12 FAD Fizzzl 1 1 1 1 1 1 1 1 1 | | 2 11.55 4 | M EDT) | | | |
| ECG 12-LEAD - Final res | uit (06/28/202 | Ref | IVI EUI) | Analysis | Performed | |
| Component | Value | Range | Test Method | Analysis Time | At | Pathologist Signature |
| Ventricular Rate ECG | 96 | BPM | | | GEMUSE | g.or o.gacaro |
| Atrial Rate | 97 | BPM | | | GEMUSE | |
| P-R Interval | 150 | ms | | | GEMUSE | |
| QRS Duration | 96 | ms | | | GEMUSE | |
| Q-T Interval | 458 | ms | | | GEMUSE | |
| QTc | 578 | ms | | | GEMUSE | |
| P Wave Axis | 46 | degrees | | | GEMUSE | |
| R Axis | 33 | degrees | | | GEMUSE | |
| Τ Δχis | 64 | dearees | | | GEMLISE | |

T Axis

64

degrees

GEMUSE

| | | Ref | | Analysis | Performed | |
|--------------------------------|--|-------------------|-------------------------------|-------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| ECG Interpretation | Sinus rhythm with PVCs Possible Inferior infarct, age undetermined Abnormal ECG When compared with ECG of 24-JUN-2023 17:08, Borderline criteria for Inferior infarct are now Present ST no longer elevated in Inferior leads Nonspecific T wave abnormality no longer evident in Lateral leads QT has lengthened Confirmed by REDDY, MD, SHILPA (16837) on 6/28/2023 5:04:07 PM | | TEST INIETHOU | Time | GEMUSE | Patriologist Signature |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| | | | | 06/28/202 EDT | 3 11:55 AM | 06/28/2023 5:04 PM EDT |
| Narrative This result has an a | ttachment tha | t is not | available. | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | ECG ORDERAB | LES | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| GEMUSE | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GLUCO | SE, BLOO Ref | D) - Final result (06/2 | 28/2023 11:03 Analysis | AM EDT) | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 96 | 70 - 110 mg/dL | | 06/28/2023 11:04 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection T | Time | Received Time |
|---|--|--------------------------|-------------------------------|------------------------------|---|----------------------------|
| Blood | Capillary bloo specimen / Ur | | | 06/28/2023 EDT | | 06/28/2023 11:05 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | le Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ABNORMAL) COMPLE | | Ref | | Analysis | - | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| WBC | 10.9 | | LAB HEMETOLOGY METHOD | 8:43 AM | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| RBC | 4.05 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 06/28/2023 8:43 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Hemoglobin | 11.6 (L) | 12.9 - 18.0 g/ | LAB HEMETOLOGY METHOD | 06/28/2023 8:43 AM | TRINITY HEALTH | |

EDT

8:43 AM

8:43 AM EDT

8:43 AM

8:43 AM

EDT

EDT

EDT

LIVONIA HOSPITAL LABORATORY

(SMLI)

HEALTH

LIVONIA HOSPITAL LABORATORY

(SMLI)

HEALTH

LIVONIA HOSPITAL LABORATORY

(SMLI)

HEALTH

LIVONIA HOSPITAL LABORATORY

(SMLI)

HEALTH

LIVONIA HOSPITAL LABORATORY

(SMLI)

06/28/2023 TRINITY

06/28/2023 TRINITY

06/28/2023 TRINITY

06/28/2023 TRINITY

dL

37.6 -

52.0 %

82.0 -

31.0 -

36.0 g/

12.0 -

16.0 %

dL

102.0 FL METHOD

LAB HEMETOLOGY

LAB HEMETOLOGY

LAB HEMETOLOGY

LAB HEMETOLOGY

METHOD

METHOD

METHOD

38.0

93.8

30.5 (L)

13.6

Hematocrit

MCV

MCHC

RDW

| | V/ I | Ref | T | Analysis | D () 1.4. | |
|---|-------------------------------|------------------------|-------------------------------|------------------------------|---|---|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Platelets | 530 (H) | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 06/28/2023 8:43 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 06/28/2023 8:43 AM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| NRBC Absolute | 0.00 | mcL | LAB HEMETOLOGY METHOD | 06/28/2023 8:43 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Specimen (Source) | Anatomical Lo Laterality | | Collection Method / Volume | Collection 7 | Time | Received Time |
| Blood | Venous blood specimen / Ur | | Venipuncture / Unknow | n 06/28/2023 | 3 8:21 AM EDT | 06/28/2023 8:31 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-48 | | |
| MAGNESIUM - Final resi | ult (06/28/20/ | 23 8:21 AN Ref | M EDT) | Analysis | | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | : Pathologist Signature |
| Magnesium | 2.1 | 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 06/28/2023 9:05 AM EDT | | |
| | Anatomical Lo | ocation / | Collection Method / | | | |
| Specimen (Source) Blood | Venous blood specimen / Ur | | Volume Venipuncture / Unknow | Collection 7 vn 06/28/2023 | | Received Time 06/28/2023 8:31 AM EDT |
| Narrative | | | | | | |
| i i i Baaddan | - P. E | | | | | |
| Authorizing Provider M Calice MD | Result Type LAB BLOOD | | Result Status Final Result | | | |
| | ORDERABLES | | | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Num | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | lle Road | Livonia, MI 48154 | 734-655-48 | 300 | |

| (ABNORMAL) BASIC | IADOLIC | Ref | 105410 (00/20/20 | Analysis | , |
|---|----------|---------------------------|-------------------------|------------------------------|---|
| Component | Value | Range | Test Method | Time | Performed At Pathologist Signature |
| Sodium | 138 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 06/28/2023 9:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Potassium | 4.5 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 06/28/2023 9:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Chloride | 104 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 06/28/2023 9:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| CO2 | 24 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 06/28/2023 9:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Anion Gap | 10 | 3 - 11 | LAB CHEMISTRY METHOD | 06/28/2023 9:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Glucose | 91 | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 06/28/2023 9:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| BUN | 20 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 06/28/2023 9:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Creatinine | 1.39 (H) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 06/28/2023 9:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| eGFR | 57 (L) | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 06/28/2023 9:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Comment: Effective O equation refit without a | | | based on the Chronic K | idney Disease Ep | idemiology Collaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 14.4 | >=0.0 | LAB CHEMISTRY METHOD | 06/28/2023 9:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL |

HOSPITAL LABORATORY

| Component | Value | Ref | Tost Mothod | Analysis | Doutoum ad At | Dath alogist Cignoture |
|---|--------------------------------|-------------------|-------------------------------|------------------------------|---|------------------------|
| Calcium | Value | Range | Test Method | Time | | Pathologist Signature |
| Calcium | 8.3 (L) | mg/dL | LAB CHEMISTRY METHOD | 06/28/2023 9:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ¹ | Time | Received Time |
| Blood | Venous blood specimen / U | | | | | 06/28/2023 8:31 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | ; | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nur | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| POCT GLUCOSE BLOOD | (POCT GLUC | COSE, BLOC Ref | DD) - Final result (06/2 | 28/2023 6:21 A Analysis | AM EDT) | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 89 | 70 - 110 mg/dL | | 06/28/2023 6:22 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary bloc specimen / U | | | 06/28/2023 | 3 6:21 AM EDT | 06/28/2023 6:23 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT O | NF CARF | Final Result | | | |
| IVI Kang Miz | TEST DOCKED UNSOLICITED | D DEVICE | I IIIai Nesaic | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nur | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| POCT GLUCOSE BLOOD | (POCT GLUC | COSE, BLOC Ref | DD) - Final result (06/2 | 27/2023 8:28 P Analysis | 'M EDT) | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 106 | 70 - 110 mg/dL | | 06/27/2023 8:29 PM EDT | HEALTH LIVONIA HOSPITAL LABORATORY | |
| | | | | | (SMLI) | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|--|-------------------------------|-----------------|------------------------|
| Blood | Capillary blood specimen / Unknown | volume | | 06/27/2023 8:30 PM EDT |
| Narrative | | | | |
| Authorizing Provider | Result Type | Result Status | | |
| M Kang MD | LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | Final Result | | |
| Performing Organization | Address | City/State/ZIP Code | Phone Number | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 | |
| | | | | |

(ABNORMAL) CULTURE URINE - Final result (06/27/2023 1:19 PM EDT)

| | | Ref | | Analysis | |
|----------------|--------------|-------|-------------|------------|------------------------------------|
| Component | Value | Range | Test Method | Time | Performed At Pathologist Signature |
| Culture, Urine | 70,000 CFU/ | | | 07/02/2023 | TRINITY |
| | mL | | | 1:49 PM | HEALTH ANN |
| | Enterobacter | | | EDT | ARBOR |
| | cloacae-CRE | | | | HOSPITAL |
| | (A) | | | | LABORATORY |
| | | | | | (SJAA) |

Comment:

Organism phenotype suggests carbapenemase production.

Modified Carbapenem Inactivation Method (mCIM): Negative

Note: (Modified Carbapenem Inactivation Method(mCIM)

screen negative.) Not all carbapenemase-producing isolates of
Enterobacterales and Pseudomonas aeruginosa are mCIM positive.

This is an edited result. Previous organism was Gram negative bacilli on 6/28/2023 at 2121 EDT. Edited result: Previously reported as Enterobacter cloacae on 6/29/2023 at 1234 EDT. Result component has been updated to reportable to State Health.

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|--------------------------------|---|-----------------------------------|------------------------|------------------------|
| Urine | Urine specimen from urinary conduit / Unknown | Non-blood Collection / Unknown | 06/27/2023 1:19 PM EDT | 06/27/2023 1:24 PM EDT |
| Narrative | | | | |
| Authorizing Provider M Kang MD | Result Type LAB MICROBIOLOGY - | Result Status Final Result | | |

Authorizing Provider Result Type Result Status M Kang MD LAB MICROBIOLOGY - GENERAL ORDERABLES Performing Organization Address City/State/ZIP Code Phone Number TRINITY HEALTH ANN ARBOR HOSPITAL LABORATORY (SJAA) TRINITY HEALTH ANN ARBOR HOSPITAL LABORATORY (SJAA)

(ABNORMAL) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (06/27/2023 6:48 AM EDT)

| | V/ I | Ref | | Analysis | D 6 14 | |
|---|--|---|--|-------------------------------|---|--------------------------|
| Chases POCT | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 112 (H) | 70 - 110 mg/dL | | 06/27/2023 6:49 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Loc | cation / | Collection Method / | Callaction | Timo | Received Time |
| Specimen (Source) Blood | Laterality Capillary blood | <u> </u> | Volume | Collection | | 06/27/2023 6:50 AM EDT |
| 5,000 | specimen / Unl | | | 00/21/2025 | 5 0. 10 7 HVI ED I | 00,27,2023 0.30 7111 251 |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT OF TEST DOCKED UNSOLICITED I | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| ZINC - Final result (06/2 Component | 7/2023 5:26 AN | M EDT) Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Zinc | 93 | 60 - 130 ug/dL | rest metriod | 07/06/2023 10:10 AM EDT | | Tathologist signature |
| Comment: Elevated results may non-certified trace o | | | ected in a | EDI | | |
| This test was develop characteristics determined to the characteristics determined to the characteristics determined to the companies of the characteristics as investigational or the characteristics. | rmined by ward red or approve gulated under ity testing. Toses. It shou r for research | de Medica ed by the CLIA as This test ld not be 1. | al Laboratory. PERAL Qualified to Sis used for PERAL P | | | |
| Test performed at Wai 300 W. Textile Rd, Ai Kajal V. Sitwala, MD | nn Arbor, MI | 48108 | 800-876-6522 | | | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection ¹ | Time | Received Time |
| Blood | Venous blood specimen / Unl | known | | | | 06/27/2023 5:42 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | nber | |
| WARDE LAB | 300 W. Textile F | ₹d | Ann Arbor, MI 48108 | 800-876-65 | | |
| | | | | | | |

| (ABNORMAL) COMPL | ETE BLOOD (| | Final result (06/27/202 | | DT) | |
|------------------|-------------|--------------------------|--------------------------|------------------------------|--|--------------------------|
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| WBC | 9.6 | | LAB HEMETOLOGY METHOD | 06/27/2023 5:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | - utilologist olgitutule |
| RBC | 3.89 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 06/27/2023 5:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hemoglobin | 11.3 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 06/27/2023 5:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hematocrit | 35.5 (L) | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 06/27/2023 5:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCV | 91.3 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 06/27/2023 5:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCHC | 31.8 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 06/27/2023 5:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 13.4 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 06/27/2023 5:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 560 (H) | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 06/27/2023 5:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 06/27/2023 5:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 06/27/2023 5:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| Chaciman (Cauras) | Anatomical L | ₋ocation / | Collection Method / Volume | Colloction | Timo | Received Time |
|---|-----------------------------|------------------------|-------------------------------|------------------------------|---|--------------------------|
| Specimen (Source) Blood | Laterality Venous bloo | | | Collection Time | | 06/27/2023 5:42 AM EDT |
| DIUUU | specimen / L | | venipuncture / Unknown | 1 00/21/2023 | , 3.20 AIVI EUI | UO/21/2U23 3:42 AIVI EUI |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD | | Final Result | | | |
| M Calice MD | ORDERABLES | S | Filial Result | | | |
| | | | | | | |
| Performing Organization | | *** B . J | City/State/ZIP Code | Phone Num | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | file Koad | Livonia, MI 48154 | 734-655-48 | 300 | |
| | | | | | | |
| MAGNESIUM - Final res | ult (06/27/20 |)23 5:26 A | M EDT) | | | |
| | - | Ref | • | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Magnesium | 2.1 | 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 06/27/2023 6:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| | Anatomical L | ocation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection 7 | Time | Received Time |
| Blood | Venous bloo specimen / L | | Venipuncture / Unknown | 1 06/27/2023 | 5:26 AM EDT | 06/27/2023 5:42 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | S | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five N | file Road | Livonia, MI 48154 | 734-655-48 | | |
| (ABNORMAL) BASIC N | METABOLIC I | PANEL - F | inal result (06/27/2023 | 5:26 AM EI | DT) | |
| | | Ref | | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Sodium | 132 (L) | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 06/27/2023 6:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Potassium | 3.4 (L) | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 06/27/2023 6:05 AM EDT | | |

Collection Method /

Anatomical Location /

| | | Ref | | Analysis | | |
|---|------------------------------|---------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Chloride | 100 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 06/27/2023 6:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| CO2 | 22 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 06/27/2023 6:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 10 | 3 - 11 | LAB CHEMISTRY METHOD | 06/27/2023 6:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 104 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 06/27/2023 6:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 22 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 06/27/2023 6:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 1.35 (H) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 06/27/2023 6:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 59 (L) | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 06/27/2023 6:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Oct equation refit without ad | | | pased on the Chronic Kidne | ey Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 16.3 | >=0.0 | LAB CHEMISTRY METHOD | 06/27/2023 6:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.3 (L) | mg/dL | LAB CHEMISTRY METHOD | 06/27/2023 6:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Гime | Received Time |
| Blood | Venous blood specimen / U | | | | | 06/27/2023 5:42 AM EDT |
| Narrative | | | | | | |

| Authorizing Provider | Result Type | | Result Status | | | |
|------------------------------------|--------------------------------------|-------------------|--------------------------------------|-------------------------|------------------------|-------------------------|
| M Calice MD | LAB BLOOD | | Final Result | | | |
| | ORDERABLES | | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH | 36475 Five Mile Road | | Livonia, MI 48154 | 734-655-48 | | |
| LIVONIA HOSPITAL | | | | | | |
| Laboratory (SMLI) | | | | | | |
| | | | | | | |
| (ABNORMAL) POCT G | LUCOSE BLOO | D (POCT | GLUCOSE, BLOOD) - | Final result | (06/26/2023 | 8:39 PM EDT) |
| | V/ I | Ref | T () A () | Analysis | D (| D. I. 1. 1. C. |
| Component Glucose POCT | Value 111 (H) | Range 70 - 110 | Test Method | Time 06/26/2023 | TRINITY | Pathologist Signature |
| Glucose POCT | III (H) | 70 - 110 mg/dL | | | HEALTH | |
| | | J. | | EDT | LIVONIA | |
| | | | | | HOSPITAL LABORATORY | |
| | | | | | (SMLI) | |
| | | | | | | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection ⁻ | Гіте | Received Time |
| Blood | Capillary blood | | volutile | | | 06/26/2023 8:40 PM EDT |
| | specimen / Un | | | , -, | · | . , |
| Narrative | | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT OF CARE TEST DOCKED DEVICE | | Final Result | | | |
| | UNSOLICITED | | | | | |
| | | | | | | |
| Performing Organization | | o Dood | City/State/ZIP Code | Phone Number | | |
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five Mil | е коаа | Livonia, MI 48154 | 734-655-4800 | | |
| Laboratory (SMLI) | | | | | | |
| | | | | | | |
| (ABNORMAL) URINAL | YSIS WITH MI | CROSCO | PIC - Final result (06/ | 26/2023 5:4 | 9 PM EDT) | |
| | | Ref | ric rinarresait (00) | Analysis | J 25 . , | |
| Component | Value | Range | Test Method | Time | | t Pathologist Signature |
| Color, Urine | Yellow | Yellow | LAB URINALYSIS - AUTOMATED METHOD | 06/27/2023 12:36 AM | RINITY HEALTH | |
| | | | AUTOMATED METHOD | EDT | LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATOR (SMLI) | Y |
| Clarity, Urine | Cloudy (A) | Clear | LAB URINALYSIS - | 06/27/2023 | | |
| | | | AUTOMATED METHOD | 12:36 AM | HEALTH | |
| | | | | EDT | LIVONIA HOSPITAL | |
| | | | | | LABORATOR | Υ |
| | | | | | (SMLI) | |
| Specific Gravity Urine | 1.016 | 1.005 - 1.030 | LAB URINALYSIS - AUTOMATED METHOD | 06/27/2023 12:36 AM | RINITY HEALTH | |
| | | 1.030 | AUTOMATED METHOD | EDT | LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATOR (SMLI) | Y |
| pH, Urine | 6.0 | 4.8 - 8.0 | LAB URINALYSIS - | 06/27/2023 | | |
| , , , | | рН | AUTOMATED METHOD | 12:36 AM | HEALTH | |
| | | | | EDT | LIVONIA HOSPITAL | |
| | | | | | LABORATOR | Υ |
| | | | | | (SMLI) | |
| | | | | | | |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---------------------|---------------------------------|---------------------------|--------------------------------------|-------------------------------|---|----------------------------|
| Leukocytes, Urine | Positive (A) | | LAB URINALYSIS - AUTOMATED METHOD | 06/27/2023 12:36 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Nitrite, Urine | Negative | Negative | LAB URINALYSIS - AUTOMATED METHOD | 06/27/2023 12:36 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Protein, Urine | 2+ (A) | Negative mg/dL | LAB URINALYSIS - AUTOMATED METHOD | 06/27/2023 12:36 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Glucose, Urine | Negative | Negative mg/dL | LAB URINALYSIS - AUTOMATED METHOD | 06/27/2023 12:36 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Ketones, Urine | 1+ (A) | Negative mg/dL | LAB URINALYSIS - AUTOMATED METHOD | 06/27/2023 12:36 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Urobilinogen, Urine | Normal | Normal (<2.0) mg/dL | LAB URINALYSIS - AUTOMATED METHOD | 06/27/2023 12:36 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Bilirubin, Urine | Negative | Negative | LAB URINALYSIS - AUTOMATED METHOD | 06/27/2023 12:36 AM EDT | | , |
| Blood, Urine | 3+ (A) | Negative eryth/ mcL | LAB URINALYSIS - AUTOMATED METHOD | 06/27/2023 12:36 AM EDT | | |
| RBC, Urine | >50 (A) | 0 - 2 / HPF | LAB URINALYSIS - AUTOMATED METHOD | 06/27/2023 12:36 AM EDT | | , |
| WBC, Urine | >50 (A) | 0 - 2 / HPF | LAB URINALYSIS - AUTOMATED METHOD | 06/27/2023 12:36 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Specimen (Source) | Anatomical Lo Laterality | cation / | Collection Method / Volume | Collection T | | Received Time |
| Urine | Indwelling uring catheter / Unk | | Non-blood Collection / Unknown | 06/26/2023 | | 06/26/2023 10:51 PM EDT |

| Narrative | | | | | | |
|---|--|-------------------|---------------------|-----------------------------------|---|------------------------|
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB URINE OR | DFRABI FS | | | | |
| m rang mb | 27.15 67.11.12 67.1 | 52.0 (5225 | That Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| (ABNORMAL) POCT G | LUCOSE BLOC | D (POCT | GLUCOSE, BLOOD) | - Final result Analysis | (06/26/2023 | 4:31 PM EDT) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 206 (H) | 70 - 110 mg/dL | | 06/26/2023 4:32 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo | cation / | Collection Method / | | | |
| Specimen (Source) | | | Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Un | | | 06/26/202 | 3 4:31 PM EDI | 06/26/2023 4:34 PM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-4 | | |
| (ABNORMAL) POCT G | | Ref | - | Analysis | | |
| Chuses POCT | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 136 (H) | 70 - 110 mg/dL | | 06/26/2023 2:32 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Un | | | 06/26/202 EDT | 3 12:20 PM | 06/26/2023 2:33 PM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT OF TEST DOCKED | | Final Result | | | |
| | UNSOLICITED | | | | | |

| | Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|-------------------------|----------------------|---------------------|--------------|
| ı | TRINITY HEALTH | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 |
| ı | LIVONIA HOSPITAL | | | |
| ı | LABORATORY (SMLI) | | | |
| | | | | |

(ABNORMAL) COMPLETE BLOOD COUNT - Final result (06/26/2023 8:32 AM EDT)

| , , , , , , | | Ref | iliai result (00/20/202 | Analysis | |
|-------------|----------|--------------------------|--------------------------|------------------------------|---|
| Component | Value | Range | Test Method | Time | Performed At Pathologist Signature |
| WBC | 11.8 (H) | 3.6 - 11.1 K/mcL | LAB HEMETOLOGY METHOD | 06/26/2023 8:45 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| RBC | 4.26 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 06/26/2023 8:45 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Hemoglobin | 12.3 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 06/26/2023 8:45 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Hematocrit | 39.3 | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 06/26/2023 8:45 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| MCV | 92.3 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 06/26/2023 8:45 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| MCHC | 31.3 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 06/26/2023 8:45 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| RDW | 13.5 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 06/26/2023 8:45 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Platelets | 610 (H) | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 06/26/2023 8:45 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 06/26/2023 8:45 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |

| | | Ref | | Analysis | | |
|---|---------------------------------|------------------------------------|-----------------------------------|--|---|-------------------------|
| Component | Value | Range | Test Method | Time | Performed At | t Pathologist Signature |
| NRBC Absolute | 0.00 | | LAB HEMETOLOGY METHOD | 06/26/2023 8:45 AM EDT | | |
| Specimen (Source) | Anatomical Lo Laterality | | Collection Method / Volume | Collection 7 | · | Received Time |
| Blood | Venous blood specimen / Ui | | Venipuncture / Unknown | 1 06/26/2023 | 3 8:32 AM EDT | 06/26/2023 8:35 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | , , | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | | |
| MAGNESIUM - Final resu Component Magnesium | Sult (06/26/202 Value 1.9 | Ref Range 1.7 - 2.5 mg/dL | Test Method LAB CHEMISTRY METHOD | Analysis Time 06/26/2023 9:09 AM EDT | | t Pathologist Signature |
| | | . , | | FDI | LIVONIA HOSPITAL LABORATORY (SMLI) | 1 |
| Specimen (Source) | Anatomical Lo Laterality | | Collection Method / Volume | Collection | | Received Time |
| Blood | | | Venipuncture / Unknown | 1 06/26/2023 | 3 8:32 AM EDT | 06/26/2023 8:35 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | <u> </u> | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | | |
| (ABNORMAL) BASIC N | ЛЕТАВОLIC Р | PANEL - Fi Ref | inal result (06/26/2023 | 8 8:32 AM EI Analysis | DT) | |
| Component | Value | Range | Test Method | Time | Performed At | t Pathologist Signature |
| Sodium | 135 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 06/26/2023 9:09 AM EDT | | |

HOSPITAL LABORATORY (SMLI)

| | | Ref | | Analysis | | | | | |
|--|--------------|---------------------------|------------------------------------|--------------------------------------|---|-----------------------|--|--|--|
| Potassium Potassium | Value 3.8 | 3.5 - 5.3 mmol/L | Test Method LAB CHEMISTRY METHOD | Time 06/26/2023 9:09 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature | | | |
| Chloride | 98 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 06/26/2023 9:09 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | | | |
| CO2 | 25 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 06/26/2023 9:09 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | | | |
| Anion Gap | 12 (H) | 3 - 11 | LAB CHEMISTRY METHOD | 06/26/2023 9:09 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | | | |
| Glucose | 114 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 06/26/2023 9:09 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | | | |
| BUN | 18 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 06/26/2023 9:09 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | | | |
| Creatinine | 0.95 | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 06/26/2023 9:09 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | | | |
| eGFR | 90 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 06/26/2023 9:09 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | | | |
| Comment: Effective October 9, 2022, calculation based on the Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) equation refit without adjustment for race. | | | | | | | | | |
| BUN/Creatinine Ratio | 18.9 | >=0.0 | LAB CHEMISTRY METHOD | 06/26/2023 9:09 AM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | | | |
| Calcium | 8.5 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 06/26/2023 9:09 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | | | |

| Specimen (Source) Blood | Anatomical Location / Laterality Venous blood specimen / Unknown | | Collection Method / Volume Venipuncture / Unknown | Collection Time 06/26/2023 8:32 AM EDT | | Received Time 06/26/2023 8:35 AM EDT | |
|---|---|-----------------------|---|---|---|---|--|
| Narrative | | | | | | | |
| Authorizing Provider M Calice MD | Result Type LAB BLOOD ORDERABLES | | Result Status Final Result | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Number | | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4800 | | | |
| (ABNORMAL) POCT GI | UCOSE BLOO | D (POCT Ref | | Final result Analysis | (06/26/2023 | 7:27 AM EDT) | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature | |
| Glucose POCT | 123 (H) | 70 - 110 mg/dL | | 06/26/2023 7:29 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time | |
| Blood | Capillary blood specimen / Unknown | | volume | | | 06/26/2023 7:30 AM EDT | |
| Narrative | | | | | | | |
| Narrative | | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | | |
| M Kang MD | LAB POINT OF TEST DOCKED I UNSOLICITED F | DEVICE | Final Result | | | | |
| Performing Organization TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Address 36475 Five Mile | e Road | City/State/ZIP Code Livonia, MI 48154 | Phone Number 734-655-4800 | | | |
| POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (06/25/2023 9:26 PM EDT) Ref Analysis | | | | | | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature | |
| Glucose POCT | 110 | 70 - 110 mg/dL | | 06/25/2023 9:26 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | |
| Conceins at 16 and | Anatomical Location / | | Collection Method / | Collection Time | | Deceived Time | |
| Blood | Specimen (Source) Blood Capillary blood specimen / Unknown | | Volume | | | Received Time 06/25/2023 9:27 PM EDT | |
| Narrative | | | | | | | |
| | | | | | | | |

| Authorizing Provider | Result Type | | Result Status | | | |
|---|--|--------------------------|-------------------------------|------------------------------|---|-----------------------|
| M Kang MD | LAB POINT O TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | TRINITY HEALTH 36475 Five Mile Road LIVONIA HOSPITAL | | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ABNORMAL) POCT GI | LUCOSE BLO | OD (POCT | GLUCOSE, BLOOD) - | Final result Analysis | (06/25/2023 | 12:03 PM EDT) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 119 (H) | 70 - 110 mg/dL | | | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Capillary bloo | od | Volume | 06/25/2023 | | 06/25/2023 12:06 PM |
| | specimen / U | | | EDT | | EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | | |
| (ABNORMAL) COMPLE | | COUNT - F | • | Analysis | - | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| WBC | 10.7 | 3.6 - 11.1 K/mcL | LAB HEMETOLOGY METHOD | 06/25/2023 8:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RBC | 4.14 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 06/25/2023 8:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hemoglobin | 12.2 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 06/25/2023 8:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|------------------------------|-------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Hematocrit | 36.9 (L) | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 06/25/2023 8:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCV | 89.1 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 06/25/2023 8:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCHC | 33.1 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 06/25/2023 8:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 13.5 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 06/25/2023 8:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 564 (H) | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 06/25/2023 8:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 06/25/2023 8:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 06/25/2023 8:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Venous blood specimen / U | | | | | 06/25/2023 8:20 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider M Calice MD | Result Type LAB BLOOD | | Result Status Final Result | | | |
| IVI CAIICE IVID | ORDERABLES | | FIIIdI NESUIL | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| MACNICULINA Final man | | 22 0.17 41 | A EDT) | | | |

MAGNESIUM - Final result (06/25/2023 8:17 AM EDT)

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|------------------------------|------------------------|-------------------------------|--------------------------------|---|------------------------|
| Magnesium | 1.7 | 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 06/25/2023 8:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Laterality | ocation / | Collection Method / Volume | Collection ⁻ | | Received Time |
| Blood Narrative | Venous blood specimen / U | | Venipuncture / Unknow | n 06/25/2023 | 3 8:17 AM EDT | 06/25/2023 8:20 AM EDT |
| Narrauve | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | ; ; | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ABNORMAL) BASIC N | ЛЕТАВОLIC F | PANEL - Fi | inal result (06/25/2023 | 8 8:17 AM E Analysis | DT) | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Sodium | 136 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 06/25/2023 8:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Potassium | 3.8 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 06/25/2023 8:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Chloride | 100 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 06/25/2023 8:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| CO2 | 27 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 06/25/2023 8:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 9 | 3 - 11 | LAB CHEMISTRY METHOD | 06/25/2023 8:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 117 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 06/25/2023 8:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| Component | Value | Ref Range | Test Method | Analysis Time | Darfarmed At | Pathologist Signature |
|---|-------------------------------|---------------------------|-------------------------------|------------------------------|---|------------------------|
| BUN | 13 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 06/25/2023 8:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.79 | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 06/25/2023 8:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 100 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 06/25/2023 8:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Octoequation refit without ad | | | pased on the Chronic Kidne | ey Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 16.5 | >=0.0 | LAB CHEMISTRY METHOD | 06/25/2023 8:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.3 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 06/25/2023 8:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Venous blood specimen / Ur | | Venipuncture / Unknown | | | 06/25/2023 8:20 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| POCT GLUCOSE BLOOD | (POCT GLUC | OSE, BLOC | DD) - Final result (06/25/ | ′2023 6:23 A | .M EDT) | |
| | , = = = === | Ref | | Analysis | | |
| Component | Value | Range | Test Method | Time | Performed A+ | Pathologist Signature |

| Component | Value | Range | Test Method | Time | Performed At Pathologist Signature |
|--------------|-------|-------------------|-------------|------------------------------|------------------------------------|
| Glucose POCT | 105 | 70 - 110 mg/dL | | 06/25/2023 6:25 AM EDT | |
| | | | | | LABORATORY (SMLI) |

| | Anatomical Loc | ration / | Collection Method / | | | |
|---|--|------------------|-------------------------------|-----------------|-------------|---|
| Specimen (Source) | Laterality | ,acion , | Volume | Collection Time | | Received Time |
| Blood | Capillary blood specimen / Unk | | | 06/25/2023 | 6:23 AM EDT | 06/25/2023 6:27 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Jose MD | LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Numl | ber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | ∍ Road | Livonia, MI 48154 | 734-655-480 | 00 | |
| | | | | | | |
| ECG 12-LEAD - Final res | ult (06/24/2023 | 3 5:08 PM Ref | I EDT) | Analysis | Performed | |
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| Ventricular Rate ECG | 90 | BPM | | | GEMUSE | |
| Atrial Rate | 90 | BPM | | | GEMUSE | |
| P-R Interval | 148 | ms | | | GEMUSE | |
| QRS Duration | 88 | ms | | | GEMUSE | |
| Q-T Interval | 418 | ms | | | GEMUSE | |
| QTc | 511 | ms | | | GEMUSE | |
| P Wave Axis | 63 | degrees | | | GEMUSE | |
| R Axis | 62 | degrees | | | GEMUSE | |
| T Axis | 59 | degrees | | | GEMUSE | |
| ECG Interpretation | Normal sinus rhythm Nonspecific ST and T wave abnormality Abnormal ECG when compared with ECG of 21-JUN-2023 19:48, ST no longer depressed in Lateral leads Confirmed by Valle, MD, Javier (401) on 6/26/2023 4:07:29 PM | | | | GEMUSE | |
| _Specimen (Source) | Anatomical Loc Laterality | ation / | Collection Method / Volume | Collection Ti | | Received Time 06/26/2023 4:07 PM EDT |
| | | | | | | |
| Narrative This result has an at | ++2chmon+ +k- | t ic not | availahla | | | |
| inis result has an at | ttachment that | i is not | available. | | | |

| Authorizing Provider | Result Type | | Result Status | | | |
|---|---------------------------------|------------------------------|--------------------------|------------------------------|---|------------------------|
| R Jose MD | ECG ORDERAI | BLES | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| GEMUSE | | | | | | |
| | | | | | | |
| (ABNORMAL) POCT GL | LUCOSE BLO | - | r GLUCOSE, BLOOD) - | | (06/24/2023 | 5:00 PM EDT) |
| Component | Value | Ref | Test Method | Analysis Time | Darformad At | Pathologist Cignoture |
| Component Glucose POCT | 116 (H) | Range 70 - 110 | | 06/24/2023 | | Pathologist Signature |
| Glucose POC1 | 110 (n <i>)</i> | 70 - 110 mg/dL | | 06/24/2023 5:00 PM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| (0 | Anatomical Lo | ocation / | Collection Method / | C III - tian' | | |
| Specimen (Source) | Laterality | 1 | Volume | Collection | | Received Time |
| Blood | Capillary bloo specimen / Ur | | | 06/24/2023 | 3 5:00 PM EDI | 06/24/2023 5:01 PM EDT |
| Narrative | | | | | | |
| 130 | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Jose MD | LAB POINT OF | F CARE | Final Result | | | |
| N JOSC WID | TEST DOCKED UNSOLICITED | DEVICE | THIRI NESSAC | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | le Road | Livonia, MI 48154 | 734-655-4800 | | |
| (ABNORMAL) COMPLE | TE BLOOD C | | inal result (06/24/202 | | EDT) | |
| Companent | Value | Ref | Test Method | Analysis Time | Darfarmad A+ | Dathalasist Cianatura |
| Component WBC | 13.1 (H) | Range 3.6 - 11.1 K/mcL | LAB HEMETOLOGY METHOD | 06/24/2023 2:20 PM EDT | | Pathologist Signature |
| RBC | 4.12 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 06/24/2023 2:20 PM EDT | | |
| Hemoglobin | 12.2 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 06/24/2023 2:20 PM EDT | | |
| Hematocrit | 38.2 | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 06/24/2023 2:20 PM EDT | | |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|-------------------------------|-------------------------|-------------------------------|------------------------------|---|------------------------|
| MCV | 92.7 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 06/24/2023 2:20 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCHC | 31.9 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 06/24/2023 2:20 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 13.3 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 06/24/2023 2:20 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 625 (H) | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 06/24/2023 2:20 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 06/24/2023 2:20 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 06/24/2023 2:20 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Гіте | Received Time |
| Blood | Venous blood specimen / Ur | | Venipuncture / Unknowr | n 06/24/2023 | 3 2:14 PM EDT | 06/24/2023 2:17 PM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| MAGNESIUM - Final res | ult (06/24/202 | 23 2:14 PN | И EDT) | | | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |

ComponentValueRangeTest MethodTimePerformed AtPathologist SignatureMagnesium1.91.7 - 2.5LAB CHEMISTRY
mg/dL06/24/2023TRINITYEDTLIVONIA
HOSPITAL
LABORATORY

(SMLI)

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|-------------------------------------|-------------------------------|------------------------|------------------------|
| Blood | Venous blood specimen / Unknown | Venipuncture / Unknown | 06/24/2023 2:14 PM EDT | 06/24/2023 2:17 PM EDT |
| Narrative | | | | |
| | | | | |
| Authorizing Provider | Result Type | Result Status | | |
| M Calice MD | LAB BLOOD ORDERABLES | Final Result | | |
| Performing Organization | Address | City/State/ZIP Code | Phone Number | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 | |
| (ABNORMAL) BASIC N | ЛЕТАВОLIC PANEL - Fi | nal result (06/24/2023 2 | 2:14 PM EDT) | |
| | Ref | | Analysis | |

| Component | Value | Range | Test Method | Time | Performed At Pathologist Signature |
|-----------|---------|------------------------|-------------------------|------------------------------|---|
| Sodium | 136 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 06/24/2023 2:52 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Potassium | 3.5 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 06/24/2023 2:52 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Chloride | 101 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 06/24/2023 2:52 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| CO2 | 26 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 06/24/2023 2:52 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Anion Gap | 9 | 3 - 11 | LAB CHEMISTRY METHOD | 06/24/2023 2:52 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Glucose | 134 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 06/24/2023 2:52 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| BUN | 11 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 06/24/2023 2:52 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |

| | | Ref | | Analysis | | |
|---|-------------------------------|---------------------------|-------------------------------|------------------------------|---|--------------------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Creatinine | 0.75 | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 06/24/2023 2:52 PM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 102 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 06/24/2023 2:52 PM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Octo equation refit without adj | | | based on the Chronic Kidn | ıey Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 14.7 | >=0.0 | LAB CHEMISTRY METHOD | 06/24/2023 2:52 PM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.3 (L) | mg/dL | LAB CHEMISTRY METHOD | 06/24/2023 2:52 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Venous blood specimen / Ur | | | | | 06/24/2023 2:17 PM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ABNORMAL) POCT GI | LUCOSE BLO | OD (POCT | Γ GLUCOSE, BLOOD) - | Final result | (06/24/2023 | 11:51 AM EDT) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 135 (H) | 70 - 110 mg/dL | | 11:52 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| (6) | Anatomical Lo | ocation / | Collection Method / | 6 II 4:: | man f | |
| Specimen (Source) Blood | Laterality Capillary bloo | | Volume | Collection 06/24/2023 | | Received Time 06/24/2023 11:53 AM |
| 21000 | specimen / Ur | | | EDT | 7 11.51 7.101 | EDT |

Narrative

| Authorizing Provider | Result Type | | Result Status | | | |
|---|--|-------------------|-------------------------------|-----------------------------------|--|------------------------|
| R Jose MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | _ | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | le Road | Livonia, MI 48154 | 734-655-4 | | |
| (ABNORMAL) POCT GI | LUCOSE BLOG | OD (POCT Ref | GLUCOSE, BLOOD) - | - Final result Analysis | (06/24/2023 | 6:41 AM EDT) |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 122 (H) | 70 - 110 mg/dL | | 06/24/2023 6:42 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Un | | Volume | | | 06/24/2023 6:43 AM EDT |
| Narrative | | | | | | |
| _Authorizing Provider | Result Type | | Result Status | | | |
| R Jose MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | le Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| POCT GLUCOSE BLOOD |) (POCT GLUC(| OSE, BLOO Ref | DD) - Final result (06/2 | 3/2023 9:34 F Analysis | PM EDT) | |
| Component | Value | Ret Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 100 | 70 - 110 mg/dL | | 06/23/2023 9:35 PM EDT | | <u> </u> |
| Specimen (Source) | Anatomical Lo Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Un | | | | | 06/23/2023 9:36 PM EDT |
| _Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Jose MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| | | | | | | |

| Performing Organization | Address | | City/State/ZIP Code | Phone Nui | mber | |
|---|--|-------------------|--|---|---|---|
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five N | 1ile Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| | | | | | | |
| (ABNORMAL) POCT GI | LUCOSE BLO | OD (POCT | GLUCOSE, BLOOD) | - Final result Analysis | (06/23/2023 | 4:34 PM EDT) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 115 (H) | 70 - 110 mg/dL | | 06/23/2023 4:34 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | J |
| Supering on (Secure) | Anatomical L | ocation / | Collection Method / | Callagtian | T: | Descived Time |
| Specimen (Source) Blood | Capillary bloospecimen / U | | Volume | Collection Time 06/23/2023 4:34 PM EDT | | Received Time 06/23/2023 4:35 PM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Jose MD | LAB POINT C TEST DOCKE UNSOLICITED | D DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nui | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | 1ile Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| (ABNORMAL) POCT GI | LUCOSE BLO | OD (POCT | GLUCOSE, BLOOD) | - Final result Analysis | (06/23/2023 | 11:27 AM EDT) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 144 (H) | 70 - 110 mg/dL | | 06/23/2023 11:27 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | J |
| Specimen (Source) | Anatomical L Laterality | ocation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary bloospecimen / U | | volume | | 3 11:27 AM | 06/23/2023 11:28 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Jose MD | LAB POINT C TEST DOCKE UNSOLICITED | D DEVICE | Final Result | | | |
| Performing Organization TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Address 36475 Five M | 1ile Road | City/State/ZIP Code Livonia, MI 48154 | Phone Nui 734-655-4 | | |
| POCT GLUCOSE BLOOD | (POCT GLUC | COSE, BLOC | D) - Final result (06/2 | 23/2023 6:18 <i>F</i> | AM EDT) | |

| | | ח יל | | A la | | |
|------------------------------------|----------------------------------|--|--|--|--|------------------------|
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 110 | 70 - 110 | ICSC IVICEITOG | 06/23/2023 | | Tatriologist signature |
| | 1.0 | mg/dL | | 6:18 AM | HEALTH | |
| | | _ | | EDT | LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATORY (SMLI) | |
| | Anatomical Lo | ocation / | Collection Method / | | (SIVILI) | |
| Specimen (Source) | Laterality | | Volume | Collection ¹ | Time | Received Time |
| Blood | Capillary bloo specimen / Ur | | | 06/23/2023 | 3 6:18 AM EDT | 06/23/2023 6:19 AM EDT |
| | speciment or | IKHOWH | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Jose MD | LAB POINT OI | FCΔRF | Final Result | | | |
| K 1036 MD | TEST DOCKED | | I IIIai Nesuit | | | |
| | UNSOLICITED | | | | | |
| | | | | | | |
| Performing Organization | | · - 1 | City/State/ZIP Code | Phone Nur | | |
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five Mi | le Road | Livonia, MI 48154 | 734-655-48 | 800 | |
| LABORATORY (SMLI) | | | | | | |
| • | | | | | | |
| (ABNORMAL) COMPLE | TE BLOOD C | | inal result (06/23/202 | | EDT) | |
| (ABNORMAL) COMPLE | ETE BLOOD C | Ref | inal result (06/23/202 Test Method | 23 5:10 AM I Analysis Time | | Pathologist Signature |
| | | Ref Range | - | Analysis | Performed At | Pathologist Signature |
| Component | Value | Ref Range 3.6 - 11.1 | Test Method | Analysis Time 06/23/2023 5:38 AM | Performed At TRINITY HEALTH | Pathologist Signature |
| Component | Value | Ref Range 3.6 - 11.1 | Test Method LAB HEMETOLOGY | Analysis Time 06/23/2023 | Performed At TRINITY HEALTH LIVONIA | Pathologist Signature |
| Component | Value | Ref Range 3.6 - 11.1 | Test Method LAB HEMETOLOGY | Analysis Time 06/23/2023 5:38 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL | |
| Component | Value | Ref Range 3.6 - 11.1 | Test Method LAB HEMETOLOGY | Analysis Time 06/23/2023 5:38 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |
| Component | Value | Ref Range 3.6 - 11.1 | Test Method LAB HEMETOLOGY | Analysis Time 06/23/2023 5:38 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Component WBC | Value 11.2 (H) | Ref Range 3.6 - 11.1 K/mcL 4.30 - 5.90 M/ | Test Method LAB HEMETOLOGY METHOD | Analysis Time 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH | |
| Component WBC | Value 11.2 (H) | Ref Range 3.6 - 11.1 K/mcL 4.30 - | Test Method LAB HEMETOLOGY METHOD LAB HEMETOLOGY | Analysis Time 06/23/2023 5:38 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA | |
| Component WBC | Value 11.2 (H) | Ref Range 3.6 - 11.1 K/mcL 4.30 - 5.90 M/ | Test Method LAB HEMETOLOGY METHOD LAB HEMETOLOGY | Analysis Time 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL | , |
| Component WBC | Value 11.2 (H) | Ref Range 3.6 - 11.1 K/mcL 4.30 - 5.90 M/ | Test Method LAB HEMETOLOGY METHOD LAB HEMETOLOGY | Analysis Time 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | , |
| Component WBC | Value 11.2 (H) | Ref Range 3.6 - 11.1 K/mcL 4.30 - 5.90 M/ mcL | Test Method LAB HEMETOLOGY METHOD LAB HEMETOLOGY | Analysis Time 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Component WBC | Value 11.2 (H) 3.92 (L) | Ref Range 3.6 - 11.1 K/mcL 4.30 - 5.90 M/ mcL 12.9 - 18.0 g/ | Test Method LAB HEMETOLOGY METHOD LAB HEMETOLOGY METHOD | Analysis Time 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH | , |
| Component WBC | Value 11.2 (H) 3.92 (L) | Ref Range 3.6 - 11.1 K/mcL 4.30 - 5.90 M/ mcL | Test Method LAB HEMETOLOGY METHOD LAB HEMETOLOGY METHOD | Analysis Time 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA | , |
| Component WBC | Value 11.2 (H) 3.92 (L) | Ref Range 3.6 - 11.1 K/mcL 4.30 - 5.90 M/ mcL 12.9 - 18.0 g/ | Test Method LAB HEMETOLOGY METHOD LAB HEMETOLOGY METHOD | Analysis Time 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL | |
| Component WBC | Value 11.2 (H) 3.92 (L) | Ref Range 3.6 - 11.1 K/mcL 4.30 - 5.90 M/ mcL 12.9 - 18.0 g/ | Test Method LAB HEMETOLOGY METHOD LAB HEMETOLOGY METHOD | Analysis Time 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY LIVONIA HOSPITAL LABORATORY | |
| Component WBC | Value 11.2 (H) 3.92 (L) 11.2 (L) | Ref Range 3.6 - 11.1 K/mcL 4.30 - 5.90 M/ mcL 12.9 - 18.0 g/ dL | Test Method LAB HEMETOLOGY METHOD LAB HEMETOLOGY METHOD | Analysis Time 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) LABORATORY (SMLI) | |
| Component WBC RBC Hemoglobin | Value 11.2 (H) 3.92 (L) | Ref Range 3.6 - 11.1 K/mcL 4.30 - 5.90 M/ mcL 12.9 - 18.0 g/ dL | Test Method LAB HEMETOLOGY METHOD LAB HEMETOLOGY METHOD LAB HEMETOLOGY METHOD | Analysis Time 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) LABORATORY (SMLI) | |

93.1

82.0 -

102.0 FL METHOD

LAB HEMETOLOGY

 MCV

HOSPITAL LABORATORY

(SMLI)

HEALTH

LIVONIA HOSPITAL LABORATORY (SMLI)

06/23/2023 TRINITY

5:38 AM

EDT

| | | Ref | | Analysis | | |
|---|------------------------------------|-------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| MCHC | 30.7 (L) | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 06/23/2023 5:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 13.5 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 06/23/2023 5:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 579 (H) | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 06/23/2023 5:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 06/23/2023 5:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 06/23/2023 5:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Cracinan (Causa) | Anatomical Lo | ocation / | Collection Method / Volume | Collection ⁷ | Τ: | Received Time |
| Specimen (Source) Blood | Venous blood specimen / U | | | | | 06/23/2023 5:33 AM EDT |
| Narrative | | | | | | |
| Authorizina Drovidor | Dogult Tupo | | Docult Status | | | |
| Authorizing Provider M Calice MD | Result Type LAB BLOOD ORDERABLES | | Result Status Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| MAGNESIUM - Final res | ult (06/23/20 | 23 5:10 AI Ref | M EDT) | Analysis | | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Magnesium | 1.7 | 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 06/23/2023 5:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical L | ocation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Venous blood specimen / U | | venipuncture / Unknow | n U6/23/2023 | S 5: IU AM EDT | 06/23/2023 5:33 AM EDT |

| Authorizing Provider | Result Type | Result Status | |
|---|-------------------------|---------------------|--------------|
| M Calice MD | LAB BLOOD ORDERABLES | Final Result | |
| Performing Organization | Address | City/State/ZIP Code | Phone Number |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 |

(ABNORMAL) BASIC METABOLIC PANEL - Final result (06/23/2023 5:10 AM EDT)

| (ADITORIVIAL) DASIC II | IL IADOLIC P | Ref | nai result (06/23/2023 | Analysis | , | |
|------------------------|--------------|--------------------------|-------------------------|------------------------------|---|-----------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Sodium | 134 (L) | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 06/23/2023 5:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Potassium | 3.5 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 06/23/2023 5:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Chloride | 101 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 06/23/2023 5:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| CO2 | 26 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 06/23/2023 5:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 7 | 3 - 11 | LAB CHEMISTRY METHOD | 06/23/2023 5:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 106 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 06/23/2023 5:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 13 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 06/23/2023 5:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.71 | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 06/23/2023 5:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|--|---------------------------|-------------------------------|------------------------------|---|---|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| eGFR | 104 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 06/23/2023 5:59 AM EDT | TRINITY HEALTH LIVONIA | |
| | | | | | HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Octo equation refit without adj | | | based on the Chronic Kidn | ney Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 18.3 | >=0.0 | LAB CHEMISTRY METHOD | 06/23/2023 5:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.0 (L) | mg/dL | LAB CHEMISTRY METHOD | 06/23/2023 5:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | cation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Venous blood specimen / Ur | | Venipuncture / Unknow | n 06/23/2023 | 3 5:10 AM EDT | 06/23/2023 5:33 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | le Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ABNORMAL) POCT GI | LUCOSE BLO | OD (POCT | T GLUCOSE, BLOOD) - | Final result Analysis | (06/22/2023 | 8:21 PM EDT) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 122 (H) | 70 - 110 mg/dL | | 8:22 PM | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo | ocation / | Collection Method / | | | |
| Specimen (Source) Blood | Laterality Capillary bloo specimen / Ur | | Volume | Collection 06/22/2023 | | Received Time 06/22/2023 8:23 PM EDT |
| _Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | T CADE | Result Status | | | |
| R Jose MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| | | | | | | |

| Performing Organization | Address | | City/State/ZIP Code | Phone Number | | |
|---|--|-------------------|--|-------------------------------|---|----------------------------|
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-4 | | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| (ABNORMAL) POCT GI | LUCOSE BLOO | | GLUCOSE, BLOOD) - | | (06/22/2023 | 5:43 PM EDT) |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 145 (H) | 70 - 110 mg/dL | | 06/22/2023 5:44 PM EDT | | <u> </u> |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Un | | | 06/22/202 | 3 5:43 PM EDT | 06/22/2023 5:45 PM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Jose MD | LAB POINT OF | CARE | Final Result | | | |
| | TEST DOCKED UNSOLICITED | | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-4800 | | |
| (ABNORMAL) POCT GI | LUCOSE BLOC | | GLUCOSE, BLOOD) - | | (06/22/2023 | 11:27 AM EDT) |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 130 (H) | 70 - 110 mg/dL | rest Method | 06/22/2023 11:29 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Tatriologist signature |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Un | | volume | | 3 11:27 AM | 06/22/2023 11:30 AM EDT |
| | specimen / on | KIIOWII | | LDI | | LDI |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Jose MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Address 36475 Five Mil | e Road | City/State/ZIP Code Livonia, MI 48154 | Phone Number 734-655-4800 | | |
| PHOSPHORUS - Final re | sult (06/22/20 | 23 8:44 A | M EDT) | | | |

| | | Ref | | Analysis | | |
|---|-------------------------------|------------------------|-------------------------------|------------------------------|---|-------------------------|
| Component | Value | Range | Test Method | Time | Performed At | : Pathologist Signature |
| Phosphorus | 3.6 | 2.4 - 4.6 mg/dL | LAB CHEMISTRY METHOD | 06/22/2023 9:22 AM EDT | | J |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | | Received Time |
| Blood | Venous blood specimen / Ur | | Venipuncture / Unknown | 1 06/22/2023 | 3 8:44 AM EDT | 06/22/2023 8:57 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | ; | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-48 | | |
| MAGNESIUM - Final res | | 23 8:44 Al Ref | | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Magnesium | 2.0 | 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 06/22/2023 9:22 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| | Anatomical Lo | ocation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Venous blood specimen / Ur | | Venipuncture / Unknown | 1 06/22/2025 | 3 8:44 AM EUI | 06/22/2023 8:57 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | ; | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ABNORMAL) BASIC N | ЛЕТАВОLIC Р | PANEL - Fi | inal result (06/22/2023 | 8:44 AM EI Analysis | DT) | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | : Pathologist Signature |
| Sodium | 137 | 135 - 144 mmol/L | LAB CHEMISTRY | 06/22/2023 9:22 AM EDT | | |

LABORATORY

(SMLI)

| | | Ref | | Analysis | | |
|---------------------------|------------------|---------------------------|---------------------------|------------------------------|---|-----------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Potassium | 3.7 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 06/22/2023 9:22 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Chloride | 101 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 06/22/2023 9:22 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| CO2 | 25 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 06/22/2023 9:22 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 11 | 3 - 11 | LAB CHEMISTRY METHOD | 06/22/2023 9:22 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 128 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 06/22/2023 9:22 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 14 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 06/22/2023 9:22 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.73 | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 06/22/2023 9:22 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 103 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 06/22/2023 9:22 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| equation refit without ac | ljustment for ra | ace. | based on the Chronic Kidn | | | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 19.2 | >=0.0 | LAB CHEMISTRY METHOD | 06/22/2023 9:22 AM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.2 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 06/22/2023 9:22 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | Anatomical Lo | ocation / | Collection Method / | | | |
|---|------------------------------------|--------------------------|--------------------------|------------------------------|---|------------------------|
| Specimen (Source) | Laterality | | Volume | Collection T | | Received Time |
| Blood | Venous blood specimen / Unknown | | Venipuncture / Unknowr | 1 06/22/2023 | 3 8:44 AM EDT | 06/22/2023 8:57 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| | ETE BLOOD C | Ref | Final result (06/22/2023 | Analysis | | Dethalogist Signatura |
| Component | | Range | | Time | | Pathologist Signature |
| WBC | 8.9 | 3.6 - 11.1 K/mcL | LAB HEMETOLOGY METHOD | 06/22/2023 9:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| RBC | 3.85 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 06/22/2023 9:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Hemoglobin | 11.3 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 06/22/2023 9:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Hematocrit | 34.6 (L) | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 06/22/2023 9:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL | |

89.9

32.7

13.4

MCV

MCHC

RDW

82.0 -

31.0 -

36.0 g/

12.0 -

16.0 %

dL

102.0 FL METHOD

LAB HEMETOLOGY

LAB HEMETOLOGY

LAB HEMETOLOGY

METHOD

METHOD

LABORATORY

(SMLI)

HEALTH

LIVONIA HOSPITAL LABORATORY

(SMLI)

HEALTH

LIVONIA

(SMLI)

HEALTH

LIVONIA HOSPITAL LABORATORY

(SMLI)

HOSPITAL LABORATORY

06/22/2023 TRINITY

06/22/2023 TRINITY

06/22/2023 TRINITY

9:19 AM

9:19 AM

9:19 AM

EDT

EDT

EDT

| | | Ref | | Analysis | | |
|---|------------------------------|------------------------|-------------------------------|------------------------------|---|---|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Platelets | 539 (H) | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 06/22/2023 9:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| NRBC | 0.0 | 0.0 - 0.2 | LAB HEMETOLOGY METHOD | 06/22/2023 9:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 06/22/2023 9:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Venous blood specimen / U | | Venipuncture / Unknow | n 06/22/2023 | 3 8:43 AM EDT | 06/22/2023 8:58 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ABNORMAL) HEMOG | iLOBIN A1C - | | ult (06/22/2023 8:43 <i>F</i> | - | | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Hemoglobin A1C | 7.5 (H) | 4.0 - 5.7 % | | 06/22/2023 6:13 PM EDT | TRINITY HEALTH ANN ARBOR HOSPITAL LABORATORY (SJAA) | Tuthologist signature |
| Mean Bld Glu Estim. | 169 | mg/dL | | 06/22/2023 6:13 PM EDT | TRINITY HEALTH ANN ARBOR HOSPITAL LABORATORY (SJAA) | |
| Constitution (Co. 1) | Anatomical Lo | ocation / | Collection Method / | | T: | Descina LT |
| Specimen (Source) Blood | Venous blood specimen / U | | Volume Venipuncture / Unknow | Collection on 06/22/2023 | | Received Time 06/22/2023 8:58 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | |

| Performing Organization | Address | | City/State/7IP Code | Phone Nun | mher | |
|---|--------------------------------|----------------|--|------------------------------|---|---|
| Performing Organization TRINITY HEALTH ANN ARBOR HOSPITAL | 5301 McAuley | Dr | City/State/ZIP Code Ypsilanti, MI 48197 | 734-712-34 | | |
| LABORATORY (SJAA) | | | | | | |
| FOLATE - Final result (06 | 5/22/2023 8:43 | • | | منصاد | | |
| Component | Value | Ref Range | | Analysis Time | Performed At | Pathologist Signature |
| Folate | 7.7 | >=5.9 ng/ml | | 06/22/2023 3:02 PM EDT | | <u> </u> |
| | Anatomical Loc | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Venous blood specimen / Unl | known | Venipuncture / Unknowr | 1 06/22/2023 | 3 8:43 AM EDT | 06/22/2023 8:57 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | CRDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | mber | |
| TRINITY HEALTH ANN ARBOR HOSPITAL LABORATORY (SJAA) | 5301 McAuley | Dr | Ypsilanti, MI 48197 | 734-712-34 | 456 | |
| | | | | | | |
| VITAMIN B12 - Final resu | ult (06/22/202 | | • | | | |
| Campanant | Value | Ref | | Analysis | Danfarmad At | Dath alasist Cianatura |
| Component Vitamin B-12 | Value 608 | Range 180 - | | Time 06/22/2023 | | Pathologist Signature |
| Vitaliili D 12 | 000 | 914 pcg/ mL | | 3:03 PM EDT | HEALTH ANN ARBOR HOSPITAL LABORATORY (SJAA) | |
| | Anatomical Loc | cation / | Collection Method / | 5 U - 0 5 5 5 | - | |
| Specimen (Source) Blood | Laterality Venous blood | | Venipuncture / Unknown | Collection 7 | | Received Time 06/22/2023 8:57 AM EDT |
| RIOOG | specimen / Unl | known | Venipuncture / Oliknowi | 1 06/22/2025 | ا کا 8:43 AIVI | U6/22/2025 6.37 AIVI LU1 - |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | mber | |
| TRINITY HEALTH ANN ARBOR HOSPITAL LABORATORY (SJAA) | 5301 McAuley | Dr | Ypsilanti, MI 48197 | 734-712-34 | 456 | |
| AMMONIA - Final result | : (06/22/2023 { | 3:43 AM E | DT) | | | |

| | | Ref | | Analysis | | |
|---|--|--------------------|-------------------------------|------------------------------|--|-----------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Ammonia | 30 | 16 - 53 mcmol/L | LAB CHEMISTRY METHOD | 06/22/2023 9:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | cation / | Collection Method / Volume | Collection ¹ | Time | Received Time |
| Blood | Venous blood | | | | | 06/22/2023 8:57 AM EDT |
| Narrative | specimen / Ur | known | rempanetale, emine | 00, 22, 2020 | 7 G. 13 7 H. 12 J. | 00/22/2020 0.57 / 1111 25 1 |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | e Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| POCT GLUCOSE BLOOD | (POCT GLUCC | OSE, BLOC Ref | DD) - Final result (06/2 | 2/2023 6:41 A Analysis | M EDT) | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 101 | 70 - 110 mg/dL | | 06/22/2023 6:41 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | cation / | Collection Method / Volume | Collection ¹ | Time | Received Time |
| Blood | Capillary bloo- specimen / Ur | | | 06/22/2023 | 3 6:41 AM EDT | 06/22/2023 6:42 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Jose MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | e Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ABNORMAL) CULTUR | E URINE - Fin | al result | (06/22/2023 6:31 AN | /I EDT) Analysis | | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Culture, Urine | 100,000 CFU/ mL Enterobacter cloacae-CRE (A) | | | 07/02/2023 1:47 PM EDT | TRINITY HEALTH ANN ARBOR HOSPITAL LABORATORY | |
| | | | | | (SJAA) | |

| | | Ref | | Analysis | | |
|---|---|-------------------------------------|--|------------------------------|--|-------------------------|
| Component | Value | Range | Test Method | , | Performed At | Pathologist Signature |
| Comment: Organism phenotype su Modified Carbapenem I Note: (Modified Carba screen negative.) Not Enterobacterales and | Inactivation apenem Inacti all carbape | Method (n vation Me nemase-pr | nCIM): Negative ethod(mCIM) roducing isolates of | | | |
| This is an edited res Edited result: Previo Result component has | ously reporte | d as Ente | robacter cloacae on | 6/25/2023 a | | : 1054 EDT. |
| Culture, Urine | 100,000 CFU/ mL Escherichia coli (A) | | | EDT . | TRINITY HEALTH ANN ARBOR HOSPITAL LABORATORY (SJAA) | |
| Comment: | | | | | | |
| The organism value for preliminary verified | report. | | · | sults have b | een appended | I to the previously |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection T | ime | Received Time |
| Urine (Source) | Urine specimer obtained by cle procedure / Ur | ean catch | Non-blood Collection / Unknown | | | 06/22/2023 6:48 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Jose MD | LAB MICROBIC GENERAL ORD | | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH ANN ARBOR HOSPITAL LABORATORY (SJAA) | 5301 McAuley | Dr | Ypsilanti, MI 48197 | 734-712-34 | 56 | |
| (ABNORMAL) URINAL | YSIS WITH MI | | PIC - Final result (06/ | | 35 AM EDT) | |
| Component | Value | Ref Range | Test Method | Analysis Time | Parformed A | t Pathologist Signature |
| Color, Urine | Dark Yellow | Yellow | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 | | |
| Clarity, Urine | Cloudy (A) | Clear | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | | Υ |
| Specific Gravity Urine | 1.012 | 1.005 - 1.030 | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | | Y |
| | | | | | | |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At Pathologist Signature |
|---------------------|--------------|---------------------------|--------------------------------------|------------------------------|---|
| pH, Urine | 6.0 | 4.8 - 8.0 pH | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | |
| Leukocytes, Urine | Positive (A) | Negative | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Nitrite, Urine | Positive (A) | Negative | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Protein, Urine | 1+ (A) | Negative mg/dL | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Glucose, Urine | Negative | Negative mg/dL | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Ketones, Urine | Negative | Negative mg/dL | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Urobilinogen, Urine | Normal | Normal (<2.0) mg/dL | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Bilirubin, Urine | Negative | Negative | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Blood, Urine | 2+ (A) | Negative eryth/ mcL | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| RBC, Urine | 21-50 (A) | 0 - 2 / HPF | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |

| | | Ref | | Analysis | | |
|---|---|-----------------|--------------------------------------|------------------------------|---|----------------------------|
| Component | Value | Range | Test Method | Time | Performed A | at Pathologist Signature |
| WBC, Urine | >50 (A) | 0 - 2 / HPF | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) | Υ |
| Bacteria, Urine | 1+ (A) | None / HPF | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) | ιΥ |
| Squamous Epithelial, Urine | 1-5 (A) | None / HPF | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) | ΥΥ |
| Specimen (Source) | Anatomical Loc Laterality | | Collection Method / Volume | Collection T | | Received Time |
| Urine | Urine specimer urinary condui Unknown | | Non-blood Collection / Unknown | 06/22/2023 EDT | 12:35 AM | 06/22/2023 12:45 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB URINE OR | .DERABLES | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Num | ber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-480 | 00 | |
| DRUG SCREEN COMPRE | EHENSIVE URII | NE (DRUG Ref | ABUSE SCREEN, URINE) |) - Final resul Analysis | lt (06/22/202 | 23 12:35 AM EDT) |
| Component | Value | Range | Test Method | Time | Performed A | t Pathologist Signature |
| Amphetamine Screen, Ur | Negative | J | LAB CHEMISTRY METHOD | 06/22/2023 1:23 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATOR' (SMLI) | Y |
| Barbiturate Screen, Ur | Negative | Negative | LAB CHEMISTRY METHOD | 06/22/2023 1:23 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATOR' (SMLI) | Y |
| Cocaine Screen, Ur | Negative | Negative | LAB CHEMISTRY METHOD | 06/22/2023 1:23 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATOR' (SMLI) | Υ |
| Opiate Screen, Ur | Negative | Negative | LAB CHEMISTRY METHOD | 06/22/2023 1:23 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATOR' (SMLI) | Y |

| | | Ref | | Analysis | | |
|---|--|---|--|---|--|---|
| Component | Value | Range | Test Method | Time | Performed A | Pathologist Signature |
| Cannabinoid (THC) Screen, Ur | Negative | Negative | LAB CHEMISTRY METHOD | 06/22/2023 1:23 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATOR' (SMLI) | (|
| Benzodiazepine Screen, Ur | Negative | Negative | LAB CHEMISTRY METHOD | 06/22/2023 1:23 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATOR' (SMLI) | (|
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection 1 | Гime | Received Time |
| Urine | Urine specimer obtained by cle procedure / Ur | ean catch | Non-blood Collection / Unknown | 06/22/2023 EDT | | 06/22/2023 12:45 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB URINE OR | DERABLES | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GLUCO | | D) - Final result (06/22/ | | AM EDT) | |
| | | Ref | • | Analysis | , | Pathologist Signature |
| POCT GLUCOSE BLOOD Component Glucose POCT | (POCT GLUCO Value 109 | | D) - Final result (06/22/ Test Method | Analysis Time 06/22/2023 12:24 AM EDT | , | Pathologist Signature |
| Component Glucose POCT | Value 109 Anatomical Loc | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 06/22/2023 12:24 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Component | Value 109 | Ref Range 70 - 110 mg/dL | Test Method | Analysis Time 06/22/2023 12:24 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature Received Time 06/22/2023 12:26 AM EDT |
| Component Glucose POCT Specimen (Source) | Value 109 Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 06/22/2023 12:24 AM EDT Collection 7 06/22/2023 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time 06/22/2023 12:26 AM |
| Component Glucose POCT Specimen (Source) Blood | Value 109 Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 06/22/2023 12:24 AM EDT Collection 7 06/22/2023 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time 06/22/2023 12:26 AM |
| Component Glucose POCT Specimen (Source) Blood | Value 109 Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 06/22/2023 12:24 AM EDT Collection 7 06/22/2023 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time 06/22/2023 12:26 AM |
| Component Glucose POCT Specimen (Source) Blood Narrative | Value 109 Anatomical Loc Laterality Capillary blood specimen / Uni | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume | Analysis Time 06/22/2023 12:24 AM EDT Collection 7 06/22/2023 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time 06/22/2023 12:26 AM |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider R Jose MD Performing Organization | Anatomical Loc Laterality Capillary blood specimen / Uni Result Type LAB POINT OF TEST DOCKED UNSOLICITED I | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume Result Status Final Result City/State/ZIP Code | Analysis Time 06/22/2023 12:24 AM EDT Collection 1 06/22/2023 EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 12:24 AM | Received Time 06/22/2023 12:26 AM |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider R Jose MD | Anatomical Loc Laterality Capillary blood specimen / Uni Result Type LAB POINT OF TEST DOCKED UNSOLICITED I | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume Result Status Final Result | Analysis Time 06/22/2023 12:24 AM EDT Collection 7 06/22/2023 EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 12:24 AM | Received Time 06/22/2023 12:26 AM |

THYROID STIMULATING HORMONE WITH REFLEX TO FREE T4 AND FREE T3 - Final result (06/21/2023 9:59 PM EDT)

| Component | Value | Ref | Tost Mothod | Analysis | Parformed At | t Pathologist Signature |
|--|------------------------------|---------------------------|--|-------------------------------|---|----------------------------|
| Component TSH | 4.55 | Range 0.45 - | Test Method LAB CHEMISTRY | Time 06/22/2023 | | t Pathologist Signature |
| 1211 | 4.55 | 0.45 - 5.33 mcIU/mL | METHOD | 12:00 AM EDT | HEALTH LIVONIA HOSPITAL LABORATORY | 4 |
| | | | | | (SMLI) | |
| | Anatomical L | ocation / | Collection Method / | | | |
| Specimen (Source) | Laterality | - | Volume | Collection | | Received Time |
| Blood | Venous blood specimen / U | | Venipuncture / Unknowr | 1 06/21/2023 | 3 9:59 PM EUI | 06/21/2023 10:03 PM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | 5 | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nher | |
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five M | file Road | Livonia, MI 48154 | 734-655-48 | | |
| LABORATORY (SMLI) | | | | | | |
| (ABNORMAL) THYRO | KINE FREE - ! | Final resu | lt (06/21/2023 9:59 PM | 1 EDT) | | |
| | | Ref | | Analysis | | |
| Component | Value | Range | Test Method | Time | | t Pathologist Signature |
| Free T4 | 1.31 (H) | 0.61 - 1.24 ng/ dL | LAB CHEMISTRY METHOD | 06/22/2023 12:31 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | (|
| | | | | | (SIVILI) | |
| | Anatomical L | ocation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Venous blood specimen / U | | Venipuncture / Unknowr | 1 06/21/2023 | 3 9:59 PM EDT | 06/21/2023 10:03 PM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | S | Final Result | | | |
| - Communication | * 11 | | C': 10: 1-17ID Codo | DI Mur | | |
| Performing Organization TRINITY HEALTH | Address 36475 Five M | 4the Board | City/State/ZIP Code Livonia, MI 48154 | Phone Num 734-655-48 | | |
| LIVONIA HOSPITAL LABORATORY (SMLI) | 364/3 FIVE IVI | ille Koau | LIVONIA, IVII 40 134 | / 34-033-40 | 300 | |
| TOTAL MACNE | Time Fine | . اد ۱۷ | 5 /51 /5000 O FO DM ED. | . | | |
| (ABNORMAL) MAGNE | SIUM - Finai | I result (00 Ref | 6/21/2023 9:59 PM EDT | T) Analysis | | |
| Component | Value | Range | Test Method | Time | Performed At | t Pathologist Signature |
| Magnesium | 1.6 (L) | 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | | <u> </u> |

HOSPITAL LABORATORY

(SMLI)

| Specimen (Source) | Laterality | | volume | Collection | rime | Received Time |
|---|------------------------------|------------------------|---------------------------|-------------------------------|---|----------------------------|
| Blood | Venous blood specimen / U | | Venipuncture / Unknown | 06/21/2023 | 3 9:59 PM EDT | 06/21/2023 10:03 PM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Pocult Typo | | Result Status | | | |
| Authorizing Provider M Calice MD | Result Type LAB BLOOD | | Final Result | | | |
| IVI Calice IVID | ORDERABLES | 5 | rillal Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | | Livonia, MI 48154 | 734-655-48 | 300 | |
| ETHANOL LEVEL (ETHAN | NOL) - Final r | result (06/2 | 21/2023 9:59 PM EDT) | | | |
| | | Ref | | Analysis | | |
| Component | Value | Range | | Time | | Pathologist Signature |
| Ethanol Level | <10 | <10 mg/ dL | METHOD | 06/21/2023 10:49 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical L | ocation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection Time | | Received Time |
| Blood Narrative | Venous blood specimen / U | | Venipuncture / Unknown | 1 06/21/2023 | 3 9:59 PM EDI | EDT 10:03 PM |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD | | Final Result | | | |
| | ORDERABLES | 3 | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | lile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| | | | | | | |
| (ABNORMAL) COMPR | EHENSIVE M | | C PANEL - Final result (C | | 9:59 PM ED | T) |
| Component | \/alua | Ref | | Analysis | Darfarmad A+ | Dathalagist Cignatura |
| Component Sodium | Value 135 | Range 135 - | | Time | | Pathologist Signature |
| Sodium | 135 | 135 - 144 mmol/L | METHOD | 06/21/2023 10:38 PM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Potassium | 4.3 | | METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |

Collection Method /

Collection Time

(SMLI)

Received Time

Volume

Anatomical Location /

Laterality

Specimen (Source)

| | | Ref | | Analysis | | |
|---|---------|---------------------------|---------------------------|-------------------------------|---|-----------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Chloride | 97 (L) | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| CO2 | 28 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 10 | 3 - 11 | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 114 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 17 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.75 | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 102 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Oct equation refit without ad | | | based on the Chronic Kidn | iey Disease Ep | idemiology Col | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 22.7 | >=0.0 | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.4 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| AST (SGOT) | 35 | 13 - 39 unit/L | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|--|--|---|---|---|---|---|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| ALT (SGPT) | 39 | 7 - 52 unit/L | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Alkaline Phosphatase | 104 | 27 - 120 unit/L | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Total Protein | 6.6 | 6.1 - 7.9 g/dL | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Albumin | 2.9 (L) | 3.5 - 5.7 g/dL | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Total Bilirubin | 0.6 | 0.3 - 1.0 mg/dL | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo | ocation / | Collection Method / | | | |
| Chasiman (Saurca) | | 000000117 | | Callaction - | Time. | Passived Time |
| Specimen (Source) Blood | Venous blood specimen / U | ł | Volume Venipuncture / Unknow | Collection of 21/2023 | | Received Time 06/21/2023 10:03 PM EDT |
| | Laterality Venous blood | ł | Volume | | | 06/21/2023 10:03 PM |
| Blood Narrative | Venous blood specimen / U | ł | Volume Venipuncture / Unknow | | | 06/21/2023 10:03 PM |
| Blood | Laterality Venous blood | l nknown | Volume | | | 06/21/2023 10:03 PM |
| Blood Narrative Authorizing Provider | Result Type LAB BLOOD ORDERABLES | l nknown | Volume Venipuncture / Unknow Result Status | | 3 9:59 PM EDT | 06/21/2023 10:03 PM |
| Blood Narrative Authorizing Provider M Calice MD | Result Type LAB BLOOD ORDERABLES | l nknown | Volume Venipuncture / Unknow Result Status Final Result | vn 06/21/2023 | 3 9:59 PM EDT | 06/21/2023 10:03 PM |
| Blood Narrative Authorizing Provider M Calice MD Performing Organization TRINITY HEALTH LIVONIA HOSPITAL | Result Type LAB BLOOD ORDERABLES Address 36475 Five M | l nknown ile Road | Venipuncture / Unknow Result Status Final Result City/State/ZIP Code Livonia, MI 48154 F GLUCOSE, BLOOD) - | Phone Nun 734-655-48 Final result Analysis | nber 800 | 06/21/2023 10:03 PM EDT |
| Authorizing Provider M Calice MD Performing Organization TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) POCT GI | Result Type LAB BLOOD ORDERABLES Address 36475 Five M | ile Road OD (POCT Ref Range | Venipuncture / Unknow Result Status Final Result City/State/ZIP Code Livonia, MI 48154 F GLUCOSE, BLOOD) - Test Method | Phone Nun 734-655-48 Final result Analysis Time | nber 800 (06/21/2023 Performed At | 06/21/2023 10:03 PM EDT |
| Authorizing Provider M Calice MD Performing Organization TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) POCT GI | Result Type LAB BLOOD ORDERABLES Address 36475 Five M | ile Road OD (POCT | Venipuncture / Unknow Result Status Final Result City/State/ZIP Code Livonia, MI 48154 F GLUCOSE, BLOOD) - Test Method | Phone Nun 734-655-48 Final result Analysis Time 06/21/2023 8:14 PM EDT | mber 800 (06/21/2023 | 06/21/2023 10:03 PM EDT 8:13 PM EDT) |
| Authorizing Provider M Calice MD Performing Organization TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) POCT GI Component Glucose POCT | Result Type LAB BLOOD ORDERABLES Address 36475 Five M LUCOSE BLOO Value 129 (H) | ile Road OD (POCT Ref Range 70 - 110 mg/dL | Venipuncture / Unknow Result Status Final Result City/State/ZIP Code Livonia, MI 48154 F GLUCOSE, BLOOD) - Test Method Collection Method / | Phone Nun 734-655-48 Final result Analysis Time 06/21/2023 8:14 PM EDT | mber 800 (06/21/2023 Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 8:13 PM EDT) Pathologist Signature |
| Authorizing Provider M Calice MD Performing Organization TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) POCT GI | Result Type LAB BLOOD ORDERABLES Address 36475 Five M | ile Road OD (POCT Ref Range 70 - 110 mg/dL | Venipuncture / Unknow Result Status Final Result City/State/ZIP Code Livonia, MI 48154 F GLUCOSE, BLOOD) - Test Method | Phone Num 734-655-48 Final result Analysis Time 06/21/2023 8:14 PM EDT Collection | nber 800 (06/21/2023 Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | 06/21/2023 10:03 PM EDT 8:13 PM EDT) |

| Narrative | | | |
|---|--|---------------------|--|
| Authorizing Provider | Result Type | Result Status | |
| M Calice MD | LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | Final Result | |
| Performing Organization | Address | City/State/ZIP Code | Phone Number |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 |
| (ABNORMAL) CBC W/ | AUTO DIFFERENTIAL | (CBC WITH AUTO DIF | FERENTIAL) - Final result (06/21/2023 8:10 |

PM EDT)

| | | Ref | | Analysis | | |
|------------|----------|--------------------------|--------------------------|------------------------------|---|-----------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| WBC | 11.9 (H) | 3.6 - 11.1 K/mcL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RBC | 3.88 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hemoglobin | 11.3 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hematocrit | 34.4 (L) | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCV | 88.7 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCHC | 32.8 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 13.4 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 553 (H) | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|-----------------------------------|----------|--------------------------|--------------------------|------------------------------|---|-----------------------|
| Neutrophils Relative | 67.9 | 43.3 - 80.0 % | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Relative | 0.7 | 0.0 - 3.0 % | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Relative | 18.2 | 15.0 - 45.0 % | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Relative | 10.5 | 4.6 - 12.4 % | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Relative | 2.3 | 0.0 - 5.0 % | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Relative | 0.4 | 0.0 - 2.0 % | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Absolute | 8.05 (H) | 1.90 - 7.20 K/ mcL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Absolute | 0.08 | 0.00 - 0.30 K/ mcL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Absolute | 2.16 | 0.80 - 3.30 K/ mcL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Absolute | 1.24 (H) | 0.20 - 0.80 K/ mcL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| Component Ventricular Rate ECG | Value 118 | Range BPM | Test Method | Time | At GEMUSE | Pathologist Signature |
|--|-------------------------------|--------------------------|--|------------------------------|---|------------------------|
| ECG 12-LEAD - Final resu | | Ref | | Analysis | Performed | Dath ala si + C' |
| LIVONIA HOSPITAL LABORATORY (SMLI) | | | | | | |
| Performing Organization TRINITY HEALTH | Address 36475 Five Mile Road | | City/State/ZIP Code Livonia, MI 48154 | Phone Number 734-655-4800 | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| Narrative | | | | | | |
| Blood | Venous blood specimen / Ur | | Venipuncture / Unknowr | 06/21/2023 | 8 8:10 PM EDT | 06/21/2023 8:13 PM EDT |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection 7 | | Received Time |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | | |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Absolute | 0.05 | 0.00 - 0.20 K/ mcL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Absolute | 0.27 | 0.00 - 0.50 K/ mcL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |

| | | Ref | | Analysis | Performed | |
|----------------------|-------|---------|-------------|----------|-----------|-----------------------|
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| Ventricular Rate ECG | 118 | BPM | | | GEMUSE | |
| Atrial Rate | 118 | BPM | | | GEMUSE | |
| P-R Interval | 136 | ms | | | GEMUSE | |
| QRS Duration | 98 | ms | | | GEMUSE | |
| Q-T Interval | 356 | ms | | | GEMUSE | |
| QTc | 498 | ms | | | GEMUSE | |
| P Wave Axis | 72 | degrees | | | GEMUSE | |
| R Axis | 94 | degrees | | | GEMUSE | |
| T Axis | 91 | degrees | | | GEMUSE | |

| | | Ref | | | Analysis | Performed | | |
|--|---|----------|--------------|--------------|---------------|-----------|------------|-------------------|
| Component | Value | Range | Test Metho | d | Time | At | Patholo | gist Signature |
| ECG Interpretation | Sinus tachycardia Rightward axis Nonspecific ST and T wave abnormality Abnormal ECG No previous ECGs available Confirmed by Valle, MD, Javier (401) on 6/22/2023 2:28:27 PM | | | | | GEMUSE | | |
| | Anatomical Lo | cation / | Collection N | Method / | | | | |
| Specimen (Source) | Laterality | | Volume | | Collection T | | Received | 023 2:28 PM EDT |
| Narrative Authorizing Provider | Result Type | | Result Statu | JS. | 30,2 1,2023 | | 00,22,2 | 929 2.29 1 W 29 1 |
| M Calice MD | ECG ORDERAB | LES | Final Result | | | | | |
| Performing Organization GEMUSE | Address | | City/State/Z | ZIP Code | Phone Num | ber | | |
| Care Teams | | | | | | | | |
| Team Member | Relations | ship | | Specialty | | Start I | Date | End Date |
| M Amlog, MD NPI: 1215196225 2755 Carpenter Rd Ste 1S Ann Arbor, MI 48108-1171 734-975-5000 (Work) 734-975-0376 (Fax) | PCP - Ge | • | | Family Medi | cine | 6/21/ | | |
| Patient Contacts | | | | | | | | |
| Contact Name | Contact A | Address | | Communica | tion | Relati | onship to | Patient |
| Ioana Abdic | Unknowi | า | | 248-759-029 | 94 (Mobile) | Daugl | nter, Guar | dian |
| \C 1 ' D | | | | 0.40 ==0 ==0 | 20 (1.1.1.1.) | | | |

248-778-7799 (Mobile)

Sister, Personal Relationship

Vicki Boboc

Unknown

Document Information

Primary Care Provider Other Service Providers Document Coverage Dates

M Amlog, MD (Jun. 21, 2023 - Present)

NPI: 1215196225 734-975-5000 (Work) 734-975-0376 (Fax)

2755 Carpenter Rd

Ste 1S

Ann Arbor, MI 48108-1171

Family Medicine

VPA PC

Custodian Organization

Trinity Health Livonia Hospital

734-655-4800 (Work) 36475 Five Mile Rd Livonia, MI 48154-1971

Legal Authenticator

Him D



If you take your Lucy record on a thumb drive to a different doctor, he or she might be able to use his computer to read the file electronically. Your downloaded, machine-readable Personal Health Summary document is in a format called "CDA." If your doctor has a computer that understands CDA, your information is a folder on your thumb drive called MachineReadable_XDMFormat. You might need to enter a password before your doctor can use this file.

Feb. 27, 1961 - Mar. 06, 2025

Copyright ©2025 Epic

Ioan Suiugan

Summary of Care, generated on Mar. 06, 2025

| Patient Demograph | nics - Male; born Feb. 27, 1961 |
|-------------------|--|
| | · |

Patient Address Patient Name Communication

23920 NAPIER RD (Home) Ioan Suiugan 248-778-7799 (Mobile)

SOUTH LYON, MI 48178 Former / Aliases: ioanaabdic@gmail.com

(Jun. 21, 2023 -): Loan Suiugan

23920 napier rd (Home) SOUTH LYON, MI 48178

Language Race / Ethnicity Marital Status

Romanian - Written (Preferred) White / Not Hispanic or Latino Divorced

Note from Trinity Health

This document contains information that was shared with Ioan Suiugan. It may not contain the entire record from Trinity Health.

Reason for Visit

Reason

Aggressive Behavior

Auth/Cert

| / tatil/ Cert | | | | | | | |
|---------------|--------|----------------------------------|---|--------------------|--|----------------------|--|
| Specialty | | Diagnoses / Procedures | Referred By C | ontact | Referred To Contact | | |
| | | Diagnoses Aggressive behavior | R Jose, MD 5301 McAuley Dr Suite 2199 YPSILANTI, MI 48197 Phone: tel:+1-877-336-6307 fax:+1-734-887-8978 | | Trinity Health Emergency Center - Livonia Hospital 36475 Five Mile Rd Livonia, MI 48154-1971 Phone: tel:+1-734-655-1200 fax:+1-734-655-1270 | | |
| Referral ID | Status | Reason | Start Date | Expiration Date | Visits Requested | Visits Authorized | |
| 12975468 | | | | | 1 | 1 | |

Encounter Details Date Туре Department Care Team (Latest Contact Info) Description 06/21/2023 Hospital Trinity Health Livonia Hospital M Calice, MD Discharge Disposition: 2000 GREEN RD 5:35 PM Encounter 36475 Five Mile Rd **Custodial Care Facility** EDT -Livonia, MI 48154-1971 **STE 300** 734-655-4400 ANN ARBOR, MI 48105 07/26/2023 1:53 PM 734-995-3764 (Work) 734-995-2913 (Fax) **EDT** R Jose, MD 5301 McAuley Dr **Suite 2199** YPSILANTI, MI 48197 877-336-6307 (Work) 734-887-8978 (Fax) M Kang, MD 28411 Nwern Hwy STE 1050 Southfield, MI 48034 248-354-4709 (Work) 248-354-4807 (Fax) A Cheema, MD 15474 Haggerty Rd PLYMOUTH, MI 48170 734-335-6103 (Work) 734-404-5317 (Fax) S Maan, MD 5301 E Huron River Dr Ste 2199 YPSILANTI, MI 48197 877-336-6307 (Work) 734-887-8978 (Fax) R Akaraz-Avedissian, MD 5301 McAuley Dr **Suite 2199** Ypsilanti, MI 48198

877-336-6307 (Work) 734-887-8978 (Fax)

Allergies - documented as of this encounter (statuses as of 03/06/2025)

No known active allergies

| Medications - documented as of this encounter (statuses as of 03/06/2025) | | | | | | |
|---|--|----------------------|-------------|------------|------------|---|
| Medication | Sig | Dispense Quantity | Last Filled | Start Date | End Date | Status |
| apixaban (ELIQUIS) 5 mg tablet | Take 1 tablet (5 mg total) by mouth 2 (two) times a day. | | | | | Active |
| LORazepam (ATIVAN INTENSOL) 2 mg/mL concentrated solution | Take 0.5 mL (1 mg total) by mouth every 6 (six) hours if needed for anxiety. Max Daily Amount: 4 mg | 30 mL | | 07/25/2023 | | Active |
| amiodarone (PACERONE) 200 mg tablet | Take 1 tablet (200 mg total) via g-tube 1 (one) time each day. | 30 each | | 07/26/2023 | | Active |
| atorvastatin (LIPITOR) 40 mg tablet | Take 1 tablet (40 mg total) via g-tube at bedtime. | 30 each | | 07/25/2023 | | Active |
| metoprolol tartrate (LOPRESSOR) 25 mg tablet | Take 1 tablet (25 mg total) via g-tube 2 (two) times a day. | 60 each | | 07/25/2023 | | Active |
| OLANZapine (ZyPREXA) 10 mg tablet | Take 1 tablet (10 mg total) via g-tube 2 (two) times a day. | 60 each | | 07/25/2023 | | Active |
| insulin lispro (HumaLOG) 100 unit/mL injection | Inject 1-6 Units under the skin 4 (four) times a day (with meals and nightly)Administer within 15 minutes of a meal | 10 mL | | 07/25/2023 | | Active |
| nicotine (NICODERM CQ) 14 mg/24 hr | Place 1 patch on the skin 1 (one) time each day. | 30 each | | 07/26/2023 | | Active |
| valproate (DEPAKENE) 50 mg/ mL syrup | Take 20 mL (1,000 mg total) via g-tube 2 (two) times a day. | 1200 mL | | 07/25/2023 | | Active |
| valproate (DEPAKENE) 50 mg/ mL syrup | Take 10 mL (500 mg total) via g-tube 1 (one) time each day. | 300 mL | | 07/25/2023 | | Active |
| amiodarone (PACERONE) 200 mg tablet | Take 1 tablet (200 mg total) by mouth 1 (one) time each day. | | | | 07/26/2023 | Discontinued (Stop Taking at Discharge) |
| LORazepam (ATIVAN) 0.5 mg tablet | Take 1 tablet (0.5 mg total) by mouth every 6 (six) hours if needed for anxiety. | | | | 07/26/2023 | Discontinued (Stop Taking at Discharge) |
| atorvastatin (LIPITOR) 40 mg tablet | Take 1 tablet (40 mg total) by mouth at bedtime. | | | | 07/26/2023 | Discontinued (Stop Taking at Discharge) |
| insulin glargine (LANTUS) 100 unit/mL injection | Inject 30 Units under the skin at bedtime. | | | | 07/26/2023 | Discontinued (Stop Taking at Discharge) |
| lansoprazole (PREVACID SOLUTAB) 30 mg dispersible tablet | Dissolve 1 tablet (30 mg total) on top of the tongue 1 (one) time each day. Dissolve on tongue before swallowing particles; do not chew, cut, break, or swallow whole. | | | | 07/26/2023 | Discontinued (Stop Taking at Discharge) |
| metoprolol tartrate (LOPRESSOR) 50 mg tablet | Take 2 tablets (100 mg total) by mouth 2 (two) times a day. Hold for SBP <110, HR <60 | | | | 07/26/2023 | Discontinued (Stop Taking at Discharge) |
| OLANZapine (ZyPREXA) 5 mg tablet | Take 1 tablet (5 mg total) by mouth 2 (two) times a day. | | | | 07/26/2023 | Discontinued (Stop Taking at Discharge) |

| | | Dispense | | | | |
|---|---|-----------|---------------------------|------------|------------|---|
| Medication | Sig | Quantity | Last Filled | Start Date | End Date | Status |
| tamsulosin (FLOMAX) 0.4 mg 24 hr capsule | Take 1 capsule (0.4 mg total) by mouth 1 (one) time each day. Capsules should be taken 30 minutes following the same meal each day. | | | | 07/26/2023 | Discontinued (Stop Taking at Discharge) |
| acetaminophen (TYLENOL) 325 mg tablet | Take 2 tablets (650 mg total) by mouth every 4 (four) hours if needed for mild pain. | | | | 07/26/2023 | Discontinued (Stop Taking at Discharge) |
| QUEtiapine (SEROquel) 25 mg tablet | Take 1 tablet (25 mg total) by mouth at bedtime. | 30 each | | 06/12/2023 | 06/22/2023 | Discontinued (Entered in Error) |
| clopidogreL (PLAVIX) 75 mg tablet | Take 1 tablet (75 mg total) by mouth daily. | 30 each | | 06/17/2023 | 06/22/2023 | Discontinued (Entered in Error) |
| acetaminophen (TYLENOL) 325 mg tablet | Take 2 tablets (650 mg total) via g-tube every 4 (four) hours if needed for mild pain. | 30 tablet | | 07/25/2023 | 08/24/2023 | Expired |
| clopidogreL (PLAVIX) 75 mg tablet | Take 1 tablet (75 mg total) by mouth 1 (one) time each day. | 30 each | | 07/26/2023 | 08/25/2023 | Expired |
| tamsulosin (FLOMAX) 0.4 mg 24 hr capsule | Take 1 capsule (0.4 mg total) by mouth 1 (one) time each day. Capsules should be taken 30 minutes following the same meal each day. | 30 each | | 07/26/2023 | 08/25/2023 | Expired |
| ascorbic acid (VITAMIN C) 250 mg tablet | Take 1 tablet (250 mg total) via g-tube 1 (one) time each day. | 30 each | | 07/26/2023 | 08/25/2023 | Expired |
| polyethylene glycol (MIRALAX) 17 gram packet | Take 17 g via g-tube 1 (one) time each day for 3 days. | 51 g | | 07/26/2023 | 07/29/2023 | Expired |
| HYDROcodone- acetaminophen (NORCO) 5-325 mg per tablet | Take 1 tablet via g-tube 3 (three) times a day for 7 days. Max Daily Amount: 3 tablets | 20 tablet | 07/26/2023 1:50 PM EDT | 07/25/2023 | 08/02/2023 | Expired |
| Active Problems - documented as of this encounter (statuses as of 03/06/2025) | | | | | | |
| Problem | | | Noted Date | Diagi | nosed Date | |
| Aggressive behavior | | | 06/21/2023 | | | |

Immunizations - documented as of this encounter

| Name | Administration Dates | Next Due |
|---|------------------------|----------|
| Moderna SARS-CoV-2 COVID-19, mRNA, LNP-S, preservative free | 06/22/2021, 05/25/2021 | |

| Social History - docume | nted as of this encounter | | | |
|----------------------------|---------------------------|-----------|------------|---------------|
| Tobacco Use | Types | Packs/Day | Years Used | Date |
| Smoking Tobacco: Every Day | Cigarettes | 1 | 12.2 | Started: 2013 |
| Passive Smoke Exposure: | | | | |

Current

Alcohol Use

Smokeless Tobacco: Never

Tobacco Cessation: Ready to Quit: Yes; Counseling Given: No

| Defer | 0 (1 standard drink = 0.6 oz pure alcohol) | | | | |
|----------------------------|--|-------------|------------------------|--|--|
| Sex and Gender Information | | Value | Date Recorded | | |
| Sex Assigned at Birth | | Not on file | | | |
| Legal Sex | | Male | 06/21/2023 5:34 PM EDT | | |
| Gender Identity | | Not on file | | | |
| Sexual Orientation | | Not on file | | | |

Date Recorded COVID-19 Exposure Response

Standard Drinks/Week

6/21/2023 5:54 PM EDT In the last 10 days, have you been in contact with someone who No / Unsure was confirmed or suspected to have Coronavirus/COVID-19?

Last Filed Vital Signs - documented in this encounter

| Vital Sign | Reading | Time Taken | Comments |
|------------------------------|------------------------|-------------------------|----------|
| Blood Pressure | 129/84 | 07/26/2023 9:36 AM EDT | |
| Pulse | 101 | 07/26/2023 9:37 AM EDT | |
| Temperature | 36.2 °C (97.2 °F) | 07/26/2023 9:36 AM EDT | |
| Respiratory Rate | 18 | 07/26/2023 9:36 AM EDT | |
| Oxygen Saturation | 96% | 07/26/2023 9:37 AM EDT | |
| Inhaled Oxygen Concentration | - | - | |
| Weight | 84.2 kg (185 lb 10 oz) | 07/14/2023 10:51 AM EDT | |
| Height | 182.9 cm (6' 0.01") | 07/14/2023 10:51 AM EDT | |
| Body Mass Index | 25.17 | 07/14/2023 10:51 AM EDT | |

Discharge Summaries - documented in this encounter

Z Sajjad, MD - 07/26/2023 1:53 PM EDT

Formatting of this note is different from the original. Images from the original note were not included.

Internal Medicine Discharge Summary **Graduate Medical Education**

Trinity Health Livonia Hospital

Patient Information

Ioan Suiugan

DOB: 2/27/1961 [62 y.o.]

MRN: 116801863

Admitting Provider Raneev Jose, MD

Discharge Provider Zoya Sajjad, MD, No att. providers found

Primary Care Physician Michael A Amlog, MD

Admission Date 6/21/2023 Discharge Date 7/26/2023

Summary of Hospital Problems

Presenting Chief Complaint:

Agitation, Aggressive Behaviour

Primary Discharge Diagnosis:

Acute encephalopathy superimposed on known anoxic encephalopathy of the brain from prior cardiac arrest

Discharge Destination:

Group Home

Code Status at Discharge: Prior

Inpatient Consultants:

Urology, General Surgery, GI, Palliative, Neurology, PM&R, Psychiatry

Pertinent Imaging Findings:

Vascular US duplex lower extremity venous left

Final Result

XR Abdomen 1 View

Final Result

Single frontal view of the abdomen obtained. Supine imaging limits evaluation for pneumoperitoneum. No gross pneumoperitoneum. Moderate fecal loading within the ascending colon and rectum. No dilated bowel loops. A PEG tube is not visualized. No suspicious calcifications. No acute osseous abnormalities.

Reviewed and electronically signed by: Ursula Sylvia Knoepp, MD 7/10/2023 12:49 AM

------ FINAL REPORT ------Dictated By: Knoepp, Ursula Sylvia Dictated Date: 07/10/2023 00:48

Assigned Physician: Knoepp, Ursula Sylvia

Reviewed and Electronically Signed By: Knoepp, Ursula Sylvia

Signed Date: 07/10/2023 00:49 Workstation ID: AARRPRW1036 Transcribed By: Self Edit

Transcribed Date: 07/10/2023 00:48

Patients: If you have questions regarding some of the verbiage in your report, please visit RadiologyExplained.com for a definition. If you have any other please visit RadiologyExplained.com for a definition. If you have any other questions please contact your physician.

Physicians: If your patient was seen at Trinity Health St. Mary Mercy Livonia or Trinity Health Medical Center Schoolcraft and you have questions 24/7 regarding this report, please call: 734-655-2421.

Vascular US duplex upper extremity venous left Final Result

Incidental Imaging Findings: none

Procedures Performed:

PEG tube placement and replacement

Hospital Course Summary

LOS: 35 days

Mr. Ioan Suiugan is a 62-year-old trucker with a past medical history significant for DM2 and renal disorder who was recently found down in a parking lot in Buffalo New York due to V. tach arrest. ROSC was achieved after 60 minutes of resuscitation efforts. The patient then stayed in an ICU in New York from 5/11/2023 to 6/16/2023 before transfer to Regency in Michigan for subacute rehab. Patient's behavior was too agitated and impulsive for the rehab facility to manage and he was thus transferred to THLH 6/21/2023.

During his stay the following problems were treated:

#Acute encephalopathy superimposed on known anoxic encephalopathy of the brain from prior cardiac arrest

- Patient received Haldol and Ativan in the ED and was placed on soft restraints
- Work-up for alternate causes of agitation was completed: TSH within normal limits. Ammonia within normal limits. Negative UDS
- Psychiatry was consulted for recommendations regarding antipsychotic medications. Patient arrived with zyprexa 5mg BID and Ativan 0.5mg Q6 PRN. Zyprexa was initially held due to patient's elevated Qtc.
- -Scheduled Depakote was added per neurology recommendations and titrated up as tolerated.
- -Serial EKGs were ordered. Zyprexa was restarted and then tritiated up following normalization of Qtc.
- -Patient refused oral food and medications. PEG tube placed with family consent 7/7
- -Patient pulled out the PEG tube overnight 7/10. It was replaced by GI 7/11 following a one-time dose of ancef.
- -NORCO 5 tid was added for back pain at the family's request.
- Patient continued to require restraints, mitts, and a one-to-one sitter for the duration of his stay. Posey bed was briefly attempted,

but not tolerated.

Paraplegia

-Neurology recommended MR lumbar and thoracic spine for evaluation of possible cord ischemia. However, patient was unable to tolerate procedure.

Urinary retention, secondary to neurogenic bladder

CRE UTI

- Indwelling foley catheter in place for the majority of his stay. Repeated straight caths were required for retention during brief periods of foley removal.
- -Home medication tamsulosin continued
- -UA 6/22: positive
- -Patient started on 5-day course of Rocephin (SOT 6/22)
- -Ucx grew CRE MDRO
- -Patient completed a 4-day course of Q12hr cefepime (SOT 6/24) per Ucx susceptibilities.
- -Repeat Ucx 6/27 continued to grow CRE MDRO. However, patient was asymptomatic.
- -7/24 patient began producing darkly colored foul smelling urine. UA was postitive and similar to previous. Repeat Ucx was sent. Patient remained afebrile with minimal leukocytosis

STEMI status post PCI with no stent placement

Atrial flutter

Nonocclusive right basilic and left subclavian jugular thrombi

- -Patient maintained on home medications: Plavix 75 daily, Lopressor 100 twice daily, Amio 200 daily
- -Eliquis briefly held due to patient agitation and fall risk. Repeat UE doppler showed continued presence of superficial vein thrombosis in the left upper extremity cephalic vein of the upper arm. Eliquis was restarted.
- -Eliquis and plavix briefly held following PEG tube placements 7/7 and 7/11

DVT Left Lower Extremity

- -7/14 Unilateral LE edema noted following holding of eliquis for PEG tube placement.
- -Vascular US showing acute DVT in LLE common femoral vein, proximal femoral vein, mid femoral vein, and distal femoral vein
- -Aspirin, plavix, and eliquis continue for treatment.

DM- Kept on low dose insulin sliding scale. Sugars remained well controlled. Last A1c 7.5

HLD-Continued home atorvastatin

Follow-Up Instructions and Recommendations Corpore Sano Home Health Care - Plymouth 39475 Ann Arbor Rd E Plymouth Michigan 48170-4524 734-454-3488

Michael A Amlog, MD 2755 Carpenter Rd Ste 1S Ann Arbor MI 48108-1171 734-975-5000

Schedule an appointment as soon as possible for a visit in 2 day(s) Regarding this hospitalization.

Michael Hoff, DO 25500 Meadowbrook Rd Ste 225 Novi MI 48375 248-426-1300

Schedule an appointment as soon as possible for a visit in 2 week(s) Regarding this hospitalization.

Jacob Roberts, DO 36622 Five Mile Road Ste 202 Livonia MI 48154 734-655-2692

Schedule an appointment as soon as possible for a visit in 2 week(s) Regarding this hospitalization.

Alan Putrus, MD 14555 Levan Rd. Ste 314 Livonia MI 48154 734-418-0204

Schedule an appointment as soon as possible for a visit in 2 week(s) Regarding this hospitalization.

Trinity Health Palliative Care - Livonia Hospital 36475 Five Mile Rd Livonia Michigan 48154-1971 734-655-4800 Schedule an appointment as soon as possible for a visit in 2 week(s) Regarding this hospitalization.

Michelle M Dismondy, DO 14555 Levan Rd. Ste 116 Livonia MI 48154 734-712-1400

Schedule an appointment as soon as possible for a visit in 2 week(s) Regarding this hospitalization.

William Cardasis, MD 37595 7 Mile Rd Ste 230 Livonia MI 48152-1003 734-743-4540

Call in 2 week(s) Regarding this hospitalization.

Pending Labs at Discharge:

Pending Biopsy Results:

Discharge Procedure Orders Hospital bed Order Comments: Height: 1.829 m (72.01") Weight: 84.2 kg (185 lb 10 oz)

Order Specific Question Answer Comments
Face to face evaluation was performed on 7/19/2023

Wheelchair Order Comments: Height: 1.829 m (72.01") Weight: 84.2 kg (185 lb 10 oz)

Order Specific Question Answer Comments
Further DME Specification: High back tilt space wheel chair
Face to face evaluation was performed on 7/19/2023

General supply request Order Comments: Height: 1.829 m (72.01") Weight: 84.2 kg (185 lb 10 oz)

Order Specific Question Answer Comments
Details for supply request: Hoyer lift
Face to face evaluation was performed on 7/19/2023

Enteral nutrition equipment Order Comments: Height: 1.829 m (72.01") Weight: 84.2 kg (185 lb 10 oz)

Order Specific Question Answer Comments
Further DME Specification: tube feeding Glucerna 1.2 at 75mL/continuously

Face to face evaluation was performed on 7/19/2023

Gel overlay mattress Order Comments:

Height: 1.829 m (72.01") Weight: 84.2 kg (185 lb 10 oz)

Order Specific Question Answer Comments

Further DME Specification: due to partial immobility, fecal incontinent, impaired nutritional status

Face to face evaluation was performed on 7/26/2023

No restrictions, resume your usual activities

There are no outpatient Patient Instructions on file for this admission.

Discharge Medications

Your medication list

START taking these medications Instructions Last Dose Given Next Dose Due ascorbic acid 250 mg tablet Commonly known as: VITAMIN C

Take 1 tablet (250 mg total) via g-tube 1 (one) time each day.

HYDROcodone-acetaminophen 5-325 mg per tablet

Commonly known as: NORCO

Take 1 tablet via g-tube 3 (three) times a day for 7 days. Max Daily Amount: 3 tablets

insulin lispro 100 unit/mL injection Commonly known as: HumaLOG

Inject 1-6 Units under the skin 4 (four) times a day (with meals and nightly). -Administer within 15 minutes of a meal

LORazepam 2 mg/mL concentrated solution Commonly known as: ATIVAN INTENSOL Replaces: LORazepam 0.5 mg tablet

Take 0.5 mL (1 mg total) by mouth every 6 (six) hours if needed for anxiety. Max Daily Amount: 4 mg

nicotine 14 mg/24 hr

Commonly known as: NICODERM CQ

Place 1 patch on the skin 1 (one) time each day.

polyethylene glycol 17 gram packet Commonly known as: MIRALAX

Take 17 g via g-tube 1 (one) time each day for 3 days.

valproate 50 mg/mL syrup Commonly known as: DEPAKENE

Take 20 mL (1,000 mg total) via g-tube 2 (two) times a day.

valproate 50 mg/mL syrup

Commonly known as: DEPAKENE

Take 10 mL (500 mg total) via g-tube 1 (one) time each day.

CHANGE how you take these medications Instructions Last Dose Given Next Dose Due acetaminophen 325 mg tablet Commonly known as: TYLENOL What changed: how to take this Take 2 tablets (650 mg total) via g-tube every 4 (four) hours if needed for mild pain.

amiodarone 200 mg tablet Commonly known as: PACERONE What changed: how to take this

Take 1 tablet (200 mg total) via g-tube 1 (one) time each day.

atorvastatin 40 mg tablet Commonly known as: LIPITOR What changed: how to take this

Take 1 tablet (40 mg total) via g-tube at bedtime.

clopidogreL 75 mg tablet Commonly known as: PLAVIX What changed: when to take this

Take 1 tablet (75 mg total) by mouth 1 (one) time each day.

metoprolol tartrate 25 mg tablet Commonly known as: LOPRESSOR What changed: medication strength how much to take how to take this additional instructions

Take 1 tablet (25 mg total) via g-tube 2 (two) times a day.

OLANZapine 10 mg tablet Commonly known as: ZyPREXA What changed: medication strength how much to take how to take this

Take 1 tablet (10 mg total) via g-tube 2 (two) times a day.

CONTINUE taking these medications Instructions Last Dose Given Next Dose Due apixaban 5 mg tablet Commonly known as: ELIQUIS

Take 1 tablet (5 mg total) by mouth 2 (two) times a day.

tamsulosin 0.4 mg 24 hr capsule Commonly known as: FLOMAX

Take 1 capsule (0.4 mg total) by mouth 1 (one) time each day. Capsules should be taken 30 minutes following the same meal each day.

STOP taking these medications insulin glargine 100 unit/mL injection Commonly known as: LANTUS

lansoprazole 30 mg dispersible tablet Commonly known as: PREVACID SOLUTAB

LORazepam 0.5 mg tablet Commonly known as: ATIVAN Replaced by: LORazepam 2 mg/mL concentrated solution

Where to Get Your Medications

These medications were sent to FARMINGTON DRUGS & MEDICAL SUPPLIES - Livonia, MI - 20434 Farmington Rd. 20434

Farmington Rd., Livonia MI 48152

Phone: 248-478-3922

acetaminophen 325 mg tablet

amiodarone 200 mg tablet

ascorbic acid 250 mg tablet

atorvastatin 40 mg tablet

clopidogreL 75 mg tablet

insulin lispro 100 unit/mL injection

metoprolol tartrate 25 mg tablet

nicotine 14 mg/24 hr

OLANZapine 10 mg tablet

polyethylene glycol 17 gram packet

tamsulosin 0.4 mg 24 hr capsule

valproate 50 mg/mL syrup

valproate 50 mg/mL syrup

These medications were sent to Trinity Health Pharmacy-Livonia 36475 FIVE MILE RD ROOM 21520, LIVONIA MI 48154

Hours: MON-FRI 8:30 AM-6:00 PM, SAT 10:00 AM-2:00 PM, SUN CLOSED Phone: 734-655-2325

HYDROcodone-acetaminophen 5-325 mg per tablet

You can get these medications from any pharmacy

Bring a paper prescription for each of these medications

LORazepam 2 mg/mL concentrated solution

Physical Exam at time of Discharge

Physical Exam

Constitutional:

General: He is not in acute distress.

HENT:

Head: Normocephalic and atraumatic.

Extraocular Movements: Extraocular movements intact.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal:

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Comments: PEG in place

Genitourinary:

Comments: Foley catheter in place

Musculoskeletal:

General: Normal range of motion. Cervical back: Normal range of motion.

Right lower leg: No edema. Left lower leg: No edema.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert. Mental status is at baseline.

Psvchiatric:

Attention and Perception: He is inattentive. Behavior: Behavior is agitated and aggressive. Cognition and Memory: Cognition is impaired.

Vitals

Visit Vitals

BP 129/84 (BP Location: Left arm, Patient Position: Lying)

Pulse 101

Temp 36.2 °C (97.2 °F) (Temporal)

Resp 18

Temp (24hrs), Avg:36.3 °C (97.3 °F), Min:36.2 °C (97.2 °F), Max:36.3 °C (97.3 °F)

Body mass index is 25.17 kg/m². No results found for: "PTWT", "PTHT"

Discharge planning was discussed with Dr. Maan

Cosigned by S Maan, MD at 07/27/2023 2:51 PM EDT Electronically signed by Z Sajjad, MD at 07/26/2023 4:15 PM EDT Electronically signed by S Maan, MD at 07/27/2023 2:51 PM EDT

Associated attestation - S Maan, MD - 07/27/2023 2:51 PM EDT Formatting of this note might be different from the original.

Attending Teaching Attestation:

I personally saw and examined the patient on rounds with resident on date of service. Management was discussed with my resident team and I supervised and developed the plan of care. I have reviewed and agree with the key parts of the resident evaluation including the subjective information, objective findings and the impression and plan. In addition the note has been addended to include my discussions, assessments and plans.

Time takne ot dc process 43 min

Sukhminder Maan, MD

| Medications at Time of Discharge - documented as of this encounter | | | | | |
|--|--|----------------------|--------------|------------|------------|
| Medication | Sig | Dispense Quantity | Last Filled | Start Date | End Date |
| amiodarone (PACERONE) 200 mg tablet | Take 1 tablet (200 mg total) via g-tube 1 (one) time each day. | 30 each | Lust i ilicu | 07/26/2023 | Life Date |
| apixaban (ELIQUIS) 5 mg tablet | Take 1 tablet (5 mg total) by mouth 2 (two) times a day. | | | | |
| atorvastatin (LIPITOR) 40 mg tablet | Take 1 tablet (40 mg total) via g-tube at bedtime. | 30 each | | 07/25/2023 | |
| insulin lispro (HumaLOG) 100 unit/mL injection | Inject 1-6 Units under the skin 4 (four) times a day (with meals and nightly)Administer within 15 minutes of a meal | 10 mL | | 07/25/2023 | |
| metoprolol tartrate (LOPRESSOR) 25 mg tablet | Take 1 tablet (25 mg total) via g-tube 2 (two) times a day. | 60 each | | 07/25/2023 | |
| nicotine (NICODERM CQ) 14 mg/24 hr | Place 1 patch on the skin 1 (one) time each day. | 30 each | | 07/26/2023 | |
| OLANZapine (ZyPREXA) 10 mg tablet | Take 1 tablet (10 mg total) via g-tube 2 (two) times a day. | 60 each | | 07/25/2023 | |
| valproate (DEPAKENE) 50 mg/ mL syrup | Take 20 mL (1,000 mg total) via g-tube 2 (two) times a day. | 1200 mL | | 07/25/2023 | |
| valproate (DEPAKENE) 50 mg/ mL syrup | Take 10 mL (500 mg total) via g-tube 1 (one) time each day. | 300 mL | | 07/25/2023 | |
| LORazepam (ATIVAN INTENSOL) 2 mg/mL concentrated solution | Take 0.5 mL (1 mg total) by mouth every 6 (six) hours if needed for anxiety. Max Daily Amount: 4 mg | 30 mL | | 07/25/2023 | |
| acetaminophen (TYLENOL) 325 mg tablet | Take 2 tablets (650 mg total) via g-tube every 4 (four) hours if needed for mild pain. | 30 tablet | | 07/25/2023 | 08/24/2023 |
| ascorbic acid (VITAMIN C) 250 mg tablet | Take 1 tablet (250 mg total) via g-tube 1 (one) time each day. | 30 each | | 07/26/2023 | 08/25/2023 |
| clopidogreL (PLAVIX) 75 mg tablet | Take 1 tablet (75 mg total) by mouth 1 (one) time each day. | 30 each | | 07/26/2023 | 08/25/2023 |

51 g

20 tablet

07/26/2023

07/26/2023

07/25/2023

07/26/2023

1:50 PM EDT

07/29/2023

08/25/2023

08/02/2023

Take 17 g via g-tube 1 (one) time each day for 3 days.

Capsules should be taken 30 minutes following the same

(three) times a day for 7 days. Max Daily Amount: 3 tablets

meal each day.

HYDROcodone-acetaminophen Take 1 tablet via g-tube 3

Take 1 capsule (0.4 mg total) by 30 each mouth 1 (one) time each day.

polyethylene glycol (MIRALAX)

tamsulosin (FLOMAX) 0.4 mg

(NORCO) 5-325 mg per tablet

17 gram packet

24 hr capsule

Ordered Prescriptions - documented in this encounter

| Ordered Prescriptions | - documented in this encounter | Disposes | | | |
|---|---|----------------------|---------------------------|------------|------------|
| Prescription | Sig | Dispense Quantity | Last Filled | Start Date | End Date |
| valproate (DEPAKENE) 50 mg/ mL syrup | Take 10 mL (500 mg total) via g-tube 1 (one) time each day. | 300 mL | | 07/25/2023 | |
| valproate (DEPAKENE) 50 mg/ mL syrup | Take 20 mL (1,000 mg total) via g-tube 2 (two) times a day. | 1200 mL | | 07/25/2023 | |
| nicotine (NICODERM CQ) 14 mg/24 hr | Place 1 patch on the skin 1 (one) time each day. | 30 each | | 07/26/2023 | |
| insulin lispro (HumaLOG) 100 unit/mL injection | Inject 1-6 Units under the skin 4 (four) times a day (with meals and nightly)Administer within 15 minutes of a meal | 10 mL | | 07/25/2023 | |
| OLANZapine (ZyPREXA) 10 mg tablet | Take 1 tablet (10 mg total) via g-tube 2 (two) times a day. | 60 each | | 07/25/2023 | |
| metoprolol tartrate (LOPRESSOR) 25 mg tablet | Take 1 tablet (25 mg total) via g-tube 2 (two) times a day. | 60 each | | 07/25/2023 | |
| atorvastatin (LIPITOR) 40 mg tablet | Take 1 tablet (40 mg total) via g-tube at bedtime. | 30 each | | 07/25/2023 | |
| amiodarone (PACERONE) 200 mg tablet | Take 1 tablet (200 mg total) via g-tube 1 (one) time each day. | 30 each | | 07/26/2023 | |
| LORazepam (ATIVAN INTENSOL) 2 mg/mL concentrated solution | Take 0.5 mL (1 mg total) by mouth every 6 (six) hours if needed for anxiety. Max Daily Amount: 4 mg | 30 mL | | 07/25/2023 | |
| HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet | Take 1 tablet via g-tube 3 (three) times a day for 7 days. Max Daily Amount: 3 tablets | 20 tablet | 07/26/2023 1:50 PM EDT | 07/25/2023 | 08/02/2023 |
| polyethylene glycol (MIRALAX) 17 gram packet | Take 17 g via g-tube 1 (one) time each day for 3 days. | 51 g | | 07/26/2023 | 07/29/2023 |
| ascorbic acid (VITAMIN C) 250 mg tablet | Take 1 tablet (250 mg total) via g-tube 1 (one) time each day. | 30 each | | 07/26/2023 | 08/25/2023 |
| tamsulosin (FLOMAX) 0.4 mg 24 hr capsule | Take 1 capsule (0.4 mg total) by mouth 1 (one) time each day. Capsules should be taken 30 minutes following the same meal each day. | 30 each | | 07/26/2023 | 08/25/2023 |
| clopidogreL (PLAVIX) 75 mg tablet | Take 1 tablet (75 mg total) by mouth 1 (one) time each day. | 30 each | | 07/26/2023 | 08/25/2023 |
| acetaminophen (TYLENOL) 325 mg tablet | Take 2 tablets (650 mg total) via g-tube every 4 (four) hours if needed for mild pain. | 30 tablet | | 07/25/2023 | 08/24/2023 |
| | | | | | |

Progress Notes - documented in this encounter

Starlyne W, RN - 07/26/2023 2:00 PM EDT

Formatting of this note might be different from the original.

Pt discharged to new group home residence w/his sister, Vickie.

Confirmed prescriptions rec'd by Farmington Drugs/Livonia.

Vickie is requesting for a "gel mattress overlay" to be added to DME order.

Telephoned Daytona/Sheldon Medical w/request. She states this this can be fulfilled once order and "Support Surface Plan" form is completed by the physician.

Will f/w attending regarding.

Electronically signed by Starlyne W, RN at 07/26/2023 2:18 PM EDT

Diane L, RN - 07/26/2023 1:53 PM EDT

Formatting of this note might be different from the original.

Problem: Safety:

Goal: Will be restraint free

Outcome: Adequate for Discharge Goal: Will remain free from injury to self Outcome: Adequate for Discharge

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Adequate for Discharge

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Adequate for Discharge

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Adequate for Discharge

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Adequate for Discharge

Goal: Risk for impaired skin integrity will decrease

Outcome: Adequate for Discharge

Problem: Nutritional:

Goal: Nutritional status will improve Outcome: Adequate for Discharge

Goals:

Identify possible barriers to meeting goals/advancing plan of care: Confusion, TBI

Stability of the patient: Moderately Stable - Low risk of patient condition declining or worsening

End of Shift Summary:Patient oriented to self, Refusing and oral meal. Bolus tube feedings given via peg tube, pt tolerated well. Pt cleaned up for moderated amount soft brown stool. Foley to dependent drainage, sediment noted. Pt is discharged to Group Home, report given to Vicky, sister. EMS here to transport pt, mitts on for safety, scheduled medication given prior to discharge. Cream applied to buttock for moisture related redness. EMS provided envelope for discharge. Iv removed.

Electronically signed by Diane L, RN at 07/26/2023 2:28 PM EDT

Michelle O, LMSW - 07/26/2023 12:21 PM EDT

Formatting of this note might be different from the original.

SW aware of d/c order to Fox Creek Group Home.

SW created discharge packet and EMS arranged for 1pm.

SW updated case manager Star

SW updated nurse Diane

SW updated daughter loana that equipment will arrive by 12pm today. Ioana will confirm with group home owner/sister of patient

Vickki.

Discharge packet in chart at nurse's station.

Electronically signed by Michelle O, LMSW at 07/26/2023 12:31 PM EDT

Lucas S, RN - 07/26/2023 3:43 AM EDT

Formatting of this note might be different from the original.

Goals:

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Goal: Will remain free from injury to self

Outcome: Progressing

Identify possible barriers to meeting goals/advancing plan of care: AMS

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End of Shift Summary: PEG C/D/I. Tube feedings given per order. Foley C/D/I. Abdominal binder in place. Bilateral wrist restraints in place. Sitter at bedside overnight. Pt had multiple loose BMs overnight. Contact precautions in place.

Electronically signed by Lucas S, RN at 07/26/2023 6:39 AM EDT

Susan E, RN - 07/25/2023 7:30 PM EDT

Formatting of this note might be different from the original.

Pt tolerating bolus PEG tube feeding without difficulty. Refuses to eat but will often drink water when offered.

No BM recorded since 7/19. Abd soft and slightly rounded. Bowel sounds present. Received ordered miralax and stool softener this a.m.

Administered dulcolax suppository at 1700. Formed stool in rectal vault. No results from suppository.

Physician notified and Fleets enema ordered. Oncoming shift RN notified of new order.

Electronically signed by Susan E, RN at 07/25/2023 8:59 PM EDT

Sandy P, PT - 07/25/2023 5:28 PM EDT

Formatting of this note is different from the original.

Physical Therapy

Physical Therapy Treatment

Subjective

PT Start Time: (1545) PT Stop Time: (1645)

Subjective: Pt seen on 4E for PT treatment. Pt received supine in bed alert, not oriented, not following commands, family member present. Pt left supine in bed at end of session with sitter present.

Vitals/Pain

Oxygen Therapy

Oxygen Therapy: None (Room air)

Pain Assessment

Pain Assessment: Unable to self-report

Objective

General Visit Information:

Precautions Precautions

Medical Precautions: Fall Risk Safety Interventions: Sitter RUE Weight Bearing Status: Full LUE Weight Bearing Status: Full RLE Weight Bearing Status: Full LLE Weight Bearing Status: Full

Cognition: Cognition

Overall Cognitive Status: Impaired

Arousal/Alertness: Inconsistent responses to stimuli

Orientation Level: Disoriented X4

Following Commands: (pt not following commands)
Safety Judgment: Decreased awareness of need for safety
Awareness of Errors: Decreased awareness of errors

Deficits: Not aware of deficits

General Assessments:

Activity Tolerance

Endurance: Tolerates 10 - 20 min exercise with multiple rests

Activity Tolerance Comments: pt becomes agitated and combative at times

Static Sitting Balance

Static Sitting-Level of Assistance: Partial/moderate assistance

Static Sitting-Balance Support: Right upper extremity supported, Left upper extremity supported, Feet supported

Static Standing Balance

Static Standing-Level of Assistance: Not attempted, medical/safety concerns

Dynamic Standing Balance

Dynamic Standing-Level of Assistance: Not attempted, medical/safety concerns

Functional Assessments:

Bed Mobility

Rolling Right Assistance: Substantial/maximal assistance (2 person assist)
Rolling Left Assistance: Substantial/maximal assistance (2 person assist)

Rolling Left Assistance: Substantial/maximal assistance (2 person a

Lying to Sitting Assistance: Partial/moderate assistance

Transfers

Sit to Stand Assistance: Not attempted, medical/safety concerns

Chair/Bed to Chair/Bed Transfer Assistance: Dependent

Bed to/from Chair Transfer Technique: Dependant mechanical lift

Ambulation

Walking Assistance: Not attempted, medical/safety concerns

Procedure/Treatment:

Therapeutic Activity

Therapeutic Activity Time Entry: (50)

Therapeutic Activity 1: bed mobility: rolling right and left with max assist x2

Therapeutic Activity 2: bed mobility: supine to sit with mod assist for trunk elevation Therapeutic Activity 3: pt transferred from bed <> w/c via hoyer lift and 4 people assist

Assessment/Plan

Other Activities:

PT Assessment

PT Assessment/ Barriers to discharge: Decreased strength, Decreased endurance, Impaired balance, Impaired gait, Decreased mobility, Decreased cognition, Impaired judgement, Decreased coordination, Decreased safety awareness

Prognosis: Poor

Evaluation/Treatment Tolerance: Treatment limited secondary to agitation. Pt calm when sitting up on the EOB. Pt later showing signs of agitation and combativeness, requiring 4 person assist to transfer from bed <>w/c. Recommend dc with 24hr assist, hoyer lift, hospital bed, w/c.

Plan

Treatment/Interventions: Functional transfer training, UE strengthening/ROM, LE strengthening/ROM, Endurance training, Cognitive reorientation, Bed mobility, Patient/family training, Equipment eval/education

PT Plan: Skilled PT

PT Duration of Sessions: 15-30 min per session

PT Treatments per day: 1 time per day

Equipment Recommended: hoyer lift, w/c, hospital bed

Goals:

Encounter Problems

Encounter Problems (Active) Template: Physical Therapy

Problem: Balance

Goal: Maintains static sitting balance without upper extremity support

Dates: Start: 06/26/23 Expected End: 07/28/23

Description: Goal Type: STG, Performance Level: Stand by Assist, Bedrail, left, and Bedrail, right

Outcomes

Date/Time User Outcome

07/18/23 1306 Varinderjit Kaur, RN Progressing

Goal: Maintains dynamic sitting balance with upper extremity support

Dates: Start: 06/26/23 Expected End: 07/28/23

Description: Goal Type: STG, Performance Level: Min assist, Bedrail, left, and Bedrail, right

Outcomes

Date/Time User Outcome

07/18/23 1306 Varinderjit Kaur, RN Progressing

Encounter Problems (Resolved)

There are no resolved problems.

Education Documentation

No documentation found.

Education Comments

No comments found.

Electronically signed by Sandy P, PT at 07/25/2023 5:32 PM EDT

Janel Y - 07/25/2023 5:27 PM EDT

Formatting of this note is different from the original.

Occupational Therapy

Occupational Therapy Treatment

Subjective

OT Start Time: 1601 OT Stop Time: 1625

OT Time Calculation (min): 24 min

Subjective: Pt seen in room 4419 for OT tx to address goals & maximize independence in ADLs. Pt is a poor historian & is unable to follow commands. Pt becomes increasingly agitated & speaks out in different language. Pt returned semi-reclined with lines intact, call light & needs within reach. Bed alarm activated & b/l writst restraints applied.

Vitals/Pain

Objective

General Visit Information:

Precautions: Precautions

Medical Precautions: Fall Risk Safety Interventions: Sitter RUE Weight Bearing Status: Full LUE Weight Bearing Status: Full RLE Weight Bearing Status: Full LLE Weight Bearing Status: Full

Cognitive Status:

Cognition

Overall Cognitive Status: Impaired

Arousal/Alertness: Inconsistent responses to stimuli Safety Judgment: Decreased awareness of need for safety Awareness of Errors: Decreased awareness of errors

Deficits: Not aware of deficits

Attention Span: Difficulty dividing attention

Insight: Poor insight into deficits

Problem Solving: Assistance required to implement solutions

Procedure/Treatment:

Therapeutic Activity

Therapeutic Activity Time Entry: 24

Therapeutic Activity 1: Writer assist tech & therapy staff with providing demonstration on how to properly utilize hoyer lift. initially, family was very insisitive on transering pt into high back w/c regardles of safety risk. Writer repeadetly addressing RN's concerns to family however family non receptive. Family states pt has been in chair for many weeks & needs to be into w/c. Pt is unable to follow commands & becomes verbally & physically agressive. Writer provided full assist with managment & positionining of sling/hoyer due to consistent moving & agitation. Pt req'd 3 therapist to assist with training due to LE weakness, poor sitting/standing tolerance & impaired balance. Pt seated in wc for approx 5 minutes however became restless & attempting to reach back with risk to hand becoming stuck between wheel . Pt was at a high risk for falling therefore family instructed on importance of returning pt back to bed. Pt req'd max assist to roll towards R & L to properly manage sling. writer additionally addressed & provided education regarding d/c planning, home equipment, hoyer lift mangement & importance of safety. Writer is unsure if she will be able to manage this level of care care at home & appears to be interested in alternative placement. Writet adivsed pt to communicate with CM.

Assessment/Plan

OT Assessment

OT Assessment/ Barriers to Discharge: Decreased ADL status, Decreased upper extremity strength, Decreased safe judgment during ADL, Decreased endurance, Decreased cognition, Decreased functional mobility, Decreased fine motor control, Decreased gross motor control, Decreased IADLs

Prognosis: Poor

Evaluation/Treatment Tolerance: Treatment limited secondary to medical complications (Comment)

Comments: Pt was increasingly agitated & unable to follow commands. Pt req'd 3+ therapist to positon & manage hoyer lift. per clinical judgment pt likely to require total assist with all ADLS.

Medical Staff Made Aware: Yes

Plan

Treatment Interventions: ADL retraining, Functional transfer training, UE strengthening/ROM, Endurance training, Compensatory technique education

OT Plan: Skilled OT

OT Frequency: 2-5 days per week

OT Duration of Sessions: 15-30 min per session

OT Treatments per day: 1 time per day OT - Evaluation Status: Complete

OT Discharge Recommendations: (home with 24/7 care. Pt would benefit from LTC placement)

Goals:

Encounter Problems

Encounter Problems (Active)
Template: Occupational Therapy

Problem: Balance

Goal: Maintains static sitting balance without upper extremity support

Dates: Start: 06/26/23 Expected End: 07/28/23

Description: Goal Type: STG, Performance Level: Min assist

Outcomes

Date/Time User Outcome

07/18/23 1308 Leah Gleason, PT Not Progressing

Problem: Transfers

Goal: Patient will perform bed mobility

Dates: Start: 06/26/23 Expected End: 07/28/23

Description: Goal Type: STG, Performance Level: Min assist

Outcomes

Date/Time User Outcome

07/18/23 1308 Leah Gleason, PT Not Progressing

Encounter Problems (Resolved)

There are no resolved problems.

Education Documentation

No documentation found.

Education Comments

No comments found.

Electronically signed by Janel Y at 07/25/2023 5:33 PM EDT

Starlyne W, RN - 07/25/2023 2:53 PM EDT

Formatting of this note might be different from the original.

IP Risk of Unplanned Readmission Score 22%

Day#34

Discharge planned for tomorrow, 1pm transport time.

D/C address: 21207 Parker Farmington Hills 48336

Sister/Vickie requests all medications to be sent to Farmington Drugs/Llvonia

Updated Alicia/Binsons with DWO for reclining back/headrest

Updated Daytona/Sheldon Medical for delivery of enteral feeding, hospital bed, hoyer lift.

Updated referral to Corpore Sano

Starlyne Wyatt-Hooper, RN

Electronically signed by Starlyne W, RN at 07/25/2023 3:02 PM EDT

Electronically signed by Starlyne W, RN at 07/25/2023 3:03 PM EDT

Crystal J, RD - 07/25/2023 12:43 PM EDT

Formatting of this note is different from the original.

7/25/2023 @ 3:09 PM EDT

Reason for RD Intervention:

Assessment Type: Follow-up

Reason for Assessment: Tube Feeding

Additional Assessment Information: MST 3

Nutrition Diagnosis:

Code Type: (No malnutrition diagnosis at this time.)

Status: No improvement

Diagnosis: Inadequate Oral Intake

Etiology: Changes in taste and appetite or preference, Increased demand for nutrient

Symptoms: decreased po intake, wound healing

Nutrition Recommendations/Plan of Care:

- 1. Continue IDDSI level 4/Pureed oral diet with thin liquids with 1:1 assistance for pleasure as tolerated. Monitor need for 90 gm carb/meal diet restriction.
- 2. Encourage po intake, protein-rich foods, and assist with meals as needed.
- 3. RD will continue to provide vanilla Glucerna oral supplement daily (provides 220 kcal and 10 gm protein per serving) to help meet nutrition needs orally.

4. Continue bolus enteral feeding of Glucerna 1.2 cal formula 450 mL bolus 4x/day (0800, 1200, 1600, 2000) via PEG tube (TF Provision: 1800 mL, 2160 kcal, 108 gm protein, 1449 mL free water; meet 100% of kcal/protein).

o Flush PEG tube w/at least 20-30 mL H2O g. 4-8 hrs & before/after each medication pass to maintain tube patency.

- o Flush with 25 mL H2O before & after each bolus feeding + an additional 480 mL H2O daily to maintain hydration TF along with water flushes will provide 2129 mL fluid.
- o Keep HOB elevated at least 30-45 degrees.
- o Hold TF for gastric residuals greater than 500 mL (if gastric residuals being checked).
- 5. Monitor CO2 level.
- 6. Monitor/control glucose levels.
- 7. Continue 250 mg Vitamin C daily to optimize healing.
- 8. Continue bowel regimen and adjust as needed (last BM charted on 7/18).

Nutrition Interventions:

Diet Order, Medical Food Supplement, Vitamin/Mineral Supplement, Enteral Nutrition, Feeding Assistance, Collaboration and Referral of Nutrition Care

Medical Food Supplement(s): Glucerna

Glucerna Frequency: Daily

Diet Order: Other (Comment) (IDDSI level 4/Pureed oral diet with thin liquids with 1:1 assistance for pleasure)

Collaboration and Referral of Nutrition Care: Collaborate with Other Providers

Enteral Nutrition:

Access Type: PEG Tube Formula: Glucerna 1.2 Cal Feeding Type: Bolus Goal Rate: 450 (4x/day)

Water Flush: (25 mL before and after each bolus with an additional bolus of 480 mL free water daily)

Monitoring/Evaluation:

Energy Intake, Protein Intake, Medical Food Supp/Oral Nutrition Supp, Weight, Renal/Electrolyte Profile, Gastrointestinal Profile, Diet Order, Enteral Nutrition Intake

Follow Up:

Priority Level: High Follow Up Date: 07/29/23 Minutes Spent: 30

Nutritional Discharge Recommendations:

Recommended Discharge Diet: Enteral Nutrition (+ IDDSI level 4/Pureed oral diet with thin liquids with 1:1 assistance for pleasure) Medical Food Supplements: Glucerna/Glucerna Shake

Subjective Assessment:

Patient unable to provide subjective information due to impaired cognition and NFPE not appropriate at this time.

Per discussion with RN/Susan on 7/25, patient is tolerating goal bolus enteral feeding well via PEG tube at this time with gastric residual earlier of 50 mL. Last BM charted 7/18 (loose).

Current Diet and Supplements:

Dietary Orders (From admission, onward)

Start Ordered

07/18/23 1516 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 450; QID (0800, 1200, 1600, 2000); 25; Water; Other (specify); Flush 25 mL free water before and after each bolus feeding and provide additional bolus of 480 mL of free water daily; ... (Tube Feeding) Diet effective now

Comments: Initiate bolus enteral feeding regimen with Glucerna 1.2 formula 120 mL bolus 4x/day, and gradually increase enteral feeding by 60 mL g. 24 hours until goal of Glucerna 1.2 formula 450 mL bolus 4x/day is reached. Recommend flushing with 25 mL

H2O before and after each bolus. Please provide an additional bolus of 480 mL free water daily to maintain hydration.

Question Answer Comment

Location: St Mary Mercy Livonia Tube feeding formula: Glucerna 1.2 Cal

Route: PEG

Tube feeding bolus (mL): 450

Tube feeding bolus frequency: QID (0800, 1200, 1600, 2000)

Tube feeding flush (mL): 25 Tube feeding flush type: Water

Tube feeding flush frequency: Other (specify)

Tube feed flush comment: Flush 25 mL free water before and after each bolus feeding and provide additional bolus of 480 mL of

free water daily Diet Tube Feed

See Hyperspace for full Linked Orders Report. 07/18/23 1518 07/18/23 1516 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; IDDSI Level 4 Pureed, Thin Liquids (Tube Feeding) Diet effective now Comments: For pleasure; Requires 1:1 assistance **Question Answer Comment** Location St Mary Mercy Livonia Diet Type (req) Modified Consistency Options for Liquids and Solids Modified Consistency Options for Liquids and Solids IDDSI Level 4 Pureed Modified Consistency Options for Liquids and Solids Thin Liquids

See Hyperspace for full Linked Orders Report.

07/18/23 1518

07/11/23 1250 Dietary nutrition supplements Lunch; St Mary Mercy Livonia; Diabetic Supplement Continuous

Question Answer Comment

Frequency Lunch

Location St Mary Mercy Livonia

Supplements Diabetic Supplement

07/11/23 1249

Food/Nutrition-Current Status:

Intake Type: Enteral (IDDSI level 4/Pureed oral diet with thin liquids with 1:1 assistance for pleasure)

Kcal: 2160

Protein (gm): 108 Free Water (mL): 1449

Water Flushes: 25 mL free water flush before and after each bolus with an additional bolus of 480 mL free water daily

Current Diet Status: Appropriate

Current Supplement Status: Appropriate

Appetite: Poor

Intake Amount (%): Other (Comment) (RN/Susan states the patient is not consuming much orally, but is drinking water)

Intake Assessment: Inadequate (per RN/Susan report on 7/25)

Main IVF: None Barriers: Cognitive

Weights:

Admit Weight: 88 kg (194 lb 0.1 oz) Current Weight: 84.2 kg (185 lb 10 oz)

Nutrition-Related Lab Values:

Results from last 7 days

Lab Units 07/25/23

1228 07/25/23

0933 07/25/23

0643 07/25/23

0002

SODIUM mmol/L -- 142 -- --

POTASSIUM mmol/L -- 4.1 -- --

PHOSPHORUS mg/dL -- -- 3.7

MAGNESIUM mg/dL -- -- 1.8

CHLORIDE mmol/L -- 103 -- --

CO2 mmol/L -- 32* -- --

BUN mg/dL -- 19 -- --

CREATININE mg/dL -- 0.59* -- --

EGFR mL/min/1.73m2 -- 110 -- --

CALCIUM mg/dL -- 8.3* -- --

BILIRUBIN TOTAL mg/dL -- 0.4 -- --

ALK PHOS unit/L -- 83 -- --

ALT unit/L -- 12 -- --

AST unit/L -- 18 -- --

POCT GLUCOSE mg/dL 142* -- < > --

GLUCOSE mg/dL -- 129* -- --

WBC AUTO K/mcL -- 13.1* -- --

< > = values in this interval not displayed.

Pertinent nutrition-related medications reviewed on 7/25/2023.

Nutrition Focused Physical Findings:

Digestive System (Mouth to Rectum): Appetite change, Chewing difficulty, Swallowing difficulty, Other (Comment), Constipation (PEG tube)

Nerves and Cognition: Confused

Skin: Skin tear to right knee, abrasion to gluteal cleft, and moisture-associated dermatitis to perineum noted per chart

Fluid Accumulation/Edema: Other (Comment) (Non-pitting edema to BLE noted on 7/24 per chart)

Energy Needs: 2098-2518 kcal, 84-126 gm protein, 2098-2518 mL fluid per day. Recalculated needs 7/7.

RD remains available and will continue to follow.

Signature: Crystal Jones, RD, CSO

Electronically signed by Crystal J, RD at 07/25/2023 3:12 PM EDT

K Son, MD - 07/25/2023 10:36 AM EDT

Formatting of this note is different from the original.

Images from the original note were not included.

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Kimberly Son, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Sukhminder Singh Maan, MD

Hospital Day: LOS: 34 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior. Admitted for management of aggressive/impulsive behavior 2/2 anoxic brain injury and placement.

Aggressive/impulsive behavior due to Anoxic brain injury

Prolonged QTc in setting of Antipsychotic use due to above

- -Remains in soft restraints with sitter at bed side
- -IV, PEG, and foley in place.
- -Most recent QTc 483 7/19
- -Free valproic acid level 19.2. (patient has low albumin 2.7)
- -Total valproic acid level 49.8, 53.6 on repeat
- -Ammonia 46, 37 on repeat
- -Patient still requires restraints to prevent pulling at IV lines, Foley, and PEG tube
- -Daughter Ioana has guardianship

PLAN:

- -Plan for discharge to group home tomorrow
- -Patient will require wheelchair, hospital bed and lift
- -Continue PRN NORCO 5 Q8hr, hold for somnolence.
- -Continue depakene to 3 times daily (1000mg, 500mg, 1000mg)
- -Continue zyprexa 10 mg bid
- -PRN: Ativan 1 mg iv Q6 for severe agitation representing harm to self or others. Oral ativan to be prescribed for discharge.
- -Soft restraints in place, renew as needed

Enterobacter cloacae (CRE) UTI

Urinary retention likely 2/2 neurogenic bladder

- -Patient has required multiple straight caths for urinary retention up to 1L
- -Indwelling foley catheter since 7/12
- -Suprapubic catheter explored as an alternative to foley. Per urology. Patient would have to be off of eliquis and plavix for 7 days prior to placement.
- -UA 6/22 and 6/26: positive for leukocytes and 3+ blood. WBC >50, RBC >50
- -UCx 6/22, 6/27, and 7/12: all growing CRE
- -7/25 UA ordered for dark foul smelling urine. Similar to previous
- -Repeat UCx sent
- -Patient afebrile. Mild leukocytosis

Plan:

- -Follow-up on urine culture and continue to monitor for signs of infection.
- -Continue tamsulosin 0.4 mg qd
- -Maintain foley. If resolution of the DVT is imaged in a month, reconsider suprapubic catheter.

DVT Left lower extremity

- -7/14 unilateral lower extremity edema noticed by patient's sister
- -Vascular US shows acute deep vein thrombosis in the left lower extremity common femoral vein, proximal femoral vein, mid femoral vein, and distal femoral vein.
- -Patient on eliquis and plavix at home. Doses briefly held following PEG tube placement 7/11. Restarted 7/15

-Continue home eliquis and plavix

Anoxic encephalopathy 2/2 cardiac arrest

STEMI s/p PCI, no stent placement

Hx of Atrial flutter

Nonocclusive R basilic and L subclavian-jugular thrombi

- Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd.
- -Vascular US duplex LUE 7/7: no evidence of DVT

PLAN:

- -Rate controlled
- -Continue Lopressor 25 bid and Amio 200 qd
- -Continue eliquis and plavix

Back Pain

- -Patient complaining of back pain overnight 7/14
- -Patient has difficulty communicating pain at baseline, yells and pulls at lines

-Continue scheduled NORCO 5 tid and PRN NORCO 5 tid.

#DM, controlled

- -Per ED note patient was on lantus 30U nightly at home
- -lantus and low-dose sliding scale held, patient's blood sugars within normal range

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: home eliquis
- Fluids:
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

07/18/23 1516 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 450; QID (0800, 1200, 1600, 2000); 25; Water; Other (specify); Flush 25 mL free water before and after each bolus feeding and provide additional bolus of 480 mL of free water daily; ... (Tube Feeding) Diet effective now

Comments: Initiate bolus enteral feeding regimen with Glucerna 1.2 formula 120 mL bolus 4x/day, and gradually increase enteral feeding by 60 mL g. 24 hours until goal of Glucerna 1.2 formula 450 mL bolus 4x/day is reached. Recommend flushing with 25 mL H2O before and after each bolus. Please provide an additional bolus of 480 mL free water daily to maintain hydration.

Question Answer Comment

Location: St Mary Mercy Livonia

Tube feeding formula: Glucerna 1.2 Cal

Route: PEG

Tube feeding bolus (mL): 450

Tube feeding bolus frequency: QID (0800, 1200, 1600, 2000)

Tube feeding flush (mL): 25 Tube feeding flush type: Water

Tube feeding flush frequency: Other (specify)

Tube feed flush comment: Flush 25 mL free water before and after each bolus feeding and provide additional bolus of 480 mL of

free water daily Diet Tube Feed

See Hyperspace for full Linked Orders Report.

07/18/23 1518

07/18/23 1516 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; IDDSI Level 4 Pureed, Thin

Liquids (Tube Feeding) Diet effective now

Comments: For pleasure; Requires 1:1 assistance

Question Answer Comment Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids IDDSI Level 4 Pureed

Modified Consistency Options for Liquids and Solids Thin Liquids

See Hyperspace for full Linked Orders Report.

07/18/23 1518

07/11/23 1250 Dietary nutrition supplements Lunch; St Mary Mercy Livonia; Diabetic Supplement Continuous

Question Answer Comment

Frequency Lunch

Location St Mary Mercy Livonia

Supplements Diabetic Supplement

07/11/23 1249

- Lines/tubes/drains: PIV, Foley

- Code Status: Full Code - Confirmed

- PCP: Michael A Amlog, MD

Disposition

pending placement

SUBJECTIVE

Patient was seen and evaluated at bedside this morning. He was noted to be somnolent, but opens his eyes when spoken to directly. Per nursing, he has been awake earlier in the day and remains agitated. He continues to pull out his lines.

Overnight, urinalysis was ordered for dark foul-smelling urine. It returns positive for presence of blood and white blood cells, similar to previous UAs. Patient has a known CRE infection as noted on previous urine cultures. He is status post treatment with cefepime. At this time vital signs are stable. He is afebrile with mild leukocytosis 13.1. A repeat urine culture has been sent and we will continue to monitor for signs of infection.

Per discussion with family today, plans are to take the patient to his sisters group home tomorrow.

OBJECTIVE

Physical exam limited due to intermittent agitation in the setting of anoxic brain injury

Physical Exam

Constitutional:

General: He is not in acute distress.

HENT:

Eyes:

Head: Normocephalic and atraumatic.

Extraocular Movements: Extraocular movements intact.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal:

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Comments: PEG in place

Genitourinary:

Comments: Foley catheter in place

Musculoskeletal:

General: Normal range of motion. Cervical back: Normal range of motion.

Right lower leg: No edema. Left lower leg: No edema.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert. Mental status is at baseline.

Psychiatric:

Attention and Perception: He is inattentive.

Behavior: Behavior is agitated and aggressive. Cognition and Memory: Cognition is impaired.

Objective

Vitals Visit Vitals BP 128/86 Pulse 83 Temp 36.4 °C (97.5 °F) Resp 16

Temp (24hrs), Avg:36.3 °C (97.4 °F), Min:36.2 °C (97.2 °F), Max:36.5 °C (97.7 °F)

Body mass index is 25.17 kg/m². No results found for: "PTWT", "PTHT"

LABS (most recent)

HEMATOLOGY

Lab Results

Lab Results Component Value Date WBC 13.1 (H) 07/25/2023 HGB 12.3 (L) 07/25/2023 HCT 39.3 07/25/2023 MCV 94.2 07/25/2023 PLT 403 07/25/2023 CHEMISTRY

Component Value Date GLUCOSE 129 (H) 07/25/2023 NA 142 07/25/2023 K 4.1 07/25/2023 CO2 32 (H) 07/25/2023 CL 103 07/25/2023 BUN 19 07/25/2023 CREATININE 0.59 (L) 07/25/2023 EGFR 110 07/25/2023 CALCIUM 8.3 (L) 07/25/2023 MG 1.8 07/25/2023 PHOS 3.7 07/25/2023

ANIONGAP 7 07/25/2023

MEDICATIONS

SCHEDULED MEDICATIONS amiodarone, 200 mg, g-tube, Daily apixaban, 5 mg, oral, BID ascorbic acid, 250 mg, g-tube, Daily atorvastatin, 40 mg, g-tube, Nightly clopidogreL, 75 mg, oral, Daily docusate, 100 mg, g-tube, BID HYDROcodone-acetaminophen, 1 tablet, g-tube, TID insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 25 mg, g-tube, BID nicotine, 1 patch, transdermal, Daily OLANZapine, 10 mg, g-tube, BID polyetheylene glycol, 17 g, g-tube, Daily tamsulosin, 0.4 mg, g-tube, Daily valproic acid, 1,000 mg, g-tube, BID valproic acid, 500 mg, g-tube, Daily

DRIPS

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose 50%, dextrose, dextrose, glucagon injection, HYDROcodone-acetaminophen, LORazepam, prochlorperazine **OR** prochlorperazine **OR** prochlorperazine, Insert peripheral IV **AND** Maintain IV access **AND** Saline lock IV **AND** [COMPLETED] sodium chloride **AND** sodium chloride

Cosigned by S Maan, MD at 07/25/2023 2:22 PM EDT Electronically signed by K Son, MD at 07/25/2023 1:21 PM EDT Electronically signed by K Son, MD at 07/25/2023 2:18 PM EDT Electronically signed by S Maan, MD at 07/25/2023 2:22 PM EDT

Associated attestation - S Maan, MD - 07/25/2023 2:22 PM EDT Formatting of this note might be different from the original.

Attending Teaching Attestation:

I personally saw and examined the patient on rounds with resident on date of service. Management was discussed with my resident team and I supervised and developed the plan of care. I have reviewed and agree with the key parts of the resident evaluation including the subjective information, objective findings and the impression and plan. In addition the note has been addended to include my discussions, assessments and plans.

62-year-old male with prior history of cardiac arrest subsequent anoxic brain injury presented to hospital with increased agitation and aggressive behavior.

#Acute encephalopathy superimposed on known anoxic encephalopathy of the brain from prior cardiac arrest.

Psychiatry team input appreciated

Dose of valproate reduced further 1500 mg a.m. and 1000 mg evening.

Continue Zyprexa.

Continue Ativan as needed. Will benefit from a low-dose of liquid lorazepam sublingual as needed for agitation To prevent him from pulling out his PEG tube when he gets overly agitated

DVT left lower extremity continued on Eliquis .

#Nutrition to help pulled out PEG tube previously PEG tube replaced 7/11 continue home Plavix and Eliquis.

Disposition at optimizing antipsychotic with assistance from psychiatry team including Zyprexa and valproate with attempt to discontinue sitter and restraints.

Starlyne W, RN - 07/25/2023 8:24 AM EDT

Formatting of this note might be different from the original.

IP Risk of Unplanned Readmission Score

Late entry:

07/24/2023 1615

Met w/sisterVickie at pt's bedside to further discuss plans for pt to discharge to her group home facility in Farmington Hills

Telephoned pt's dtr/lona this am to discuss arrangments for Binsons to provide sit/splace wheel chair

A conversation with patient/family caregiver related to goals of care, quality of care profiles and informed choice occurred today. A list of post acute providers was provided. The medicare.gov website link was provided for their viewing along with the opportunity to ask questions.

Starlyne Wyatt-Hooper, RN

Electronically signed by Starlyne W, RN at 07/26/2023 9:23 AM EDT

Brandon S, RN - 07/24/2023 10:56 PM EDT

Formatting of this note might be different from the original.

Goals:

Problem: Safety:

Goal: Will remain free from injury to self

Outcome: Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Goal: Skin integrity will improve

Outcome: Progressing

Goal: Risk for impaired skin integrity will decrease

Outcome: Progressing

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Not Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Not Progressing

Identify possible barriers to meeting goals/advancing plan of care: Impaired Cognition, Language Barrier

Stability of the patient: Moderately Stable - Low risk of patient condition declining or worsening

End of Shift Summary: Patient A&O x 1. Sitter at bedside. Restraints with mitts continued overnight. Foley and peg tube maintained. Repositioned Q2. No acute events overnight. Bed in low/locked position, alarm on, call light within reach.

* Urine sample sent to lab for concerns of infection.

Electronically signed by Brandon S, RN at 07/25/2023 6:57 AM EDT

A Amin, MD - 07/24/2023 3:53 PM EDT

Formatting of this note might be different from the original.

Patient was seen today in follow-up. He is less agitated than previous. Family members were at the bedside and also feel that this is true

Psychiatry is planning on increasing the patient's Depakote which is very appropriate.

He seems to be able to tolerate this well.

Case management is looking at possible transfer to a group home.

Electronically signed by A Amin, MD at 07/24/2023 3:54 PM EDT

K Son, MD - 07/24/2023 3:48 PM EDT

Formatting of this note is different from the original.

Images from the original note were not included.

Internal Medicine Progress Note Graduate Medical Education

Trinity Health Livonia Hospital

Please contact author [Kimberly Son, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Sukhminder Singh Maan, MD

Hospital Day: LOS: 33 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior. Admitted for management of aggressive/impulsive behavior 2/2 anoxic brain injury and placement.

Aggressive/impulsive behavior due to Anoxic brain injury

Prolonged QTc in setting of Antipsychotic use due to above

- -Remains in soft restraints with sitter at bed side
- -IV, PEG, and foley in place.
- -Most recent QTc 483 7/19
- -Free valproic acid level 19.2. (patient has low albumin 2.7)
- -Total valproic acid level 49.8, 53.6 on repeat
- -Ammonia 46, 37 on repeat
- -Patient still requires restraints to prevent pulling at IV lines, Foley, and PEG tube
- -Daughter Ioana has guardianship
- -Per family meeting, family may be willing to take him to his sisters group home, the Fox Creek, provided his behavior improves. A physician has been found who would be willing to see him in the group home. Home health care referral has been sent.
- -7/24 patient trialed out of restraints. He immediately became agitated and attempted to pull his lines.

PLAN:

- -Pending placement
- -Patient will require wheelchair, hospital bed and lift wherever he stays. Would likely remain bedbound without these.
- -Continue PRN NORCO 5 Q8hr, hold for somnolence.
- -Per psychiatry, increase depakene to 3 times daily (1000mg, 500mg, 1000mg)
- -Continue zyprexa 10 mg bid
- -PRN: Ativan 1 mg iv Q6 for severe agitation representing harm to self or others.
- -Soft restraints in place, renew as needed

DVT Left lower extremity

- -7/14 unilateral lower extremity edema noticed by patient's sister
- -Vascular US shows acute deep vein thrombosis in the left lower extremity common femoral vein, proximal femoral vein, mid femoral vein, and distal femoral vein.
- -Patient on eliquis and plavix at home. Doses briefly held following PEG tube placement 7/11. Restarted 7/15

Plan:

-Continue home eliquis and plavix

Anoxic encephalopathy 2/2 cardiac arrest

STEMI s/p PCI, no stent placement

Hx of Atrial flutter

Nonocclusive R basilic and L subclavian-jugular thrombi

- Per pharmacy chart review, patient on Plavix 75 gd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg gd.
- -Vascular US duplex LUE 7/7: no evidence of DVT

PLAN:

- -Rate controlled
- -Continue Lopressor 25 bid and Amio 200 qd
- -Continue eliquis and plavix

Enterobacter cloacae (CRE) UTI -- resolved

Urinary retention likely 2/2 neurogenic bladder sp foley 7/12

- -Required multiple straight caths for urinary retention up to 1L
- -Foley replaced 7/12
- -Suprapubic catheter explored as an alternative to foley. Per urology. Patient would have to be off of eliquis and plavix for 7 days prior to placement

Dlan.

- -Continue tamsulosin 0.4 mg qd
- -Maintain foley. If resolution of the DVT is imaged in a month, reconsider suprapubic catheter.

Back Pain

- -Patient complaining of back pain overnight 7/14
- -Patient has difficulty communicating pain at baseline, yells and pulls at lines

Plan:

-Continue scheduled NORCO 5 tid and PRN NORCO 5 tid.

#DM, controlled

-Per ED note patient was on lantus 30U nightly at home

-lantus and low-dose sliding scale held, patient's blood sugars within normal range

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: home eliquis
- Fluids:
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

07/18/23 1516 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 450; QID (0800, 1200, 1600, 2000); 25; Water; Other (specify); Flush 25 mL free water before and after each bolus feeding and provide additional bolus of 480 mL of free water daily; ...

(Tube Feeding) Diet effective now

Comments: Initiate bolus enteral feeding regimen with Glucerna 1.2 formula 120 mL bolus 4x/day, and gradually increase enteral feeding by 60 mL q. 24 hours until goal of Glucerna 1.2 formula 450 mL bolus 4x/day is reached. Recommend flushing with 25 mL H2O before and after each bolus. Please provide an additional bolus of 480 mL free water daily to maintain hydration.

Question Answer Comment Location: St Mary Mercy Livonia Tube feeding formula: Glucerna 1.2 Cal

Route: PEG

Tube feeding bolus (mL): 450

Tube feeding bolus frequency: QID (0800, 1200, 1600, 2000)

Tube feeding flush (mL): 25 Tube feeding flush type: Water

Tube feeding flush frequency: Other (specify)

Tube feed flush comment: Flush 25 mL free water before and after each bolus feeding and provide additional bolus of 480 mL of

free water daily Diet Tube Feed

See Hyperspace for full Linked Orders Report.

07/18/23 1518

07/18/23 1516 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; IDDSI Level 4 Pureed, Thin

Liquids (Tube Feeding) Diet effective now

Comments: For pleasure; Requires 1:1 assistance

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids IDDSI Level 4 Pureed

Modified Consistency Options for Liquids and Solids Thin Liquids

See Hyperspace for full Linked Orders Report.

07/18/23 1518

07/11/23 1250 Dietary nutrition supplements Lunch; St Mary Mercy Livonia; Diabetic Supplement Continuous

Question Answer Comment

Frequency Lunch

Location St Mary Mercy Livonia

Supplements Diabetic Supplement

07/11/23 1249

- Lines/tubes/drains: PIV, Foley

- Code Status: Full Code - Confirmed

- PCP: Michael A Amlog, MD

Disposition

pending placement

SUBJECTIVE

Patient was seen and evaluated at bedside this morning. He was awake, alert, and arousable to the sound of his own name. He does not endorse any pain. Restraints were briefly removed briefly this afternoon. However, patient immediately became agitated and attempted to pull his lines.

Per discussion with the patient's sister, Vicki, patient behaves poorly every time he is taken out of restraints. She does not think he will be able to stay out of restraints unless someone is available to hold his hands.

OBJECTIVE

Physical exam limited due to intermittent agitation in the setting of anoxic brain injury

Physical Exam

Constitutional:

General: He is not in acute distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes:

Extraocular Movements: Extraocular movements intact.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal:

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Comments: PEG in place

Genitourinary:

Comments: Foley catheter in place

Musculoskeletal:

General: Normal range of motion. Cervical back: Normal range of motion.

Right lower leg: No edema. Left lower leg: No edema.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert. Mental status is at baseline.

Psychiatric:

Attention and Perception: He is inattentive. Behavior: Behavior is agitated and aggressive. Cognition and Memory: Cognition is impaired.

Objective

Vitals

Visit Vitals

BP 123/80 (BP Location: Left arm, Patient Position: Lying)

Temp (!) 35.5 °C (95.9 °F) (Temporal)

Resp 20

Temp (24hrs), Avg:36.2 °C (97.1 °F), Min:35.5 °C (95.9 °F), Max:37.1 °C (98.8 °F)

Body mass index is 25.17 kg/m². No results found for: "PTWT", "PTHT"

LABS (most recent)

HEMATOLOGY

Lab Results

Component Value Date

WBC 10.3 07/22/2023

HGB 12.0 (L) 07/22/2023

HCT 38.8 07/22/2023

MCV 93.5 07/22/2023

PLT 452 (H) 07/22/2023

CHEMISTRY

Lab Results

Component Value Date

GLUCOSE 86 07/24/2023

NA 140 07/22/2023

K 4.8 07/22/2023

CO2 28 07/22/2023

CL 105 07/22/2023

BUN 19 07/22/2023

CREATININE 0.54 (L) 07/22/2023 EGFR 113 07/22/2023 CALCIUM 8.2 (L) 07/22/2023 MG 2.1 07/22/2023 PHOS 3.3 07/22/2023 ANIONGAP 7 07/22/2023

MEDICATIONS

SCHEDULED MEDICATIONS amiodarone, 200 mg, g-tube, Daily apixaban, 5 mg, oral, BID ascorbic acid, 250 mg, g-tube, Daily atorvastatin, 40 mg, g-tube, Nightly clopidogreL, 75 mg, oral, Daily docusate, 100 mg, g-tube, BID HYDROcodone-acetaminophen, 1 tablet, g-tube, TID insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 25 mg, g-tube, BID nicotine, 1 patch, transdermal, Daily OLANZapine, 10 mg, g-tube, BID polyetheylene glycol, 17 g, g-tube, Daily tamsulosin, 0.4 mg, g-tube, Daily valproic acid, 1,000 mg, g-tube, q12h SCH

DRIPS

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose 50%, dextrose, dextrose, glucagon injection, HYDROcodone-acetaminophen, LORazepam, prochlorperazine **OR** prochlorperazine **OR** prochlorperazine, Insert peripheral IV **AND** Maintain IV access **AND** Saline lock IV **AND** [COMPLETED] sodium chloride **AND** sodium chloride

Cosigned by S Maan, MD at 07/24/2023 4:08 PM EDT Electronically signed by K Son, MD at 07/24/2023 3:55 PM EDT Electronically signed by K Son, MD at 07/24/2023 4:06 PM EDT Electronically signed by S Maan, MD at 07/24/2023 4:08 PM EDT

Associated attestation - S Maan, MD - 07/24/2023 4:08 PM EDT Formatting of this note might be different from the original.

Attending Teaching Attestation:

I personally saw and examined the patient on rounds with resident on date of service. Management was discussed with my resident team and I supervised and developed the plan of care. I have reviewed and agree with the key parts of the resident evaluation including the subjective information, objective findings and the impression and plan. In addition the note has been addended to include my discussions, assessments and plans.

62-year-old male with prior history of cardiac arrest subsequent anoxic brain injury presented to hospital with increased agitation and aggressive behavior.

#Acute encephalopathy superimposed on known anoxic encephalopathy of the brain from prior cardiac arrest.

Psychiatry team input appreciated

Dose of valproate increased further recheck valproate level..

Appreciate psychiatry input further adjustment in dose of valproate to optimize his behavior. The patient does not pull out PEG tube.

DVT left lower extremity continued on Eliquis .

#Nutrition to help pulled out PEG tube previously PEG tube replaced 7/11 continue home Plavix and Eliquis.

Disposition at optimizing antipsychotic with assistance from psychiatry team including Zyprexa and valproate with attempt to discontinue sitter and restraints.

Once feasible final disposition preferably to group home. We will try to remove restraints, psychiatry team following Sukhminder Maan, MD

N Caras, DO - 07/24/2023 12:06 PM EDT

Formatting of this note is different from the original.

PSYCHIATRY PROGRESS NOTE

Reason for Consultation: "Agitation, anoxic brain injury"

Source of Information: Chart review, staff at bedside.

History Of Present Illness:

Patient was seen in his room with sitter at bedside. He was in soft restraints and mitts and was sleeping peacefully. Sitter reported that he continues to get agitated and resistant when attempting care has not been pulling at lines. He has not been accepting feeds by mouth and spits food back out when offered. Per chart review, nursing staff have reported that agitation seems to be a little less the past few days but he has still been requiring additional medication most days and has not yet been well enough to trial out of restraints/mitts.

I reviewed previous recommendations from neurology and discussed with the resident from the primary team today. Neurology is not currently following and has recommended outpatient evaluation of cognitive function once the patient is more stable. Regarding motor deficits secondary to his anoxic neurological insult, the duration of persistent symptoms indicated that recovery may be unlikely.

Review of Systems:

Unable to complete review of systems due to patient's cognitive impairment.

Labs and diagnostic tests:

7/23: ammonia 37, total valproic acid level 53.6 Most recent EKG on 7/19 showed QTc 483ms

Mental Status Examination:

General: The patient appeared stated age, in no acute distress, with fair hygiene and grooming, wearing hospital gowns. The patient was asleep at time of assessment and appeared peaceful with appropriate spontaneous movement of all 4 limbs and no grimacing or restlessness. He remained in soft upper extremity restraints and bilateral mitts.

Remainder of MSE deferred today as patient was sleeping soundly and was known to have limited capacity for communication during interview. There was no indication from chart review or staff that his mental status has changed significantly from most recent assessment.

DSM-5 Diagnoses:

Neurocognitive disorder secondary to anoxic brain injury

Other Conditions:

Mild leukocytosis

Diabetes mellitus

HLD

Assessment:

Current management may have had some impact on reducing agitation and impulsive behavior, but the patient has remained incapable of advancing care safely. Continued adjustment of these medications may provide additional calming though this would not address the underlying condition. This has been discussed with the primary team and with the patient's daughter who expressed understanding of the potential benefits and risks associated with this treatment. Based on his most recent valproic acid level, this dose could be increased today as detailed below. If the goal of care remains maximum restoration of function, we recommend ongoing coordination with neurology and/or PM&R for additional insight into neurological recovery options/ anticipated course.

Recommendations:

- 1. Psychiatric hospitalization is not indicated at this time.
- 2. Supervision: Patient does not require one-to-one supervision at this time from a psychiatric perspective but continues to benefit for safety due to impulsive behaviors and confusion.
- 3. Psychotropic medications: May consider increasing valproic acid to thrice daily dosing, such as 1000mg in the morning, 500mg in the afternoon, and 1000mg nightly. Continue olanzapine 10mg twice daily.
- 4. Labs and diagnostic tests: Continue to monitor QTc interval. Repeat total valproic acid trough level before HS dose on 6/27.
- 5. If patient becomes severely agitated such that his behavior represents a risk of harm to himself or others, agree with continuing to use lorazepam as needed. Note that regular use may have adverse effects on his neurological recovery course
- 6. If he develops acute worsening of mental status with concern for delirium, consider workup for new infection.
- 7. Consider neurology consult and coordination with PM&R regarding anticipated course and recommendations for neurological recovery

Recommendations were communicated with primary team directly.

I examined the patient in person, and discussed the above assessment and plan with attending psychiatrist, Dr. Cardasis. The attending did see the patient in person today.

We will continue to follow. Please contact us at pager 76227, phone extension 5-5436, or via Haiku at "SMLI GME Psychiatry Consult Service Opt-In" if you have further questions or concerns. Thank you for the opportunity to contribute to your patient's care.

Nicholas Caras, DO Psychiatry Resident

Cosigned by W Cardasis, MD at 07/25/2023 9:55 AM EDT Electronically signed by N Caras, DO at 07/24/2023 6:27 PM EDT Electronically signed by W Cardasis, MD at 07/25/2023 9:55 AM EDT

Associated attestation - W Cardasis, MD - 07/25/2023 9:55 AM EDT Formatting of this note might be different from the original.

I personally saw and examined the patient on rounds with my team on 07/24/23. Management was discussed with the resident Dr. Caras, and I supervised the plan of care. I have reviewed and agree with key aspects of the resident evaluation including: subjective information, objective findings on exam, assessment and plan. Use of antipsychotic medication, olanzapine, off-label for agitation in this clinical context has been discussed with the patient's daughter and sister with their agreement, understanding, and knowledge of side effects and possible adverse reactions, including EPS, metabolic syndrome, tardive dyskinesia.

Brandon S, RN - 07/24/2023 12:16 AM EDT

Formatting of this note might be different from the original.

Goals:

Problem: Safety:

Goal: Will remain free from injury to self

Outcome: Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Goal: Skin integrity will improve

Outcome: Progressing

Goal: Risk for impaired skin integrity will decrease

Outcome: Progressing

Problem: Nutritional:

Goal: Nutritional status will improve

Outcome: Progressing

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Not Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Not Progressing

Problem: Activity:

Goal: Mobility will improve Outcome: Not Progressing

Problem: Cognitive:

Goal: Understanding of ways to prevent future skin breakdown will improve

Outcome: Not Progressing

Identify possible barriers to meeting goals/advancing plan of care: Impaired Cognition/Language Barrier

Stability of the patient: Moderately Stable - Low risk of patient condition declining or worsening

End of Shift Summary: Patient A&O x 1 with confusion. Safety sitter at bedside. Foley and peg tube maintained. Repositioned Q2 as allowed. Family at bedside updated. Ativan given 1 time for anxiety/agitation while attempting to secure IV dressing. IV was then accidentally removed. New one placed. No acute events overnight. Bed in low/locked position, alarm on, call light within reach.

*Not able to dress patient in clothing provided by family due to agitation.

Electronically signed by Brandon S, RN at 07/24/2023 6:53 AM EDT

K Son, MD - 07/23/2023 1:23 PM EDT

Formatting of this note is different from the original. Images from the original note were not included.

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Kimberly Son, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Sukhminder Singh Maan, MD

Hospital Day: LOS: 32 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior. Admitted for management of aggressive/impulsive behavior 2/2 anoxic brain injury and placement.

Aggressive/impulsive behavior due to Anoxic brain injury

Prolonged QTc in setting of Antipsychotic use due to above

- -Remains in soft restraints with sitter at bed side
- -IV, PEG, and foley in place.
- -Most recent QTc 483 7/19
- -Free valproic acid level 19.2. (patient has low albumin 2.7)
- -Total valproic acid level 49.8, 53.6 on repeat
- -Ammonia 46, 37 on repeat
- -Patient still requires restraints to prevent pulling at IV lines, Foley, and PEG tube
- -Daughter Ioana has guardianship
- -Per family meeting, family may be willing to take him to his sisters group home, the Fox Creek, provided his behavior improves. A physician has been found who would be willing to see him in the group home. Home health care referral has been sent.

PLAN:

- -Pending placement
- -Patient will require wheelchair, hospital bed and lift wherever he stays. Would likely remain bedbound without these.
- -Continue PRN NORCO 5 Q8hr, hold for somnolence.
- -Continue Depakote 1000mg BID
- -Continue zyprexa 10 mg bid
- -PRN: Ativan 1 mg iv Q6 for severe agitation representing harm to self or others.
- -Soft restraints in place, renew as needed

DVT Left lower extremity

- -7/14 unilateral lower extremity edema noticed by patient's sister
- -Vascular US shows acute deep vein thrombosis in the left lower extremity common femoral vein, proximal femoral vein, mid femoral vein, and distal femoral vein.
- -Patient on eliquis and plavix at home. Doses briefly held following PEG tube placement 7/11. Restarted 7/15

Plan:

-Continue home eliquis and plavix

Anoxic encephalopathy 2/2 cardiac arrest

STEMI s/p PCI, no stent placement

Hx of Atrial flutter

Nonocclusive R basilic and L subclavian-jugular thrombi

- Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd.
- -Vascular US duplex LUE 7/7: no evidence of DVT

PI AN:

- -Rate controlled
- -Continue Lopressor 25 bid and Amio 200 qd
- -Continue eliquis and plavix

Enterobacter cloacae (CRE) UTI -- resolved

Urinary retention likely 2/2 neurogenic bladder sp foley 7/12

- -Required multiple straight caths for urinary retention up to 1L
- -Foley replaced 7/12
- -Suprapubic catheter explored as an alternative to foley. Per urology. Patient would have to be off of eliquis and plavix for 7 days prior to placement

Plan:

- -Continue tamsulosin 0.4 mg gd
- -Maintain foley. If resolution of the DVT is imaged in a month, reconsider suprapubic catheter.

Back Pain

- -Patient complaining of back pain overnight 7/14
- -Patient has difficulty communicating pain at baseline, yells and pulls at lines

Plan:

-Continue scheduled NORCO 5 tid and PRN NORCO 5 tid.

#DM, controlled

- -Per ED note patient was on lantus 30U nightly at home
- -lantus and low-dose sliding scale held, patient's blood sugars within normal range

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: home eliquis
- Fluids:
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

07/18/23 1516 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 450; QID (0800, 1200, 1600, 2000); 25; Water; Other (specify); Flush 25 mL free water before and after each bolus feeding and provide additional bolus of 480 mL of free water daily; ... (Tube Feeding) Diet effective now

Comments: Initiate bolus enteral feeding regimen with Glucerna 1.2 formula 120 mL bolus 4x/day, and gradually increase enteral feeding by 60 mL q. 24 hours until goal of Glucerna 1.2 formula 450 mL bolus 4x/day is reached. Recommend flushing with 25 mL H2O before and after each bolus. Please provide an additional bolus of 480 mL free water daily to maintain hydration.

Question Answer Comment Location: St Mary Mercy Livonia Tube feeding formula: Glucerna 1.2 Cal

Route: PEG

Tube feeding bolus (mL): 450

Tube feeding bolus frequency: QID (0800, 1200, 1600, 2000)

Tube feeding flush (mL): 25 Tube feeding flush type: Water

Tube feeding flush frequency: Other (specify)

Tube feed flush comment: Flush 25 mL free water before and after each bolus feeding and provide additional bolus of 480 mL of

free water daily Diet Tube Feed

See Hyperspace for full Linked Orders Report.

07/18/23 1518

07/18/23 1516 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; IDDSI Level 4 Pureed, Thin Liquids (Tube Feeding) Diet effective now

Comments: For pleasure; Requires 1:1 assistance

Question Answer Comment Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids IDDSI Level 4 Pureed

Modified Consistency Options for Liquids and Solids Thin Liquids

See Hyperspace for full Linked Orders Report.

07/18/23 1518

07/11/23 1250 Dietary nutrition supplements Lunch; St Mary Mercy Livonia; Diabetic Supplement Continuous

Question Answer Comment

Frequency Lunch

Location St Mary Mercy Livonia

Supplements Diabetic Supplement

07/11/23 1249

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

pending placement

SUBJECTIVE

Patient was seen and evaluated at bedside this morning. He was somnolent but arousable to the sound of his own name. Per nursing staff, he has been less agitated than usual. IV line, Foley, and PEG tube remain in place.

Valproic acid level has returned and is low normal. Psychiatry has been consulted regarding possible increase in Depakote dosing.

Per conversation with the family, the most likely placement for the patient is his sisters group home. However, they would like to see him be less agitated and out of restraints before they take him.

OBJECTIVE

Physical exam limited due to intermittent agitation in the setting of anoxic brain injury

Physical Exam

Constitutional:

General: He is not in acute distress.

HENT:

Head: Normocephalic and atraumatic.

Eves:

Extraocular Movements: Extraocular movements intact.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal:

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Comments: PEG in place

Genitourinary:

Comments: Foley catheter in place

Musculoskeletal:

General: Normal range of motion.

Cervical back: Normal range of motion.

Right lower leg: No edema. Left lower leg: No edema.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert. Mental status is at baseline.

Psychiatric:

Attention and Perception: He is inattentive. Behavior: Behavior is agitated and aggressive. Cognition and Memory: Cognition is impaired.

Objective

Vitals

Visit Vitals

BP 116/74 (BP Location: Left arm, Patient Position: Lying)

Pulse 92

Temp 36 °C (96.8 °F) (Temporal)

Resp 19

Temp (24hrs), Avg:36.4 °C (97.5 °F), Min:36 °C (96.8 °F), Max:36.7 °C (98.1 °F)

Body mass index is 25.17 kg/m². No results found for: "PTWT", "PTHT"

LABS (most recent)

HEMATOLOGY

Lab Results

Component Value Date

WBC 10.3 07/22/2023

HGB 12.0 (L) 07/22/2023

HCT 38.8 07/22/2023

MCV 93.5 07/22/2023

PLT 452 (H) 07/22/2023

CHEMISTRY

Lab Results

Component Value Date

GLUCOSE 163 (H) 07/23/2023

NA 140 07/22/2023

K 4.8 07/22/2023

CO2 28 07/22/2023

CL 105 07/22/2023 BUN 19 07/22/2023 CREATININE 0.54 (L) 07/22/2023 EGFR 113 07/22/2023 CALCIUM 8.2 (L) 07/22/2023 MG 2.1 07/22/2023 PHOS 3.3 07/22/2023 ANIONGAP 7 07/22/2023

MEDICATIONS

SCHEDULED MEDICATIONS amiodarone, 200 mg, g-tube, Daily apixaban, 5 mg, oral, BID ascorbic acid, 250 mg, g-tube, Daily atorvastatin, 40 mg, g-tube, Nightly clopidogreL, 75 mg, oral, Daily docusate, 100 mg, g-tube, BID HYDROcodone-acetaminophen, 1 tablet, g-tube, TID insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 25 mg, g-tube, BID nicotine, 1 patch, transdermal, Daily OLANZapine, 10 mg, g-tube, BID polyetheylene glycol, 17 g, g-tube, Daily tamsulosin, 0.4 mg, g-tube, Daily valproic acid, 1,000 mg, g-tube, q12h SCH

DRIPS

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose 50%, dextrose, dextrose, glucagon injection, HYDROcodone-acetaminophen, LORazepam, prochlorperazine **OR** prochlorperazine **OR** prochlorperazine, Insert peripheral IV **AND** Maintain IV access **AND** Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by S Maan, MD at 07/23/2023 2:58 PM EDT Electronically signed by K Son, MD at 07/23/2023 1:38 PM EDT Electronically signed by S Maan, MD at 07/23/2023 2:58 PM EDT

Associated attestation - S Maan, MD - 07/23/2023 2:58 PM EDT Formatting of this note might be different from the original.

Attending Teaching Attestation:

I personally saw and examined the patient on rounds with resident on date of service. Management was discussed with my resident team and I supervised and developed the plan of care. I have reviewed and agree with the key parts of the resident evaluation including the subjective information, objective findings and the impression and plan. In addition the note has been addended to include my discussions, assessments and plans.

62-year-old male with prior history of cardiac arrest subsequent anoxic brain injury presented to hospital with increased agitation and aggressive behavior.

#Acute encephalopathy superimposed on known anoxic encephalopathy of the brain from prior cardiac arrest.

Psychiatry team input appreciated

Dose of valproate increased further recheck valproate level..

Overall behavior better.

Do agree patient likely may have some lower back pain and not able to communicate continue Norco schedule, overall better.

DVT left lower extremity continued on Eliquis .

#Nutrition to help pulled out PEG tube previously PEG tube replaced 7/11 continue home Plavix and Eliquis.

Disposition at optimizing antipsychotic with assistance from psychiatry team including Zyprexa and valproate with attempt to discontinue sitter and restraints.

Once feasible final disposition preferably to group home. We will try to remove restraints, psychiatry team following Tiffany B, RN - 07/23/2023 1:17 AM EDT

Formatting of this note might be different from the original.

Goals:

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Not Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Not Progressing

Problem: Activity:

Goal: Mobility will improve Outcome: Not Progressing

Problem: Safety:

Goal: Will remain free from injury to self

Outcome: Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Identify possible barriers to meeting goals/advancing plan of care: patient remains a high fall risk despite sitter and continues with aggressive behavior despite medication; unable to remove restraints as patient tries to removes PEG tube

Stability of the patient: Moderately Stable - Low risk of patient condition declining or worsening

End of Shift Summary: Patient oriented to person only, he is bedrest/turns. Still requiring restraints (soft wrist/mitts bilateral). Even after he falls asleep for awhile, he tries to grab at his PEG tube/foley as soon as he wakes up again. He remains impulsive and is often unable to follow directions. Tolerating bolus tube feedings well. Spoke with sister last evening and she is still planning on taking him to her group home when he gets out of the hospital. There will need to be a goals of care discussion between family and medical team.

Electronically signed by Tiffany B, RN at 07/23/2023 6:20 AM EDT

K Son, MD - 07/22/2023 9:40 AM EDT

Formatting of this note is different from the original. Images from the original note were not included.

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Kimberly Son, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Sukhminder Singh Maan, MD

Hospital Day: LOS: 31 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior. Admitted for management of aggressive/impulsive behavior 2/2 anoxic brain injury and placement.

Aggressive/impulsive behavior due to Anoxic brain injury

- Prolonged QTc in setting of Antipsychotic use due to above
- -Remains in soft restraints with sitter at bed side
- -IV, PEG, and foley in place.
- -Most recent QTc 483 7/19
- -Free valproic acid level 19.2. (patient has low albumin 2.7)
- -Total valproic acid level 49.8, low
- -7/15 ammonia WNL
- Patient still requires restraints to prevent pulling at IV lines, Foley, and PEG tube
- -Daughter Ioana has guardianship
- -Per family meeting, family may be willing to take him to his sisters group home, the Fox Creek, provided his behavior improves. A physician has been found who would be willing to see him in the group home. Home health care referral has been sent.

PLAN:

- -Pending placement
- -Patient will require wheelchair, hospital bed and lift wherever he stays. Would likely remain bedbound without these.
- -Continue PRN NORCO 5 Q8hr, hold for somnolence.
- -Continue Depakote 1000mg BID
- -Continue zyprexa 10 mg bid, EKG for QTc prolongation Q3 days
- -PRN: Ativan 1 mg iv Q6 for severe agitation representing harm to self or others.
- -Soft restraints in place, renew as needed
- -FU on ammonia and total valproic acid levels, per psychiatry

DVT Left lower extremity

- -7/14 unilateral lower extremity edema noticed by patient's sister
- -Vascular US shows acute deep vein thrombosis in the left lower extremity common femoral vein, proximal femoral vein, mid femoral vein, and distal femoral vein.
- -Patient on eliquis and plavix at home. Doses briefly held following PEG tube placement 7/11. Restarted 7/15

Plan:

-Continue home eliquis and plavix

Anoxic encephalopathy 2/2 cardiac arrest

STEMI s/p PCI, no stent placement

Hx of Atrial flutter

Nonocclusive R basilic and L subclavian-jugular thrombi

- Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd.
- -Vascular US duplex LUE 7/7: no evidence of DVT

PLAN:

- -Rate controlled
- -Continue Lopressor 25 bid and Amio 200 qd
- -Continue eliquis and plavix

Enterobacter cloacae (CRE) UTI -- resolved

Urinary retention likely 2/2 neurogenic bladder sp foley 7/12

- -Required multiple straight caths for urinary retention up to 1L
- -Foley replaced 7/12
- -Suprapubic catheter explored as an alternative to foley. Per urology. Patient would have to be off of eliquis and plavix for 7 days prior to placement

Plan:

- -Continue tamsulosin 0.4 mg gd
- -Maintain foley. If resolution of the DVT is imaged in a month, reconsider suprapubic catheter.

Back Pain

- -Patient complaining of back pain overnight 7/14
- -Patient has difficulty communicating pain at baseline, yells and pulls at lines

Plan:

-Continue scheduled NORCO 5 tid

#DM, controlled

- -Per ED note patient was on lantus 30U nightly at home
- -lantus and low-dose sliding scale held, patient's blood sugars within normal range

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: home eliquis

- Fluids:

- Diet:

Dietary Orders (From admission, onward)

Start Ordered

07/18/23 1516 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 450; QID (0800, 1200, 1600, 2000); 25; Water; Other (specify); Flush 25 mL free water before and after each bolus feeding and provide additional bolus of 480 mL of free water daily; ... (Tube Feeding) Diet effective now

Comments: Initiate bolus enteral feeding regimen with Glucerna 1.2 formula 120 mL bolus 4x/day, and gradually increase enteral feeding by 60 mL q. 24 hours until goal of Glucerna 1.2 formula 450 mL bolus 4x/day is reached. Recommend flushing with 25 mL H2O before and after each bolus. Please provide an additional bolus of 480 mL free water daily to maintain hydration.

Question Answer Comment

Location: St Mary Mercy Livonia Tube feeding formula: Glucerna 1.2 Cal

Route: PEG

Tube feeding bolus (mL): 450

Tube feeding bolus frequency: QID (0800, 1200, 1600, 2000)

Tube feeding flush (mL): 25 Tube feeding flush type: Water

Tube feeding flush frequency: Other (specify)

Tube feed flush comment: Flush 25 mL free water before and after each bolus feeding and provide additional bolus of 480 mL of

free water daily Diet Tube Feed

See Hyperspace for full Linked Orders Report.

07/18/23 1518

07/18/23 1516 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; IDDSI Level 4 Pureed, Thin

Liquids (Tube Feeding) Diet effective now

Comments: For pleasure; Requires 1:1 assistance

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids IDDSI Level 4 Pureed

Modified Consistency Options for Liquids and Solids Thin Liquids

See Hyperspace for full Linked Orders Report.

07/18/23 1518

07/11/23 1250 Dietary nutrition supplements Lunch; St Mary Mercy Livonia; Diabetic Supplement Continuous

Question Answer Comment

Frequency Lunch

Location St Mary Mercy Livonia

Supplements Diabetic Supplement

07/11/23 1249

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

pending placement

SUBJECTIVE

Patient was seen and evaluated at bedside this morning. He was sleeping in bed but is arousable to his own name. Foley, IV line, and PEG tube remain in place. According to nursing charts, patient was able to sleep through most of the night. He had an episode of agitation last night just before going to sleep.

Pending placement. According to most recent social work notes, patient family may be willing to take him to his sisters group home with the addition of home health care. They are, however, concerned about his continued use of restraints. Patient's Norco for pain relief was increased yesterday. He appears to be tolerating it well with minimal increase in somnolence.

OBJECTIVE

Physical exam limited due to intermittent agitation in the setting of anoxic brain injury

Physical Exam

General: He is not in acute distress. HENT: Head: Normocephalic and atraumatic. Eyes: Extraocular Movements: Extraocular movements intact. Pulmonary: Effort: Pulmonary effort is normal. Abdominal: Palpations: Abdomen is soft. Tenderness: There is no abdominal tenderness. Comments: PEG in place Genitourinary: Comments: Foley catheter in place Musculoskeletal: General: Normal range of motion. Cervical back: Normal range of motion. Right lower leg: No edema. Left lower leg: No edema. Skin: General: Skin is warm and dry. Neurological: Mental Status: He is alert. Mental status is at baseline. Psychiatric: Attention and Perception: He is inattentive. Behavior: Behavior is agitated and aggressive. Cognition and Memory: Cognition is impaired. Objective Vitals Visit Vitals BP 135/79 (Patient Position: Lying) Pulse 88 Temp 36.1 °C (97 °F) (Temporal) Resp 20 Temp (24hrs), Avg:36.2 °C (97.2 °F), Min:35.9 °C (96.6 °F), Max:36.5 °C (97.7 °F) Body mass index is 25.17 kg/m². No results found for: PTWT, PTHT LABS (most recent) **HEMATOLOGY** Lab Results Component Value Date WBC 10.3 07/22/2023 HGB 12.0 (L) 07/22/2023 HCT 38.8 07/22/2023 MCV 93.5 07/22/2023 PLT 452 (H) 07/22/2023 **CHEMISTRY** Lab Results Component Value Date GLUCOSE 90 07/22/2023 NA 140 07/22/2023 K 4.8 07/22/2023 CO2 28 07/22/2023 CL 105 07/22/2023 BUN 19 07/22/2023 CREATININE 0.54 (L) 07/22/2023 EGFR 113 07/22/2023 CALCIUM 8.2 (L) 07/22/2023 MG 2.1 07/22/2023 PHOS 3.3 07/22/2023 ANIONGAP 7 07/22/2023

Constitutional:

MEDICATIONS

SCHEDULED MEDICATIONS amiodarone, 200 mg, g-tube, Daily apixaban, 5 mg, oral, BID ascorbic acid, 250 mg, g-tube, Daily atorvastatin, 40 mg, g-tube, Nightly clopidogreL, 75 mg, oral, Daily docusate, 100 mg, g-tube, BID HYDROcodone-acetaminophen, 1 tablet, g-tube, TID insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 25 mg, g-tube, BID nicotine, 1 patch, transdermal, Daily OLANZapine, 10 mg, g-tube, BID polyetheylene glycol, 17 g, g-tube, Daily tamsulosin, 0.4 mg, g-tube, Daily valproic acid, 1,000 mg, g-tube, q12h SCH

DRIPS

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose 50%, dextrose, dextrose, glucagon injection, HYDROcodone-acetaminophen, LORazepam, prochlorperazine **OR** prochlorperazine **OR** prochlorperazine, Insert peripheral IV **AND** Maintain IV access **AND** Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by S Maan, MD at 07/22/2023 1:28 PM EDT Electronically signed by K Son, MD at 07/22/2023 12:51 PM EDT Electronically signed by S Maan, MD at 07/22/2023 1:28 PM EDT

Associated attestation - S Maan, MD - 07/22/2023 1:28 PM EDT Formatting of this note might be different from the original.

Attending Teaching Attestation:

I personally saw and examined the patient on rounds with resident on date of service. Management was discussed with my resident team and I supervised and developed the plan of care. I have reviewed and agree with the key parts of the resident evaluation including the subjective information, objective findings and the impression and plan. In addition the note has been addended to include my discussions, assessments and plans.

62-year-old male with prior history of cardiac arrest subsequent anoxic brain injury presented to hospital with increased agitation and aggressive behavior.

#Acute encephalopathy superimposed on known anoxic encephalopathy of the brain from prior cardiac arrest.

Psychiatry team input appreciated

Dose of valproate increased further recheck valproate level..

Overall behavior better.

Do agree patient likely may have some lower back pain and not able to communicate continue Norco schedule, overall better.

DVT left lower extremity continued on Eliquis was transiently held for PEG tube replacement.

#Nutrition to help pulled out PEG tube previously PEG tube replaced 7/11 continue home Plavix and Eliquis.

Disposition at optimizing antipsychotic with assistance from psychiatry team including Zyprexa and valproate with attempt to discontinue sitter and restraints.

Once feasible final disposition preferably to group home

Sukhminder Maan, MD

Lasandra F, RN - 07/22/2023 5:19 AM EDT

Formatting of this note might be different from the original.

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Not Progressing

Problem: Safety:

Goal: Will remain free from injury to self

Outcome: Progressing

Problem: Skin Integrity:

Goal: Risk for impaired skin integrity will decrease

Outcome: Progressing

Goals:

Identify possible barriers to meeting goals/advancing plan of care: Acuity of illness

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End of Shift Summary: Patient is oriented to self with confusion noted. Became restless and agitated trying to pull peg tube out, ativan given X1 which was effective. 1:1 sitter at bedside. Patient remains in SWR and mitts. Bolus feedings are at goal, received 450cc of glucerna 1.2 and tolerated well. Slept on and off during the night. Bed locked and in low position.

Electronically signed by Lasandra F, RN at 07/22/2023 5:23 AM EDT

Josephine F, RN - 07/21/2023 4:42 PM EDT

Formatting of this note might be different from the original.

CM and SW (Michelle) met with pt's sister and daughter along with Dr Avedissian for family meeting today at 3 pm.. Sister expresses that she will be able to take him to her own group home "The Fox Creek" as long as behaviors are improved and pt's mobility improved. Pt has shown improvement with behaviors but still requiring restraints. Dgter has applied for Medicare and sister has found a visiting physician Dr Andre. HHC agency of choice is Corpore Sano HHC - referral sent prior and will accept. . SW has sent multiple referrals to additional SAR facilities today as well but has not received any accepting facilities yet - family is aware.

Received forms from Sheldon Medical for physician signature for wheelchair, hospital bed and lift - discused with physician and signature obtained. Will fax to Sheldon Medical and included IM note from 7/20/23.

Josephine Fry RN/CM

Electronically signed by Josephine F, RN at 07/21/2023 4:49 PM EDT Electronically signed by Josephine F, RN at 07/21/2023 5:02 PM EDT Electronically signed by Josephine F, RN at 07/21/2023 5:03 PM EDT

Lynne D, RN - 07/21/2023 2:15 PM EDT

Formatting of this note might be different from the original.

Goals:

Identify possible barriers to meeting goals/advancing plan of care:

Stability of the patient: Unstable - High likelihood or risk of patient condition declining or worsening

End of Shift Summary:

Electronically signed by Lynne D, RN at 07/21/2023 2:15 PM EDT

Molly M, RD - 07/21/2023 2:02 PM EDT

Formatting of this note is different from the original.

7/21/2023 @ 1:48 PM EDT

Reason for RD Intervention: Assessment Type: Follow-up

Reason for Assessment: Tube Feeding Additional Assessment Information: MST 3

Nutrition Diagnosis:

Code Type: (No malnutrition diagnosis at this time.)

Status: No improvement

Diagnosis: Inadequate Oral Intake

Etiology: Changes in taste and appetite or preference, Increased demand for nutrient

Symptoms: decreased po intake, wound healing

Nutrition Recommendations/Plan of Care:

- 1. Continue IDDSI Level 4 Pureed diet with thin liquid for pleasure per SLP recommendations as tolerated. Monitor need for 90 gm carb/meal diet restriction.
- 2. Continue vanilla Glucerna Shake daily (provides 220 kcal and 10 gm protein per serving) to help meet nutrition needs.
- 3. Encourage po intake (greater than 75% of meals), protein-rich foods, and assist w/meals as needed.
- 4. RD adjusted order to transition to bolus enteral feeding regimen with Glucerna 1.2 formula 120 mL bolus 4x/day, and gradually increase enteral feeding by 60 mL q. 24 hours until goal of Glucerna 1.2 formula 450 mL bolus 4x/day is reached (provides 2160 kcal, 108 gm protein, 1449 mL free water; meet 100% of kcal/protein needs). Recommend flushing with 25 mL H2O before and after each bolus. Please provide an additional bolus of 480 mL free water daily to maintain hydration (TF along with flushes will provide a total of 2129 mL free water).
- 5. Monitor sodium/hydration status.
- 6. Monitor/control blood glucose level.
- 7. Continue 250 mg Vitamin C daily until wound closure.
- 8. Monitor chewing/swallowing function. Re-consult SLP as needed/appropriate.
- 9. RD will continue to monitor PO intake, diet order, diet tolerance, tube feed order, tube feed tolerance, GI status, weight, labs/lytes, and plan of care.

Nutrition Interventions:

Diet Order, Medical Food Supplement, Vitamin/Mineral Supplement, Enteral Nutrition, Feeding Assistance, Collaboration and Referral of Nutrition Care

Medical Food Supplement(s): Glucerna

Glucerna Frequency: Daily

Supplement Frequency (Once Diet Advanced): Daily

Diet Order: Other (Comment) (IDDSI Level 4 Pureed)

Collaboration and Referral of Nutrition Care: Collaborate with Other Providers

Enteral Nutrition:

Access Type: PEG Tube Formula: Glucerna 1.2 Cal Feeding Type: Bolus

Goal Rate: 450 (450 mL bolus QID)

Water Flush: 25 mL (25 mL before and after each bolus with an additional bolus of 480 mL free water daily)

Monitoring/Evaluation:

Energy Intake, Fluid/Beverage Intake, Food Intake, Protein Intake, Medical Food Supp/Oral Nutrition Supp, Weight, Renal/Electrolyte Profile, Gastrointestinal Profile, Diet Order, Enteral Nutrition Intake

Follow Up:

Priority Level: High Follow Up Date: 07/25/23 Minutes Spent: 30

Nutritional Discharge Recommendations:

Recommended Discharge Diet: Enteral Nutrition (+ IDDSI level 4/Pureed oral diet with thin liquids for pleasure with 1:1 assistance) Medical Food Supplements: Glucerna/Glucerna Shake

Subjective Assessment:

RD attempted to see pt at bedside 7/21/2023, but pt was sleeping at time of visit. RD sent message to RN/Lynne who reports that pt is tolerating the bolus feedings and they are currently at a volume of 400 mL per bolus and advancing to goal of 450 mL. RN reports no concerns regarding GI function at this time and most recent bowel movement was documented on 7/18.

Current Diet and Supplements:

Dietary Orders (From admission, onward)

Start Ordered

07/18/23 1516 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 450; QID (0800, 1200, 1600, 2000); 25; Water; Other (specify); Flush 25 mL free water before and after each bolus feeding and provide additional bolus of 480 mL of free water daily; ... (Tube Feeding) Diet effective now

Comments: Initiate bolus enteral feeding regimen with Glucerna 1.2 formula 120 mL bolus 4x/day, and gradually increase enteral feeding by 60 mL q. 24 hours until goal of Glucerna 1.2 formula 450 mL bolus 4x/day is reached. Recommend flushing with 25 mL H2O before and after each bolus. Please provide an additional bolus of 480 mL free water daily to maintain hydration.

Question Answer Comment

Location: St Mary Mercy Livonia

Tube feeding formula: Glucerna 1.2 Cal Route: PEG Tube feeding bolus (mL): 450 Tube feeding bolus frequency: QID (0800, 1200, 1600, 2000) Tube feeding flush (mL): 25 Tube feeding flush type: Water Tube feeding flush frequency: Other (specify) Tube feed flush comment: Flush 25 mL free water before and after each bolus feeding and provide additional bolus of 480 mL of free water daily Diet Tube Feed See Hyperspace for full Linked Orders Report. 07/18/23 1518 07/18/23 1516 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; IDDSI Level 4 Pureed, Thin Liquids (Tube Feeding) Diet effective now Comments: For pleasure; Requires 1:1 assistance **Question Answer Comment** Location St Mary Mercy Livonia Diet Type (req) Modified Consistency Options for Liquids and Solids Modified Consistency Options for Liquids and Solids IDDSI Level 4 Pureed Modified Consistency Options for Liquids and Solids Thin Liquids See Hyperspace for full Linked Orders Report. 07/18/23 1518 07/11/23 1250 Dietary nutrition supplements Lunch; St Mary Mercy Livonia; Diabetic Supplement Continuous **Question Answer Comment** Frequency Lunch Location St Mary Mercy Livonia Supplements Diabetic Supplement 07/11/23 1249 Food/Nutrition-Current Status: Intake Type: Other (Comment) (TF with IDDSI Level 4 Pureed) Kcal: 2160 Protein (gm): 108 Free Water (mL): 1449 Water Flushes: 25 mL free water flush before and after each bolus with an additional bolus of 480 mL free water daily to maintain hvdration % RDI: 100 Current Diet Status: Appropriate Current Supplement Status: Appropriate Appetite: Poor Intake Amount (%): Refused Intake Assessment: Inadequate Main IVF: None Barriers: Cognitive, Language Weights: Admit Weight: 88 kg (194 lb 0.1 oz) Current Weight: 84.2 kg (185 lb 10 oz) Nutrition-Related Lab Values: Results from last 7 days Lab Units 07/21/23 1258 07/19/23 1120 07/19/23 0655 07/17/23 1208 07/17/23 0748 SODIUM mmol/L -- -- 137 -- --POTASSIUM mmol/L -- -- 3.6 -- --PHOSPHORUS mg/dL -- -- 3.9 MAGNESIUM mg/dL -- -- -- 1.9 CHLORIDE mmol/L -- -- 102 -- --CO2 mmol/L -- -- 29 -- --BUN mg/dL -- -- 17 -- --

CREATININE mg/dL -- -- 0.46* -- -EGFR mL/min/1.73m2 -- -- 118 -- -CALCIUM mg/dL -- -- 8.2* -- -BILIRUBIN TOTAL mg/dL -- -- 0.5 -- -ALK PHOS unit/L -- -- 71 -- -ALT unit/L -- -- 10 -- -AST unit/L -- -- 22 -- -POCT GLUCOSE mg/dL 133* < > -- < > -GLUCOSE mg/dL -- -- 99 -- -WBC AUTO K/mcL -- -- 9.2 -- -< > = values in this interval not displayed.

Pertinent nutrition-related medications reviewed on 7/21/2023.

Nutrition Focused Physical Findings: Overall Appearance: PEG tube to LUQ

Digestive System (Mouth to Rectum): Appetite change, Chewing difficulty, Swallowing difficulty, Other (Comment) (BM noted 7/18)

Nerves and Cognition: Somnolent

Skin: Lt knee abrasion, stage 2 buttocks, generalized bruising VSOH, excoriation-groin/buttocks MASD per RN note on 7/7

Fluid Accumulation/Edema: Other (Comment) (none noted)

Energy Needs: 2098-2518 kcal, 84-126 gm protein, 2098-2518 mL fluid per day. Recalculated needs 7/7.

RD remains available and will continue to follow.

Signature: Molly Main, RD

Electronically signed by Molly M, RD at 07/21/2023 2:02 PM EDT

K Son, MD - 07/21/2023 1:51 PM EDT

Formatting of this note is different from the original.

Images from the original note were not included.

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Kimberly Son, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Rita Akaraz-Avedissian, *

Hospital Day: LOS: 30 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior. Admitted for management of aggressive/impulsive behavior 2/2 anoxic brain injury and placement.

Aggressive/impulsive behavior due to Anoxic brain injury

Prolonged QTc in setting of Antipsychotic use due to above

- -Remains in soft restraints with sitter at bed side
- -IV, PEG, and foley in place.
- -Most recent QTc 483 7/19
- -Free valproic acid level pending (patient has low albumin 2.7)
- -Total valproic acid level 49.8, low
- -7/15 ammonia WNL
- -Daughter Ioana has guardianship
- -Patient's sister's group home is no longer an option, does not allow restraints
- -Per family meeting today, family will not take patient at current state of agitation. Family believes pain may be a major contributing factor.

PLAN:

- -Patient family exploring nursing home vs. HHC options
- -Patient will require wheelchair, hospital bed and lift wherever he stays. Would likely remain bedbound without these.
- -Add PRN NORCO 5 Q8hr, hold for somnolence.
- -Continue Depakote 1000mg BID

- -Continue zyprexa 10 mg bid, EKG for QTc prolongation Q3 days
- -PRN: Ativan 1 mg iv Q6 for severe agitation representing harm to self or others.
- -Soft restraints in place, renew as needed

DVT Left lower extremity

- -7/14 unilateral lower extremity edema noticed by patient's sister
- -Vascular US shows acute deep vein thrombosis in the left lower extremity common femoral vein, proximal femoral vein, mid femoral vein, and distal femoral vein.
- -Patient on eliquis and plavix at home. Doses briefly held following PEG tube placement 7/11. Restarted 7/15

Plan:

-Continue home eliquis and plavix

Anoxic encephalopathy 2/2 cardiac arrest

STEMI s/p PCI, no stent placement

Hx of Atrial flutter

Nonocclusive R basilic and L subclavian-jugular thrombi

- Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd.
- -Vascular US duplex LUE 7/7: no evidence of DVT

PLAN:

- -Rate controlled
- -Continue Lopressor 25 bid and Amio 200 qd
- -Continue eliquis and plavix

Enterobacter cloacae (CRE) UTI -- resolved

Urinary retention likely 2/2 neurogenic bladder sp foley 7/12

- -Required multiple straight caths for urinary retention up to 1L
- -Foley replaced 7/12
- -Suprapubic catheter explored as an alternative to foley. Per urology. Patient would have to be off of eliquis and plavix for 7 days prior to placement

Plan:

- -Continue tamsulosin 0.4 mg gd
- -Maintain foley. If resolution of the DVT is imaged in a month, reconsider suprapubic catheter.

Back Pain

- -Patient complaining of back pain overnight 7/14
- -Patient has difficulty communicating pain at baseline, yells and pulls at lines

Plan:

-Continue scheduled NORCO 5 tid

#DM, controlled

- -Per ED note patient was on lantus 30U nightly at home
- -lantus and low-dose sliding scale held, patient's blood sugars within normal range

#HI D

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: home eliquis
- Fluids:
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

07/18/23 1516 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 450; QID (0800, 1200, 1600, 2000); 25; Water; Other (specify); Flush 25 mL free water before and after each bolus feeding and provide additional bolus of 480 mL of free water daily; ... (Tube Feeding) Diet effective now

Comments: Initiate bolus enteral feeding regimen with Glucerna 1.2 formula 120 mL bolus 4x/day, and gradually increase enteral feeding by 60 mL q. 24 hours until goal of Glucerna 1.2 formula 450 mL bolus 4x/day is reached. Recommend flushing with 25 mL

H2O before and after each bolus. Please provide an additional bolus of 480 mL free water daily to maintain hydration.

Question Answer Comment

Location: St Mary Mercy Livonia

Tube feeding formula: Glucerna 1.2 Cal

Route: PEG

Tube feeding bolus (mL): 450

Tube feeding bolus frequency: QID (0800, 1200, 1600, 2000)

Tube feeding flush (mL): 25
Tube feeding flush type: Water

Tube feeding flush frequency: Other (specify)

Tube feed flush comment: Flush 25 mL free water before and after each bolus feeding and provide additional bolus of 480 mL of free water daily

Diet Tube Feed

See Hyperspace for full Linked Orders Report.

07/18/23 1518

07/18/23 1516 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; IDDSI Level 4 Pureed, Thin

Liquids (Tube Feeding) Diet effective now

Comments: For pleasure; Requires 1:1 assistance

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (reg) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids IDDSI Level 4 Pureed

Modified Consistency Options for Liquids and Solids Thin Liquids

See Hyperspace for full Linked Orders Report.

07/18/23 1518

07/11/23 1250 Dietary nutrition supplements Lunch; St Mary Mercy Livonia; Diabetic Supplement Continuous

Question Answer Comment

Frequency Lunch

Location St Mary Mercy Livonia

Supplements Diabetic Supplement

07/11/23 1249

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

pending placement

SUBJECTIVE

Patient was seen and evaluated at bedside this morning. He was awake and mildly agitated. IV, foley, and PEG tube are in place.

Family meeting today at 3 pm regarding patient prognosis, goals of care, and discharge options.

OBJECTIVE

Physical exam limited due to intermittent agitation in the setting of anoxic brain injury

Physical Exam

Constitutional:

General: He is not in acute distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes:

Extraocular Movements: Extraocular movements intact.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal:

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Comments: PEG in place

Genitourinary:

Comments: Foley catheter in place

Musculoskeletal:

General: Normal range of motion.

Cervical back: Normal range of motion.

Right lower leg: No edema. Left lower leg: No edema.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert. Mental status is at baseline.

Psychiatric:

Attention and Perception: He is inattentive. Behavior: Behavior is agitated and aggressive. Cognition and Memory: Cognition is impaired.

Objective

Vitals Visit Vitals BP 105/72 Pulse 85 Temp 36.5 °C (97.7 °F) Resp 20

Temp (24hrs), Avg:36.4 °C (97.6 °F), Min:36.4 °C (97.5 °F), Max:36.5 °C (97.7 °F)

Body mass index is 25.17 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results

Lab Results
Component Value Date
WBC 9.2 07/19/2023
HGB 11.1 (L) 07/19/2023
HCT 35.1 (L) 07/19/2023
MCV 93.4 07/19/2023
PLT 389 07/19/2023
CHEMISTRY

Component Value Date GLUCOSE 133 (H) 07/21/2023 NA 137 07/19/2023 K 3.6 07/19/2023 CO2 29 07/19/2023 CL 102 07/19/2023 BUN 17 07/19/2023 CREATININE 0.46 (L) 07/19/2023 EGFR 118 07/19/2023 CALCIUM 8.2 (L) 07/19/2023 MG 1.9 07/17/2023 PHOS 3.9 07/17/2023 ANIONGAP 6 07/19/2023

MEDICATIONS

SCHEDULED MEDICATIONS amiodarone, 200 mg, g-tube, Daily apixaban, 5 mg, oral, BID ascorbic acid, 250 mg, g-tube, Daily atorvastatin, 40 mg, g-tube, Nightly clopidogreL, 75 mg, oral, Daily docusate, 100 mg, g-tube, BID HYDROcodone-acetaminophen, 1 tablet, g-tube, TID insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 25 mg, g-tube, BID nicotine, 1 patch, transdermal, Daily OLANZapine, 10 mg, g-tube, BID polyetheylene glycol, 17 g, g-tube, Daily tamsulosin, 0.4 mg, g-tube, Daily valproic acid, 1,000 mg, g-tube, q12h SCH

DRIPS

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose, dextrose, dextrose, glucagon injection, LORazepam, prochlorperazine **OR** prochlorperazine **OR** prochlorperazine, Insert peripheral IV **AND** Maintain IV access **AND** Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by R Akaraz-Avedissian, MD at 07/24/2023 2:47 PM EDT Electronically signed by K Son, MD at 07/21/2023 8:16 PM EDT Electronically signed by R Akaraz-Avedissian, MD at 07/24/2023 2:47 PM EDT

Associated attestation - R Akaraz-Avedissian, MD - 07/24/2023 2:47 PM EDT Formatting of this note might be different from the original.

Attending Teaching Attestation:

I personally saw and examined the patient on rounds with resident Dr Kimberly Son and Valerie Kode on 07/21/23. Management was discussed with my resident team and I supervised and developed the plan of care. I have reviewed and agree with the key parts of the resident evaluation including the subjective information, objective findings and the impression and plan. In addition the note has been addended to include my discussions, assessments and plans.

Pt here from rehab with agitation, secondary to anoxic brain injury which occurred after out of hospital cardiac arrest secondary to STEMI in May, 2023 while out of state. He had LHC during that admission, without any targets for revascularization, but started on plavix. He did have A Fib/flutter there, and was started on Eliquis. Also had urinary retention, for which foley catheter was placed.

Overall his behavior has been stable of the last few days.

He does not follow commands. Per last PT eval, he is a max assist to sit on the edge of the bed, and needed additional assistance to manage his feeding tube. They are recommending hoyer lift for transfers, hospital bed as head of bed needs to be elevated during and after tube feeds, and high back tilt space wheelchair.

Family meeting took place today with the patient's sister, daughter, son, case management and myself. The patient's sister is willing to reconsider accepting him to her group home, but needs his behaviors to be stable and out of restraints. She is also looking for an outpatient physician to assume his care. The patient's daughter is trying to get him enrolled in medicare due to his disability, in addition to medicaid.

Current medication regimen discussed with the family, they are wondering if part of his agitation is related to pain that he cannot communicate well to us. I reviewed scheduled norco q8h, but his sister feels that it only last about 4 hours based on her observed behaviors and on occasion when he is lucid and can verbalize his pain to her. I offered to increase availability of norco to q4h prn, but did caution her that increased use will likely cause increased sedation/drowsiness which could impact any hopes of rehab they have. They acknowledge this and are in agreement.

#Agitation

- #Anoxic brain injury secondary to cardiac arrest secondary to STEMI
- -Found down in a parking lot, estimated 60 minute down time
- -Arrest due to STEMI
- -heart cath revealed CAD but no targets for revascularization
- -Psych following: continue Zyprexa 10 mg BID, depakote 1000 mg BID
- -Ativan prn was added on 7/17 after discussion with family, using it one time per day thus far
- -Continue tube feeds
- -Repeat EKG every few days to trend QT
- -pending dispo, as not accepted at SAR; group home vs home?

#Acute DVT of proximal LLE

- -acute DVT in left common femoral vein, proximal femoral vein, mid femoral vein and distal femoral vein visualized on duplex from 7/14/23
- -Continue Eliquis

#Suspect low back pain

- -keep norco scheduled for q8h
- -added norco q8h prn for in between scheduled doses, to be held for somnolence, which will make norco available q4h should he need it that often

#Urinary retention

- -possible neurogenic bladder secondary to the above
- -Urology on board for possible SPC
- -After discussion with family, current plan is to defer SPC (would need to be off Eliquis and plavix prior to placement) and leave foley in place
- -Can consider another TOV before discharge

Over 75 minutes spent in total patient care including coordination of care, in discussion with family and staff, and at the beside.

Rita Akaraz-Avedissian, MD

Brittney D, RN - 07/21/2023 7:18 AM EDT

Formatting of this note might be different from the original.

Goals:

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Not Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Not Progressing

Problem: Skin Integrity:

Goal: Skin integrity will improve Outcome: Not Progressing

Problem: Activity:

Goal: Mobility will improve Outcome: Not Progressing

Problem: Cognitive:

Goal: Understanding of ways to prevent future skin breakdown will improve

Outcome: Not Progressing

Problem: Cognitive:

Goal: Knowledge of disease or condition will improve

Outcome: Not Progressing

Problem: Coping:

Goal: Verbalizations of alleviation of anxiety will increase

Outcome: Not Progressing

Problem: Cognitive:

Goal: Expressions of feelings of enhanced comfort will increase

Outcome: Not Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Not Progressing

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Identify possible barriers to meeting goals/advancing plan of care: Acuity of illness.

Stability of the patient: Unstable - High likelihood or risk of patient condition declining or worsening

End Of Shift Summary:

Events during shift: Pt became anxious during shift and began pulling at PEG tube. Ativan was given. Bolus feed was increased by 60 ml, pt tolerated well. No residual.

Patient mobility:

Patient is bedrest turn and being turned Q2h for comfort and pressure prevention.

Patient positioning:

Patient currently in bed with bed locked and in low position. Bed alarm on and call light within reach.

Electronically signed by Brittney D, RN at 07/21/2023 7:19 AM EDT

Lynne D, RN - 07/20/2023 4:51 PM EDT

Formatting of this note might be different from the original.

Goals:

Identify possible barriers to meeting goals/advancing plan of care:

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End of Shift Summary:

Electronically signed by Lynne D, RN at 07/20/2023 4:52 PM EDT

Starlyne W, RN - 07/20/2023 4:29 PM EDT

Formatting of this note might be different from the original.

IP Risk of Unplanned Readmission Score 27% Day#29

Pt remains w/sitter precautions, restraints

Reviewed w/Dr. Kode: add'l medication adjustments made.

Dtr/loana in to visit pt. Ioana states her Aunt Vickie is not able to take pt to the group home in this current state. Advised Ioana that to date, there is no accepting facility for pt.

PLAN:

Family Care Conference tomorrow in 4E Conference Room at 3pm to review pt's status/discharge options with dtr/loana, son/loan and sister/Vickie and care team members.

Starlyne Wyatt-Hooper, RN

Electronically signed by Starlyne W, RN at 07/20/2023 4:32 PM EDT

K Son, MD - 07/20/2023 3:12 PM EDT

Formatting of this note is different from the original.

Images from the original note were not included.

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Kimberly Son, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Rita Akaraz-Avedissian, *

Hospital Day: LOS: 29 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior. Admitted for management of aggressive/impulsive behavior 2/2 anoxic brain injury and placement.

Aggressive/impulsive behavior due to Anoxic brain injury

Prolonged QTc in setting of Antipsychotic use due to above

- -Remains in soft restraints with sitter at bed side
- -IV, PEG, and foley in place.
- -Most recent QTc 483 7/19
- -Free valproic acid level pending (patient has low albumin 2.7)
- -Total valproic acid level 49.8, low
- -7/15 ammonia WNL
- -Daughter Ioana has guardianship
- -Patient's sister's group home is no longer an option, does not allow restraints

PLAN:

- -Patient family exploring nursing home vs. HHC options
- -Continue Depakote 1000mg BID
- -Continue zyprexa 10 mg bid, EKG for QTc prolongation Q3 days
- -PRN: Ativan 1 mg iv Q6 for severe agitation representing harm to self or others.
- -Soft restraints in place, renew as needed

DVT Left lower extremity

- -7/14 unilateral lower extremity edema noticed by patient's sister
- -Vascular US shows acute deep vein thrombosis in the left lower extremity common femoral vein, proximal femoral vein, mid femoral vein, and distal femoral vein.
- -Patient on eliquis and plavix at home. Doses briefly held following PEG tube placement 7/11. Restarted 7/15

Plan.

-Continue home eliquis and plavix

Anoxic encephalopathy 2/2 cardiac arrest

STEMI s/p PCI, no stent placement

Hx of Atrial flutter

Nonocclusive R basilic and L subclavian-jugular thrombi

- Per pharmacy chart review, patient on Plavix 75 gd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg gd.
- -Vascular US duplex LUE 7/7: no evidence of DVT

PLAN:

- -Rate controlled
- -Continue Lopressor 25 bid and Amio 200 qd
- -Continue eliquis and plavix

Enterobacter cloacae (CRE) UTI -- resolved

Urinary retention likely 2/2 neurogenic bladder sp foley 7/12

- -Required multiple straight caths for urinary retention up to 1L
- -Foley replaced 7/12
- -Suprapubic catheter explored as an alternative to foley. Per urology. Patient would have to be off of eliquis and plavix for 7 days prior to placement

Plan:

- -Continue tamsulosin 0.4 mg qd
- -Maintain foley. If resolution of the DVT is imaged in a month, reconsider suprapubic catheter.

Back Pain

- -Patient complaining of back pain overnight 7/14
- -Patient has difficulty communicating pain at baseline, yells and pulls at lines

Plan:

-Continue NORCO 5 tid

#DM, controlled

- -Per ED note patient was on lantus 30U nightly at home
- -lantus and low-dose sliding scale held, patient's blood sugars within normal range

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: home eliquis
- Fluids:
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

07/18/23 1516 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 450; QID (0800, 1200, 1600, 2000); 25; Water; Other (specify); Flush 25 mL free water before and after each bolus feeding and provide additional bolus of 480 mL of free water daily; ... (Tube Feeding) Diet effective now

Comments: Initiate bolus enteral feeding regimen with Glucerna 1.2 formula 120 mL bolus 4x/day, and gradually increase enteral feeding by 60 mL q. 24 hours until goal of Glucerna 1.2 formula 450 mL bolus 4x/day is reached. Recommend flushing with 25 mL H2O before and after each bolus. Please provide an additional bolus of 480 mL free water daily to maintain hydration.

Question Answer Comment

Location: St Mary Mercy Livonia

Tube feeding formula: Glucerna 1.2 Cal

Route: PEG

Tube feeding bolus (mL): 450

Tube feeding bolus frequency: QID (0800, 1200, 1600, 2000)

Tube feeding flush (mL): 25 Tube feeding flush type: Water

Tube feeding flush frequency: Other (specify)

Tube feed flush comment: Flush 25 mL free water before and after each bolus feeding and provide additional bolus of 480 mL of free water daily

Diet Tube Feed

See Hyperspace for full Linked Orders Report.

07/18/23 1518

07/18/23 1516 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; IDDSI Level 4 Pureed, Thin

Liquids (Tube Feeding) Diet effective now

Comments: For pleasure; Requires 1:1 assistance

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids IDDSI Level 4 Pureed

Modified Consistency Options for Liquids and Solids Thin Liquids

See Hyperspace for full Linked Orders Report.

07/18/23 1518

07/11/23 1250 Dietary nutrition supplements Lunch; St Mary Mercy Livonia; Diabetic Supplement Continuous

Question Answer Comment

Frequency Lunch

Location St Mary Mercy Livonia

Supplements Diabetic Supplement

07/11/23 1249

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

pending placement

SUBJECTIVE

Patient was seen and evaluated at bedside this morning. He was awake and mildly agitated. IV, foley, and PEG tube are in place.

Per discussion with social work and the patient's daughter this afternoon, the group home run by the patient's sister is no longer an option due to his continuing use of restraints. The home does not allow them. Daughter is now exploring nursing home options vs. bringing the patient home with HHC. Regardless of his discharge destination, patient will need a lift to transfer between his bed and chair, wheelchair, or commode. Without the use of a lift he would be confined to bed.

OBJECTIVE

Physical exam limited due to intermittent agitation in the setting of anoxic brain injury

Physical Exam

Constitutional:

General: He is not in acute distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Extraocu

Extraocular Movements: Extraocular movements intact.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal:

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Comments: PEG in place

Genitourinary:

Comments: Foley catheter in place

Musculoskeletal:

General: Normal range of motion.

Cervical back: Normal range of motion.

Right lower leg: No edema. Left lower leg: No edema.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert. Mental status is at baseline.

Psychiatric:

Attention and Perception: He is inattentive. Behavior: Behavior is agitated and aggressive. Cognition and Memory: Cognition is impaired.

Objective

Vitals

Visit Vitals

BP 121/84 (BP Location: Left arm, Patient Position: Lying)

Pulse 82

Temp 36 °C (96.8 °F) (Temporal)

Resp 22

Temp (24hrs), Avg:36.2 °C (97.2 °F), Min:36 °C (96.8 °F), Max:36.6 °C (97.9 °F)

Body mass index is 25.17 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results

Lab Results
Component Value Date
WBC 9.2 07/19/2023
HGB 11.1 (L) 07/19/2023
HCT 35.1 (L) 07/19/2023
MCV 93.4 07/19/2023
PLT 389 07/19/2023
CHEMISTRY

Component Value Date GLUCOSE 107 07/20/2023 NA 137 07/19/2023 K 3.6 07/19/2023 CO2 29 07/19/2023 CL 102 07/19/2023 BUN 17 07/19/2023 CREATININE 0.46 (L) 07/19/2023 EGFR 118 07/19/2023 CALCIUM 8.2 (L) 07/19/2023 MG 1.9 07/17/2023 PHOS 3.9 07/17/2023 ANIONGAP 6 07/19/2023

MEDICATIONS

SCHEDULED MEDICATIONS amiodarone, 200 mg, g-tube, Daily apixaban, 5 mg, oral, BID ascorbic acid, 250 mg, g-tube, Daily atorvastatin, 40 mg, g-tube, Nightly clopidogreL, 75 mg, oral, Daily docusate, 100 mg, g-tube, BID HYDROcodone-acetaminophen, 1 tablet, g-tube, TID insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 25 mg, g-tube, BID nicotine, 1 patch, transdermal, Daily OLANZapine, 10 mg, g-tube, BID polyetheylene glycol, 17 g, g-tube, Daily tamsulosin, 0.4 mg, g-tube, Daily valproic acid, 1,000 mg, g-tube, q12h SCH

DRIPS

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose, dextrose, dextrose, glucagon injection, LORazepam, prochlorperazine **OR** prochlorperazine **OR** prochlorperazine, Insert peripheral IV **AND** Maintain IV access **AND** Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by R Akaraz-Avedissian, MD at 07/21/2023 2:36 PM EDT Electronically signed by K Son, MD at 07/20/2023 3:22 PM EDT Electronically signed by R Akaraz-Avedissian, MD at 07/21/2023 2:36 PM EDT

Associated attestation - R Akaraz-Avedissian, MD - 07/21/2023 2:36 PM EDT Formatting of this note might be different from the original.

Attending Teaching Attestation:

I personally saw and examined the patient on rounds with resident Dr Kimberly Son and Valerie Kode on 07/20/23. Management was discussed with my resident team and I supervised and developed the plan of care. I have reviewed and agree with the key parts of the resident evaluation including the subjective information, objective findings and the impression and plan. In addition the note has been addended to include my discussions, assessments and plans.

Pt here from rehab with agitation, secondary to anoxic brain injury which occurred after out of hospital cardiac arrest secondary to STEMI in May, 2023 while out of state. He had LHC during that admission, without any targets for revascularization, but started on plavix. He did have A Fib/flutter there, and was started on Eliquis. Also had urinary retention, for which foley catheter was placed.

Overall he remains unchanged. Has occasional episodes of agitation, but otherwise resting comfortably. He does not follow commands. Per last PT eval, he is a max assist to sit on the edge of the bed, and needed additional assistance to manage his feeding tube. They are recommending hoyer list, hospital bed, and high back tilt space wheelchair.

Plan reviewed, no changes to medication regimen today.

#Agitation

- #Anoxic brain injury secondary to cardiac arrest secondary to STEMI
- -Found down in a parking lot, estimated 60 minute down time
- -Arrest due to STEMI
- -heart cath revealed CAD but no targets for revascularization
- -Psych following: continue Zyprexa 10 mg BID, depakote 1000 mg BID
- -Ativan prn was added on 7/17 after discussion with family, using it one time per day thus far
- -Continue tube feeds
- -Repeat EKG every few days to trend QT
- -pending dispo, as not accepted at SAR; group home vs home?

#Acute DVT of proximal LLE

- -acute DVT in left common femoral vein, proximal femoral vein, mid femoral vein and distal femoral vein visualized on duplex from 7/14/23
- -Continue Eliquis

#Urinary retention

- -possible neurogenic bladder secondary to the above
- -Urology on board for possible SPC
- -After discussion with family, current plan is to defer SPC (would need to be off Eliquis and plavix prior to placement) and leave foley in place
- -Can consider another TOV before discharge

Rita Akaraz-Avedissian, MD

Cesar T, RN - 07/20/2023 7:37 AM EDT

Formatting of this note might be different from the original.

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Goal: Will remain free from injury to self

Outcome: Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Not Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Not Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Goal: Skin integrity will improve

Outcome: Progressing

Goal: Risk for impaired skin integrity will decrease

Outcome: Progressing

Problem: Activity:

Goal: Mobility will improve Outcome: Not Progressing

Problem: Cognitive:

Goal: Understanding of ways to prevent future skin breakdown will improve

Outcome: Not Progressing

Problem: Nutritional:

Goal: Nutritional status will improve

Outcome: Progressing

Problem: Sensory:

Goal: Pain level will improve or be tolerable

Outcome: Progressing

Goal: Ability to develop a pain control plan will improve

Outcome: Progressing

Problem: Cognitive:

Goal: Expressions of feelings of enhanced comfort will increase

Outcome: Not Progressing

Goals:

Identify possible barriers to meeting goals/advancing plan of care: Awaiting discharge, pt on mitts and bilateral soft wrists restraints

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End of Shift Summary: Pt is AOX1-2, denies any SOB or pain, vitals stable, pt turned q2H, Foley intact, PEG tube bolus given (no residuals), bilateral mitts and soft wrists restraints in place, safety sitter at bedside, no BM overnight.

Electronically signed by Cesar T, RN at 07/20/2023 7:38 AM EDT

Shawna B, RN - 07/19/2023 6:48 PM EDT

Formatting of this note might be different from the original.

Goals:

Problem: Safety:

Goal: Will remain free from injury to self

Outcome: Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Identify possible barriers to meeting goals/advancing plan of care:

Stability of the patient: Moderately Stable - Low risk of patient condition declining or worsening

End of Shift Summary:

A&O X1 primary language is romanian but he can make his needs known and understand situation in english, RA, VSS Mitts and soft wrist restraints maintained throughout shift. PT continues to show anxiety and agitation towards staff. Pain managed well with current interventions

Patient is resting comfortably in bed. Call light within reach, bed in lowest position and bed alarm is set. Family is at bedside. Safety precautions in place to prevent fall and contact precautions maintained.

Electronically signed by Shawna B, RN at 07/19/2023 6:50 PM EDT

K Son, MD - 07/19/2023 2:18 PM EDT

Formatting of this note is different from the original. Images from the original note were not included.

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Kimberly Son, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Rita Akaraz-Avedissian, *

Hospital Day: LOS: 28 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior. Admitted for management of aggressive/impulsive behavior 2/2 anoxic brain injury and placement.

Aggressive/impulsive behavior due to Anoxic brain injury

Prolonged QTc in setting of Antipsychotic use due to above

- -Remains in soft restraints with sitter at bed side
- -IV, PEG, and foley in place.
- -Most recent QTc 486 7/16
- -Free valproic acid level pending (patient has low albumin 2.7)
- -Total valproic acid level 49.8, low
- -7/15 ammonia WNL
- -Daughter Ioana has guardianship

PI AN

- -Plan to DC to his sister's group home
- -Depakote increased to 1000mg BID
- -Continue zyprexa 10 mg bid, EKG for QTc prolongation Q3 days
- -PRN: Ativan 1 mg iv Q6 for severe agitation representing harm to self or others.
- -Soft restraints in place, renew as needed

DVT Left lower extremity

- -7/14 unilateral lower extremity edema noticed by patient's sister
- -Vascular US shows acute deep vein thrombosis in the left lower extremity common femoral vein, proximal femoral vein, mid femoral vein, and distal femoral vein.
- -Patient on eliquis and plavix at home. Doses briefly held following PEG tube placement 7/11. Restarted 7/15

Plan:

-Continue home eliquis and plavix

Anoxic encephalopathy 2/2 cardiac arrest

STEMI s/p PCI, no stent placement

Hx of Atrial flutter

Nonocclusive R basilic and L subclavian-jugular thrombi

- Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd.
- -Vascular US duplex LUE 7/7: no evidence of DVT

PLAN:

- -Rate controlled
- -Continue Lopressor 25 bid and Amio 200 qd
- -Continue eliquis and plavix

Enterobacter cloacae (CRE) UTI -- resolved

Urinary retention likely 2/2 neurogenic bladder sp foley 7/12

- -Required multiple straight caths for urinary retention up to 1L
- -Foley replaced 7/12
- -Suprapubic catheter explored as an alternative to foley. Per urology. Patient would have to be off of eliquis and plavix for 7 days prior to placement

Plan:

- -Continue tamsulosin 0.4 mg qd
- -Maintain foley. If resolution of the DVT is imaged in a month, reconsider suprapubic catheter.

Back Pain

- -Patient complaining of back pain overnight 7/14
- -Patient has difficulty communicating pain at baseline, yells and pulls at lines

Plan.

-Continue NORCO 5 tid

#DM, controlled

- -Per ED note patient was on lantus 30U nightly at home
- -lantus and low-dose sliding scale held, patient's blood sugars within normal range

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: home eliquis
- Fluids:
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

07/18/23 1516 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 450; QID (0800, 1200, 1600, 2000); 25; Water; Other (specify); Flush 25 mL free water before and after each bolus feeding and provide additional bolus of 480 mL of free water daily; ... (Tube Feeding) Diet effective now

Comments: Initiate bolus enteral feeding regimen with Glucerna 1.2 formula 120 mL bolus 4x/day, and gradually increase enteral feeding by 60 mL q. 24 hours until goal of Glucerna 1.2 formula 450 mL bolus 4x/day is reached. Recommend flushing with 25 mL H2O before and after each bolus. Please provide an additional bolus of 480 mL free water daily to maintain hydration.

Question Answer Comment

Location: St Mary Mercy Livonia

Tube feeding formula: Glucerna 1.2 Cal

Route: PEG

Tube feeding bolus (mL): 450

Tube feeding bolus frequency: QID (0800, 1200, 1600, 2000)

Tube feeding flush (mL): 25
Tube feeding flush type: Water

Tube feeding flush frequency: Other (specify)

Tube feed flush comment: Flush 25 mL free water before and after each bolus feeding and provide additional bolus of 480 mL of

free water daily Diet Tube Feed See Hyperspace for full Linked Orders Report.

07/18/23 1518

07/18/23 1516 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; IDDSI Level 4 Pureed, Thin

Liquids (Tube Feeding) Diet effective now

Comments: For pleasure; Requires 1:1 assistance

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids IDDSI Level 4 Pureed

Modified Consistency Options for Liquids and Solids Thin Liquids

See Hyperspace for full Linked Orders Report.

07/18/23 1518

07/11/23 1250 Dietary nutrition supplements Lunch; St Mary Mercy Livonia; Diabetic Supplement Continuous

Question Answer Comment

Frequency Lunch

Location St Mary Mercy Livonia

Supplements Diabetic Supplement

07/11/23 1249

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

pending placement

SUBJECTIVE

Patient was seen and evaluated at bedside this morning. He was awake and mildly agitated. He was somewhat able to answer simple questions. He reported occasional pain, but says that he has none currently.

Placement planning is still pending. Per SW notes, the family is now planning on bringing him to his sister's group home. Approval process for a hospital bed, hoyer lift, and high back tilting wheel chair has been started. The patient's daughter has also been contacted by psychiatry regarding medication risks and long term prognosis.

OBJECTIVE

Physical exam limited due to intermittent agitation in the setting of anoxic brain injury

Physical Exam

Constitutional:

General: He is not in acute distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Extraocu

Extraocular Movements: Extraocular movements intact.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal:

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Comments: PEG in place

Genitourinary:

Comments: Foley catheter in place

Musculoskeletal:

General: Normal range of motion.

Cervical back: Normal range of motion.

Right lower leg: No edema. Left lower leg: No edema.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert. Mental status is at baseline.

Psychiatric:

Attention and Perception: He is inattentive (Improved. Able to answer simple questions).

Behavior: Behavior is agitated and aggressive. Cognition and Memory: Cognition is impaired.

Objective

Vitals
Visit Vitals
BP 101/68 (BP Location: Left arm, Patient Position: Sitting)
Pulse 88
Temp 36.4 °C (97.5 °F) (Temporal)
Resp 18

Temp (24hrs), Avg:36.5 °C (97.7 °F), Min:36.3 °C (97.3 °F), Max:36.8 °C (98.2 °F)

Body mass index is 25.17 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results

Lab Results Component Value Date WBC 9.2 07/19/2023 HGB 11.1 (L) 07/19/2023 HCT 35.1 (L) 07/19/2023 MCV 93.4 07/19/2023 PLT 389 07/19/2023 CHEMISTRY

Component Value Date
GLUCOSE 138 (H) 07/19/2023
NA 137 07/19/2023
K 3.6 07/19/2023
CO2 29 07/19/2023
CL 102 07/19/2023
BUN 17 07/19/2023
CREATININE 0.46 (L) 07/19/2023
EGFR 118 07/19/2023
CALCIUM 8.2 (L) 07/19/2023
MG 1.9 07/17/2023

MEDICATIONS

PHOS 3.9 07/17/2023 ANIONGAP 6 07/19/2023

SCHEDULED MEDICATIONS amiodarone, 200 mg, g-tube, Daily apixaban, 5 mg, oral, BID ascorbic acid, 250 mg, g-tube, Daily atorvastatin, 40 mg, g-tube, Nightly clopidogreL, 75 mg, oral, Daily docusate, 100 mg, g-tube, BID HYDROcodone-acetaminophen, 1 tablet, g-tube, TID insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 25 mg, g-tube, BID nicotine, 1 patch, transdermal, Daily OLANZapine, 10 mg, g-tube, BID polyetheylene glycol, 17 g, g-tube, Daily tamsulosin, 0.4 mg, g-tube, Daily valproic acid, 1,000 mg, g-tube, q12h SCH

DRIPS

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose, dextrose, dextrose, glucagon injection, LORazepam,

prochlorperazine **OR** prochlorperazine **OR** prochlorperazine, Insert peripheral IV **AND** Maintain IV access **AND** Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by R Akaraz-Avedissian, MD at 07/20/2023 3:17 PM EDT Electronically signed by K Son, MD at 07/19/2023 4:23 PM EDT Electronically signed by R Akaraz-Avedissian, MD at 07/20/2023 3:17 PM EDT

Associated attestation - R Akaraz-Avedissian, MD - 07/20/2023 3:17 PM EDT Formatting of this note might be different from the original.

Attending Teaching Attestation:

I personally saw and examined the patient on rounds with resident Dr Kimberly Son and Valerie Kode on 07/19/23. Management was discussed with my resident team and I supervised and developed the plan of care. I have reviewed and agree with the key parts of the resident evaluation including the subjective information, objective findings and the impression and plan. In addition the note has been addended to include my discussions, assessments and plans.

Pt here from rehab with agitation, secondary to anoxic brain injury which occurred after out of hospital cardiac arrest secondary to STEMI in May, 2023 while out of state. He had PCI during that admission, without any targets for revascularization, but started on plavix. He did have A Fib/flutter there, and was started on Eliquis. Also had urinary retention, for which foley catheter was placed.

Here he has remained agitated intermittently, requiring bilateral wrist restraints, mitts and bedside sitter.

Today he appears overall unchanged. He becomes agitated if examined, otherwise is resting comfortably. Continue Zyprexa, increased to 10 mg BID Depakote increased to 1000 mg BID Repeat EKG every few days to trend QT

Found to have acute DVT in proximal LLE, continue Eliquis

Urology on board for urinary retention and possible SPC, Current plan is to defer SPC (would need to be off Eliquis and plavix prior to placement)

Suspect asymptomatic bacteruria, holding off on Abx.

Rita Akaraz-Avedissian, MD

V Kode, MD - 07/19/2023 1:00 PM EDT

Formatting of this note might be different from the original.

Patient will require tube feeds (Glucerna 1.2 at 75mL/continuously), a Hoyer Lift, Hospital Bed and a High Back tilt space wheel chair at discharge. Orders have been placed.

Electronically signed by V Kode, MD at 07/20/2023 4:29 PM EDT Electronically signed by V Kode, MD at 07/20/2023 4:29 PM EDT

N Caras, DO - 07/19/2023 12:39 PM EDT

Formatting of this note is different from the original.

Brief Psychiatry Progress Note

I reviewed patient's chart and discussed care with the primary team.

Patient remains confused, impulsive, and at times agitated. He is still in soft restraints and mitts. He has been receiving medications consistently via tube. He has not been requiring PRN medications but has not been able to come out of restraints.

I spoke with patient's daughter over the phone. She feels he has been calmer since getting medications via tube, but is still not manageable with his current impulsive behavior and episodes of agitation. We discussed that given his neurological condition, benefits of these medications may be limited although they can provide a degree of sedation for calmness. She expressed understanding about the risks and expected outcomes of this treatment and would like to continue.

Total valproic acid level this morning: 49.8

Recommendations:

- 1. Psychiatric hospitalization is not indicated at this time.
- 2. Supervision: Patient does not require one-to-one supervision at this time from a psychiatric perspective but continues to benefit for safety due to impulsive behaviors and confusion.
- 3. Psychotropic medications: Increase valproic acid to 1000mg twice daily of valproic acid. Continue olanzapine to 10mg twice daily.
- 4. Labs and diagnostic tests: Continue to monitor QTc interval.
- 5. If patient remains severely agitated such that his behavior represents a risk of harm to himself or others, recommend lorazepam 1mg q6h PRN. Dose may need to be adjusted based on tolerance and effectiveness. Monitor for sedation or signs of delirium.
- 6. Consider neurology consult or outpatient referral for possible neurological recovery medication options

Please message this author or the "SMLI Psychiatric GME Consult Service" group directly via Haiku for any questions related to this consult, or page the consult resident at 76227.

Case was discussed with Dr. Dereczyk.

Signature: Nicholas Caras, DO Psychiatry Resident

Cosigned by A Dereczyk, MD at 07/25/2023 1:27 PM EDT Electronically signed by N Caras, DO at 07/19/2023 12:53 PM EDT Electronically signed by A Dereczyk, MD at 07/25/2023 1:27 PM EDT

Associated attestation - A Dereczyk, MD - 07/25/2023 1:27 PM EDT Formatting of this note might be different from the original.

I discussed and did not see the patient with my team. Management was discussed with the resident Dr. Caras on the date of the note, and I supervised the plan of care. I have reviewed and agree with key aspects of the resident evaluation including: subjective information, objective findings on exam, assessment and plan.

Starlyne W, RN - 07/19/2023 9:33 AM EDT

Formatting of this note might be different from the original.

IP Risk of Unplanned Readmission Score 27% Day #28

Secured DME/MPRO auth for enteral feeding (Glucerna 1.2 @75mL/hr continuously) Auth#100 100 8089

Updated Cora/Sheldon Medial accordingly.

Will f/w her also for hospital bed, hoyer lift, high back tilt in space wheelchair.

Telephoned pt's sister/Vickie to confirm location/address of pt's d/c address 23920 Napier Rd

South Lyon MI 48178

Vickie denies, states another address is 21207 Parker Farmington Hills 48336

being considered for pt pending new PCP is secured.

Preferred pharmacy is Farmington Drugs

Hopeful for new PCP Dr. Andre Lutskovsky

Payor: MEDICAID - MI / Plan: HEALTHY MICHIGAN PLAN / Product Type: *No Product type* /

A conversation with patient/family caregiver related to goals of care, quality of care profiles and informed choice occurred today. A list of post acute providers was provided. The medicare.gov website link was provided for their viewing along with the opportunity to ask questions.

Starlyne Wyatt-Hooper, RN

Electronically signed by Starlyne W, RN at 07/19/2023 9:44 AM EDT Electronically signed by Starlyne W, RN at 07/19/2023 12:29 PM EDT Electronically signed by Starlyne W, RN at 07/19/2023 12:33 PM EDT

Brittney D, RN - 07/19/2023 7:33 AM EDT

Formatting of this note might be different from the original.

Goals:

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Not Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Not Progressing

Problem: Skin Integrity:

Goal: Skin integrity will improve Outcome: Not Progressing

Goal: Risk for impaired skin integrity will decrease

Outcome: Not Progressing

Problem: Activity:

Goal: Mobility will improve Outcome: Not Progressing

Problem: Cognitive:

Goal: Understanding of ways to prevent future skin breakdown will improve

Outcome: Not Progressing

Problem: Sensory:

Goal: Demonstrates/reports adequate pain control

Outcome: Not Progressing

Problem: Cognitive:

Goal: Expressions of feelings of enhanced comfort will increase

Outcome: Not Progressing

Identify possible barriers to meeting goals/advancing plan of care: Acuity of illness.

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End Of Shift Summary:

Events during shift: Pt was agitated at multiple times during shift. Pt responded best with rest and decreased stimulation. CHG bath and perineal care was performed, pt tolerated well. Soft restraints and mitts continue to be maintained.

Patient mobility:

Patient is bedrest turn and being turned Q2h for comfort and pressure prevention.

Patient positioning:

Patient currently in bed with bed locked and in low position. Bed alarm on and call light within reach.

Electronically signed by Brittney D, RN at 07/19/2023 7:33 AM EDT

Varinderjit K, RN - 07/18/2023 6:50 PM EDT

Formatting of this note might be different from the original.

Goals:

Problem: Safety:

Goal: Will be restraint free Outcome: Progressing

Goal: Will remain free from injury to self

Outcome: Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Goal: Skin integrity will improve

Outcome: Progressing

Goal: Risk for impaired skin integrity will decrease

Outcome: Progressing

Problem: Activity:

Goal: Mobility will improve Outcome: Progressing

Problem: Cognitive:

Goal: Understanding of ways to prevent future skin breakdown will improve

Outcome: Progressing

Problem: Nutritional:

Goal: Nutritional status will improve

Outcome: Progressing

Problem: Swallowing

Goal: Patient will tolerate the least restrictive diet consistency to allow for safe consumption of daily meals

Outcome: Progressing

Problem: Balance

Goal: Maintains static sitting balance without upper extremity support

Outcome: Progressing

Goal: Maintains dynamic sitting balance with upper extremity support

Outcome: Progressing

Problem: Balance

Goal: Maintains static sitting balance without upper extremity support

Outcome: Progressing

Problem: Transfers

Goal: Patient will perform bed mobility

Outcome: Progressing

Problem: Health Behavior: Goal: Patient Specific Outcome

Outcome: Progressing

Problem: Cognitive:

Goal: Knowledge of disease or condition will improve

Outcome: Progressing

Problem: Physical Regulation:

Goal: Ability to maintain clinical measurements within normal limits will improve

Outcome: Progressing

Problem: Skin Integrity:

Goal: Patient will remain free of injury and skin integrity maintained

Outcome: Progressing

Problem: Sensory:

Goal: Demonstrates/reports adequate pain control

Outcome: Progressing

Problem: Coping:

Goal: Verbalizations of alleviation of anxiety will increase

Outcome: Progressing

Problem: Sensory:

Goal: Pain level will improve or be tolerable

Outcome: Progressing

Goal: Ability to develop a pain control plan will improve

Outcome: Progressing

Problem: Cognitive:

Goal: Expressions of feelings of enhanced comfort will increase

Outcome: Progressing

Identify possible barriers to meeting goals/advancing plan of care: Acuity of illness

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End of Shift Summary: Pt is alert and oriented x 1. Bil soft restraints and mitt in use. Room air. Call light within reach. Bed alarm on 1:1 sitter in place. Foley catheter in place. Bed in lowest position.

Electronically signed by Varinderjit K, RN at 07/18/2023 6:51 PM EDT

R Correa, MD - 07/18/2023 4:10 PM EDT

Formatting of this note is different from the original. Images from the original note were not included.

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Raoul correa, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Rita Akaraz-Avedissian, *

Hospital Day: LOS: 27 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior. Admitted for management of aggressive/impulsive behavior 2/2 anoxic brain injury and placement.

Aggressive/impulsive behavior due to Anoxic brain injury

Prolonged QTc in setting of Antipsychotic use due to above

- -Remains in soft restraints with sitter at bed side
- -Patient asleep this am. All IVs, PEG, and foley in place.
- -Patient wearing a body suit from his family that zips in the front and effectively protects his PEG tube.
- -Most recent QTc 486 7/16
- -Free valproic acid level pending
- -7/15 ammonia WNL
- -Valproic acid level pending

PLAN

- -Daughter loana has guardianship, pending placement options
- -Psychiatry following: Continue Depakote syrup 750 mg BID
- -Continue zyprexa 10 mg bid, EKG for QTc prolongation Q3 days
- -PRN: Ativan 0.5 mg iv nightly for anxiety, try to avoid
- -Soft restraints in place, renew as needed

DVT Left lower extremity

- -7/14 unilateral lower extremity edema noticed by patient's sister
- -Vascular US shows acute deep vein thrombosis in the left lower extremity common femoral vein, proximal femoral vein, mid femoral vein, and distal femoral vein.
- -Patient on eliquis and plavix at home. Doses briefly held following PEG tube placement 7/11. Restarteded 7/15

Plan:

-Continue home eliquis and plavix

Anoxic encephalopathy 2/2 cardiac arrest STEMI s/p PCI, no stent placement

Hx of Atrial flutter

Nonocclusive R basilic and L subclavian-jugular thrombi

- Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd.
- -Vascular US duplex LUE 7/7: no evidence of DVT

PLAN:

- -Rate controlled
- -Continue Lopressor 25 bid and Amio 200 qd
- -Continue eliquis and plavix

Enterobacter cloacae (CRE) UTI -- resolved

Urinary retention likely 2/2 neurogenic bladder sp foley 7/12

- -Required multiple straight caths for urinary retention up to 1L
- -Foley replaced 7/12
- -Suprapubic catheter explored as an alternative to foley. Per urology. Patient would have to be off of eliquis and plavix for 7 days prior to placement

Plan:

- -Continue tamsulosin 0.4 mg qd
- -Maintain foley. If resolution of the DVT is imaged in a month, reconsider suprapubic catheter.

Back Pain

- -Patient complaining of back pain overnight 7/14
- -Patient has difficulty communicating pain at baseline, yells and pulls at lines

Plan:

-Continue NORCO 5 tid

#DM, controlled

- -Per ED note patient was on lantus 30U nightly at home
- -lantus and low-dose sliding scale held, patient's blood sugars within normal range

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: home eliquis
- Fluids:
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

07/18/23 1516 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 450; QID (0800, 1200, 1600, 2000); 25; Water; Other (specify); Flush 25 mL free water before and after each bolus feeding and provide additional bolus of 480 mL of free water daily; ... (Tube Feeding) Diet effective now

Comments: Initiate bolus enteral feeding regimen with Glucerna 1.2 formula 120 mL bolus 4x/day, and gradually increase enteral feeding by 60 mL q. 24 hours until goal of Glucerna 1.2 formula 450 mL bolus 4x/day is reached. Recommend flushing with 25 mL H2O before and after each bolus. Please provide an additional bolus of 480 mL free water daily to maintain hydration.

Question Answer Comment

Location: St Mary Mercy Livonia

Tube feeding formula: Glucerna 1.2 Cal

Route: PEG

Tube feeding bolus (mL): 450

Tube feeding bolus frequency: QID (0800, 1200, 1600, 2000)

Tube feeding flush (mL): 25

Tube feeding flush type: Water

Tube feeding flush frequency: Other (specify)

Tube feed flush comment: Flush 25 mL free water before and after each bolus feeding and provide additional bolus of 480 mL of free water daily

Diet Tube Feed

See Hyperspace for full Linked Orders Report.

07/18/23 1518

07/18/23 1516 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; IDDSI Level 4 Pureed, Thin Liquids (Tube Feeding) Diet effective now

Comments: For pleasure; Requires 1:1 assistance

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids IDDSI Level 4 Pureed Modified Consistency Options for Liquids and Solids Thin Liquids

See Hyperspace for full Linked Orders Report.

07/18/23 1518

07/11/23 1250 Dietary nutrition supplements Lunch; St Mary Mercy Livonia; Diabetic Supplement Continuous

Question Answer Comment

Frequency Lunch

Location St Mary Mercy Livonia

Supplements Diabetic Supplement

07/11/23 1249

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

pending medical stability

SUBJECTIVE

Patient was seen and evaluated at bedside this morning. He was awake and mildly agitated. Placement planning is still pending. The family is reportedly considering group home options.

OBJECTIVE

Physical exam limited due to intermittent agitation in the setting of anoxic brain injury

Physical Exam

Constitutional:

General: He is not in acute distress.

HENT:

Eyes:

Head: Normocephalic and atraumatic.

Extraocular Movements: Extraocular movements intact.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal:

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Comments: PEG in place

Genitourinary:

Comments: Foley catheter in place

Musculoskeletal:

General: Normal range of motion. Cervical back: Normal range of motion.

Right lower leg: No edema. Left lower leg: No edema.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert. Mental status is at baseline.

Psychiatric:

Attention and Perception: He is inattentive. Behavior: Behavior is agitated and aggressive. Cognition and Memory: Cognition is impaired.

Objective

Vitals

Visit Vitals

BP 124/79 (BP Location: Left arm, Patient Position: Lying)

Temp 36.8 °C (98.2 °F) (Temporal)

Resp 18

Temp (24hrs), Avg:36.5 °C (97.7 °F), Min:36.2 °C (97.1 °F), Max:36.8 °C (98.2 °F)

Body mass index is 25.17 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results

Lab Results Component Value Date WBC 13.5 (H) 07/16/2023 HGB 11.9 (L) 07/16/2023 HCT 38.0 07/16/2023 MCV 92.9 07/16/2023 PLT 335 07/16/2023 CHEMISTRY

Component Value Date GLUCOSE 148 (H) 07/18/2023 NA 139 07/16/2023 K 4.7 07/16/2023 CO2 30 07/16/2023 CL 100 07/16/2023 BUN 14 07/16/2023 CREATININE 0.59 (L) 07/16/2023 EGFR 110 07/16/2023 CALCIUM 8.5 (L) 07/16/2023 MG 1.9 07/17/2023 PHOS 3.9 07/17/2023 ANIONGAP 9 07/16/2023

MEDICATIONS

SCHEDULED MEDICATIONS amiodarone, 200 mg, g-tube, Daily apixaban, 5 mg, oral, BID ascorbic acid, 250 mg, g-tube, Daily atorvastatin, 40 mg, g-tube, Nightly clopidogreL, 75 mg, oral, Daily docusate, 100 mg, g-tube, BID HYDROcodone-acetaminophen, 1 tablet, g-tube, TID insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 25 mg, g-tube, BID nicotine, 1 patch, transdermal, Daily OLANZapine, 10 mg, g-tube, BID polyetheylene glycol, 17 g, g-tube, Daily tamsulosin, 0.4 mg, g-tube, Daily valproic acid, 750 mg, g-tube, q12h SCH

DRIPS

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose 50%, dextrose, dextrose, glucagon injection, LORazepam, prochlorperazine **OR** prochlorperazine **OR** prochlorperazine, Insert peripheral IV **AND** Maintain IV access **AND** Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by S Nanthabalan, MD at 07/25/2023 10:06 AM EDT Electronically signed by R Correa, MD at 07/18/2023 4:13 PM EDT Electronically signed by R Correa, MD at 07/18/2023 4:25 PM EDT Electronically signed by S Nanthabalan, MD at 07/25/2023 10:06 AM EDT

Associated attestation - S Nanthabalan, MD - 07/25/2023 10:06 AM EDT

Formatting of this note might be different from the original.

Teaching Attestation

I personally saw and examined the patient on rounds with Raoul Correa, MD on July 18 th 2023. Management was discussed with the resident team and I supervised the plan of care. I have reviewed and agree with the key parts of the resident evaluation including: Subjective information Objective findings on physical exam and Impression and plan.

Dr Nanthabalan MD

Molly M, RD - 07/18/2023 3:18 PM EDT

Formatting of this note is different from the original.

7/18/2023 @ 3:18 PM EDT

Reason for RD Intervention: Assessment Type: Follow-up

Reason for Assessment: Tube Feeding Additional Assessment Information: MST 3

Nutrition Diagnosis:

Code Type: (No malnutrition diagnosis at this time.)

Status: No improvement

Diagnosis: Inadequate Oral Intake

Etiology: Changes in taste and appetite or preference, Increased demand for nutrient

Symptoms: decreased po intake, wound healing

Nutrition Recommendations/Plan of Care:

- 1. Continue IDDSI Level 4 Pureed diet with thin liquid for pleasure per SLP recommendations as tolerated. Monitor need for 90 gm carb/meal diet restriction.
- 2. Continue vanilla Glucerna Shake daily (provides 220 kcal and 10 gm protein per serving) to help meet nutrition needs.
- 3. Encourage po intake (greater than 75% of meals), protein-rich foods, and assist w/meals as needed.
- 4. RD adjusted order to transition to bolus enteral feeding regimen with Glucerna 1.2 formula 120 mL bolus 4x/day, and gradually increase enteral feeding by 60 mL q. 24 hours until goal of Glucerna 1.2 formula 450 mL bolus 4x/day is reached. Recommend flushing with 25 mL H2O before and after each bolus. Please provide an additional bolus of 480 mL free water daily to maintain hydration.
- 5. Monitor sodium/hydration status.
- 6. Monitor/control blood glucose level.
- 7. Continue 250 mg Vitamin C daily until wound closure.
- 8. Monitor chewing/swallowing function. Re-consult SLP as needed/appropriate.
- 9. RD will continue to monitor PO intake, diet order, diet tolerance, tube feed order, tube feed tolerance, GI status, weight, labs/lytes, and plan of care.

Nutrition Interventions:

Diet Order, Medical Food Supplement, Vitamin/Mineral Supplement, Enteral Nutrition, Feeding Assistance, Collaboration and Referral of Nutrition Care

Medical Food Supplement(s): Glucerna

Glucerna Frequency: Daily

Supplement Frequency (Once Diet Advanced): Daily

Diet Order: Other (Comment) (IDDSI Level 4 Pureed diet with Thin Liquids)
Collaboration and Referral of Nutrition Care: Collaborate with Other Providers

Enteral Nutrition: Access Type: PEG Tube

Formula: Glucerna 1.2 Cal

Feeding Type: Bolus

Goal Rate: 450 (450 mL bolus QID)

Water Flush: 25 mL (25 mL before and after each bolus with an additional bolus of 480 mL free water daily)

Water Flush Frequency: QID

Monitoring/Evaluation:

Energy Intake, Fluid/Beverage Intake, Food Intake, Protein Intake, Medical Food Supp/Oral Nutrition Supp, Weight, Renal/Electrolyte Profile, Gastrointestinal Profile, Diet Order, Enteral Nutrition Intake

Follow Up:

Priority Level: High

Follow Up Date: 07/22/23 Minutes Spent: 30

Nutritional Discharge Recommendations:

Recommended Discharge Diet: Enteral Nutrition (+ IDDSI level 4/Pureed oral diet with thin liquids for pleasure with 1:1 assistance)
Medical Food Supplements: Glucerna/Glucerna Shake

Subjective Assessment:

RD received phone call from Case Manager, Star, regarding plan for enteral nutrition regimen moving forward. Star requested transitioning from continuous feeds to cyclic or bolus feeding. RD sent message to Dr. Nanthabalan via Haiku and it was agreed that we would transition to bolus feeding. RD also spoke to RN regarding pt's tolerance of continuous regimen. RN reports that pt has no appetite and is refusing all Pureed meals, but is tolerating the enteral nutrition well. RN denies issues with nausea/vomiting or diarrhea/constipation at this time. RD adjusted order to transition to bolus feeding.

Current Diet and Supplements:

Dietary Orders (From admission, onward)

Start Ordered

07/18/23 1516 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 450; QID (0800, 1200, 1600, 2000); 25; Water; Other (specify); Flush 25 mL free water before and after each bolus feeding and provide additional bolus of 480 mL of free water daily; ... (Tube Feeding) Diet effective now

Comments: Initiate bolus enteral feeding regimen with Glucerna 1.2 formula 120 mL bolus 4x/day, and gradually increase enteral feeding by 60 mL q. 24 hours until goal of Glucerna 1.2 formula 450 mL bolus 4x/day is reached. Recommend flushing with 25 mL H2O before and after each bolus. Please provide an additional bolus of 480 mL free water daily to maintain hydration.

Question Answer Comment

Location: St Mary Mercy Livonia

Tube feeding formula: Glucerna 1.2 Cal

Route: PEG

Tube feeding bolus (mL): 450

Tube feeding bolus frequency: QID (0800, 1200, 1600, 2000)

Tube feeding flush (mL): 25 Tube feeding flush type: Water

Tube feeding flush frequency: Other (specify)

Tube feed flush comment: Flush 25 mL free water before and after each bolus feeding and provide additional bolus of 480 mL of

free water daily Diet Tube Feed

See Hyperspace for full Linked Orders Report.

07/18/23 1518

07/18/23 1516 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; IDDSI Level 4 Pureed, Thin

Liquids (Tube Feeding) Diet effective now

Comments: For pleasure; Requires 1:1 assistance

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids IDDSI Level 4 Pureed

Modified Consistency Options for Liquids and Solids Thin Liquids

See Hyperspace for full Linked Orders Report.

07/18/23 1518

07/11/23 1250 Dietary nutrition supplements Lunch; St Mary Mercy Livonia; Diabetic Supplement Continuous

Question Answer Comment

Frequency Lunch

Location St Mary Mercy Livonia

Supplements Diabetic Supplement

07/11/23 1249

Food/Nutrition-Current Status:

Intake Type: Other (Comment) (TF with IDDSI Level 4 Pureed)

Kcal: 2160

Protein (gm): 108 Free Water (mL): 1449

Water Flushes: 170 mL q 6 hrs

% RDI: 100

Current Diet Status: Appropriate

Current Supplement Status: Appropriate

Appetite: Poor (per RN report)

Admit Weight: 88 kg (194 lb 0.1 oz) Current Weight: 84.2 kg (185 lb 10 oz) Nutrition-Related Lab Values: Results from last 7 days Lab Units 07/18/23 1129 07/17/23 1208 07/17/23 0748 07/16/23 1157 07/16/23 0930 SODIUM mmol/L -- -- -- 139 POTASSIUM mmol/L -- -- -- 4.7 PHOSPHORUS mg/dL -- -- 3.9 -- 3.8 MAGNESIUM mg/dL -- -- 1.9 -- 1.9 CHLORIDE mmol/L -- -- -- 100 CO2 mmol/L -- -- -- 30 BUN mg/dL -- -- -- 14 CREATININE mg/dL -- -- -- 0.59* EGFR mL/min/1.73m2 -- -- -- 110 CALCIUM mg/dL -- -- 8.5* BILIRUBIN TOTAL mg/dL -- -- -- 0.4 ALK PHOS unit/L -- -- -- 92 ALT unit/L -- -- -- 6* AST unit/L -- -- -- 19 POCT GLUCOSE mg/dL 148* < > -- < > --GLUCOSE mg/dL -- -- -- 141* WBC AUTO K/mcL -- -- -- 13.5* < > = values in this interval not displayed.

Intake Amount (%): Refused (per RN) Intake Assessment: Inadequate

Barriers: Cognitive, Language

Main IVF: None

Weights:

Pertinent nutrition-related medications reviewed on 7/18/2023.

Nutrition Focused Physical Findings:

Overall Appearance: PEG tube

Digestive System (Mouth to Rectum): Chewing difficulty, Swallowing difficulty, Appetite change

Nerves and Cognition: Confused

Skin: Lt knee abrasion, stage 2 buttocks, generalized bruising VSOH, excoriation-groin/buttocks MASD per RN note on 7/7

Fluid Accumulation/Edema: Generalized, Other (Comment) (Generalized non-pitting edema to BLE)

Energy Needs: 2098-2518 kcal, 84-126 gm protein, 2098-2518 mL fluid per day. Recalculated needs 7/7.

RD remains available and will continue to follow.

Signature: Molly Main, RD

Electronically signed by Molly M, RD at 07/18/2023 3:18 PM EDT

Leah J, PT - 07/18/2023 1:09 PM EDT

Formatting of this note is different from the original.

Physical Therapy

Physical Therapy Treatment

Subjective

PT Start Time: 1102 PT Stop Time: 1112

PT Time Calculation (min): 10 min

Subjective: Pt chart reviewed and cleared for therapy. Pt seen on 4E, room 4419 for PT treatment. Pt is a 62 y/o Male admitted with agitation. Pt presented supine in Bed alert & agreeable to therapy. At end of session, pt left supine in Bed comfortable, bed alarm on, bilat wrist restraints in place, sitter present. call light & needs in reach. Fall risk precautions maintained throughout tx. Pt A&Ox1 at time of session.

Vitals/Pain Oxygen Therapy Oxygen Therapy: None (Room air)
Pain Assessment

Pain Assessment: Unable to self-report Patient Behaviors: Agitated, Combative

Objective

General Visit Information:

General

Family/Caregiver Present: No

Precautions Precautions

Medical Precautions: Fall Risk

Safety Interventions: Call bell within reach, Gait belt, Bed alarm, Sitter (bilat UE soft restraints)

RUE Weight Bearing Status: Full LUE Weight Bearing Status: Full RLE Weight Bearing Status: Full LLE Weight Bearing Status: Full

Cognition: Cognition

Overall Cognitive Status: Unable to assess

Following Commands: (not following one step commands at this time.)

General Assessments: Activity Tolerance

Endurance: Tolerates less than 10 min exercise, no significant change in vital signs

Static Sitting Balance

Static Sitting-Level of Assistance: Substantial/maximal assistance (2 PA)

Static Sitting-Balance Support: Feet supported, Right upper extremity supported, Left upper extremity supported

Static Sitting-Comment/Number of Minutes: L restraint maintained

Dynamic Sitting Balance

Dynamic Sitting-Level of Assistance: Not attempted, medical/safety concerns

Static Standing Balance

Static Standing-Level of Assistance: Not attempted, medical/safety concerns

RLE Assessment

RLE Assessment: Impaired

RLE Assessment Comments: grossly 0/5

LLE Assessment

LLE Assessment: Impaired

LLE Assessment Comments: grossly 0/5

Functional Assessments:

Bed Mobility

Sitting to Lying Assistance: Substantial/maximal assistance (2-3 PA) Lying to Sitting Assistance: Substantial/maximal assistance (2-3 PA)

Transfers

Sit to Stand Assistance: Not attempted, medical/safety concerns

Modalities:

None performed

Procedure/Treatment:

Therapeutic Activity

Therapeutic Activity Time Entry: 10

Therapeutic Activity 1: Pt completed supine <> sit t/f with max 2 PA and additional 1-2 PA for tubing and agitation mgmt. Pt needs

TA for LEs and MAX 2 PA to maintain static sitting balance. Pt tolerates 4-5 min sitting balance with 2-4 person assist.

Therapeutic Activity 2: PROM applied to BLE, noted WFL, but no active muscle contraction noted.

Other Activities:

None performed

Assessment/Plan

PT Assessment

PT Assessment/ Barriers to discharge: Decreased strength, Decreased range of motion, Decreased endurance, Impaired balance, Impaired gait, Decreased mobility, Decreased coordination, Decreased cognition, Impaired judgement, Decreased safety awareness Prognosis: Poor

Evaluation/Treatment Tolerance: Treatment limited secondary to agitation

Comments: Pt not following commands at this time. Pt combative and agitated. 2 person MAX A to sit EOB with additional 1-2 person assist for tubing mgmt and agitation mgmt. Pt will need equipment to return home including hoyer lift, hospital bed, high back tilt in space w/c.

Plan

Treatment/Interventions: Functional transfer training, LE strengthening/ROM, Endurance training, Patient/family training, Equipment eval/education, Bed mobility, Balance training

PT Plan: Skilled PT

PT Frequency: Monitor status PT Duration of Sessions: PRN PT Treatments per day: PRN

Goals:

Encounter Problems
Encounter Problems (Active)

Template: Physical Therapy

Problem: Balance

Goal: Maintains static sitting balance without upper extremity support

Dates: Start: 06/26/23 Expected End: 07/15/23

Description: Goal Type: STG, Performance Level: Stand by Assist, Bedrail, left, and Bedrail, right

Outcomes

Date/Time User Outcome 07/18/23 1306 Varinderjit Kaur, RN Progressing

Goal: Maintains dynamic sitting balance with upper extremity support

Dates: Start: 06/26/23 Expected End: 07/15/23

Description: Goal Type: STG, Performance Level: Min assist, Bedrail, left, and Bedrail, right

Outcomes

Date/Time User Outcome

07/18/23 1306 Varinderjit Kaur, RN Progressing

Encounter Problems (Resolved)

There are no resolved problems.

Education Documentation No documentation found. Education Comments No comments found.

Electronically signed by Leah J, PT at 07/18/2023 1:11 PM EDT

N Caras, DO - 07/18/2023 12:30 PM EDT

Formatting of this note is different from the original.

PSYCHIATRY PROGRESS NOTE

Reason for Consultation: "Agitation, anoxic brain injury"

Source of Information: The patient, chart review, staff at bedside.

History Of Present Illness:

Was seen at bedside. He was in soft restraints and mitts. He was somewhat restless but not agitated and was alternating between speaking English and Romanian, though not able to answer questions appropriately.

Per discussion with primary team, patient's mental status and behavior have not changed significantly despite more consistent adherence to medications through PEG tube. Case management note from this morning notes plan is for patient to be discharged to custodial housing and an accepting facility appears to be in place.

Review of Systems:

Unable to complete review of systems due to patient's cognitive impairment.

Labs and diagnostic tests:

7/15 ammonia 28

716 CBC showed mild leukocytosis of 13.5, albumin 2.8

Mental Status Examination:

General: The patient appeared stated age, in no acute distress, with marginal hygiene and grooming, wearing hospital gowns. The patient was minimally cooperative. Eye contact was appropriate. The patient had mild psychomotor agitation, and had no abnormal movements or tremor, moved all 4 limbs spontaneously and fluidly

Gait and station: not assessed at this time.

Muscle strength and tone: Not assessed at this time

Mood: Dysthymic

Affect: full range, minimally reactive to conversation and inappropriate

Speech: clear with normal rate, normal volume, normal tone, and normal rhythm

Thought Process: disorganized

Associations: intact

Thought Content: Limited assessment due disorganized speech. No reported thoughts of harming himself or others, did not appear to be responding to internal stimuli

Orientation: The patient was alert but unable to respond to orientation questions

Attention & Concentration: impaired - required frequent redirection

Recent & Remote Memory: not assessed at this time.

Language: Switched between English and Romanian. English was incoherent and non-fluent

Fund of Knowledge: Unable to assess

Insight & Judgment: Poor

DSM-5 Diagnoses:

Neurocognitive disorder secondary to anoxic brain injury

Other Conditions:

Mild leukocytosis

Diabetes mellitus

HLD

Assessment:

Although there has not been a significant observed change in his mental status or behavior, the continued presence of his tube may represent partial response to current medications. As he remains impulsive and intermittently agitated there may be benefit to further optimization. As he is tolerating the current dose of olanzapine without observed extrapyramidal signs or excess sedation, may consider increasing olanzapine to 10 mg twice daily. We also recommend checking a total valproic acid level to guide any further adjustments. If his current behavior is compatible with discharge disposition, further optimization can be deferred to the outpatient setting.

Leukocytosis is mild with broad differential. If there is any acute worsening of his mental status or behavior, consider evaluation for potential causes of delirium including infectious etiology.

Recommendations:

- 1. Psychiatric hospitalization is not indicated at this time.
- 2. Supervision: Patient does not require one-to-one supervision at this time from a psychiatric perspective but continues to benefit for safety due to impulsive behaviors and confusion.
- 3. Psychotropic medications: Continue 750 mg twice daily of valproic acid. Consider increasing olanzapine to 10mg twice daily.
- 4. Labs and diagnostic tests: Continue to monitor QTc interval. Check total valproic acid trough level.
- 5. If patient remains severely agitated such that his behavior represents a risk of harm to himself or others, recommend olanzapine 5mg daily PRN (IM or through feeding tube)
- 6. If he develops acute worsening of mental status with concern for delirium, consider workup for new infection.
- 7. Consider neurology consult or outpatient referral for possible neurological recovery medication options

Recommendations were communicated with primary team directly.

I examined the patient in person, and discussed the above assessment and plan with attending psychiatrist, Dr. Dereczyk. The attending did see the patient in person today.

We will continue to follow. Please contact us at pager 76227, phone extension 5-5436, or via Haiku at "SMLI GME Psychiatry

Consult Service Opt-In" if you have further questions or concerns. Thank you for the opportunity to contribute to your patient's care.

Nicholas Caras, DO Psychiatry Resident

Cosigned by A Dereczyk, MD at 07/19/2023 2:06 PM EDT

Electronically signed by N Caras, DO at 07/18/2023 4:51 PM EDT

Electronically signed by N Caras, DO at 07/18/2023 5:01 PM EDT

Electronically signed by A Dereczyk, MD at 07/19/2023 2:06 PM EDT

Associated attestation - A Dereczyk, MD - 07/19/2023 2:06 PM EDT

Formatting of this note might be different from the original.

I was physically present for the evaluation and management service provided.

I personally saw and examined the patient on rounds with my team today, 7/18/23.

Management was discussed with resident Dr. Caras and I supervised the plan of care.

I have reviewed and agree with the key parts of the resident evaluation including:

Subjective Information

Objective findings on physical exam

Impression and plan

Kayla M - 07/18/2023 11:43 AM EDT

Formatting of this note is different from the original.

Occupational Therapy

Occupational Therapy Treatment

Subjective

OT Start Time: 1102 OT Stop Time: 1112

OT Time Calculation (min): 10 min

Subjective: Pt is 62 y.o., male who was seen on 4E for OT treatment, and was cleared by RN for therapy. Pt is A&O x 1,agitated and yells out. Pt was left sitting upright in bed with bed alarm on and call light in reach.

Vitals/Pain

Oxygen Therapy

Oxygen Therapy: None (Room air)

Pain Assessment

Pain Assessment: FACES Revised FACES Pain Scale - Revised: No Pain

Objective

General Visit Information:

Precautions: Precautions

Medical Precautions: Fall Risk

Safety Interventions: Call bell within reach, Gait belt, Bed alarm, Sitter (bilat UE soft restraints)

RUE Weight Bearing Status: Full LUE Weight Bearing Status: Full RLE Weight Bearing Status: Full LLE Weight Bearing Status: Full

Cognitive Status:

Cognition

Overall Cognitive Status: Impaired Arousal/Alertness: Unable to assess Orientation Level: Oriented to person

Following Commands: Follows one step commands with increased time

Safety Judgment: Decreased awareness of need for assistance, Decreased awareness of need for safety Awareness of Errors: Assistance required to identify errors made, Assistance required to correct errors made

Deficits: Decreased awareness of deficits Attention Span: Attends with cues to redirect Memory: Decreased short term memory

Insight: Poor insight into deficits

Perseveration: Not present

Problem Solving: Assistance required to generate solutions, Assistance required to implement solutions, Assistance required to

identify errors made

General Assessments:

Activity Tolerance

Endurance: Tolerates 10 - 20 min activity with multiple rests

Static Sitting Balance

Static Sitting-Level of Assistance: Substantial/maximal assistance

Dynamic Sitting Balance

Dynamic Sitting-Level of Assistance: Substantial/maximal assistance

Static Standing Balance

Static Standing-Level of Assistance: Not attempted, medical/safety concerns

Dynamic Standing Balance

Dynamic Standing-Level of Assistance: Not attempted, medical/safety concerns

Hand Function

Gross Grasp: Functional

Coordination

Coordination: Impaired

RUE Assessment

RUE Assessment: Within Functional Limits

LUE Assessment

LUE Assessment: Within Functional Limits

Proprioception

Proprioception: Not tested

Sensation

Light Touch: Not tested

Procedure/Treatment:

Therapeutic Activity

Therapeutic Activity Time Entry: 10

Therapeutic Activity 1: Progressive mobility

Pt performs supine <> sit with max x2-3 for line management, agitation and steadying. Pt requires assist for trunk upright and BLEs towards EOB with INC time to complete, max v/c for sequencing and proper body mechanics. Pt very impulsive and agitated throughout session. Pt attempting to bite writer, requiring max assist for maintaining midline, demos posterior lean. Pt able to tolerate 3 minutes of static sitting before becoming too agitated, requires max x2 for repositioning towards HOB with sheet assist.

Assessment/Plan

OT Assessment

OT Assessment/ Barriers to Discharge: Decreased ADL status, Decreased upper extremity range of motion, Decreased upper extremity strength, Decreased safe judgment during ADL, Decreased cognition, Decreased endurance, Decreased sensation, Visual deficit, Decreased fine motor control, Decreased functional mobility, Decreased gross motor control, Decreased IADLs Prognosis: Poor

Evaluation/Treatment Tolerance: Treatment limited secondary to agitation (Pt consistently screaming in different languages, attempting to bite writer and pull lines while in B soft mit restraints, requiring max x4 for steadying and line management.) Medical Staff Made Aware: Yes

Plan

Treatment Interventions: ADL retraining, Visual perceptual retraining, Functional transfer training, UE strengthening/ROM, Endurance training, Cognitive reorientation, Patient/family training, Equipment evaluation/education, Neuromuscular reeducation, Fine motor coordination activities

OT Plan: Skilled OT

OT Frequency: 2-5 days per week

OT Duration of Sessions: 15-30 min per session

OT Treatments per day: 1 time per day

OT - Evaluation Status: Complete

OT Discharge Recommendations: Home OT (home with 24/7 with hoyer lift)

OT - OK to Discharge: Yes

Recommend hoyer lift, hospital bed, tilt and space high back w/c

Goals:

Encounter Problems

Encounter Problems (Active)
Template: Occupational Therapy

Problem: Balance

Goal: Maintains static sitting balance without upper extremity support

Dates: Start: 06/26/23 Expected End: 07/15/23

Description: Goal Type: STG, Performance Level: Min assist

Outcomes

Date/Time User Outcome

07/18/23 1143 Kayla Shimko, OT Progressing

Problem: Transfers

Goal: Patient will perform bed mobility
Dates: Start: 06/26/23 Expected End: 07/15/23

Description: Goal Type: STG, Performance Level: Min assist

Outcomes

Date/Time User Outcome

07/18/23 1143 Kayla Shimko, OT Progressing

Encounter Problems (Resolved) There are no resolved problems.

Education Documentation No documentation found. Education Comments No comments found.

Electronically signed by Kayla M at 07/18/2023 1:06 PM EDT

Starlyne W, RN - 07/18/2023 8:40 AM EDT

Formatting of this note might be different from the original.

IP Risk of Unplanned Readmission Score 26%

Day #27

Telephoned dtr/loana to confirm arrangements for home d/c for her father.

She agrees w/her father moving in to her aunt's custodial housing and okays referral to be made w/Sheldon Medical for DME needs.

Referral to Sheldon Medical, spoke with Cora, to initiate referral for needed DME (T:800-922-5101 F: 866-303-2221)

A conversation with patient/family caregiver related to goals of care, quality of care profiles and informed choice occurred today. A list of post acute providers was provided. The medicare.gov website link was provided for their viewing along with the opportunity to ask questions. Narrative:

Starlyne Wyatt-Hooper, RN

Electronically signed by Starlyne W, RN at 07/18/2023 2:55 PM EDT

Cesar T, RN - 07/18/2023 5:34 AM EDT

Formatting of this note might be different from the original.

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Goal: Will remain free from injury to self

Outcome: Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Not Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Not Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Goal: Skin integrity will improve

Outcome: Progressing

Goal: Risk for impaired skin integrity will decrease

Outcome: Progressing

Problem: Activity:

Goal: Mobility will improve Outcome: Not Progressing

Problem: Cognitive:

Goal: Understanding of ways to prevent future skin breakdown will improve

Outcome: Not Progressing

Problem: Nutritional:

Goal: Nutritional status will improve

Outcome: Progressing

Problem: Sensory:

Goal: Pain level will improve or be tolerable

Outcome: Progressing

Goal: Ability to develop a pain control plan will improve

Outcome: Progressing

Problem: Cognitive:

Goal: Expressions of feelings of enhanced comfort will increase

Outcome: Progressing

Goals:

Identify possible barriers to meeting goals/advancing plan of care: Pt on restraints, awaiting placement

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End of Shift Summary: Pt is AOX1, denies any SOB or pain, vitals stable, PEG tube feeding running at goal with no residuals, pt turned g2H, Foley intact, bowel movement during shift, CHG bath given, safety sitter at bedside, skin care given.

Electronically signed by Cesar T, RN at 07/18/2023 10:08 PM EDT

Varinderiit K, RN - 07/17/2023 6:44 PM EDT

Formatting of this note might be different from the original.

Goals:

Problem: Safety:

Goal: Will be restraint free Outcome: Progressing

Goal: Will remain free from injury to self

Outcome: Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Goal: Skin integrity will improve

Outcome: Progressing

Goal: Risk for impaired skin integrity will decrease

Outcome: Progressing

Problem: Activity:

Goal: Mobility will improve Outcome: Progressing

Problem: Cognitive:

Goal: Understanding of ways to prevent future skin breakdown will improve

Outcome: Progressing

Problem: Nutritional:

Goal: Nutritional status will improve

Outcome: Progressing

Problem: Swallowing

Goal: Patient will tolerate the least restrictive diet consistency to allow for safe consumption of daily meals

Outcome: Progressing

Problem: Balance

Goal: Maintains static sitting balance without upper extremity support

Outcome: Progressing

Goal: Maintains dynamic sitting balance with upper extremity support

Outcome: Progressing

Problem: Balance

Goal: Maintains static sitting balance without upper extremity support

Outcome: Progressing

Problem: Transfers

Goal: Patient will perform bed mobility

Outcome: Progressing

Problem: Health Behavior: Goal: Patient Specific Outcome

Outcome: Progressing

Problem: Cognitive:

Goal: Knowledge of disease or condition will improve

Outcome: Progressing

Problem: Physical Regulation:

Goal: Ability to maintain clinical measurements within normal limits will improve

Outcome: Progressing

Problem: Skin Integrity:

Goal: Patient will remain free of injury and skin integrity maintained

Outcome: Progressing

Problem: Sensory:

Goal: Demonstrates/reports adequate pain control

Outcome: Progressing

Problem: Coping:

Goal: Verbalizations of alleviation of anxiety will increase

Outcome: Progressing

Problem: Sensory:

Goal: Pain level will improve or be tolerable

Outcome: Progressing

Goal: Ability to develop a pain control plan will improve

Outcome: Progressing

Problem: Cognitive:

Goal: Expressions of feelings of enhanced comfort will increase

Outcome: Progressing

Identify possible barriers to meeting goals/advancing plan of care: Acuity of illness

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End of Shift Summary: Pt is alert and oriented x 1. Bil soft restraints and mitt in use. Room air. Call light within reach. Bed alarm on. 1:1 sitter in place. Tube feeding is infusing at 75 ml/hr. Bed in lowest position.

Electronically signed by Varinderjit K, RN at 07/17/2023 6:44 PM EDT

Starlyne W, RN - 07/17/2023 4:15 PM EDT

Formatting of this note might be different from the original.

IP Risk of Unplanned Readmission Score 19%

Day #26

Discussion w/sister, Vickie, with Dr. Kode and Michelle, SW:

Discussed back up options for d/c planning which includes pt discharging to her care residence/group home or to a family's home.

Will f/w health care team on PT/OT recommendations as per Vicki's request as well as RD recommendations for enteral feeding.

Will f/u/w family on DME needed for transition to home.

A conversation with patient/family caregiver related to goals of care, quality of care profiles and informed choice occurred today. A list of post acute providers was provided. The medicare.gov website link was provided for their viewing along with the opportunity to ask questions.

Starlyne Wyatt-Hooper, RN

Electronically signed by Starlyne W, RN at 07/17/2023 4:19 PM EDT

O Mikleus, NP - 07/17/2023 3:13 PM EDT

Formatting of this note is different from the original.

Daily Progress Note

7/17/2023

Ioan Suiugan

62 y.o. 2/27/1961

male

HPI: Urinary retention, neurogenic bladder

Principal Problem:

Aggressive behavior

Past Medical History:

Diagnosis Date

- CAD (coronary artery disease)
- Diabetes mellitus (CMS/HCC)

LOS: 26 days

No current facility-administered medications on file prior to encounter.

Current Outpatient Medications on File Prior to Encounter

Medication Sig Dispense Refill

• acetaminophen (TYLENOL) 325 mg tablet Take 2 tablets (650 mg total) by mouth every 4 (four) hours if needed for mild pain.

- amiodarone (PACERONE) 200 mg tablet Take 1 tablet (200 mg total) by mouth 1 (one) time each day.
- apixaban (ELIQUIS) 5 mg tablet Take 1 tablet (5 mg total) by mouth 2 (two) times a day.
- atorvastatin (LIPITOR) 40 mg tablet Take 1 tablet (40 mg total) by mouth at bedtime.
- insulin glargine (LANTUS) 100 unit/mL injection Inject 30 Units under the skin at bedtime.
- lansoprazole (PREVACID SOLUTAB) 30 mg dispersible tablet Dissolve 1 tablet (30 mg total) on top of the tongue 1 (one) time each day. Dissolve on tongue before swallowing particles; do not chew, cut, break, or swallow whole.
- LORazepam (ATIVAN) 0.5 mg tablet Take 1 tablet (0.5 mg total) by mouth every 6 (six) hours if needed for anxiety.
- metoprolol tartrate (LOPRESSOR) 50 mg tablet Take 2 tablets (100 mg total) by mouth 2 (two) times a day. Hold for SBP <110, HR < 60
- OLANZapine (ZyPREXA) 5 mg tablet Take 1 tablet (5 mg total) by mouth 2 (two) times a day.
- tamsulosin (FLOMAX) 0.4 mg 24 hr capsule Take 1 capsule (0.4 mg total) by mouth 1 (one) time each day. Capsules should be taken 30 minutes following the same meal each day.

Vital signs in last 24 hours:

Temp: 36.5 °C (97.7 °F) (07/17 0346)

Heart Rate: 90 (07/17 0346) Resp: 18 (07/17 0346) BP: 121/82 (07/17 0346)

I/O last 3 completed shifts:

In: 2310 (27.4 mL/kg) [NG/GT:2310]

Out: 3600 (42.8 mL/kg) [Urine:3600 (1.2 mL/kg/hr)]

Weight: 84.2 kg

Objective Visit Vitals

BP 121/82 (BP Location: Left arm, Patient Position: Lying)

Pulse 90

Temp 36.5 °C (97.7 °F) (Axillary)

Resp 18

Ht 1.829 m (72.01")

Wt 84.2 kg (185 lb 10 oz)

SpO2 92%

BMI 25.17 kg/m²

Smoking Status Every Day

BSA 2.06 m²

I/O last 3 completed shifts: In: 2310 (27.4 mL/kg) [NG/GT:2310]

Out: 3600 (42.8 mL/kg) [Urine:3600 (1.2 mL/kg/hr)]

Weight: 84.2 kg

I/O this shift:

In: 1240 [NG/GT:1240]

Out: -

Subjective Unable to answer questions

Physical Exam:

Limited cognition

NAD

Neuro grosly intact

PEERLA

Normal resp effort

Foley draining clear

Recent Results (from the past 24 hour(s))

POCT Glucose, blood

Collection Time: 07/16/23 5:22 PM

Result Value Ref Range

Glucose POCT 114 (H) 70 - 110 mg/dL

POCT Glucose, blood

Collection Time: 07/16/23 9:18 PM

Result Value Ref Range

Glucose POCT 132 (H) 70 - 110 mg/dL POCT Glucose, blood

Collection Time: 07/17/23 6:10 AM

Result Value Ref Range

Glucose POCT 129 (H) 70 - 110 mg/dL

Magnesium

Collection Time: 07/17/23 7:48 AM

Result Value Ref Range

Magnesium 1.9 1.7 - 2.5 mg/dL

Phosphorus

Collection Time: 07/17/23 7:48 AM

Result Value Ref Range

Phosphorus 3.9 2.4 - 4.6 mg/dL

POCT Glucose, blood

Collection Time: 07/17/23 12:08 PM

Result Value Ref Range

Glucose POCT 129 (H) 70 - 110 mg/dL

Contains abnormal data Culture urine

Order: 768014573

Collected 6/27/2023 13:19

Status: Final result

Visible to patient: Yes (not seen) Specimen Information: Urine, Catheter

0 Result Notes

Urine Culture 70,000 CFU/mL Enterobacter cloacae-CRE Abnormal

Organism phenotype suggests carbapenemase production. Modified Carbapenem Inactivation Method (mCIM): Negative Note: (Modified Carbapenem Inactivation Method(mCIM) screen negative.) Not all carbapenemase-producing isolates of Enterobacterales and Pseudomonas aeruginosa are mCIM positive.

This is an edited result. Previous organism was Gram negative bacilli on 6/28/2023 at 2121 EDT.

Edited result: Previously reported as Enterobacter cloacae on 6/29/2023 at 1234 EDT.

Result component has been updated to reportable to State Health.

Resulting Agency: SJAA

Susceptibility

Enterobacter cloacae-CRE

MIC

\$ Aztreonam Resistant

\$ Cefazolin Resistant

\$\$ Cefepime Susceptible

\$\$ Ceftriaxone Resistant

\$ Ciprofloxacin Susceptible

\$\$\$\$ Ertapenem Resistant

\$ Gentamicin Susceptible

\$ Tobramycin Susceptible

\$\$\$ Meropenem Resistant

\$ Nitrofurantoin Intermediate

\$\$ Piperacillin/Tazobactam Resistant

\$ Trimethoprim/Sulfamethoxazole Susceptible

Specimen Collected: 06/27/23 13:19 EDT Last Resulted: 07/02/23 13:49 EDT

Imaging

TYPE OF EXAM/PROCEDURE: CT ABD AND PELVIS WO CNTRST

ACCESSION NO: 01251354 DATE OF SERVICE: 02/25/2020

REASON FOR EXAM: ABDOMINAL PAIN

ROOM: N2W:239 :AA **PHYSICIANS**

ORDERING PHYSICIAN: RICHARD THOMAS, D.O.

CC PHYSICIANS: TERRENCE LIANG, M.D.

REPORT

VERIFICATION OBSERVER NAME: Jehan Barbat MD.

HISTORY: ABDOMINAL PAIN.

Technique: Axial images were obtained along with coronal and sagittal reconstruction. DLP: 1170 mGycm. Dose lowering technique: Automated exposure control. Data included in the medical records.

ADDITIONAL HISTORY/COMPARISON/FINDINGS:

CT ABDOMEN & PELVIS W/O IV C COMPARISON: None available.

IMPRESSION:

- 1. No evidence of cholelithiasis.
- 2. 1.2 cm sized obstructive calculus within the left upper ureter with mild proximal hydroureteronephrosis. Tiny 2 mm sized right lower pole renal calculus. No right-sided obstructive uropathy. 1.8 cm sized left renal cyst.
- 3. No small or large bowel obstruction. No pneumoperitoneum or ascites. No CT evidence of acute appendicitis.
- 4. Abdominal aortic atherosclerotic calcification. Mild focal ectasia of the infrarenal abdominal aorta measuring up to 3.1 cm in diameter (image 77, series 2). No retroperitoneal lymphadenopathy. Small fat-containing bilateral inguinal and umbilical hernias.
- 5. Well distended urinary bladder appears unremarkable. Mild prostatomegaly measuring approximately 4.5 x 6.2 cm.
- 6. Multilevel degenerative changes. No acute osseous abnormality.

To TALK to On Call Radiologist:(800)965-5182

Abhijit Patil M.D. Electronically Signed

Date Of Exam Request:2/25/2020 10:05:11 PM EST Date & Time Of Report: 2/25/2020 10:14:37 PM EST

Preliminary report was given by an AVR radiologist, listed above with date and time. I concur with the preliminary interpretation.

ADDITIONAL TEXT AND FINAL IMPRESSION:

Large calculus proximal LEFT ureter resulting in obstructive uropathy.

01251354 GC1RAD110

Workstation GC1RAD110 is located at ZIP Code 48135. Workstation GCHRAD1W101 is located ZIP Code 48324.

THANK YOU FOR YOUR REFERRAL.

**Images viewed and interpreted by: JEHAN R. BARBAT MD

Electronically Signed Date: 02/26/2020 07:40 AM Electronically Signed By: JEHAN R. BARBAT MD

Transcribed Date: 02/26/2020 07:39 AM

Transcribed By: PS Procedure Note

Barbat, Jehan R, MD - 05/10/2021

Formatting of this note might be different from the original.

TYPE OF EXAM/PROCEDURE: CT ABD AND PELVIS WO CNTRST

ACCESSION NO: 01251354 DATE OF SERVICE: 02/25/2020

REASON FOR EXAM: ABDOMINAL PAIN

ROOM: N2W:239 :AA **PHYSICIANS**

ORDERING PHYSICIAN: RICHARD THOMAS, D.O.

CC PHYSICIANS: TERRENCE LIANG, M.D.

REPORT

VERIFICATION OBSERVER NAME: Jehan Barbat MD.

HISTORY: ABDOMINAL PAIN.

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ADDITIONAL HISTORY/COMPARISON/FINDINGS:

CT ABDOMEN & PELVIS W/O IV C COMPARISON: None available.

IMPRESSION:

- 1. No evidence of cholelithiasis.
- 2. 1.2 cm sized obstructive calculus within the left upper ureter with mild proximal hydroureteronephrosis. Tiny 2 mm sized right lower pole renal calculus. No right-sided obstructive uropathy. 1.8 cm sized left renal cyst.
- 3. No small or large bowel obstruction. No pneumoperitoneum or ascites. No CT evidence of acute appendicitis.
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Large calculus proximal LEFT ureter resulting in obstructive uropathy.

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**Images viewed and interpreted by: JEHAN R. BARBAT MD

Electronically Signed Date: 02/26/2020 07:40 AM Electronically Signed By: JEHAN R. BARBAT MD Transcribed Date: 02/26/2020 07:39 AM

Assessment Principal Problem: Aggressive behavior Urinary retention BPH

Neurogenic bladder

Plan:

Foley catheter replaced 7/12

Several prior straight caths - 270-1000 c

On Flomax since 6/22/23

Repeat UCX with Enterobacter- dc/d abx, currently asymptomatic for UTI

Pt with hx of urinary retention post cardiac arrest 5/23. Had cysto then and Foley dc/d

The pt with risk of traumatic removal of SP catheter as well sec to MSC. He's on Plavix and Eliquis and wouls need to be off of these

prior to eventual placement.
Discussed with family poss SP catheter risk/ benefits
Will hold off on SP cath as family attempting to try "body suit" to minimize risk of pt removing tubes
Rec repeat TOV in near future

Oktavijan Mikleus, NP Michigan Institute of Urology 586-604-3942 7/17/2023 3:13 PM EDT

Cosigned by K Rosen, DO at 07/26/2023 9:10 AM EDT Electronically signed by O Mikleus, NP at 07/17/2023 3:19 PM EDT Electronically signed by K Rosen, DO at 07/26/2023 9:10 AM EDT

Associated attestation - K Rosen, DO - 07/26/2023 9:10 AM EDT Formatting of this note might be different from the original.

I was physically present for the Evaluation and Management service provided.

I agree with the Nurse practitioner's/Physician assistant's note and plan by Oktavijan Mikleus which I have reviewed and edited where appropriate.

Thank you for your consultation. Please contact me via Epic Haiku with any questions.

Dr. Katie Rosen, DO Michigan Institute of Urology

K Son, MD - 07/17/2023 1:38 PM EDT

Formatting of this note is different from the original. Images from the original note were not included.

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Kimberly Son, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Rita Akaraz-Avedissian, *

Hospital Day: LOS: 26 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior. Admitted for management of aggressive/impulsive behavior 2/2 anoxic brain injury and placement.

Aggressive/impulsive behavior due to Anoxic brain injury

Prolonged QTc in setting of Antipsychotic use due to above

- -Remains in soft restraints with sitter at bed side
- -Patient asleep this am. All IVs, PEG, and foley in place.
- -Patient wearing a body suit from his family that zips in the front and effectively protects his PEG tube.
- -Most recent QTc 486 7/16
- -Free valproic acid level pending
- -7/15 ammonia WNL
- -Valproic acid level pending

PLAN

- -Daughter loana has guardianship, pending placement options
- -Psychiatry following: Continue Depakote syrup 750 mg BID
- -Continue zyprexa 7.5mg bid, EKG for QTc prolongation Q3 days
- -PRN: Ativan 0.5 mg iv nightly for anxiety
- -Soft restraints in place, renew as needed

DVT Left lower extremity

- -7/14 unilateral lower extremity edema noticed by patient's sister
- -Vascular US shows acute deep vein thrombosis in the left lower extremity common femoral vein, proximal femoral vein, mid

femoral vein, and distal femoral vein.
-Patient on eliquis and plavix at home. Doses briefly held following PEG tube placement 7/11. Restarteded 7/15

Plan:

-Continue home eliquis and plavix

Anoxic encephalopathy 2/2 cardiac arrest

STEMI s/p PCI, no stent placement

Hx of Atrial flutter

Nonocclusive R basilic and L subclavian-jugular thrombi

- Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd.
- -Vascular US duplex LUE 7/7: no evidence of DVT

PLAN:

- -Rate controlled
- -Continue Lopressor 25 bid and Amio 200 qd
- -Continue eliquis and plavix

Enterobacter cloacae (CRE) UTI -- resolved

Urinary retention likely 2/2 neurogenic bladder sp foley 7/12

- -Required multiple straight caths for urinary retention up to 1L
- -Foley replaced 7/12
- -Suprapubic catheter explored as an alternative to foley. Per urology. Patient would have to be off of eliquis and plavix for 7 days prior to placement

Plan:

- -Continue tamsulosin 0.4 mg qd
- -Maintain foley. If resolution of the DVT is imaged in a month, reconsider suprapubic catheter.

Back Pain

- -Patient complaining of back pain overnight 7/14
- -Patient has difficulty communicating pain at baseline, yells and pulls at lines

Plan.

-Continue NORCO 5 tid

#DM. controlled

- -Per ED note patient was on lantus 30U nightly at home
- -lantus and low-dose sliding scale held, patient's blood sugars within normal range

#HLD

-Continue atorvastatin 40 ghs

Daily Care Checklist:

- VTE ppx: home eliquis
- Fluids:
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

07/11/23 1250 Dietary nutrition supplements Lunch; St Mary Mercy Livonia; Diabetic Supplement Continuous

Question Answer Comment

Frequency Lunch

Location St Mary Mercy Livonia

Supplements Diabetic Supplement

07/11/23 1249

07/11/23 1204 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 75; 170; Water; Every 6 hours; Tube Feed (Tube Feeding) Diet effective now

Comments: Glucerna 1.2 start at 20 mL/hr continuously via feeding tube and increase by 10-15 mL/hr every 12 hr to reach goal rate of 75 mL/hr.

Question Answer Comment

Location: St Mary Mercy Livonia

Tube feeding formula: Glucerna 1.2 Cal

Route: PEG

Tube feeding continuous rate (mL/hr): 75

Tube feeding flush (mL): 170 Tube feeding flush type: Water

Tube feeding flush frequency: Every 6 hours

Diet Tube Feed

See Hyperspace for full Linked Orders Report.

07/11/23 1205

07/11/23 1204 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; IDDSI Level 4 Pureed, Thin

Liquids (Tube Feeding) Diet effective now

Comments: For pleasure; Requires 1:1 assistance

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids IDDSI Level 4 Pureed

Modified Consistency Options for Liquids and Solids Thin Liquids

See Hyperspace for full Linked Orders Report.

07/11/23 1205

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

pending medical stability

SUBJECTIVE

Patient was seen and evaluated at bedside this morning. He was awake and mildly agitated, speaking in a scattered mix of Romanian and English. PEG tube, IVs, and foley remain in place. To reduce patient discomfort and delirium, labs have been changed to every 3 days. EKG will also have to be regularly ordered to evaluate for QTc prolongation in the setting of increased antipsychotic use. Most recent was 486.

Placement planning is still pending. The family is reportedly considering group home options.

OBJECTIVE

Physical exam limited due to intermittent agitation in the setting of anoxic brain injury

Physical Exam

Constitutional:

General: He is not in acute distress.

HENT:

Head: Normocephalic and atraumatic. Eyes:

Extraocular Movements: Extraocular movements intact.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal:

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Comments: PEG in place

Genitourinary:

Comments: Foley catheter in place

Musculoskeletal:

General: Normal range of motion. Cervical back: Normal range of motion.

Right lower leg: No edema. Left lower leg: No edema.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert. Mental status is at baseline.

Psychiatric:

Attention and Perception: He is inattentive. Behavior: Behavior is agitated and aggressive. Cognition and Memory: Cognition is impaired.

Objective

Vitals

Visit Vitals BP 121/82 (BP Location: Left arm, Patient Position: Lying) Pulse 90 Temp 36.5 °C (97.7 °F) (Axillary) Resp 18

Temp (24hrs), Avg:36.3 °C (97.4 °F), Min:36.1 °C (97 °F), Max:36.5 °C (97.7 °F)

Body mass index is 25.17 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results

Lab Results
Component Value Date
WBC 13.5 (H) 07/16/2023
HGB 11.9 (L) 07/16/2023
HCT 38.0 07/16/2023
MCV 92.9 07/16/2023
PLT 335 07/16/2023
CHEMISTRY

Component Value Date GLUCOSE 129 (H) 07/17/2023 NA 139 07/16/2023 K 4.7 07/16/2023 CO2 30 07/16/2023 CL 100 07/16/2023 BUN 14 07/16/2023 CREATININE 0.59 (L) 07/16/2023 EGFR 110 07/16/2023 CALCIUM 8.5 (L) 07/16/2023 MG 1.9 07/17/2023 PHOS 3.9 07/17/2023 ANIONGAP 9 07/16/2023

MEDICATIONS

SCHEDULED MEDICATIONS amiodarone, 200 mg, g-tube, Daily apixaban, 5 mg, oral, BID ascorbic acid, 250 mg, g-tube, Daily atorvastatin, 40 mg, g-tube, Nightly clopidogreL, 75 mg, oral, Daily docusate, 100 mg, g-tube, BID HYDROcodone-acetaminophen, 1 tablet, g-tube, TID insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 25 mg, g-tube, BID nicotine, 1 patch, transdermal, Daily OLANZapine, 7.5 mg, g-tube, BID polyetheylene glycol, 17 g, g-tube, Daily tamsulosin, 0.4 mg, g-tube, Daily valproic acid, 750 mg, g-tube, q12h SCH

DRIPS

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose 50%, dextrose, dextrose, glucagon injection, LORazepam, prochlorperazine **OR** prochlorperazine **OR** prochlorperazine, Insert peripheral IV **AND** Maintain IV access **AND** Saline lock IV **AND** sodium chloride **AND** sodium chloride

Electronically signed by K Son, MD at 07/17/2023 1:57 PM EDT Electronically signed by R Akaraz-Avedissian, MD at 07/17/2023 4:47 PM EDT

Associated attestation - R Akaraz-Avedissian, MD - 07/17/2023 4:47 PM EDT

Formatting of this note might be different from the original.

I personally saw and examined the patient on rounds with resident Dr Kimberly Son and Valerie Kode on 07/17/23. Management was discussed with my resident team and I supervised and developed the plan of care. I have reviewed and agree with the key parts of the resident evaluation including the subjective information, objective findings and the impression and plan. In addition the note has been addended to include my discussions, assessments and plans.

Pt here from rehab with agitation, secondary to anoxic brain injury which occurred after out of hospital cardiac arrest secondary to STEMI in May, 2023 while out of state. He had PCI during that admission, without any targets for revascularization, but started on plavix. He did have A Fib/flutter there, and was started on Eliquis. Also had urinary retention, for which foley catheter was placed.

Here he has remained agitation, requiring bilateral wrist restraints, mitts and bedside sitter.

Today he appears overall unchanged. He becomes agitated if examined, otherwise is resting comfortably. Continue Zyprexa at 7.5 mg BID, follow QT with repeat EKG.

Found to have acute DVT in proximal LLE, continue Eliquis

Urology on board for urinary retention and possible SPC, will discuss with family. Both SPC and indwelling foley would be at risk for displacement by patient. Current plan is to defer SPC (would need to be off Eliquis and plavix prior to placement)

Suspect asymptomatic bacteruria, holding off on Abx.

Rita Akaraz-Avedissian, MD

Tamara Z, RN - 07/17/2023 6:03 AM EDT

Formatting of this note might be different from the original.

Goals:

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Not Progressing

Problem: Cognitive:

Goal: Understanding of ways to prevent future skin breakdown will improve

Outcome: Not Progressing

Problem: Safety:

Goal: Will remain free from injury to self

Outcome: Progressing

Problem: Nutritional:

Goal: Nutritional status will improve

Outcome: Progressing

Identify possible barriers to meeting goals/advancing plan of care: acuity of illness.

Stability of the patient: Moderately Stable - Low risk of patient condition declining or worsening

End of Shift Summary: Patient A&OX1, BL soft wrist and mitt restraints in use. Repositioning provided. Foley and peg tube in place. Tube feeds infusing. Patient had 1 BM. 1:1 sitter at bedside.

Electronically signed by Tamara Z, RN at 07/17/2023 6:03 AM EDT

Varinderjit K, RN - 07/16/2023 6:15 PM EDT

Formatting of this note might be different from the original.

Goals:

Problem: Safety:

Goal: Will be restraint free Outcome: Progressing

Goal: Will remain free from injury to self

Outcome: Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Goal: Skin integrity will improve

Outcome: Progressing

Goal: Risk for impaired skin integrity will decrease

Outcome: Progressing

Problem: Activity:

Goal: Mobility will improve Outcome: Progressing

Problem: Cognitive:

Goal: Understanding of ways to prevent future skin breakdown will improve

Outcome: Progressing

Problem: Nutritional:

Goal: Nutritional status will improve

Outcome: Progressing

Problem: Swallowing

Goal: Patient will tolerate the least restrictive diet consistency to allow for safe consumption of daily meals

Outcome: Progressing

Problem: Balance

Goal: Maintains static sitting balance without upper extremity support

Outcome: Progressing

Goal: Maintains dynamic sitting balance with upper extremity support

Outcome: Progressing

Problem: Balance

Goal: Maintains static sitting balance without upper extremity support

Outcome: Progressing

Problem: Transfers

Goal: Patient will perform bed mobility

Outcome: Progressing

Problem: Health Behavior: Goal: Patient Specific Outcome

Outcome: Progressing

Problem: Cognitive:

Goal: Knowledge of disease or condition will improve

Outcome: Progressing

Problem: Physical Regulation:

Goal: Ability to maintain clinical measurements within normal limits will improve

Outcome: Progressing

Problem: Skin Integrity:

Goal: Patient will remain free of injury and skin integrity maintained

Outcome: Progressing

Problem: Sensory:

Goal: Demonstrates/reports adequate pain control

Outcome: Progressing

Problem: Coping:

Goal: Verbalizations of alleviation of anxiety will increase

Outcome: Progressing

Problem: Sensory:

Goal: Pain level will improve or be tolerable

Outcome: Progressing

Goal: Ability to develop a pain control plan will improve

Outcome: Progressing

Problem: Cognitive:

Goal: Expressions of feelings of enhanced comfort will increase

Outcome: Progressing

Identify possible barriers to meeting goals/advancing plan of care: Acuity of illness

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End of Shift Summary: Pt is alert and oriented x 1. Bil soft restraints and mitt in use. Room air. Call light within reach. Bed alarm on. 1:1 sitter in place. Tube feeding is infusing at 75 ml/hr. Bed in lowest position.

Electronically signed by Varinderjit K, RN at 07/16/2023 6:15 PM EDT Electronically signed by Varinderjit K, RN at 07/17/2023 6:45 PM EDT

N Caras, DO - 07/16/2023 5:40 PM EDT

Formatting of this note might be different from the original.

Brief Psychiatry Progress Note

Patient was seen in room on the medical floor

Patient is inattentive with fluctuations in mentation and mental status generally unchanged from previous. He has a PEG tube in place and is able to receive medications through it. He has received valproic acid and olanzapine consistently for several days and over the last few days also received quetiapine twice daily. Free valproic acid level is pending from yesterday morning, and QTc today was <490ms.

Recommendations:

- 1. Psychiatric hospitalization is not indicated at this time.
- 2. Supervision: Patient does not require one-to-one supervision at this time psychiatric perspective, but could benefit from a medical perspective.
- 3. Psychotropic medications: Recommend continuing 750 mg twice daily of valproic acid. Generally recommend checking total drug level but due to hypoalbuminemia may await pending result to guide dosing
- 4. Recommend consolidating to a single antipsychotic agent if needed for unsafe behaviors. Consider olanzapine 7.5mg BID rather than dual therapy.
- 5. QTc has improved but is still prolonged, recommend continued monitoring while in the hospital.

Please message this author or the "SMLI Psychiatric GME Consult Service" group directly via Haiku for any questions related to this consult, or page the consult resident at 76227.

Case was discussed with Dr. Sethi.

Signature:

Nicholas Caras, DO

Psychiatry Resident

Cosigned by K Sethi, MD at 07/18/2023 9:06 AM EDT Electronically signed by N Caras, DO at 07/16/2023 5:51 PM EDT Electronically signed by K Sethi, MD at 07/18/2023 9:06 AM EDT

K Son, MD - 07/16/2023 2:31 PM EDT

Formatting of this note is different from the original.

Images from the original note were not included.

Internal Medicine Progress Note **Graduate Medical Education** Trinity Health Livonia Hospital

Please contact author [Kimberly Son, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Rita Akaraz-Avedissian, *

Hospital Day: LOS: 25 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior. Admitted for management of aggressive/impulsive behavior 2/2 anoxic brain injury and placement.

Aggressive/impulsive behavior due to Anoxic brain injury

Prolonged QTc in setting of Antipsychotic use due to above

- -Remains in soft restraints with sitter at bed side
- -Patient asleep this am. All IVs, PEG, and foley in place.
- -Patient wearing a body suit from his family that zips in the front and effectively protects his PEG tube.
- -Most recent QTc 486 7/16
- -Free valproic acid level pending
- -7/15 ammonia WNL

PLAN

- -Daughter Ioana has guardianship and is currently reaching out to Parents Changing Spaces for placement evaluation
- -Psychiatry following: Continue Depakote syrup 750 mg BID
- -Per psychiatry discontinue seroquel to avoid duplicate medication. Increase zyprexa to 7.5mg bid.
- -PRN: Ativan 0.5 mg iv nightly for anxiety
- -Soft restraints in place, renew as needed

DVT Left lower extremity

- -7/14 unilateral lower extremity edema noticed by patient's sister
- -Vascular US shows acute deep vein thrombosis in the left lower extremity common femoral vein, proximal femoral vein, mid femoral vein, and distal femoral vein.
- -Patient on eliquis and plavix at home. Doses briefly held following PEG tube placement 7/11. Scheduled to be restarted 7/15

Plan:

-Continue home aspirin and plavix

Anoxic encephalopathy 2/2 cardiac arrest

STEMI s/p PCI, no stent placement

Hx of Atrial flutter

Nonocclusive R basilic and L subclavian-jugular thrombi

- Per pharmacy chart review, patient on Plavix 75 gd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg gd.
- -Vascular US duplex LUE 7/7: no evidence of DVT

PLAN:

- -Rate controlled
- -Continue Lopressor 25 bid and Amio 200 qd
- -Continue eliquis and plavix

Enterobacter cloacae (CRE) UTI -- resolved

Urinary retention likely 2/2 neurogenic bladder sp foley 7/12

- -Required multiple straight caths for urinary retention up to 1L
- -Foley replaced 7/12
- -Suprapubic catheter explored as an alternative to foley. Per urology. Patient would have to be off of eliquis and plavix for 7 days prior to placement

Dlan.

- -Continue tamsulosin 0.4 mg qd
- -Maintain foley. If resolution of the DVT is imaged in a month, reconsider suprapubic catheter.

Back Pain

- -Patient complaining of back pain overnight 7/14
- -Patient has difficulty communicating pain at baseline, yells and pulls at lines

Plan:

-Continue NORCO 5 tid

#DM, controlled

-Per ED note patient was on lantus 30U nightly at home

-lantus and low-dose sliding scale held, patient's blood sugars within normal range

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: home eliquis
- Fluids:
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

07/11/23 1250 Dietary nutrition supplements Lunch; St Mary Mercy Livonia; Diabetic Supplement Continuous

Question Answer Comment

Frequency Lunch

Location St Mary Mercy Livonia

Supplements Diabetic Supplement

07/11/23 1249

07/11/23 1204 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 75; 170; Water; Every 6 hours; Tube Feed (Tube

Feeding) Diet effective now

Comments: Glucerna 1.2 start at 20 mL/hr continuously via feeding tube and increase by 10-15 mL/hr every 12 hr to reach goal rate

of 75 mL/hr.

Question Answer Comment

Location: St Mary Mercy Livonia

Tube feeding formula: Glucerna 1.2 Cal

Route: PEG

Tube feeding continuous rate (mL/hr): 75

Tube feeding flush (mL): 170
Tube feeding flush type: Water

Tube feeding flush frequency: Every 6 hours

Diet Tube Feed

See Hyperspace for full Linked Orders Report.

07/11/23 1205

07/11/23 1204 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; IDDSI Level 4 Pureed, Thin

Liquids (Tube Feeding) Diet effective now

Comments: For pleasure; Requires 1:1 assistance

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids IDDSI Level 4 Pureed

Modified Consistency Options for Liquids and Solids Thin Liquids

See Hyperspace for full Linked Orders Report.

07/11/23 1205

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

pending medical stability

SUBJECTIVE

Patient was seen and evaluated at bedside this morning. He was asleep. PEG tube, IVs, and foley remain in place. He is still wearing the wet suit that was brought in by his family. This continues to effectively protect his tube and foley, although he continues to pull at lines when he is awake.

Placement planning is still pending.

OBJECTIVE

Physical exam limited due to intermittent agitation in the setting of anoxic brain injury

Physical Exam

Constitutional: General: He is not in acute distress. HENT: Head: Normocephalic and atraumatic. Eyes: Extraocular Movements: Extraocular movements intact.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal:

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Comments: PEG in place

Genitourinary:

Comments: Foley catheter in place

Musculoskeletal:

General: Normal range of motion. Cervical back: Normal range of motion.

Right lower leg: No edema. Left lower leg: No edema.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert.

Comments: Deferred due to patient somnolence

Psychiatric:

Comments: deferred due to patient somnolence

Objective

Vitals Visit Vitals

BP 109/73 (BP Location: Left arm, Patient Position: Lying)

Pulse 108

Temp 36 °C (96.8 °F) (Oral)

Resp 19

Temp (24hrs), Avg:36.1 °C (96.9 °F), Min:36 °C (96.8 °F), Max:36.1 °C (96.9 °F)

Body mass index is 25.17 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results Component Value Date WBC 13.5 (H) 07/16/2023 HGB 11.9 (L) 07/16/2023 HCT 38.0 07/16/2023 MCV 92.9 07/16/2023 PLT 335 07/16/2023 **CHEMISTRY**

Lab Results

Component Value Date GLUCOSE 156 (H) 07/16/2023 NA 139 07/16/2023

K 4.7 07/16/2023

CO2 30 07/16/2023

CL 100 07/16/2023 BUN 14 07/16/2023

CREATININE 0.59 (L) 07/16/2023

EGFR 110 07/16/2023

CALCIUM 8.5 (L) 07/16/2023 MG 1.9 07/16/2023

PHOS 3.8 07/16/2023 ANIONGAP 9 07/16/2023

MEDICATIONS

SCHEDULED MEDICATIONS amiodarone, 200 mg, g-tube, Daily apixaban, 5 mg, oral, BID ascorbic acid, 250 mg, g-tube, Daily atorvastatin, 40 mg, g-tube, Nightly clopidogreL, 75 mg, oral, Daily docusate, 100 mg, g-tube, BID HYDROcodone-acetaminophen, 1 tablet, g-tube, TID insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 25 mg, g-tube, BID nicotine, 1 patch, transdermal, Daily OLANZapine, 7.5 mg, g-tube, BID polyetheylene glycol, 17 g, g-tube, Daily tamsulosin, 0.4 mg, g-tube, Daily valproic acid, 750 mg, g-tube, q12h SCH

DRIPS

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose, dextrose, dextrose, glucagon injection, LORazepam, prochlorperazine **OR** prochlorperazine **OR** prochlorperazine, Insert peripheral IV **AND** Maintain IV access **AND** Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by R Akaraz-Avedissian, MD at 07/16/2023 4:39 PM EDT Electronically signed by K Son, MD at 07/16/2023 2:39 PM EDT Electronically signed by R Akaraz-Avedissian, MD at 07/16/2023 4:39 PM EDT

Associated attestation - R Akaraz-Avedissian, MD - 07/16/2023 4:39 PM EDT Formatting of this note might be different from the original.

Attending Teaching Attestation:

I personally saw and examined the patient on rounds with resident Dr Kimberly Son on 07/16/23. Management was discussed with my resident team and I supervised and developed the plan of care. I have reviewed and agree with the key parts of the resident evaluation including the subjective information, objective findings and the impression and plan. In addition the note has been addended to include my discussions, assessments and plans.

Pt here from rehab with agitation, secondary to anoxic brain injury which occurred after out of hospital cardiac arrest secondary to STEMI in May, 2023 while out of state. He had PCI during that admission, without any targets for revascularization, but started on plavix. He did have A Fib/flutter there, and was started on Eliquis. Also had urinary retention, for which foley catheter was placed.

Here he has remained agitation, requiring bilateral wrist restraints, mitts and bedside sitter.

Today he appears overall unchanged. He was initially calm, but became mildly agitated with examination. Discontinued seroquel, increased Zyprexa.

Repeat EKG within normal limits.

Found to have acute DVT in proximal LLE, continue Eliquis

Urology on board for urinary retention and possible SPC, will discuss with family. Both SPC and indwelling foley would be at risk for displacement by patient.

Suspect asymptomatic bacteruria, holding off on Abx.

Rita Akaraz-Avedissian, MD

M Hoff, DO - 07/16/2023 10:26 AM EDT

Formatting of this note is different from the original.

Review of Systems

Unable to perform ROS: Mental status change

Temp: 36 °C (96.8 °F) (07/16 0753) Heart Rate: 108 (07/16 0959) Resp: 19 (07/16 0753)

BP: 109/73 (07/16 0753) I/O last 3 completed shifts:

In: 2310 (27.4 mL/kg) [NG/GT:2310]

Out: 2500 (29.7 mL/kg) [Urine:2500 (0.8 mL/kg/hr)]

Weight: 84.2 kg

No intake/output data recorded.

Physical Exam

Vitals and nursing note reviewed.

Constitutional:

Appearance: He is not toxic-appearing.

Pulmonary:

Effort: Pulmonary effort is normal.

Genitourinary:

Comments: Foley in place with clear yellow urine

Neurological:

Mental Status: He is disoriented.

Principal Problem: Aggressive behavior

Urinary Retention post cardiac arrest 5/23 Foley catheter replaced 7/12 Several prior straight caths - 270-1000 c

On Flomax since 6/22/23

UTI

Repeat UCX with Enterobacter- dc/d abx, currently asymptomatic for UTI

The pt with risk of traumatic removal of SP catheter as well sec to MSC. He's on Plavix and Eliquis and would need to be off of these prior to eventual placement.

Will discuss with family

Electronically signed by M Hoff, DO at 07/16/2023 10:29 AM EDT

Tamara Z, RN - 07/16/2023 8:03 AM EDT

Formatting of this note might be different from the original.

Goals:

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Not Progressing

Problem: Cognitive:

Goal: Knowledge of disease or condition will improve

Outcome: Not Progressing

Problem: Nutritional:

Goal: Nutritional status will improve

Outcome: Progressing

Identify possible barriers to meeting goals/advancing plan of care: acuity of illness.

Stability of the patient: Moderately Stable - Low risk of patient condition declining or worsening

End of Shift Summary: Patient A&OX1, BL soft wrist and mitt restraints in use. Repositioning provided. Foley and peg tube in place. Positive for a DVT of LLE, eliquis and plavix restarted. Tube feeds infusing. Patient had 1 BM. 1:1 sitter at bedside.

Electronically signed by Tamara Z, RN at 07/16/2023 8:05 AM EDT

Varinderjit K, RN - 07/15/2023 6:09 PM EDT

Formatting of this note might be different from the original.

Goals:

Problem: Safety:

Goal: Will be restraint free Outcome: Progressing

Goal: Will remain free from injury to self

Outcome: Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Goal: Skin integrity will improve

Outcome: Progressing

Goal: Risk for impaired skin integrity will decrease

Outcome: Progressing

Problem: Activity:

Goal: Mobility will improve Outcome: Progressing

Problem: Cognitive:

Goal: Understanding of ways to prevent future skin breakdown will improve

Outcome: Progressing

Problem: Nutritional:

Goal: Nutritional status will improve

Outcome: Progressing

Problem: Swallowing

Goal: Patient will tolerate the least restrictive diet consistency to allow for safe consumption of daily meals

Outcome: Progressing

Problem: Balance

Goal: Maintains static sitting balance without upper extremity support

Outcome: Progressing

Goal: Maintains dynamic sitting balance with upper extremity support

Outcome: Progressing

Problem: Balance

Goal: Maintains static sitting balance without upper extremity support

Outcome: Progressing

Problem: Transfers

Goal: Patient will perform bed mobility

Outcome: Progressing

Problem: Health Behavior: Goal: Patient Specific Outcome

Outcome: Progressing

Problem: Cognitive:

Goal: Knowledge of disease or condition will improve

Outcome: Progressing

Problem: Physical Regulation:

Goal: Ability to maintain clinical measurements within normal limits will improve

Outcome: Progressing

Problem: Skin Integrity:

Goal: Patient will remain free of injury and skin integrity maintained

Outcome: Progressing

Problem: Sensory:

Goal: Demonstrates/reports adequate pain control

Outcome: Progressing

Problem: Coping:

Goal: Verbalizations of alleviation of anxiety will increase

Outcome: Progressing

Problem: Sensory:

Goal: Pain level will improve or be tolerable

Outcome: Progressing

Goal: Ability to develop a pain control plan will improve

Outcome: Progressing

Problem: Cognitive:

Goal: Expressions of feelings of enhanced comfort will increase

Outcome: Progressing

Identify possible barriers to meeting goals/advancing plan of care: Acuity of illness

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End of Shift Summary: Pt is alert and oriented x 1. Bil soft restraints and mitt in use. Room air. Pt refused to wear O2 and Spo2 sats are 95%. Refused for skin assessment. Call light within reach. Bed alarm on. 1:1 sitter in place. Tube feeding is infusing at 75 ml/hr. Bed in lowest position.

Electronically signed by Varinderjit K, RN at 07/15/2023 6:09 PM EDT

K Son, MD - 07/15/2023 12:48 PM EDT

Formatting of this note is different from the original. Images from the original note were not included.

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Kimberly Son, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Rita Akaraz-Avedissian, *

Hospital Day: LOS: 24 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior. Admitted for management of aggressive/impulsive behavior 2/2 anoxic brain injury and placement.

Aggressive/impulsive behavior due to Anoxic brain injury

Prolonged QTc in setting of Antipsychotic use due to above

- -Remains in soft restraints with sitter at bed side
- -Patient awake and agitated this am. All IVs, PEG, and foley in place.
- -Patient wearing a body suit from his family that zips in the front and effectively protects his PEG tube.
- -Most recent QTc 484 7/12
- -Free valproic acid level pending
- -7/15 ammonia WNL

PLAN

- -Daughter loana has guardianship and is currently reaching out to Parents Changing Spaces for placement evaluation
- -Psychiatry following: Continue Depakote syrup 750 mg BID, Zyprexa 5 mg twice daily
- -Continue seroquel 25mg bid
- -PRN: Ativan 0.5 mg iv nightly for anxiety
- -Soft restraints in place, renew as needed

DVT Left lower extremity

- -7/14 unilateral lower extremity edema noticed by patient's sister
- -Vascular US shows acute deep vein thrombosis in the left lower extremity common femoral vein, proximal femoral vein, mid femoral vein, and distal femoral vein.
- -Patient on eliquis and plavix at home. Doses briefly held following PEG tube placement 7/11. Scheduled to be restarted 7/15

Plan:

-Restart home aspirin and plavix

Anoxic encephalopathy 2/2 cardiac arrest

STEMI s/p PCI, no stent placement

Hx of Atrial flutter

Nonocclusive R basilic and L subclavian-jugular thrombi

- Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd.
- -Vascular US duplex LUE 7/7: no evidence of DVT

PLAN:

- -Rate controlled
- -Continue Lopressor 25 bid and Amio 200 qd
- -Restart eliquis and plavix

Enterobacter cloacae (CRE) UTI -- resolved

Urinary retention likely 2/2 neurogenic bladder sp foley 7/12

- -Required multiple straight caths for urinary retention up to 1L
- -Foley replaced 7/12
- -Suprapubic catheter explored as an alternative to foley. Per urology. Patient would have to be off of eliquis and plavix for 7 days prior to placement

Plan:

- -Continue tamsulosin 0.4 mg qd
- -Maintain foley. If resolution of the DVT is imaged in a month, reconsider suprapubic catheter.

Back Pain

- -Patient complaining of back pain overnight 7/14
- -Patient has difficulty communicating pain at baseline, yells and pulls at lines

Plan: -Continue NORCO 5 tid

#DM, controlled

- -Per ED note patient was on lantus 30U nightly at home
- -lantus and low-dose sliding scale held, patient's blood sugars within normal range

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: home eliquis
- Fluids:
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

07/11/23 1250 Dietary nutrition supplements Lunch; St Mary Mercy Livonia; Diabetic Supplement Continuous

Question Answer Comment

Frequency Lunch

Location St Mary Mercy Livonia

Supplements Diabetic Supplement

07/11/23 1249

07/11/23 1204 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 75; 170; Water; Every 6 hours; Tube Feed (Tube

Feeding) Diet effective now

Comments: Glucerna 1.2 start at 20 mL/hr continuously via feeding tube and increase by 10-15 mL/hr every 12 hr to reach goal rate

of 75 mL/hr.

Question Answer Comment

Location: St Mary Mercy Livonia

Tube feeding formula: Glucerna 1.2 Cal

Route: PEG

Tube feeding continuous rate (mL/hr): 75

Tube feeding flush (mL): 170

Tube feeding flush type: Water

Tube feeding flush frequency: Every 6 hours

Diet Tube Feed

See Hyperspace for full Linked Orders Report.

07/11/23 1205

07/11/23 1204 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; IDDSI Level 4 Pureed, Thin

Liquids (Tube Feeding) Diet effective now

Comments: For pleasure; Requires 1:1 assistance

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids IDDSI Level 4 Pureed

Modified Consistency Options for Liquids and Solids Thin Liquids

See Hyperspace for full Linked Orders Report.

07/11/23 1205

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

pending medical stability

SUBJECTIVE

Patient was seen and evaluated at bedside this morning. He was awake and mildly disoriented. PEG tube, IVs, and foley remain in place. He is still wearing the wet suit that was brought in by his family. This continues to effectively protect his tube and foley at this time.

Last night the patient was noted to have leg swelling. Follow up ultrasound was positive for DVT. The patient's home doses of plavix and eliquis had been held following PEG tube placement, however they are restarted today.

Per social work notation, his daughter Iona has successfully petitioned for guardianship and is willing to work with Parents Changing Spaces for potential group home placement.

OBJECTIVE

Physical exam limited due to intermittent agitation in the setting of anoxic brain injury

Physical Exam

Constitutional:

General: He is not in acute distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes:

Extraocular Movements: Extraocular movements intact.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal:

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Comments: PEG in place

Genitourinary:

Comments: Foley catheter in place

Musculoskeletal:

General: Normal range of motion. Cervical back: Normal range of motion.

Right lower leg: No edema. Left lower leg: No edema.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert. He is disoriented.

Psychiatric:

Attention and Perception: He is inattentive. Behavior: Behavior is agitated and aggressive. Cognition and Memory: Cognition is impaired.

Judgment: Judgment is impulsive.

Objective

Vitals

Visit Vitals

BP 118/85 (BP Location: Right arm, Patient Position: Lying)

Pulse 88

Temp 36 °C (96.8 °F) (Temporal)

Resp 18

Temp (24hrs), Avg:35.9 °C (96.6 °F), Min:35.6 °C (96.1 °F), Max:36 °C (96.8 °F)

Body mass index is 25.17 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results

Component Value Date

WBC 11.0 07/15/2023

HGB 12.2 (L) 07/15/2023

HCT 39.4 07/15/2023

MCV 94.7 07/15/2023

PLT 324 07/15/2023

CHEMISTRY

Lab Results

Component Value Date

GLUCOSE 147 (H) 07/15/2023

NA 139 07/15/2023

K 5.0 07/15/2023 CO2 30 07/15/2023 CL 102 07/15/2023 BUN 15 07/15/2023 CREATININE 0.56 (L) 07/15/2023 EGFR 111 07/15/2023 CALCIUM 8.6 07/15/2023 MG 1.9 07/15/2023 PHOS 3.8 07/15/2023 ANIONGAP 7 07/15/2023

MEDICATIONS

SCHEDULED MEDICATIONS amiodarone, 200 mg, g-tube, Daily apixaban, 5 mg, oral, BID ascorbic acid, 250 mg, g-tube, Daily atorvastatin, 40 mg, g-tube, Nightly clopidogreL, 75 mg, oral, Daily docusate, 100 mg, q-tube, BID HYDROcodone-acetaminophen, 1 tablet, g-tube, TID insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 25 mg, g-tube, BID nicotine, 1 patch, transdermal, Daily OLANZapine, 5 mg, g-tube, BID polyetheylene glycol, 17 g, g-tube, Daily QUEtiapine, 25 mg, g-tube, BID tamsulosin, 0.4 mg, g-tube, Daily valproic acid, 750 mg, g-tube, q12h SCH

DRIPS

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose, dextrose, dextrose, glucagon injection, LORazepam, prochlorperazine **OR** prochlorperazine **OR** prochlorperazine, Insert peripheral IV **AND** Maintain IV access **AND** Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by R Akaraz-Avedissian, MD at 07/16/2023 8:20 AM EDT Electronically signed by K Son, MD at 07/15/2023 4:20 PM EDT Electronically signed by R Akaraz-Avedissian, MD at 07/16/2023 8:20 AM EDT

Associated attestation - R Akaraz-Avedissian, MD - 07/16/2023 8:20 AM EDT Formatting of this note might be different from the original.

Attending Teaching Attestation:

I personally saw and examined the patient on rounds with resident Dr Kimberly Son and Dr Teena Shamsaei on 07/16/23. Management was discussed with my resident team and I supervised and developed the plan of care. I have reviewed and agree with the key parts of the resident evaluation including the subjective information, objective findings and the impression and plan. In addition the note has been addended to include my discussions, assessments and plans.

Pt here from rehab with agitation, secondary to anoxic brain injury which occurred after out of hospital cardiac arrest secondary to STEMI in May, 2023 while out of state. He had PCI during that admission, without any targets for revascularization, but started on plavix. He did have A Fib/flutter there, and was started on Eliquis. Also had urinary retention, for which foley catheter was placed.

Here he has remained agitation, requiring bilateral wrist restraints, mitts and bedside sitter. On exam today, he was calm however. Will continue Zyprexa, Seroquel. Monitor QT

Found to have acute DVT in proximal LLE, continue Eliquis

Urology on board for urinary retention and possible SPC, will discuss with family. Both SPC and indwelling foley would be at risk for displacement by patient.

Rita Akaraz-Avedissian, MD

Formatting of this note is different from the original.

Review of Systems

Unable to perform ROS: Mental status change Constitutional: Positive for activity change.

Temp: 36 °C (96.8 °F) (07/15 0543) Heart Rate: 89 (07/15 0543) Resp: 18 (07/15 0543)

BP: 119/71 (07/15 0543) I/O last 3 completed shifts:

In: 2140 (25.4 mL/kg) [NG/GT:2140]

Out: 1575 (18.7 mL/kg) [Urine:1575 (0.5 mL/kg/hr)]

Weight: 84.2 kg

No intake/output data recorded.

Physical Exam

Vitals and nursing note reviewed.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal:

Palpations: Abdomen is soft.

Neurological:

Mental Status: He is disoriented.

Principal Problem: Aggressive behavior

Urinary Retention post cardiac arrest 5/23 Foley catheter replaced 7/12 Several prior straight caths - 270-1000 c

On Flomax since 6/22/23

UTI

Repeat UCX with Enterobacter- dc/d abx, currently asymptomatic for UTI

The pt with risk of traumatic removal of SP catheter as well sec to MSC. He's on Plavix and Eliquis and would need to be off of these prior to eventual placement.

Will discuss with family

Electronically signed by M Hoff, DO at 07/15/2023 9:34 AM EDT

Tamara Z, RN - 07/15/2023 7:49 AM EDT

Formatting of this note might be different from the original.

Goals:

Problem: Nutritional:

Goal: Nutritional status will improve

Outcome: Progressing

Problem: Sensory:

Goal: Demonstrates/reports adequate pain control

Outcome: Progressing

Problem: Sensory:

Goal: Pain level will improve or be tolerable

Outcome: Progressing

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Not Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Not Progressing

Identify possible barriers to meeting goals/advancing plan of care: acuity of illness.

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End of Shift Summary: Patient A&OX1, BL soft wrist and mitt restraints in use. Repositioning provided. Foley and peg tube in place. Positive for a DVT of LLE, resident notified. SPO2 89% on RA patient would not let oxygen be placed. Resident said to give prn ativan and try oxygen. Patients oxygen saturation came up without the use of oxygen. Tube feeds infusing. 1:1 sitter at bedside.

Electronically signed by Tamara Z, RN at 07/15/2023 7:49 AM EDT

Tamara Z, RN - 07/14/2023 8:20 PM EDT

Formatting of this note might be different from the original.

Received call that patients ultrasound was positive for DVT. Spo2 89%, patient not allowing oxygen to be applied. Notified resident. Resident said to give prn ativan to try to place oxygen.

Electronically signed by Tamara Z, RN at 07/14/2023 11:46 PM EDT Electronically signed by Tamara Z, RN at 07/15/2023 4:04 AM EDT

Jack G, RN - 07/14/2023 7:34 PM EDT

Formatting of this note might be different from the original.

Goals:

Pt calmer. VSS.

Identify possible barriers to meeting goals/advancing plan of care: Pulling lines, tubes.

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End of Shift Summary: Continue with plan of care.

Electronically signed by Jack G, RN at 07/14/2023 7:35 PM EDT

Rhonda W - 07/14/2023 4:08 PM EDT

Formatting of this note might be different from the original.

SPIRITUAL CARE ASSESSMENT

Type of Visit:

Spiritual care visit SIGNIFICANT for medical care

Subjective:

Pt was not awake. Sister was present. She express sadness that pt is not a Christian and worries about his salvation. She expressed the belief that God will heal him.

Spiritual Distress Assessment:

Spiritual Care Assessment:

Spiritual Intervention:

Chaplain offered spiritual presence, empathic listening, prayer

Outcome:

Plan:

Spiritual Care will follow as able on rounds

Electronically signed by Rhonda W at 07/14/2023 4:11 PM EDT

Michelle O, LMSW - 07/14/2023 3:31 PM EDT

Formatting of this note might be different from the original.

Sw spoke to patient's daughter Ioana. Ioana planning to call Jennifer Taylor from Parents Changing Spaces for placement options. Ioana paid guardianship fee and awaiting court hearing.

Electronically signed by Michelle O, LMSW at 07/14/2023 3:32 PM EDT

K Son, MD - 07/14/2023 11:14 AM EDT

Formatting of this note is different from the original.

Images from the original note were not included.

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Kimberly Son, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Sukhminder Singh Maan, MD

Hospital Day: LOS: 23 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior. Admitted for management of aggressive/impulsive behavior 2/2 anoxic brain injury and placement.

Aggressive/impulsive behavior due to Anoxic brain injury

Prolonged QTc in setting of Antipsychotic use due to above

- -Remains in soft restraints with sitter at bed side
- -Patient awake and agitated this am. All IVs, PEG, and foley in place.
- -Patient wearing a body suit from his family that zips in the front and effectively protects his PEG tube.
- -Most recent QTc 484 7/12

PI AN

- -Daughter Ioana seeking guardianship. Will reach out to Parents Changing Spaces for placement evaluation
- -Psychiatry following: Continue Depakote syrup 750 mg BID, Zyprexa 5 mg twice daily
- -Seroquel 25mg bid added
- -PRN: Ativan 0.5 mg iv nightly for anxiety.
- -Ammonia and Depakote level labwork scheduled for tomorrow morning 0800
- -Soft restraints in place, renew as needed

Back Pain

-Patient complaining of back pain overnight 7/14

-Patient has difficulty communicating pain at baseline, yells and pulls at lines

Plan:

Anoxic encephalopathy 2/2 cardiac arrest

STEMI s/p PCI, no stent placement

Hx of Atrial flutter

-Continue NORCO 5 tid

Nonocclusive R basilic and L subclavian-jugular thrombi

- Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd.
- -Vascular US duplex LUE 7/7: no evidence of DVT

PLAN:

- -Rate controlled
- -Continue Lopressor 25 bid and Amio 200 qd
- -Restart eliquis and plavix, briefly on hold following PEG placement

Enterobacter cloacae (CRE) UTI -- resolved

Urinary retention likely 2/2 neurogenic bladder sp foley 7/12

- -Required multiple straight caths for urinary retention up to 1L
- -Foley replaced 7/12

Plan:

- -Continue tamsulosin 0.4 mg qd
- -Consider suprapubic catheter placement to better hide and protect foley from patient pulling

#DM, controlled

- -Per ED note patient was on lantus 30U nightly at home
- -lantus and low-dose sliding scale held, patient's blood sugars within normal range

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: home eliquis
- Fluids:
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

07/11/23 1250 Dietary nutrition supplements Lunch; St Mary Mercy Livonia; Diabetic Supplement Continuous

Question Answer Comment

Frequency Lunch

Location St Mary Mercy Livonia

Supplements Diabetic Supplement

07/11/23 1249

07/11/23 1204 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 75; 170; Water; Every 6 hours; Tube Feed (Tube Feeding) Diet effective now

Comments: Glucerna 1.2 start at 20 mL/hr continuously via feeding tube and increase by 10-15 mL/hr every 12 hr to reach goal rate of 75 mL/hr.

Question Answer Comment

Location: St Mary Mercy Livonia

Tube feeding formula: Glucerna 1.2 Cal

Route: PEG

Tube feeding continuous rate (mL/hr): 75

Tube feeding flush (mL): 170
Tube feeding flush type: Water

Tube feeding flush frequency: Every 6 hours

Diet Tube Feed

See Hyperspace for full Linked Orders Report.

07/11/23 1205

07/11/23 1204 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; IDDSI Level 4 Pureed, Thin

Liquids (Tube Feeding) Diet effective now

Comments: For pleasure; Requires 1:1 assistance

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (reg) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids IDDSI Level 4 Pureed

Modified Consistency Options for Liquids and Solids Thin Liquids

See Hyperspace for full Linked Orders Report. 07/11/23 1205

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

pending medical stability

SUBJECTIVE

Patient was seen and evaluated at bedside this morning. He was awake, disoriented, and pulling at his soft wrist restraints. PEG tube, IVs, and foley remain in place. He is currently wearing a body suit, brought in by his family. The full-coverage suit seems to be effectively protecting his tube and foley at this time.

Per social work notation, his daughter has successfully petitioned for guardianship. She is willing to work with Parents Changing Spaces for potential group home placement.

OBJECTIVE

Physical exam limited due to intermittent agitation in the setting of anoxic brain injury

Physical Exam

Constitutional:

General: He is not in acute distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes:

Extraocular Movements: Extraocular movements intact.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal:

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Comments: PEG in place

Genitourinary:

Comments: Foley catheter in place

Musculoskeletal:

General: Normal range of motion. Cervical back: Normal range of motion.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert. He is disoriented.

Psychiatric:

Attention and Perception: He is inattentive. Behavior: Behavior is agitated and aggressive. Cognition and Memory: Cognition is impaired.

Judgment: Judgment is impulsive.

Objective

Vitals

Visit Vitals

BP 109/75

Pulse 90

Temp 36.1 °C (97 °F) (Temporal)

Resp 18

Temp (24hrs), Avg:36.2 °C (97.2 °F), Min:36.1 °C (97 °F), Max:36.3 °C (97.3 °F)

Body mass index is 25.17 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results Component Value Date WBC 10.3 07/14/2023 HGB 11.8 (L) 07/14/2023 HCT 38.6 07/14/2023 MCV 95.8 07/14/2023 PLT 339 07/14/2023 CHEMISTRY

Lab Results
Component Value Date
GLUCOSE 95 07/14/2023
NA 138 07/14/2023
K 4.2 07/14/2023
CO2 30 07/14/2023
CL 103 07/14/2023
BUN 17 07/14/2023
CREATININE 0.50 (L) 07/14/2023
EGFR 115 07/14/2023
CALCIUM 8.2 (L) 07/14/2023
MG 1.8 07/14/2023
PHOS 3.4 07/14/2023
ANIONGAP 5 07/14/2023

MEDICATIONS

SCHEDULED MEDICATIONS amiodarone, 200 mg, g-tube, Daily [START ON 7/15/2023] apixaban, 5 mg, oral, BID ascorbic acid, 250 mg, g-tube, Daily atorvastatin, 40 mg, g-tube, Nightly [START ON 7/15/2023] clopidogreL, 75 mg, oral, Daily docusate, 100 mg, g-tube, BID HYDROcodone-acetaminophen, 1 tablet, g-tube, TID insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 25 mg, g-tube, BID nicotine, 1 patch, transdermal, Daily OLANZapine, 5 mg, g-tube, BID polyetheylene glycol, 17 g, g-tube, Daily tamsulosin, 0.4 mg, g-tube, Daily valproic acid, 750 mg, g-tube, q12h SCH

DRIPS

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose, dextrose, dextrose, glucagon injection, LORazepam, prochlorperazine **OR** prochlorperazine **OR** prochlorperazine, Insert peripheral IV **AND** Maintain IV access **AND** Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by S Maan, MD at 07/14/2023 3:54 PM EDT Electronically signed by K Son, MD at 07/14/2023 2:03 PM EDT Electronically signed by S Maan, MD at 07/14/2023 3:54 PM EDT

Associated attestation - S Maan, MD - 07/14/2023 3:54 PM EDT Formatting of this note might be different from the original.

Attending Teaching Attestation:

I personally saw and examined the patient on rounds with resident on date of service. Management was discussed with my resident team and I supervised and developed the plan of care. I have reviewed and agree with the key parts of the resident evaluation including the subjective information, objective findings and the impression and plan. In addition the note has been addended to include my discussions, assessments and plans.

62-year-old male was admitted to hospital recent out off hospital cardiac arrest with over 1 hour CPR done and return of spontaneous circulation and was hospitalized, but unfortunately has anoxic encephalopathy. Was admitted with increased aggressive behavior agitation and pulled out his PEG tube during hospital stay that was replaced by GI

Anoxic encephalopathy,

Overall he is less agitated now that he is on Depakote twice daily and Zyprexa twice daily.

Appreciate psychiatry input. Added low-dose Seroquel and we also have used trial of some track suit to avoid patient pulling at PEG tube, is helpful for short time but is not likely definitive answer as we are unable to do skin assessment and would favor using it as needed if his overly agitated.

Plan psychiatry check valproate level a.m. Saturday

Sitter also in place-optimizing medication with assistance from psychiatry for behavioral disturbance in view of anoxic encephalopathy

#urine retention currently Foley catheter is also required. Voiding trial was done but patient still retaining. We will get urology input likely

Need to keep Foley catheter in place.

Kylie Z, RD - 07/14/2023 10:52 AM EDT

Formatting of this note is different from the original.

7/14/2023 @ 10:52 AM EDT

Reason for RD Intervention: Assessment Type: Follow-up

Reason for Assessment: Tube Feeding Additional Assessment Information: MST 3

Nutrition Diagnosis:

Code Type: (No malnutrition diagnosis at this time.)

Status: Improvement

Diagnosis: Inadequate Oral Intake

Etiology: Changes in taste and appetite or preference, Increased demand for nutrient

Symptoms: decreased po intake, wound healing

Nutrition Recommendations/Plan of Care:

- 1. Continue IDDSI Level 4 Pureed diet with thin liquid for pleasure per SLP recommendations as tolerated. Monitor need for 90 gm carb/meal diet restriction.
- 2. Continue vanilla Glucerna Shake daily (provides 220 kcal and 10 gm protein per serving) to help meet nutrition needs.
- 3. Encourage po intake (greater than 75% of meals), protein-rich foods, and assist w/meals as needed.
- 4. Continue enteral nutrition of Glucerna 1.2 at goal rate of 75 mL/hr (provides 2160 kcal, 108 gm protein, 1449 mL free water; meet 100% of kcal/protein needs).
- A. Flush tube with at least 20-30 mL q 4-8 hrs & before/after each medication pass to maintain tube patency.
- B. Keep HOB elevated 30-45 degrees.
- C. Continue water flush 170 mL q 6 hrs to maintain hydration TF along with water flushes will provide 2129 mL fluid.
- D. ASPEN recommends holding for gastric residuals greater than 500mL (if being checked).
- E. Goal enteral feeding regimen meets 100% RDIs for vitamins/minerals.
- 5. Monitor sodium/hydration status. Adjust flushes as needed.
- 6. Monitor/control blood glucose level.
- 7. Continue 250 mg Vitamin C daily until wound closure.
- 8. Monitor chewing/swallowing function. Re-consult SLP as needed/appropriate.
- 9. RD will continue to monitor PO intake, diet order, diet tolerance, tube feed order, tube feed tolerance, GI status, weight, labs/lytes, and plan of care.

Nutrition Interventions:

Diet Order, Enteral Nutrition, Medical Food Supplement, Vitamin/Mineral Supplement

Medical Food Supplement(s): Glucerna

Glucerna Frequency: Daily

Diet Order: Other (Comment) (IDDSI level 4/Pureed oral diet with thin liquids for pleasure with 1:1 assistance) Collaboration and Referral of Nutrition Care: Collaborate with Other Providers

Enteral Nutrition: Access Type: PEG Tube Formula: Glucerna 1.2 Cal Feeding Type: Continuous

Goal Rate: 75

Water Flush: 170 mL Water Flush Frequency: QID

Monitoring/Evaluation:

Energy Intake, Food Intake, Protein Intake, Medical Food Supp/Oral Nutrition Supp, Weight, Renal/Electrolyte Profile,

Gastrointestinal Profile, Diet Order, Enteral Nutrition Intake

Follow Up:

Priority Level: High Follow Up Date: 07/18/23

Minutes Spent: 30

Nutritional Discharge Recommendations:

Recommended Discharge Diet: Enteral Nutrition (+ IDDSI level 4/Pureed oral diet with thin liquids for pleasure with 1:1 assistance)

Medical Food Supplements: Glucerna/Glucerna Shake

Subjective Assessment:

RD attempted to meet with pt at bedside, however, pt asleep at time of RD visit. Limited information obtained. Tube feed currently running at goal rate of 75 mL/hr, 50 mL residuals (insignificant) noted in flowsheet 7/13. No current nausea/vomiting/diarrhea/constipation noted, last BM noted 7/13. 0% PO intake documented in flowsheet 7/12.

Current Diet and Supplements:

Dietary Orders (From admission, onward)

Start Ordered

07/11/23 1250 Dietary nutrition supplements Lunch; St Mary Mercy Livonia; Diabetic Supplement Continuous

Question Answer Comment

Frequency Lunch

Location St Mary Mercy Livonia

Supplements Diabetic Supplement

07/11/23 1249

07/11/23 1204 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 75; 170; Water; Every 6 hours; Tube Feed (Tube

Feeding) Diet effective now

Comments: Glucerna 1.2 start at 20 mL/hr continuously via feeding tube and increase by 10-15 mL/hr every 12 hr to reach goal rate

of 75 mL/hr.

Question Answer Comment

Location: St Mary Mercy Livonia

Tube feeding formula: Glucerna 1.2 Cal

Route: PEG

Tube feeding continuous rate (mL/hr): 75

Tube feeding flush (mL): 170

Tube feeding flush type: Water

Tube feeding flush frequency: Every 6 hours

Diet Tube Feed

See Hyperspace for full Linked Orders Report.

07/11/23 1205

07/11/23 1204 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; IDDSI Level 4 Pureed, Thin

Liquids (Tube Feeding) Diet effective now

Comments: For pleasure; Requires 1:1 assistance

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids IDDSI Level 4 Pureed

Modified Consistency Options for Liquids and Solids Thin Liquids

See Hyperspace for full Linked Orders Report.

07/11/23 1205

Food/Nutrition-Current Status:

Intake Type: Enteral (Glucerna 1.2 + IDDSI Level 4 Pureed diet for pleasure)

Kcal: 2160

Protein (gm): 108 Free Water (mL): 1449

Water Flushes: 170 mL q 6 hr

% RDI: 100

Current Diet Status: Appropriate

Current Supplement Status: Appropriate

Appetite: Other (Comment) (Diet for pleasure for diet order comments)

Intake Amount (%): Other (Comment) (0% intake documented in flowsheet 7/12)

Intake Assessment: Unable to Assess

Main IVF: None

Barriers: Cognitive, Language

Weights:

Admit Weight: 88 kg (194 lb 0.1 oz) Current Weight: 84.2 kg (185 lb 10 oz)

Nutrition-Related Lab Values:

Results from last 7 days

Lab Units 07/14/23

0645

SODIUM mmol/L 138

POTASSIUM mmol/L 4.2

PHOSPHORUS mg/dL 3.4

MAGNESIUM mg/dL 1.8

CHLORIDE mmol/L 103

CO2 mmol/L 30

BUN mg/dL 17

CREATININE mg/dL 0.50*

EGFR mL/min/1.73m2 115

CALCIUM mg/dL 8.2*

BILIRUBIN TOTAL mg/dL 0.3

ALK PHOS unit/L 96

ALT unit/L 7

AST unit/L 19

GLUCOSE mg/dL 95

WBC AUTO K/mcL 10.3

Pertinent nutrition-related medications reviewed on 7/14/2023.

Nutrition Focused Physical Findings:

Overall Appearance: PEG tube

Digestive System (Mouth to Rectum): Chewing difficulty, Swallowing difficulty

Nerves and Cognition: Confused

Skin: Lt knee abrasion, stage 2 buttocks, generalized bruising VSOH, excoriation-groin/buttocks MASD per RN note on 7/7

Fluid Accumulation/Edema: Other (Comment) (Nonpitting generalized per flowsheet)

Energy Needs: 2098-2518 kcal, 84-126 gm protein, 2098-2518 mL fluid per day. Recalculated needs 7/7.

Height: 182.9 cm (72.01")

Weight Used for Equation Calculations: 84.2 kg (185 lb 10 oz)

Harris-Benedict Equation: 1742

Mifflin- St. Jeor Equation (Overweight or Obese Patients): 1680

Temp: 36.1 °C (97 °F)

Calculating Weight (lbs): 185

Calculating Weight (Kg calc): 83.92

Kcal/Kg Lower Limit: 25

Kcal/day Lower Range (calc): 2098

Kcal/Kg Upper Limit: 30

Kcal/day Upper Range (calc): 2518

Protein g/Kg Lower Limit: 1

Protein g/day Lower Range (calc): 84

Protein g/Kg Upper Limit: 1.5

Protein g/day Upper Range (calc): 126

Fluid mL/Kg Lower Limit: 25

Fluid mL/day Lower Range (calc): 2098

Fluid mL/Kg Upper Limit: 30

Fluid mL/day Upper Range (calc): 2518

RD remains available and will continue to follow.

Signature: Kylie Zellner, RD

Electronically signed by Kylie Z, RD at 07/14/2023 10:58 AM EDT

Chioma O, RN - 07/14/2023 12:44 AM EDT

Goals:

Formatting of this note might be different from the original.

Goal: Will be restraint free

Outcome: Not Progressing

Problem: Coping:

Problem: Safety:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Not Progressing

Problem: Swallowing

Goal: Patient will tolerate the least restrictive diet consistency to allow for safe consumption of daily meals

Outcome: Not Progressing

Problem: Balance

Goal: Maintains static sitting balance without upper extremity support

Outcome: Not Progressing

Identify possible barriers to meeting goals/advancing plan of care: Language barrier

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End of Shift Summary: Pt A/O X 1, Meds crushed and pushed through the peg tube. Tube feeding infusing and at the goal of 75, Restraint maintained for safety, bed in low position, bed alert activated, no acute distress over night. Will cont to monitor the pt.

Electronically signed by Chioma O, RN at 07/14/2023 5:49 AM EDT Electronically signed by Chioma O, RN at 07/14/2023 5:50 AM EDT Electronically signed by Chioma O, RN at 07/14/2023 6:53 AM EDT

J Roberts, DO - 07/13/2023 4:37 PM EDT

Formatting of this note might be different from the original.

Subjective:

Patient seen and examined. Appears to be in no acute distress

Objective:

Vital stable, afebrile

Abdomen: Is soft nontender nondistended no rebound or rigidity. PEG tube in place.

Assessment:

Status post dislodgment of PEG tube requiring surgical consultation. Tube was able to be replaced percutaneously and endoscopically by Dr. Petrus. Seems to be doing well with reinsertion. No current issues. No signs of peritonitis.

Plan:

Continue current management

No immediate surgical intervention warranted

We will continue to follow patient's in the hospital.

Electronically signed by J Roberts, DO at 07/13/2023 4:38 PM EDT

Starlyne W, RN - 07/13/2023 3:07 PM EDT

Formatting of this note might be different from the original.

Per IDR: uncertain on duration of restraints and sitter (1:1 precautions); peg tube and foley catheter remains intact and in place.

Reviewed w/attending options for urology re: urinary retention.

Will f/w social work on placement options.

Electronically signed by Starlyne W, RN at 07/13/2023 3:09 PM EDT

Michelle O, LMSW - 07/13/2023 1:26 PM EDT

Type of Contact and Person(s) Present:

Phone call with patient's daughter Ioana.

Needs/Concerns Addressed:

Placement and Guardianship

Interventions:

loana stated that's he received email from court stating that petition was accepted. She will plan to pay court fee of \$170 today and then will await court hearing. loana open to working with Jennifer Taylor from Parents Changing Spaces. Patient's sister's group home would not be an options at this tie due to behaviors. Family will discuss what they would be able to afford.

Family brought bodysuit they purchased on Amazon to the hospital. Bodysuit meant to keep patient from pulling on peg tube.

Recommendations/Plan/Referrals:

Sw made referral to Jennifer Taylor. Sw will ask Sam to resend referrals for LTC for patient.

Electronically signed by Michelle O, LMSW at 07/13/2023 1:31 PM EDT

K Son, MD - 07/13/2023 12:49 PM EDT

Formatting of this note is different from the original. Images from the original note were not included.

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Kimberly Son, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Sukhminder Singh Maan, MD

Hospital Day: LOS: 22 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior. Admitted for management of aggressive/impulsive behavior 2/2 anoxic brain injury and placement.

Aggressive/impulsive behavior due to Anoxic brain injury

Prolonged QTc in setting of Antipsychotic use due to above

- -Remains in soft restraints with sitter at bed side
- -awaiting psych meds to take Effect after replacement of the PEG tube
- -Patient sleeping this am. All IVs, PEG, and foley in place
- -Per nursing, when patient is awake he remains agitated, combative and tends to pull on external devices

PLAN

- -Regency Livonia to visit with patient today for placement evaluation
- -Psychiatry following: Continue Depakote syrup 750 mg BID, Zyprexa 5 mg twice daily
- -PRN: Zyprexa 5mg IM when unable to take PO meds or with increased agitation
- Soft restraints in place, renew as needed
- -Hold plavix for 3 days and eliquis for 2 days per GI- anticipate re-starting 7/15

Back Pain

- -Patient complaining of back pain overnight
- -Given tylenol, daughter at bedside requesting morphine
- -Patient has difficulty communicating pain at baseline, yells and pulls at lines

Plan:

-Scheduled NORCO 5 tid

Anoxic encephalopathy 2/2 cardiac arrest

STEMI s/p PCI, no stent placement

Hx of Atrial flutter

Nonocclusive R basilic and L subclavian-jugular thrombi

- Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd.

-Vascular US duplex LUE 7/7: no evidence of DVT

PLAN:

- -Rate controlled
- -Continue Lopressor 25 bid and Amio 200 qd
- Hold eliquis x2 days and plavix x3 days post PEG placement per GI recommendations

Enterobacter cloacae (CRE) UTI -- resolved

Urinary retention likely 2/2 neurogenic bladder sp foley 7/12

- -required multiple straight caths for urinary retention up to 1L
- -Foley replaced 7/12

Plan:

- Continue tamsulosin 0.4 mg qd

#DM, controlled

- -Per ED note patient was on lantus 30U nightly at home
- -lantus and low-dose sliding scale held, patient's blood sugars within normal range

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: Lovenox
- Fluids:
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

07/11/23 1250 Dietary nutrition supplements Lunch; St Mary Mercy Livonia; Diabetic Supplement Continuous

Question Answer Comment

Frequency Lunch

Location St Mary Mercy Livonia

Supplements Diabetic Supplement

07/11/23 1249

07/11/23 1204 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 75; 170; Water; Every 6 hours; Tube Feed (Tube Feeding) Diet effective now

Comments: Glucerna 1.2 start at 20 mL/hr continuously via feeding tube and increase by 10-15 mL/hr every 12 hr to reach goal rate

of 75 mL/hr. Question Answer Comment

Location: St Mary Mercy Livonia

Tube feeding formula: Glucerna 1.2 Cal

Route: PEG

Tube feeding continuous rate (mL/hr): 75

Tube feeding flush (mL): 170
Tube feeding flush type: Water

Tube feeding flush frequency: Every 6 hours

Diet Tube Feed

See Hyperspace for full Linked Orders Report.

07/11/23 1205

07/11/23 1204 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; IDDSI Level 4 Pureed, Thin

Liquids (Tube Feeding) Diet effective now

Comments: For pleasure; Requires 1:1 assistance

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (reg) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids IDDSI Level 4 Pureed

Modified Consistency Options for Liquids and Solids Thin Liquids

See Hyperspace for full Linked Orders Report.

07/11/23 1205

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

pending medical stability

SUBJECTIVE

Patient was seen and evaluated at bedside this morning. He was sleeping quietly in bed. PEG tube, IVs, and foley remain in place. Overnight, patient was given tylenol for back pain.

OBJECTIVE

Physical exam limited due to intermittent agitation in the setting of anoxic brain injury

Physical Exam

Constitutional:

General: He is not in acute distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes:

Extraocular Movements: Extraocular movements intact.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal:

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Comments: PEG in place

Genitourinary:

Comments: Foley catheter in place

Musculoskeletal:

General: Normal range of motion.

Cervical back: Normal range of motion.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert. He is disoriented.

Psychiatric:

Comments: Psychiatric exam limited due to patient somnolence

Objective

Vitals

Visit Vitals

BP 117/78 (BP Location: Left arm, Patient Position: Lying)

Pulse 99

Temp 36.5 °C (97.7 °F) (Axillary)

Resp 18

Temp (24hrs), Avg:36.4 °C (97.5 °F), Min:36.2 °C (97.2 °F), Max:36.5 °C (97.7 °F)

Body mass index is 25.17 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results

Component Value Date

WBC 10.3 07/13/2023

HGB 12.8 (L) 07/13/2023

HCT 40.9 07/13/2023

MCV 93.6 07/13/2023

PLT 372 07/13/2023

CHEMISTRY

Lab Results

Component Value Date

GLUCOSE 135 (H) 07/13/2023

NA 142 07/13/2023

K 4.4 07/13/2023 CO2 28 07/13/2023 CL 104 07/13/2023 BUN 15 07/13/2023 CREATININE 0.50 (L) 07/13/2023 EGFR 115 07/13/2023 CALCIUM 8.5 (L) 07/13/2023 MG 1.5 (L) 07/08/2023 PHOS 2.4 07/08/2023 ANIONGAP 10 07/13/2023

MEDICATIONS

SCHEDULED MEDICATIONS amiodarone, 200 mg, g-tube, Daily [Held by provider] apixaban, 5 mg, oral, BID ascorbic acid, 250 mg, g-tube, Daily atorvastatin, 40 mg, g-tube, Nightly [Held by provider] clopidogreL, 75 mg, oral, Daily docusate, 100 mg, g-tube, BID HYDROcodone-acetaminophen, 1 tablet, g-tube, 4x daily insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 25 mg, g-tube, BID nicotine, 1 patch, transdermal, Daily OLANZapine, 5 mg, g-tube, BID polyetheylene glycol, 17 g, g-tube, Daily tamsulosin, 0.4 mg, g-tube, Daily valproic acid, 750 mg, g-tube, q12h SCH

PRN MEDICATIONS

DRIPS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose, dextrose, glucagon injection, LORazepam, prochlorperazine **OR** prochlorperazine **OR** prochlorperazine, Insert peripheral IV **AND** Maintain IV access **AND** Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by S Maan, MD at 07/13/2023 3:19 PM EDT Electronically signed by K Son, MD at 07/13/2023 1:15 PM EDT Electronically signed by S Maan, MD at 07/13/2023 3:19 PM EDT

Associated attestation - S Maan, MD - 07/13/2023 3:19 PM EDT Formatting of this note might be different from the original.

Attending Teaching Attestation:

I personally saw and examined the patient on rounds with resident on date of service. Management was discussed with my resident team and I supervised and developed the plan of care. I have reviewed and agree with the key parts of the resident evaluation including the subjective information, objective findings and the impression and plan. In addition the note has been addended to include my discussions, assessments and plans.

Anoxic encephalopathy, behavior is better. He gets at times agitated, and with his encephalopathy from anoxia cannot comprehend if he is in pain per patient daughter likely has lower back pain we have initiated scheduled Norco 5 mg 3 times a day.

Continue valproic twice a day, continue Zyprexa twice daily.

Okay with giving a trial off using the swim track suit to avoid patient from pulling at his PEG tube.. We remained stable we will discontinue the sitter with intention of discharge to group home

Sukhminder Maan, MD

Caroline B, RN - 07/13/2023 5:10 AM EDT

Formatting of this note might be different from the original.

Problem: Safety:

Goal: Will be restraint free Outcome: Progressing

Goal: Will remain free from injury to self

Outcome: Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Goal: Skin integrity will improve

Outcome: Progressing

Goal: Risk for impaired skin integrity will decrease

Outcome: Progressing

Problem: Activity:

Goal: Mobility will improve Outcome: Progressing

Problem: Cognitive:

Goal: Understanding of ways to prevent future skin breakdown will improve

Outcome: Progressing

Problem: Nutritional:

Goal: Nutritional status will improve

Outcome: Progressing

Problem: Swallowing

Goal: Patient will tolerate the least restrictive diet consistency to allow for safe consumption of daily meals

Outcome: Progressing

Problem: Balance

Goal: Maintains static sitting balance without upper extremity support

Outcome: Progressing

Goal: Maintains dynamic sitting balance with upper extremity support

Outcome: Progressing

Problem: Balance

Goal: Maintains static sitting balance without upper extremity support

Outcome: Progressing

Problem: Transfers

Goal: Patient will perform bed mobility

Outcome: Progressing

Problem: Health Behavior: Goal: Patient Specific Outcome

Outcome: Progressing

Problem: Cognitive:

Goal: Knowledge of disease or condition will improve

Outcome: Progressing

Problem: Physical Regulation:

Goal: Ability to maintain clinical measurements within normal limits will improve

Outcome: Progressing

Problem: Skin Integrity:

Goal: Patient will remain free of injury and skin integrity maintained

Outcome: Progressing

Problem: Sensory:

Goal: Demonstrates/reports adequate pain control

Outcome: Progressing

Problem: Coping:

Goal: Verbalizations of alleviation of anxiety will increase

Outcome: Progressing

Problem: Sensory:

Goal: Pain level will improve or be tolerable

Outcome: Progressing

Goal: Ability to develop a pain control plan will improve

Outcome: Progressing

Problem: Cognitive:

Goal: Expressions of feelings of enhanced comfort will increase

Outcome: Progressing Goals: Safety and comfort

Identify possible barriers to meeting goals/advancing plan of care: increased aggression

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End of Shift Summary: Patient remains confused and agitated at times with attempts to pull out Peg Tube; bilateral soft wrist restraints and Mitts order renewed; Foley Cath remains in place; pt turned Q2 throughout night and tolerating Tube Feeding as rate is increased; No new issues or concerns; All VSS

Electronically signed by Caroline B, RN at 07/13/2023 5:21 AM EDT

T Shamsaei, MD - 07/12/2023 3:29 PM EDT

Formatting of this note is different from the original. Images from the original note were not included.

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Teena Shamsaei, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Sukhminder Singh Maan, MD

Hospital Day: LOS: 21 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior. Admitted for management of aggressive/impulsive behavior 2/2 anoxic brain injury and placement.

Aggressive/impulsive behavior due to Anoxic brain injury Prolonged QTc in setting of Antipsychotic use due to above

- -remains in soft restraints with sitter at bed side
- awaiting psych meds to take Effect after replacement of the PEG tube

PLAN

- -Psychiatry following: Continue Depakote syrup 750 mg BID, Zyprexa 5 mg twice daily
- -PRN: Zyprexa 5mg IM when unable to take PO meds or with increased agitation
- Soft restraints in place, renew as needed
- -Hold plavix for 3 days and eliquis for 2 days per GI- anticipate re-starting 7/15

Anoxic encephalopathy 2/2 cardiac arrest

STEMI s/p PCI, no stent placement

Hx of Atrial flutter

Nonocclusive R basilic and L subclavian-jugular thrombi

-remains agitated, combative and tends to pull on external devices

PLAN:

-Rate controlled

- -reduce Lopressor to 25 bid , cont Amio 200 qd
- Hold eliquis x2 days and plavix x3 days post PEG placement per GI recommendations

Enterobacter cloacae (CRE) UTI -- resolved

Urinary retention likely 2/2 neurogenic bladder sp foley 7/12

-required multiple straight caths for urinary retention up to 1L

Plan:

- Continue tamsulosin 0.4 mg qd
- -foley placed

#DM, controlled

- -Per ED note patient was on lantus 30U nightly at home
- -lantus and low-dose sliding scale held, patient's blood sugars within normal range

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: Lovenox
- Fluids:
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

07/11/23 1250 Dietary nutrition supplements Lunch; St Mary Mercy Livonia; Diabetic Supplement Continuous

Question Answer Comment

Frequency Lunch

Location St Mary Mercy Livonia

Supplements Diabetic Supplement

07/11/23 1249

07/11/23 1204 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 75; 170; Water; Every 6 hours; Tube Feed (Tube

Feeding) Diet effective now

Comments: Glucerna 1.2 start at 20 mL/hr continuously via feeding tube and increase by 10-15 mL/hr every 12 hr to reach goal rate

of 75 mL/hr.

Question Answer Comment

Location: St Mary Mercy Livonia

Tube feeding formula: Glucerna 1.2 Cal

Route: PEG

Tube feeding continuous rate (mL/hr): 75

Tube feeding flush (mL): 170
Tube feeding flush type: Water

Tube feeding flush frequency: Every 6 hours

Diet Tube Feed

See Hyperspace for full Linked Orders Report.

07/11/23 1205

07/11/23 1204 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; IDDSI Level 4 Pureed, Thin

Liquids (Tube Feeding) Diet effective now

Comments: For pleasure; Requires 1:1 assistance

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids IDDSI Level 4 Pureed

Modified Consistency Options for Liquids and Solids Thin Liquids

See Hyperspace for full Linked Orders Report.

07/11/23 1205

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

pending medical stability

SUBJECTIVE

No acute events over night Continues to retain urine up to 1 L

Received morphine for pain x1 last night

ROS remains limited due to agitation

OBJECTIVE

Physical exam limited due to intermittent agitation in the setting of anoxic brain injury

Physical Exam

Constitutional:

General: He is not in acute distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes:

Extraocular Movements: Extraocular movements intact.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal:

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Comments: PEG in place

Musculoskeletal:

General: Normal range of motion. Cervical back: Normal range of motion.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert. He is disoriented.

Psychiatric:

Attention and Perception: He is inattentive.

Behavior: Behavior is uncooperative and agitated.

Judgment: Judgment is impulsive.

Objective

Vitals

Visit Vitals

BP 102/68 (BP Location: Left arm, Patient Position: Lying)

Pulse 86

Temp 36.5 °C (97.7 °F) (Oral)

Resp 19

Temp (24hrs), Avg:36.7 °C (98 °F), Min:36.4 °C (97.5 °F), Max:36.9 °C (98.4 °F)

Body mass index is 25.17 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results

Component Value Date

WBC 8.7 07/12/2023

HGB 11.4 (L) 07/12/2023

HCT 37.2 (L) 07/12/2023

MCV 93.7 07/12/2023

PLT 374 07/12/2023

CHEMISTRY

Lab Results

Component Value Date

GLUCOSE 137 (H) 07/12/2023

NA 142 07/12/2023

K 3.9 07/12/2023

CO2 26 07/12/2023

CL 107 07/12/2023

BUN 15 07/12/2023 CREATININE 0.60 (L) 07/12/2023 EGFR 109 07/12/2023 CALCIUM 8.2 (L) 07/12/2023 MG 1.5 (L) 07/08/2023 PHOS 2.4 07/08/2023 ANIONGAP 9 07/12/2023

MEDICATIONS

SCHEDULED MEDICATIONS amiodarone, 200 mg, g-tube, Daily [Held by provider] apixaban, 5 mg, oral, BID ascorbic acid, 250 mg, g-tube, Daily atorvastatin, 40 mg, g-tube, Nightly [Held by provider] clopidogreL, 75 mg, oral, Daily docusate, 100 mg, g-tube, BID insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 25 mg, g-tube, BID nicotine, 1 patch, transdermal, Daily OLANZapine, 5 mg, g-tube, BID polyetheylene glycol, 17 g, g-tube, Daily tamsulosin, 0.4 mg, g-tube, Daily valproic acid, 750 mg, g-tube, q12h SCH

DRIPS

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose 50%, dextrose, dextrose, glucagon injection, LORazepam, prochlorperazine **OR** prochlorperazine **OR** prochlorperazine, Insert peripheral IV **AND** Maintain IV access **AND** Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by S Maan, MD at 07/13/2023 7:27 AM EDT Electronically signed by T Shamsaei, MD at 07/12/2023 3:44 PM EDT Electronically signed by S Maan, MD at 07/13/2023 7:27 AM EDT

Associated attestation - S Maan, MD - 07/13/2023 7:27 AM EDT Formatting of this note might be different from the original.

Attending Teaching Attestation:

I personally saw and examined the patient on rounds with resident on date of service. Management was discussed with my resident team and I supervised and developed the plan of care. I have reviewed and agree with the key parts of the resident evaluation including the subjective information, objective findings and the impression and plan. In addition the note has been addended to include my discussions, assessments and plans.

Sukhminder Maan, MD

Kayla M - 07/12/2023 1:18 PM EDT

Formatting of this note might be different from the original.

Occupational Therapy

Occupational Therapy: OT order received, chart reviewed, and session attempted. Patient is not appropriate to participate in OT session at this time per RN. Will continue to follow as time and situation allows.

Electronically signed by Kayla M at 07/12/2023 1:19 PM EDT

Gavin V, RN - 07/12/2023 1:12 PM EDT

Goals:

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Problem: Safety:

Goal: Will remain free from injury to self

Outcome: Not Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Not Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Not Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Problem: Skin Integrity:

Goal: Skin integrity will improve

Outcome: Progressing

Problem: Nutritional:

Goal: Nutritional status will improve

Outcome: Progressing

Identify possible barriers to meeting goals/advancing plan of care: mental status

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End Of Shift Summary:

-A+Ox1, person only

-VSS

-remained in bilateral wrist restraints and hand mitts. All checks done and no complications related to restraints. Sitter in room until 3, staff rotating visual checks from doorway for the rest of shift.

Events during shift:

-new foley catheter placed per MD order, draining and intact

Patient mobility:

Patient is bedrest turn and being turned Q2h for comfort and pressure prevention.

Patient positioning:

Patient currently in bed with bed locked and in low position. Bed alarm on and call light within reach.

Electronically signed by Gavin V, RN at 07/12/2023 6:19 PM EDT

Rhonda W - 07/12/2023 11:39 AM EDT

SPIRITUAL CARE ASSESSMENT

Type of Visit:

Spiritual care visit SIGNIFICANT for medical care

Subjective:

Pt was drifting in and out of sleep. His words were not distinguishable - unable to determine if they were Romanian or slurred English. No family was present.

Spiritual Distress Assessment:

Spiritual Care Assessment:

There was a Bible in his room that a visitor must have brought.

Spiritual Intervention:

Chaplain consulted with RN and sitter. She played Christian Romanian music for pt and prayed for him.

Outcome:

As chaplain was leaving pt said clearly, "Thank you."

Plan:

Will follow as able on rounds

Electronically signed by Rhonda W at 07/12/2023 11:42 AM EDT

Michelle O, LMSW - 07/12/2023 11:27 AM EDT

Formatting of this note might be different from the original.

Sw spoke to Regency Livonia liaison Rhonda. Rhonda and Admin David from Regency Livonia will do an onsite visit with patient on 7/13/23.

Update:

Visit rescheduled to 7/14/23

Electronically signed by Michelle O, LMSW at 07/12/2023 11:27 AM EDT

Electronically signed by Michelle O, LMSW at 07/13/2023 8:37 AM EDT

Kiersten G, RN - 07/12/2023 7:42 AM EDT

Goals:

Problem: Safety:

Goal: Will be restraint free

7/12/2023 0314 by Kiersten George, RN

Outcome: Not Progressing

7/12/2023 0313 by Kiersten George, RN

Outcome: Not Progressing

Goal: Will remain free from injury to self 7/12/2023 0314 by Kiersten George, RN

Outcome: Not Progressing

7/12/2023 0313 by Kiersten George, RN

Outcome: Not Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Not Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Not Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury 7/12/2023 0314 by Kiersten George, RN

Outcome: Progressing

7/12/2023 0313 by Kiersten George, RN

Outcome: Progressing

Goal: Skin integrity will improve

7/12/2023 0314 by Kiersten George, RN

Outcome: Progressing

7/12/2023 0313 by Kiersten George, RN

Outcome: Progressing

Problem: Sensory:

Goal: Pain level will improve or be tolerable

Outcome: Progressing

Goal: Ability to develop a pain control plan will improve

Outcome: Progressing

Identify possible barriers to meeting goals/advancing plan of care: acuity of illness

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End of Shift Summary: Patient is oriented x1 (to person), is RA, and is BRT. PEG tube maintained, tube feed increased to 30 ml/hr. B/I mitts and wrist restraints maintained. Sitter at bedside. Bladder scan showed patient was retaining greater than 927 ml. Straight cathed and patient had output of 1005 ml. Bed is locked and in lowest position. Bed alarm activated and call light within reach.

Electronically signed by Kiersten G, RN at 07/12/2023 7:42 AM EDT

J Roberts, DO - 07/11/2023 6:22 PM EDT

Subjective:

Patient seen and examined on rounds today.

Objective:

Visit Vitals

BP (!) 161/94 (Patient Position: Lying)

Pulse 84

Temp 36.9 °C (98.4 °F) (Axillary)

Resp 17

Ht 1.829 m (72.01")

Wt 84.2 kg (185 lb 10 oz)

SpO2 95%

BMI 25.17 kg/m²

Smoking Status Every Day

BSA 2.06 m²

Abdomen: Soft, nontender nondistended. PEG tube in good position. No bleeding noted.

Assessment/plan:

loan Suiugan is a 62 y.o. male who was found to have pulled his PEG tube. He went to endoscopy and had it replaced. The site looks good there appears to be no issues. I will follow the patient while in the hospital.

Jacob E Roberts, DO

Electronically signed by J Roberts, DO at 07/11/2023 6:24 PM EDT

Renee F, RN - 07/11/2023 6:14 PM EDT

Formatting of this note might be different from the original.

Goals: Keep peg tube in

Identify possible barriers to meeting goals/advancing plan of care: Mental status

Stability of the patient: Moderately Stable - Low risk of patient condition declining or worsening

End of Shift Summary: Patient slept most of this shift, very cooperative. Tube feeding started this morning per order. Sitter at bedside.

Electronically signed by Renee F, RN at 07/11/2023 6:24 PM EDT

Starlyne W, RN - 07/11/2023 4:14 PM EDT

Formatting of this note might be different from the original.

IP Risk of Unplanned Readmission Score 25%

Peg tube replaced on 7/10

Enteral feeding orders for Glucerna 1.2 75mL/hr

Pt still has orders for pureed/thin liquid diet, too

Per IDR: plans for pt to continue with

Restraints and video sitter still in place

New orders for Ativan 0.5 mg IV PRN, nightly

CM will f/w Social Work on appropriate options for d/c planning needs/concerns

Will check w/Reg/Livonia for re-eval

Starlyne Wyatt-Hooper, RN

Electronically signed by Starlyne W, RN at 07/11/2023 4:20 PM EDT

K Son, MD - 07/11/2023 4:00 PM EDT

Formatting of this note is different from the original.

Images from the original note were not included.

Internal Medicine Progress Note Graduate Medical Education

Trinity Health Livonia Hospital

Please contact author [Kimberly Son, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Sukhminder Singh Maan, MD

Hospital Day: LOS: 20 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior. Admitted for management of aggressive/impulsive behavior 2/2 anoxic brain injury and placement.

Aggressive/impulsive behavior due to Anoxic brain injury

Prolonged QTc in setting of Antipsychotic use due to above

- -- Patient presented from Regency with cc agitation, aggressive behavior. Per facility staff, patient was refusing medications and becoming combative, violent
- -- In ED, patient received Haldol/Ativan with additional dose of Ativan as he was becoming aggressive towards staff, subsequently placed in soft restraints which he ripped through, then placed in 4 point hard restraints.
- -- Home med rec: Zyprexa 5 bid and Ativan 0.5 mg q6h PRN. Patient with Hx of receiving/refusing these medications.
- -- Palliative care following
- -- PEG tube placed on 7/7 per palliative recommendation and family wishes. Tube feeds started
- -- 7/10 PEG tube pulled out overnight and subsequently replaced by GI
- -- QTc improving: 525 -> 503

PLAN

- -- Psychiatry following: Continue Depakote syrup 750 mg BID, Zyprexa 5 mg twice daily
- -- PRN: Zyprexa 5mg IM when unable to take PO meds or with increased agitation
- -- Soft restraints in place, renew as needed
- -- Continue daily EKGs to monitor QTc, will not hold medication at this time due to continuing agresion
- -- Continue tube feeds and oral medications via PEG.
- -- Hold plavix for 3 days and eliquis for 2 days per GI

Anoxic encephalopathy 2/2 cardiac arrest

STEMI s/p PCI, no stent placement

Hx of Atrial flutter

Nonocclusive R basilic and L subclavian-jugular thrombi

- -- Patient found down in parking lot, CPR started by bystanders, AED placed and 3 shocks delivered with additional 3 defibs by EMS in addition to 5-6 rounds of epi, ROSC achieved after roughly 60 min.
- -- During hospitalization, went into SVT with atrial flutter requiring Lopressor with dilt, amio gtt
- -- Angio performed and showed Dist Cx lesion is 90% stenosed with 90% stenosed side branch in 3rd Mrg. Prox LAD to Mid LAD lesion is 30% stenosed. Ost RCA to Dist RCA lesion is 100% stenosed
- -- No intervention at the time as there were no targets for revascularization, patient not a candidate for ICD 2/2 AMS and family concern that he would pull it out.
- --Vascular US duplex LUE 7/7: no evidence of DVT
- -- TTE showed hypokinetic basal inferoseptal, basal inferior and basal inferolateral segments with EF of 50-55%.
- -- MRI 5/15/23 showed cortical ischemia compatible with anoxic brain injury, EEG without seizure activity
- -- Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd.
- -- Neurology & PMNR recs appreciated: MR lumbar and thoracic spine without contrast pending to evaluate for possible cord ischemia, PRN sedation ordered. Per MRI staff, unable to do anesthesia for MRI at THLH.

PLAN:

- -- Rate controlled
- -- Lopressor 100 BID, Amio 200 qd
- -- Hold eliquis x2 days and plavix x3 days post PEG placement per GI recommendations

Enterobacter cloacae (CRE) UTI -- resolved

Urinary retention likely 2/2 neurogenic bladder

- -- UA cloudy, greater than 50 WBC, positive nitrate, positive leukocytes
- -- PVR greater than 1100 cc in the ED
- -- Ucx Enterobacter cloacae, E. coli CRE MDRO 6/22
- -- s/p Cefepime (SOT 6/24 6/28). Patient has no fever, leukocytosis , and so will stop treatment
- -- Repeat urine culture 6/27 significant for 70,000 Enterobacter cloacae
- -- Foley removed 7/9
- -- ON 7/10 bladder scan showed 450CC residual urine. Now s/p straight cath.

Plan:

- -- Continue tamsulosin 0.4 mg qd
- --CTM bladder scans

#DM, controlled

- -Per ED note patient was on lantus 30U nightly at home
- -lantus and low-dose sliding scale held, patient's blood sugars within normal range

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: Lovenox
- Fluids:
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

07/11/23 1250 Dietary nutrition supplements Lunch; St Mary Mercy Livonia; Diabetic Supplement Continuous

Question Answer Comment

Frequency Lunch

Location St Mary Mercy Livonia

Supplements Diabetic Supplement

07/11/23 1249

07/11/23 1204 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 75; 170; Water; Every 6 hours; Tube Feed (Tube Feeding) Diet effective now

Comments: Glucerna 1.2 start at 20 mL/hr continuously via feeding tube and increase by 10-15 mL/hr every 12 hr to reach goal rate

of 75 mL/hr.

Question Answer Comment

Location: St Mary Mercy Livonia

Tube feeding formula: Glucerna 1.2 Cal

Route: PEG

Tube feeding continuous rate (mL/hr): 75

Tube feeding flush (mL): 170
Tube feeding flush type: Water

Tube feeding flush frequency: Every 6 hours

Diet Tube Feed

See Hyperspace for full Linked Orders Report.

07/11/23 1205

07/11/23 1204 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; IDDSI Level 4 Pureed, Thin

Liquids (Tube Feeding) Diet effective now

Comments: For pleasure; Requires 1:1 assistance

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids IDDSI Level 4 Pureed

Modified Consistency Options for Liquids and Solids Thin Liquids

See Hyperspace for full Linked Orders Report.

07/11/23 1205

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

pending medical stability

SUBJECTIVE

Mr. Suiugan was seen and evaluated at bedside this morning. He was sleeping in bed with his PEG tube in place. Per documentation, there were no overnight events. Vital signs were reviewed and stable. He is still pending placement options. His daughter, loana, has initiated the process for guardianship.

OBJECTIVE

Physical exam limited due to intermittent agitation in the setting of anoxic brain injury

Physical Exam

Constitutional:

General: He is not in acute distress.

HENT:

Head: Normocephalic and atraumatic. Extraocular Movements: Extraocular movements intact.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal:

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Comments: PEG in place

Musculoskeletal:

General: Normal range of motion. Cervical back: Normal range of motion.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert. He is disoriented.

Psychiatric:

Attention and Perception: He is inattentive.

Behavior: Behavior is uncooperative and agitated.

Judgment: Judgment is impulsive.

Objective

Vitals

Visit Vitals

BP (!) 135/92 (Patient Position: Lying)

Pulse 99

Temp 36.6 °C (97.9 °F) (Axillary)

Resp 17

Temp (24hrs), Avg:36.3 °C (97.4 °F), Min:36.2 °C (97.1 °F), Max:36.6 °C (97.9 °F)

Body mass index is 25.17 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results Component Value Date

WBC 10.1 07/11/2023

HGB 12.0 (L) 07/11/2023 HCT 36.9 (L) 07/11/2023

MCV 91.8 07/11/2023

PLT 353 07/11/2023

CHEMISTRY

Lab Results

Component Value Date

GLUCOSE 96 07/11/2023

NA 143 07/11/2023

K 3.4 (L) 07/11/2023 CO2 25 07/11/2023

CL 108 (H) 07/11/2023

BUN 12 07/11/2023

CREATININE 0.60 (L) 07/11/2023

EGFR 109 07/11/2023

CALCIUM 8.1 (L) 07/11/2023 MG 1.5 (L) 07/08/2023

PHOS 2.4 07/08/2023

ANIONGAP 10 07/11/2023

MEDICATIONS

SCHEDULED MEDICATIONS amiodarone, 200 mg, oral, Daily

[Held by provider] apixaban, 5 mg, oral, BID

ascorbic acid, 250 mg, oral, Daily atorvastatin, 40 mg, oral, Nightly [Held by provider] clopidogreL, 75 mg, oral, Daily docusate, 100 mg, oral, BID [Held by provider] insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 100 mg, oral, BID morphine, 1 mg, intravenous, Once nicotine, 1 patch, transdermal, Daily OLANZapine, 5 mg, oral, BID polyetheylene glycol, 17 g, oral, Daily tamsulosin, 0.4 mg, oral, Daily valproic acid, 750 mg, oral, q12h SCH

DRIPS

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose 50%, dextrose, glucagon injection, LORazepam, prochlorperazine **OR** prochlorperazine **OR** prochlorperazine, Insert peripheral IV **AND** Maintain IV access **AND** Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by S Maan, MD at 07/12/2023 3:20 PM EDT Electronically signed by K Son, MD at 07/11/2023 4:08 PM EDT Electronically signed by S Maan, MD at 07/12/2023 3:20 PM EDT

Associated attestation - S Maan, MD - 07/12/2023 3:20 PM EDT Formatting of this note might be different from the original.

Attending Teaching Attestation:

I personally saw and examined the patient on rounds with resident on date of service. Management was discussed with my resident team and I supervised and developed the plan of care. I have reviewed and agree with the key parts of the resident evaluation including the subjective information, objective findings and the impression and plan. In addition the note has been addended to include my discussions, assessments and plans.

Sukhminder Maan, MD

A Putrus, MD - 07/11/2023 1:18 PM EDT

Formatting of this note is different from the original.

Primary Service: Dr. Maan

Initial Date of Consultation: 7/6/23

Reason for Consultation: PEG placement

Subjective/Overnight Events: EGD/PEG was replaced on 7/10/23. No bleeding from PEG site and he is tolerating meds and water through PEG tube.

Current Inpatient Medications: amiodarone, 200 mg, oral, Daily [Held by provider] apixaban, 5 mg, oral, BID ascorbic acid, 250 mg, oral, Daily atorvastatin, 40 mg, oral, Nightly [Held by provider] clopidogreL, 75 mg, oral, Daily docusate, 100 mg, oral, BID [Held by provider] insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 100 mg, oral, BID morphine, 1 mg, intravenous, Once nicotine, 1 patch, transdermal, Daily OLANZapine, 5 mg, oral, BID polyetheylene glycol, 17 g, oral, Daily tamsulosin, 0.4 mg, oral, Daily valproic acid, 750 mg, oral, q12h SCH

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose 50%, dextrose, dextrose, glucagon injection, prochlorperazine **OR** prochlorperazine **OR** prochlorperazine, Insert peripheral IV **AND** Maintain IV access **AND** Saline lock IV **AND** sodium chloride **AND** sodium chloride

Last Recorded Vitals: Blood pressure (!) 135/92, pulse 99, temperature 36.6 °C (97.9 °F), temperature source Axillary, resp. rate 17,

height 1.829 m (72.01"), weight 84.2 kg (185 lb 10 oz), SpO2 95 %. Physical Examination: HENT: Head: Atraumatic. Ears/Nose: External ears and nose normal. Mouth/Throat: No thrush, mucous membranes moist. Eves: Pupils: Pupils are equal, round, and reactive to light. Neck: Supple. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulmonary: Breath sounds: Normal breath sounds. Abdominal: Abdomen is flat. Bowel sounds are normal in all four quadrants. No tenderness to palpation. PEG in LUQ. Mild induration but no pus. Flushed without difficulty and gastric/billious secretion was obtained. Musculoskeletal: Normal range of motion. Skin: General: Skin is warm. Neurological: General: No focal deficit present. Mental Status: Patient is alert and oriented to person, place, and time. Psychiatric: No obvious mental health deficits. Results Reviewed: EGD Placement of PEG; Anesthesia - MAC; SMLI ENDOSCOPY Narrative: Trinity Health Livonia Hospital Patient Name: Ioan Suiugan Procedure Date: 7/10/2023 4:17 PM MRN: 116801863 Date of Birth: 2/27/1961 Account Number: 1000272912177 Age: 62 Procedure: Upper GI endoscopy Indications: Replace PEG tube, Replace PEG tube because existing gastrostomy tube came out Providers: Alan Putrus, MD Referring MD: Michael A. Amlog Medicines: Monitored Anesthesia Care Complications: No immediate complications. Procedure: Pre-Anesthesia Assessment: - Prior to the procedure, a History and Physical was performed, and patient medications and allergies were reviewed. The patient's tolerance of previous anesthesia was also reviewed. The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered, and informed consent was obtained. Prior Anticoagulants: The patient last took Eliquis (apixaban) 2 days and Plavix (clopidogrel) 2 days prior to the procedure. After reviewing the risks and benefits, the patient was deemed in satisfactory condition to undergo the procedure. After obtaining informed consent, the endoscope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The Endoscope was introduced through the mouth, and advanced to the second part of duodenum. The upper GI endoscopy was accomplished without difficulty. The patient tolerated the procedure well. Scope In: 4:33:59 PM Scope Out: 4:41:58 PM Findings: The examined esophagus was normal.

There was evidence of a closed previous gastrostomy present in the gastric body. This was characterized by congestion and inflammation. The gastric body was normal. The patient was placed in the supine position for PEG placement. The stomach was insufflated to appose gastric and abdominal walls. A site was located in the body of the stomach with good transillumination and manual external pressure for placement. The abdominal wall was marked and prepped in a sterile manner. The area was anesthetized with 5 mL of 1% lidocaine. The trocar needle was introduced through the abdominal wall and into the stomach under direct endoscopic view. A snare was introduced through the endoscope and opened in the gastric lumen. The guide wire was passed through the trocar and into the open snare. The snare was closed around the guide wire. The endoscope and snare were removed, pulling the wire out through the mouth. I used the same skin incision from the site of last PEG placement on 7/7/23. The endoscopically removable 20 Fr EndoVive Safety gastrostomy tube was lubricated. The G-tube was tied to the guide wire and pulled through the mouth and into the stomach. The trocar needle was removed, and the gastrostomy tube was pulled out from the stomach through the skin. The external bumper was attached to the gastrostomy tube, and the tube was cut to remove the guide wire. The final position of the gastrostomy tube was confirmed by relook endoscopy, and skin marking noted to be 4.5 cm at the external bumper. The final tension and compression of the abdominal wall by the PEG tube and external bumper were checked and revealed that the bumper was loose and lightly touching the skin. The feeding tube was capped, and the tube site cleaned and dressed.

The cardia and gastric fundus were normal on retroflexion.

The duodenal bulb, first portion of the duodenum and second portion of the duodenum were normal.

Procedure Code(s): --- Professional ---

43246, Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube

Diagnosis Code(s): --- Professional ---

Z98.890, Other specified postprocedural states

Z43.1, Encounter for attention to gastrostomy

K94.23, Gastrostomy malfunction

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The codes documented in this report are preliminary and upon coder review may be revised to meet current compliance requirements.

Dr. Alan Putrus, MD

Alan Putrus, MD

7/10/2023 4:53:51 PM

This report has been signed electronically.

Number of Addenda: 0

Note Initiated On: 7/10/2023 4:17 PM Impression: - Normal esophagus.

- Closed previous gastrostomy present characterized by congestion and inflammation.
- Normal gastric body.
- Normal duodenal bulb, first portion of the duodenum and second portion of the duodenum.
- An endoscopically removable PEG placement was successfully completed.
- No specimens collected.

Recommendation: - Return patient to hospital ward for ongoing care.

- NPO.
- Continue present medications.
- Resume Eliquis (apixaban) in 3 days and Plavix (clopidogrel) in 5 days at prior doses.
- Please follow the post-PEG recommendations including: external bolster 1 cm from abdominal wall, change dressing once per day, dry dressing only, remove dressing after 2 weeks, change dressing on top of bumper daily, may place dressing under bumper after day 3, antibiotic ointment to site, check site for bleeding q 4 hrs, clean site with soap and water daily

and dry thoroughly and clean site daily with

half-strength hydrogen peroxide for three days, then

soap and water daily.

- DON'T USE PEG TUBE TODAY.

 Apply abdominal binder XR Abdomen 1 View

Narrative: XR ABDOMEN 1 VIEW

COMPLETED DATE: 7/9/2023 11:47 PM

REASON FOR EXAM: PEG tube

ADDITIONAL HISTORY PROVIDED BY CLINICAL TEAM: None Provided

ADDITIONAL HISTORY REVIEWED: pt pulled PEG tube

VIEWS: 1 IMAGES: 1

COMPARISON: None

Impression: Single frontal view of the abdomen obtained. Supine imaging limits evaluation for pneumoperitoneum. No gross pneumoperitoneum. Moderate fecal loading within the ascending colon and rectum. No dilated bowel loops. A PEG tube is not visualized. No suspicious calcifications. No acute osseous abnormalities.

Reviewed and electronically signed by: Ursula Sylvia Knoepp, MD 7/10/2023 12:49 AM

------ FINAL REPORT ------Dictated By: Knoepp, Ursula Sylvia Dictated Date: 07/10/2023 00:48

Assigned Physician: Knoepp, Ursula Sylvia

Reviewed and Electronically Signed By: Knoepp, Ursula Sylvia

Signed Date: 07/10/2023 00:49 Workstation ID: AARRPRW1036

Transcribed By: Self Edit

Transcribed Date: 07/10/2023 00:48

Patients: If you have questions regarding some of the verbiage in your report, please visit RadiologyExplained.com for a definition. If you have any other please visit RadiologyExplained.com for a definition. If you have any other questions please contact your physician.

Physicians: If your patient was seen at Trinity Health St. Mary Mercy Livonia or Trinity Health Medical Center Schoolcraft and you have questions 24/7 regarding this report, please call: 734-655-2421.

Lab Units 07/11/23 0630 SODIUM mmol/L 143 POTASSIUM mmol/L 3.4* CHLORIDE mmol/L 108* CO2 mmol/L 25 BUN mg/dL 12 CREATININE mg/dL 0.60* GLUCOSE mg/dL 96 CALCIUM mg/dL 8.1*

Results from last 7 days

Results from last 7 days Lab Units 07/11/23 0630 WBC AUTO K/mcL 10.1 HEMOGLOBIN g/dL 12.0* HEMATOCRIT % 36.9* PLATELETS K/mcL 353

Lab Units 07/11/23 0630 WBC AUTO K/mcL 10.1 HEMOGLOBIN g/dL 12.0* HEMATOCRIT % 36.9* PLATELETS K/mcL 353 LYMPHS PCT AUTO % 20.3

Results from last 7 days

MONO PCT AUTO % 14.6* EOS PCT AUTO % 2.2

Results from last 7 days Lab Units 07/11/23 0630 SODIUM mmol/L 143 POTASSIUM mmol/L 3.4* CHLORIDE mmol/L 108* CO2 mmol/L 25 BUN mg/dL 12 CREATININE mg/dL 0.60* CALCIUM mg/dL 8.1*

Results from last 7 days Lab Units 07/06/23 1517 INR 1.2

GLUCOSE mg/dL 96

No lab exists for component: LABALBU Results from last 7 days Lab Units 07/08/23 0909 MAGNESIUM mg/dL 1.5*

Assessment:

Patient Active Problem List

Diagnosis

Aggressive behavior

62-year-old male with history of CAD, diabetes, CKD status post recent cardiac arrest in May 2023 in New York with residual anoxic brain injury. Patient achieved ROSC after 60 minutes of CPR. Patient has been having aggressive behaviors likely due to anoxic brain injury.

- #1 PEG placement: Patient has anoxic brain injury with aggressive behaviors. Inability to eat.
- EGD/PEG placement on 7/7/23.
- Accidental removed on 7/9/23.
- EGD/PEG replacement on 7/10/23.
- #2 status postcardiac arrest with anoxic brain injury and aggressive behaviors.
- #3 CAD on Plavix. Last dose was on 7/8/2023.

Recommendations:

- -N.p.o.
- -Resume tube feeding.
- -Continue applying abdominal binder.
- -Hold Plavix for 3 more days and Eliquis for 2 more days.
- -Discussed with Dr. Maan and nursing staff.
- -Will sign off, please call me with questions.

Please feel free to contact me with questions. For urgent questions please page 734 797 9071 or secure chat for non urgent questions

Alan Putrus, MD

Consultants In Digestive Health, PLLC

Electronically signed by A Putrus, MD at 07/11/2023 1:23 PM EDT

Crystal J, RD - 07/11/2023 11:01 AM EDT

Formatting of this note is different from the original.

7/11/2023 @ 12:49 PM EDT

Reason for RD Intervention:

Assessment Type: Follow-up

Reason for Assessment: Tube Feeding

Nutrition Diagnosis:

Code Type: (No malnutrition diagnosis at this time.)

Status: Improvement

Diagnosis: Inadequate Oral Intake

Etiology: Changes in taste and appetite or preference, Increased demand for nutrient

Symptoms: decreased po intake, wound healing

Nutrition Recommendations/Plan of Care:

- 1. RD ordered IDDSI level 4/Pureed oral diet with thin liquids for pleasure with 1:1 assistance per SLP recommendations on 7/9 and per discussion with Dr. Maan on 7/11. Monitor need for 90 gm carb/meal diet restriction.
- 2. Encourage po intake, protein-rich foods, and assist with meals as needed.
- 3. RD ordered vanilla Glucerna oral supplement (provides 220 kcal and 10 gm protein per serving) daily to help meet nutrition needs orally.
- 4. RD ordered enteral feeding of Glucerna 1.2 cal formula at 20 mL/hr continuous and increase feeding by 10-15 mL q. 12 hours as tolerated to goal of Glucerna 1.2 cal formula at 75 mL/hr continuous via PEG tube per discussion with Dr. Maan on 7/11 (TF Provision: 1800 mL, 2160 kcal, 108 gm protein and 1449 mL free water = 100% minimum kcal/protein needs).
- o Flush PEG tube w/at least 20-30 mL H2O q. 4-8 hrs & before/after each medication pass to maintain tube patency.
- o Flush with 170 mL H2O q. 6 hrs to maintain hydration TF along with water flushes will provide 2129 mL fluid.
- o Keep HOB elevated at least 30-45 degrees.
- o Hold TF for gastric residuals greater than 500 mL (if gastric residuals being checked).
- 6. Monitor potassium level and supplement as needed for hypokalemia.
- 7. Monitor chloride level/hydration status.
- 8. Monitor/control glucose levels.
- 9. Monitor calcium level and supplement as needed for hypocalcemia.
- 10. Monitor magnesium level and supplement as needed for hypomagnesemia.
- 11. RD reordered 250 mg Vitamin C daily to optimize healing on 7/11.

Nutrition Interventions:

Diet Order, Vitamin/Mineral Supplement, Enteral Nutrition, Collaboration and Referral of Nutrition Care, Medical Food Supplement

Medical Food Supplement(s): Glucerna

Glucerna Frequency: Daily

Diet Order: Other (Comment) (IDDSI level 4/Pureed oral diet with thin liquids for pleasure with 1:1 assistance)

Collaboration and Referral of Nutrition Care: Collaborate with Other Providers

Enteral Nutrition:

Access Type: PEG Tube Formula: Glucerna 1.2 Cal Feeding Type: Continuous

Goal Rate: 75 Water Flush: 170 mL

Water Flush Frequency: QID

Monitoring/Evaluation:

Energy Intake, Protein Intake, Medical Food Supp/Oral Nutrition Supp, Weight, Renal/Electrolyte Profile, Gastrointestinal Profile, Diet Order, Enteral Nutrition Intake

Follow Up:

Priority Level: High

Follow Up Date: 07/15/23

Minutes Spent: 30

Nutritional Discharge Recommendations:

Recommended Discharge Diet: Enteral Nutrition (+ IDDSI level 4/Pureed oral diet with thin liquids for pleasure with 1:1 assistance) Medical Food Supplements: Glucerna/Glucerna Shaketime

Subjective Assessment:

Patient was sleeping at time of RD visit and not appropriate for NFPE at this time.

S/p PEG tube replacement on 7/11.

Last BM charted 7/9.

Current Diet and Supplements:

Start Ordered 07/11/23 1250 Dietary nutrition supplements Lunch; St Mary Mercy Livonia; Diabetic Supplement Continuous **Question Answer Comment** Frequency Lunch Location St Mary Mercy Livonia Supplements Diabetic Supplement 07/11/23 1249 07/11/23 1204 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 75; 170; Water; Every 6 hours; Tube Feed (Tube Feeding) Diet effective now Comments: Glucerna 1.2 start at 20 mL/hr continuously via feeding tube and increase by 10-15 mL/hr every 12 hr to reach goal rate of 75 mL/hr. **Question Answer Comment** Location: St Mary Mercy Livonia Tube feeding formula: Glucerna 1.2 Cal Route: PEG Tube feeding continuous rate (mL/hr): 75 Tube feeding flush (mL): 170 Tube feeding flush type: Water Tube feeding flush frequency: Every 6 hours Diet Tube Feed See Hyperspace for full Linked Orders Report. 07/11/23 1205 07/11/23 1204 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; IDDSI Level 4 Pureed, Thin Liquids (Tube Feeding) Diet effective now Comments: For pleasure; Requires 1:1 assistance **Question Answer Comment** Location St Mary Mercy Livonia Diet Type (reg) Modified Consistency Options for Liquids and Solids Modified Consistency Options for Liquids and Solids IDDSI Level 4 Pureed Modified Consistency Options for Liquids and Solids Thin Liquids See Hyperspace for full Linked Orders Report. 07/11/23 1205 Food/Nutrition-Current Status: Intake Type: Enteral (+ IDDSI level 4/Pureed oral diet with thin liquids for pleasure with 1:1 assistance. TF is currently running at rate of 20 mL/hr via PEG tube.) Kcal: 2160 Protein (gm): 108 Free Water (mL): 1449 Water Flushes: 170 mL H2O q. 6 hours Current Diet Status: Appropriate Current Supplement Status: Appropriate Appetite: Other (Comment) (Unable to assess) Intake Amount (%): Unable to Assess Intake Assessment: Unable to Assess Main IVF: None Barriers: Cognitive, Language Weights: Admit Weight: 88 kg (194 lb 0.1 oz) Current Weight: 84.2 kg (185 lb 10 oz) Nutrition-Related Lab Values: Results from last 7 days Lab Units 07/11/23 0630 07/09/23 0535 07/08/23 0909 SODIUM mmol/L 143 < > 142 POTASSIUM mmol/L 3.4* < > 3.6 PHOSPHORUS mg/dL -- -- 2.4 MAGNESIUM mg/dL -- -- 1.5* CHLORIDE mmol/L 108* < > 108*

Dietary Orders (From admission, onward)

CO2 mmol/L 25 < > 25
BUN mg/dL 12 < > 12
CREATININE mg/dL 0.60* < > 0.57*
EGFR mL/min/1.73m2 109 < > 111
CALCIUM mg/dL 8.1* < > 8.2*
POCT GLUCOSE -- < > -GLUCOSE mg/dL 96 < > 115*
WBC AUTO K/mcL 10.1 < > -< > = values in this interval not displayed.

Pertinent nutrition-related medications reviewed on 7/11/2023.

Nutrition Focused Physical Findings:

Digestive System (Mouth to Rectum): Chewing difficulty, Swallowing difficulty, Other (Comment) (PEG tube)

Nerves and Cognition: Confused, Somnolent

Skin: Lt knee abrasion, stage 2 buttocks, generalized bruising VSOH, excoriation-groin/buttocks MASD per RN note on 7/7

Fluid Accumulation/Edema: Other (Comment) (Non-pitting edema to BUE and BLE noted on 7/10 per chart)

Energy Needs: 2098-2518 kcal, 84-126 gm protein, 2098-2518 mL fluid per day. Recalculated needs 7/7.

RD remains available and will continue to follow.

Signature: Crystal Jones, RD, CSO

Electronically signed by Crystal J, RD at 07/11/2023 12:51 PM EDT Electronically signed by Crystal J, RD at 07/11/2023 12:54 PM EDT

K Son, MD - 07/11/2023 10:20 AM EDT

3MHIS Hospital

Query Response Note

PATIENT: SUIUGAN, IOAN ACCT #: 1000269478020

MRN: 116801863 DOB: 2/27/1961

ADMIT DATE: 6/21/2023 10:22 PM

DISCH DATE: RESPONDING

PROVIDER #: SWYR3728

PROVIDER RESPONSE TEXT:

The patient has chronic, unspecified atrial fibrillation.

CDI QUERY TEXT:

Atrial fibrillation is documented in the medical record. Please clarify the type?

7/9 IM P.N documents: History of atrial fibrillation per per surgical team recommendation holding Plavix and Eliquis plan to restart by Monday continue amiodarone.

Treatment- see above

Risk factor (6/21 per h/p): PMHx- cardiac arrest with anoxic encephalopathy, HTN, diabetes, etc.

If you have questions, contact CDS Raenu at 734-655-2685 Alternate contact is Christine Reed, Regional Manager CDI, 574-361-9573

The patient's clinical indicators include:

Options provided:

- -- Chronic, unspecified
- -- Paroxysmal
- -- Permanent
- -- Other I will add my own diagnosis
- -- Disagree Not applicable / Not valid

Query created by: VanSteelandt, Raenu on 7/11/2023 6:00 AM

Electronically signed by: KIMBERLY SON MD 7/11/2023 10:19 AM

Electronically signed by K Son, MD at 07/11/2023 10:20 AM EDT

Michelle O, LMSW - 07/11/2023 9:36 AM EDT

Formatting of this note might be different from the original.

Sw called Daughter Ioana regarding guardianship. Ioana stated that she filed for guardianship on 7/10/23 via Probate Court Website/email. Sw offered assistance as needed.

Electronically signed by Michelle O, LMSW at 07/11/2023 9:49 AM EDT

Kiersten G, RN - 07/11/2023 5:09 AM EDT

Goals:

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Goal: Will remain free from injury to self

Outcome: Not Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Not Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Not Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Identify possible barriers to meeting goals/advancing plan of care: acuity of illness

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End of Shift Summary: Patient is oriented x1 (to person), is RA, and is BRT q2 hours. Patient remained NPO and PEG tube was not used. Medications not given this shift, midnight team aware. Sitter at bedside. B/I mitts and wrist restraints in place. Bed is locked and in lowest position. Bed alarm activated and call light within reach.

Electronically signed by Kiersten G, RN at 07/11/2023 5:09 AM EDT

Renee F, RN - 07/10/2023 6:00 PM EDT

Formatting of this note might be different from the original.

Goals: New peg tube insertion

Identify possible barriers to meeting goals/advancing plan of care: Mentation

Stability of the patient: Moderately Stable - Low risk of patient condition declining or worsening

End of Shift Summary: Patient went to OR where he had new peg tube placed. Binder is on, patient is resting. 2 Soft wrist restraints and mitts are on as well as a video sitter. Message sent to doctor requesting order for a physical sitter so patient will have a harder time pulling lines and equipment.

Electronically signed by Renee F, RN at 07/10/2023 6:03 PM EDT

Colleen W, RN - 07/10/2023 3:41 PM EDT

Formatting of this note might be different from the original.

Patient's daughter verbalized understanding of proceudre

Electronically signed by Colleen W, RN at 07/10/2023 3:41 PM EDT

A Putrus, MD - 07/10/2023 11:51 AM EDT

Formatting of this note is different from the original.

Primary Service: Dr. Maan

Initial Date of Consultation: 7/6/23

Reason for Consultation: PEG placement

Subjective/Overnight Events: Patient accidentally pulled PEG tube out on 7/9/23 at 9 pm. Patient was evaluated by surgery and no signs of peritonitis on exam.

Current Inpatient Medications: amiodarone, 200 mg, oral, Daily

[Held by provider] apixaban, 5 mg, oral, BID

atorvastatin, 40 mg, oral, Nightly

ceFAZolin, 2 g, intravenous, Once

[Held by provider] clopidogreL, 75 mg, oral, Daily

docusate, 100 mg, oral, BID

[Held by provider] insulin lispro, 1-6 Units, subcutaneous, With meals & nightly

metoprolol tartrate, 100 mg, oral, BID

nicotine, 1 patch, transdermal, Daily

[Held by provider] OLANZapine, 5 mg, oral, BID polyetheylene glycol, 17 g, oral, Daily tamsulosin, 0.4 mg, oral, Daily

valproate sodium, 750 mg, intravenous, q12h

[Held by provider] valproic acid, 750 mg, oral, q12h SCH

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose 50%, dextrose, dextrose, glucagon injection, LORazepam, OLANZapine, [Held by provider] OLANZapine, prochlorperazine **OR** prochlorperazine **OR** prochlorperazine, Insert peripheral IV **AND** Maintain IV access **AND** Saline lock IV **AND** sodium chloride **AND** sodium chloride

Last Recorded Vitals: Blood pressure 127/79, pulse 88, temperature 36.3 °C (97.3 °F), temperature source Temporal, resp. rate 20, height 1.829 m (72.01"), weight 84.2 kg (185 lb 10 oz), SpO2 95 %.

Physical Examination:

HENT:

Head: Atraumatic.

Ears/Nose: External ears and nose normal.

Mouth/Throat: No thrush, mucous membranes moist.

Eyes:

Pupils: Pupils are equal, round, and reactive to light.

Neck: Supple.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulmonary:

Breath sounds: Normal breath sounds.

Abdominal:

Abdomen is flat. Bowel sounds are normal in all four quadrants. No tenderness to palpation. Mild induration in LUQ at the site of prior gastrostomy site.

Musculoskeletal:

Normal range of motion.

Skin:

General: Skin is warm.

Neurological:

General: No focal deficit present.

Mental Status: Patient is alert and oriented to person, place, and time.

Psychiatric:

No obvious mental health deficits.

Results Reviewed:

XR Abdomen 1 View

Narrative: XR ABDOMEN 1 VIEW

COMPLETED DATE: 7/9/2023 11:47 PM

REASON FOR EXAM: PEG tube

ADDITIONAL HISTORY PROVIDED BY CLINICAL TEAM: None Provided

ADDITIONAL HISTORY REVIEWED: pt pulled PEG tube

VIEWS: 1 IMAGES: 1

COMPARISON: None

Impression: Single frontal view of the abdomen obtained. Supine imaging limits evaluation for pneumoperitoneum. No gross pneumoperitoneum. Moderate fecal loading within the ascending colon and rectum. No dilated bowel loops. A PEG tube is not visualized. No suspicious calcifications. No acute osseous abnormalities.

Reviewed and electronically signed by: Ursula Sylvia Knoepp, MD 7/10/2023 12:49 AM

------ FINAL REPORT -----Dictated By: Knoepp, Ursula Sylvia
Dictated Date: 07/10/2023 00:48

Assigned Physician: Knoepp, Ursula Sylvia

Reviewed and Electronically Signed By: Knoepp, Ursula Sylvia

Signed Date: 07/10/2023 00:49 Workstation ID: AARRPRW1036 Transcribed By: Self Edit

Transcribed Date: 07/10/2023 00:48

Patients: If you have questions regarding some of the verbiage in your report, please visit RadiologyExplained.com for a definition.

If you have any other please visit RadiologyExplained.com for a definition. If you have any other questions please contact your physician.

Physicians: If your patient was seen at Trinity Health St. Mary Mercy Livonia or Trinity Health Medical Center Schoolcraft and you have questions 24/7 regarding this report, please call: 734-655-2421.

Results from last 7 days Lab Units 07/10/23 0654 SODIUM mmol/L 141 POTASSIUM mmol/L 3.3* CHLORIDE mmol/L 107 CO2 mmol/L 28 BUN mg/dL 12 CREATININE mg/dL 0.58* GLUCOSE mg/dL 90 CALCIUM mg/dL 8.4*

Results from last 7 days Lab Units 07/10/23 0902 WBC AUTO K/mcL 12.9* HEMOGLOBIN g/dL 12.1* HEMATOCRIT % 39.0 PLATELETS K/mcL 373

Results from last 7 days Lab Units 07/10/23 0902 WBC AUTO K/mcL 12.9* HEMOGLOBIN g/dL 12.1* HEMATOCRIT % 39.0 PLATELETS K/mcL 373 LYMPHS PCT AUTO % 14.9* MONO PCT AUTO % 11.5 EOS PCT AUTO % 2.6

Results from last 7 days Lab Units 07/10/23 0654 SODIUM mmol/L 141 POTASSIUM mmol/L 3.3* CHLORIDE mmol/L 107 CO2 mmol/L 28 BUN mg/dL 12 CREATININE mg/dL 0.58* CALCIUM mg/dL 8.4* GLUCOSE mg/dL 90

Results from last 7 days Lab Units 07/06/23 1517 INR 1.2

No lab exists for component: LABALBU Results from last 7 days Lab Units 07/08/23 0909 MAGNESIUM mg/dL 1.5*

Assessment: Patient Active Problem List Diagnosis

Aggressive behavior

62-year-old male with history of CAD, diabetes, CKD status post recent cardiac arrest in May 2023 in New York with residual anoxic brain injury. Patient achieved ROSC after 60 minutes of CPR. Patient has been having aggressive behaviors likely due to anoxic brain injury.

#1 PEG placement: Patient has anoxic brain injury with aggressive behaviors. Inability to eat.

- EGD/PEG placement on 7/7/23.

#2 status postcardiac arrest with anoxic brain injury and aggressive behaviors.

#3 CAD on Plavix. Last dose was on 7/2/2023.

Recommendations:

- -N.p.o.
- -Case was discussed with the patient's sister at bedside and she agreed to proceed with EGD/PEG placement.
- -EGD/PEG placement today and recommendations to follow.
- -Continue to hold Plavix, Eliquis and Lovenox if possible.
- -2 g of Ancef will be ordered to be given 1 hour prior to EGD/PEG placement.
- -Case was discussed with surgery and primary team.
- -Recommendations to follow.

Please feel free to contact me with questions. For urgent questions please page 734 797 9071 or secure chat for non urgent questions

Alan Putrus, MD

Consultants In Digestive Health, PLLC

Electronically signed by A Putrus, MD at 07/10/2023 12:05 PM EDT

K Son, MD - 07/10/2023 11:47 AM EDT

Formatting of this note is different from the original.

Images from the original note were not included.

Internal Medicine Progress Note **Graduate Medical Education**

Trinity Health Livonia Hospital

Please contact author [Kimberly Son, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Sukhminder Singh Maan, MD

Hospital Day: LOS: 19 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior. Admitted for management of aggressive/impulsive behavior 2/2 anoxic brain injury and placement.

Aggressive/impulsive behavior due to Anoxic brain injury

Prolonged QTc in setting of Antipsychotic use due to above

- -- Patient presented from Regency with cc agitation, aggressive behavior. Per facility staff, patient was refusing medications and becoming combative, violent
- -- In ED, patient received Haldol/Ativan with additional dose of Ativan as he was becoming aggressive towards staff, subsequently placed in soft restraints which he ripped through, then placed in 4 point hard restraints.
- -- Home med rec: Zyprexa 5 bid and Ativan 0.5 mg g6h PRN. Patient with Hx of receiving/refusing these medications.
- -- Palliative care following
- -- PEG tube placed on 7/7 per palliative recommendation and family wishes. Tube feeds started
- -- 7/10 PEG tube pulled out overnight, to be replaced today per GI
- -- QTc increasing: 512 -> 525

PLAN

- -- Psychiatry following: Continue Depakote syrup 750 mg BID, Zyprexa 5 mg twice daily
- -- PRN: Zyprexa 5mg IM when unable to take PO meds or with increased agitation
- -- Soft restraints in place, renew as needed

- -- Continue daily EKGs to monitor QTc, will not hold medication at this time due to continuing agresion
- -- Continue tube feeds and oral medications via PEG after replacement

Anoxic encephalopathy 2/2 cardiac arrest

STEMI s/p PCI, no stent placement

Hx of Atrial flutter

Nonocclusive R basilic and L subclavian-jugular thrombi

- -- Patient found down in parking lot, CPR started by bystanders, AED placed and 3 shocks delivered with additional 3 defibs by EMS in addition to 5-6 rounds of epi, ROSC achieved after roughly 60 min.
- -- During hospitalization, went into SVT with atrial flutter requiring Lopressor with dilt, amio gtt
- -- Angio performed and showed Dist Cx lesion is 90% stenosed with 90% stenosed side branch in 3rd Mrg. Prox LAD to Mid LAD lesion is 30% stenosed. Ost RCA to Dist RCA lesion is 100% stenosed
- -- No intervention at the time as there were no targets for revascularization, patient not a candidate for ICD 2/2 AMS and family concern that he would pull it out.
- --Vascular US duplex LUE 7/7: no evidence of DVT
- -- TTE showed hypokinetic basal inferoseptal, basal inferior and basal inferolateral segments with EF of 50-55%.
- -- MRI 5/15/23 showed cortical ischemia compatible with anoxic brain injury, EEG without seizure activity
- -- Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd.
- -- Neurology & PMNR recs appreciated: MR lumbar and thoracic spine without contrast pending to evaluate for possible cord ischemia, PRN sedation ordered. Per MRI staff, unable to do anesthesia for MRI at THLH.

PLAN:

- -- Rate controlled
- -- Lopressor 100 BID, Amio 200 qd
- -- Hold eliquis and plavix for PEG replacement

Enterobacter cloacae (CRE) UTI -- resolved

Urinary retention likely 2/2 neurogenic bladder

- -- UA cloudy, greater than 50 WBC, positive nitrate, positive leukocytes
- -- PVR greater than 1100 cc in the ED
- -- Ucx Enterobacter cloacae, E. coli CRE MDRO 6/22
- -- s/p Cefepime (SOT 6/24 6/28). Patient has no fever, leukocytosis, and so will stop treatment
- -- Repeat urine culture 6/27 significant for 70,000 Enterobacter cloacae
- -- Foley removed 7/9
- -- ON 7/10 bladder scan showed 450CC residual urine. Now s/p straight cath.

Plan:

- -- Continue tamsulosin 0.4 mg qd
- --CTM bladder scans

#DM, controlled

- -Per ED note patient was on lantus 30U nightly at home
- -lantus and low-dose sliding scale held, patient's blood sugars within normal range

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: Lovenox
- Fluids:
- Diet:

Dietary Orders (From admission, onward)

Start Órdered

07/08/23 0600 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 75; 170; Water; Every 6 hours; Tube Feed (Tube Feeding) Diet effective now

Comments: Glucerna 1.2 start at 20 mL/hr continuously via feeding tube and increase by 10-15 mL/hr every 12 hr to reach goal rate of 75 mL/hr.

Once IV fluids discontinued - start water flush 170 mL q 6 hrs for hydration.

Question Answer Comment

Location: St Mary Mercy Livonia

Tube feeding formula: Glucerna 1.2 Cal

Route: PEG

Tube feeding continuous rate (mL/hr): 75

Tube feeding flush (mL): 170
Tube feeding flush type: Water

Tube feeding flush frequency: Every 6 hours

Diet Tube Feed

See Hyperspace for full Linked Orders Report.

07/07/23 1447

07/07/23 1445 Adult NPO diet Location: St Mary Mercy Livonia; Diet: NPO- No Exceptions (Tube Feeding) Diet effective now **Question Answer Comment**

Diet NPO- No Exceptions

Location St Mary Mercy Livonia

See Hyperspace for full Linked Orders Report.

07/07/23 1447

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

pending medical stability

SUBJECTIVE

Mr. Sujugan was seen and evaluated at bedside this morning. He was sleeping soundly and briefly woke up to pull at his restraints.

Per documentation, Mr. Suiugan pulled out his peg tube some time yesterday evening, despite being in soft wrist restraints and mittens with the PEG under an abdominal binder. X-ray of the abdomen showed no evidence of pneumoperitoneum and no visible remnants of the PEG tube. The insertion site now appears almost entirely healed over on physical exam. Family was contacted this morning to inquire about PEG tube replacement. They would like to try again with a new tube. GI is amenable and has scheduled replacement for 15:30. The patient was also noted to have 450CC of residual urine on bladder scan overnight. He was given straight catheterization and currently has no foley in place. Bladder scans will be continued to check for retention.

Psychiatry was contacted for further recommendations regarding medical management of aggression. Options are limited given the patient's history of anoxic brain injury and elevated QTc (most recently 525 7/10). Recommendations are to continue regularly scheduled depakote and zyprexa.

OBJECTIVE

Physical exam limited due to intermittent agitation in the setting of anoxic brain injury

Physical Exam

Constitutional:

General: He is not in acute distress.

HENT:

Head: Normocephalic and atraumatic. Eves:

Extraocular Movements: Extraocular movements intact.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal:

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Comments: Previous PEG tube insertion site appears completely healed over. Abdominal binder in place.

Genitourinary:

Comments: No foley catheter in place.

Musculoskeletal:

General: Normal range of motion. Cervical back: Normal range of motion.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert. He is disoriented.

Attention and Perception: He is inattentive.

Behavior: Behavior is uncooperative and agitated.

Judgment: Judgment is impulsive.

Objective

Vitals

Visit Vitals

BP 127/79 (BP Location: Left arm, Patient Position: Lying)

Pulse 88 Temp 36.3 °C (97.3 °F) (Temporal) Resp 20

Temp (24hrs), Avg:36.4 °C (97.5 °F), Min:36.3 °C (97.3 °F), Max:36.5 °C (97.7 °F)

Body mass index is 25.17 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results

Lab Results
Component Value Date
WBC 12.9 (H) 07/10/2023
HGB 12.1 (L) 07/10/2023
HCT 39.0 07/10/2023
MCV 94.0 07/10/2023
PLT 373 07/10/2023
CHEMISTRY

Component Value Date GLUCOSE 90 07/10/2023 NA 141 07/10/2023 K 3.3 (L) 07/10/2023 CO2 28 07/10/2023 CL 107 07/10/2023 BUN 12 07/10/2023 CREATININE 0.58 (L) 07/10/2023 EGFR 110 07/10/2023 CALCIUM 8.4 (L) 07/10/2023 MG 1.5 (L) 07/08/2023 PHOS 2.4 07/08/2023 ANIONGAP 6 07/10/2023

MEDICATIONS

SCHEDULED MEDICATIONS

amiodarone, 200 mg, oral, Daily
[Held by provider] apixaban, 5 mg, oral, BID
atorvastatin, 40 mg, oral, Nightly
ceFAZolin, 2 g, intravenous, Once
[Held by provider] clopidogreL, 75 mg, oral, Daily
docusate, 100 mg, oral, BID
[Held by provider] insulin lispro, 1-6 Units, subcutaneous, With meals & nightly
metoprolol tartrate, 100 mg, oral, BID
nicotine, 1 patch, transdermal, Daily
[Held by provider] OLANZapine, 5 mg, oral, BID
polyetheylene glycol, 17 g, oral, Daily
tamsulosin, 0.4 mg, oral, Daily
valproate sodium, 750 mg, intravenous, q12h
[Held by provider] valproic acid, 750 mg, oral, q12h SCH

DRIPS

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose 50%, dextrose, dextrose, glucagon injection, LORazepam, OLANZapine, [Held by provider] OLANZapine, prochlorperazine **OR** prochlorperazine **OR** prochlorperazine, Insert peripheral IV **AND** Maintain IV access **AND** Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by S Maan, MD at 07/12/2023 3:20 PM EDT Electronically signed by K Son, MD at 07/10/2023 3:48 PM EDT Electronically signed by S Maan, MD at 07/12/2023 3:20 PM EDT

Associated attestation - S Maan, MD - 07/12/2023 3:20 PM EDT Formatting of this note might be different from the original.

Attending Teaching Attestation:

I personally saw and examined the patient on rounds with resident on date of service. Management was discussed with my resident team and I supervised and developed the plan of care. I have reviewed and agree with the key parts of the resident evaluation including the subjective information, objective findings and the impression and plan. In addition the note has been addended to include my discussions, assessments and plans.

Sukhminder Maan, MD

Crystal J, RD - 07/10/2023 10:24 AM EDT

Formatting of this note is different from the original.

Nutrition Note / Follow Up

RD currently following. Nutritional assessment done 7/7.

SLP eval 7/9: Recommendations: IDDSI 4 pureed foods with thin liquid pleasure diet; Provide 1:1 assistance with intake; Primary nutrition, hydration, and medications via PEG. Use of the following compensatory strategies: Upright for PO intake; Small bites/sips; Ensure pt is awake, alert and accepting. Discontinue PO intake with a decline in respiratory status or increased s/sx of aspiration. Regular oral care to minimize bacterial overgrowth (q4-6 hours) and aspiration-related complications. Plan: Patient is at baseline diet. Due to edentia, cognitive status, and limited interest in PO, does not appear that swallowing follow up is needed at this time.

Per discussion with RN/Renee on 7/10, the patient pulled out part of his PEG tube late last night/early morning, and enteral feeding has been held since that time. RN/Renee states the plan is for PEG tube replacement around 3PM or 4PM today. RN/Renee states the enteral feeding pump indicates the patient was receiving the enteral feeding at a rate of 60 mL/hr prior to patient pulling out part of his PEG tube.

Once PEG tube replaced/confirmed, initiate enteral feeding of Glucerna 1.2 cal formula at 20 mL/hr continuous and increase feeding by 10-15 mL q. 12 hours as tolerated to goal of Glucerna 1.2 cal formula at 75 mL/hr continuous via PEG tube (TF Provision: 1800 mL, 2160 kcal, 108 gm protein and 1449 mL free water = 100% minimum kcal/protein needs).

- o Flush PEG tube w/at least 20-30 mL H2O q. 4-8 hrs & before/after each medication pass to maintain tube patency.
- o Flush with 170 mL H2O q. 6 hrs to maintain hydration TF along with water flushes will provide 2129 mL fluid.
- o Keep HOB elevated at least 30-45 degrees.
- o Hold TF for gastric residuals greater than 500 mL (if gastric residuals being checked).

Continue NPO status as medically necessary. If/once medically feasible/appropriate, recommend advancing oral diet as tolerated to goal of IDDSI level 4/Pureed oral diet with thin liquids with 1:1 assistance for pleasure per SLP recommendations on 7/9. Monitor need for 90 gm carb/meal diet restriction.

See nutrition note dated 7/7 for additional information. High nutrition risk remains active. RD remains available and will continue to follow.

Dietary Orders (From admission, onward)

Start Ordered

07/08/23 0600 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 75; 170; Water; Every 6 hours; Tube Feed (Tube Feeding) Diet effective now

Comments: Glucerna 1.2 start at 20 mL/hr continuously via feeding tube and increase by 10-15 mL/hr every 12 hr to reach goal rate of 75 mL/hr.

Once IV fluids discontinued - start water flush 170 mL g 6 hrs for hydration.

Question Answer Comment Location: St Mary Mercy Livonia Tube feeding formula: Glucerna 1.2 Cal

Route: PEG

Tube feeding continuous rate (mL/hr): 75

Tube feeding flush (mL): 170 Tube feeding flush type: Water

Tube feeding flush frequency: Every 6 hours

Diet Tube Feed

See Hyperspace for full Linked Orders Report.

07/07/23 1447

07/07/23 1445 Adult NPO diet Location: St Mary Mercy Livonia; Diet: NPO- No Exceptions (Tube Feeding) Diet effective now

Question Answer Comment Location St Mary Mercy Livonia

Diet NPO- No Exceptions

See Hyperspace for full Linked Orders Report.

07/07/23 1447

Signature: Crystal Jones, RD, CSO

Electronically signed by Crystal J, RD at 07/10/2023 11:02 AM EDT Electronically signed by Crystal J, RD at 07/11/2023 11:02 AM EDT

Kiersten G, RN - 07/10/2023 5:49 AM EDT

Formatting of this note might be different from the original.

Goals:

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Goal: Will remain free from injury to self

Outcome: Not Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Not Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Not Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Goal: Skin integrity will improve

Outcome: Progressing

Identify possible barriers to meeting goals/advancing plan of care: acuity of illness

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End of Shift Summary: Patient is oriented x1 (to person), is on RA, and is BRT q2 hours. NPO maintained, no meds other than ativan administered during this shift, provider aware. IV removed, provider aware and okay to leave out this shift. Patient pulled and disconnected external part of PEG tube. Tube feed held and provider aware. XR without contrast of abd done. B/l mitt and soft wrist restraints maintained. Video monitor maintained. Bed is locked and in lowest position. Bed alarm activated and call light within reach.

Electronically signed by Kiersten G, RN at 07/10/2023 5:49 AM EDT

Kevin O, RN - 07/09/2023 4:26 PM EDT

Formatting of this note might be different from the original.

Attempted mouth care x2. Patient refusing at this time. Will try again later

Electronically signed by Kevin O, RN at 07/09/2023 4:27 PM EDT

Kevin O, RN - 07/09/2023 3:46 PM EDT

Formatting of this note might be different from the original.

Patient alert and oriented x1. Patient agitated and yelling out most of shift. Patient continuously attempting to pull off abdominal binder PEG tube and foley catheter out. Foley cath removed per orders. Video monitor continued and Soft restraints continued. Patients daughter updated at bedside. Patient seen by SLP recommend starting patient back on diet. Patient has PEG feeding going to 45ml/hour. No residuals noted. Patient has not voided yet. Dr.Kode made aware. Ordered straight for greater than 350ml.

Electronically signed by Kevin O, RN at 07/09/2023 3:51 PM EDT Electronically signed by Kevin O, RN at 07/09/2023 6:56 PM EDT

Margaret C - 07/09/2023 2:50 PM EDT

Formatting of this note is different from the original.

Speech Language Pathology SLP Swallow Follow Up

Subjective

Patient Name: Ioan Suiugan

Age: 62 y.o.

Room: 4419/4419-01 Today's Date: 7/9/2023 MRN: 116801863

Subjective: Completed clinical swallow follow-up. Spoke with RN, Kevin, prior to seeing patient. Reports ok to see, pt may be calm/sleepy due to recently receiving Ativan. Patient's daughter was present. Mitts and restraints in place. PEG tube was placed on 7/7/23 due to refusing foods and medications. Patient is also now NPO, previously had IDDSI 5 with thin liquids. Family reports they have been giving him water when he requests it.

DATE OF ADMISSION: 6/21

MEDICAL DIAGNOSIS: Aggressive behavior, acute encephalopathy with prior anoxic brain injury

LEVEL OF FUNCTION PRIOR TO ONSET: SNF

SLP SERVICES PRIOR TO ADMISSION: None per chart review

DIET PRIOR TO ADMISSION: Puree with thin liquids at SNF per hard chart review

HISTORY: 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior.

PATIENT STATUS:

Current diet/means of nutrition: NPO, TF via PEG

Current O2 requirements: room air

Tracheostomy/Ventilator

No

Past Medical History:

Diagnosis Date

- CAD (coronary artery disease)
- Diabetes mellitus (CMS/HCC)

History reviewed. No pertinent surgical history.

IMAGING: n/a

Pain

Unable to report

Objective

Oral Motor Exam: Limited assessment d/t poor command following

Oral Mucosa: moist and pink Facial/labial: symmetric at rest

Mandibular: adequate
Lingual: unable to assess

Palatal: unable to assess

Dentition: edentulous

Volitional Cough: unable to elicit Volitional Swallow: unable to elicit

Motor Speech/Voice: Limited output Respiratory support for speech: fair

Phonation: WFL

Articulation: Imprecision suspected, mostly speaking Romanian

Resonance: WFL Prosody: WFL

Speech intelligibility was judged to be: 100% at single word level

Language and Cognition: Sleeping initially but easily awoken. Calm. Reduced command following, confusion, stating "go ahead" when presented with food, but then turning head away.

Swallowing:

The following consistencies were provided: thin liquids via straw (water), puree (applesauce). Agreeable to only small amounts.

Does not follow commands for complex task like 3 ounce challenge.

Trials were administered by: daughter

Performance was notable for:

Oral phase:

Fair labial seal; no anterior spillage

Adequate oral transit

Pharyngeal phase:

Swallow onset appeared timely

No significant oral residue

No excess swallows

No throat clearing, coughing, or change in vocal quality

Dysphagia Risk Factors:

- -Acute: Confusion, may be back to recent baseline
- -Chronic: Recent cardiac arrest + anoxic BI

Assessment/Plan

SLP Assessment

SLP Assessment Results: At baseline, Cognitive impairments, Swallowing impairments

Prognosis: Fair

Evaluation/Treatment Tolerance: Treatment limited secondary to agitation

Medical Staff Made Aware: Yes

Impressions:

Oral Motor: No focal weakness or asymmetry, however, limited assessment

Motor speech: No evidence of dysarthria or motor speech disorder noted, however, limited assessment d/t limited output Communication and cognition: Confused, required cues and increased processing time to follow simple commands, frequent

Oropharyngeal swallowing: Patient presents with oropharyngeal dysphagia secondary to mental status/confusion in the setting of recent anoxic brain injury. No overt s/s of laryngeal penetration/aspiration observed. Limited intake due to refusal, which has been ongoing issue and reason for recent PEG placement for primary nutrition, hydration, and medications. Recommend that patient resume a modified diet, with swallow precautions in place.

Recommendations:

- -IDDSI 4 pureed foods with thin liquid pleasure diet
- -Provide 1:1 assistance with intake
- -Primary nutrition, hydration, and medications via PEG
- -Use of the following compensatory strategies:
- *Upright for PO intake
- *Small bites/sips
- *Ensure pt is awake, alert and accepting
- -Discontinue PO intake with a decline in respiratory status or increased s/sx of aspiration
- -Regular oral care to minimize bacterial overgrowth (q4-6 hours) and aspiration-related complications

Plan: Patient is at baseline diet. Due to edentia, cognitive status, and limited interest in PO, does not appear that swallowing follow up is needed at this time. Please notify SLP if difficulties arise with current diet and re-assessment is needed at x58246.

Goals

Encounter Problems

Encounter Problems (Active) Template: Speech Therapy Problem: Swallowing Dates: Start: 06/23/23

Goal: Patient will tolerate the least restrictive diet consistency to allow for safe consumption of daily meals

Dates: Start: 06/23/23 Expected End: 07/15/23

Description: Goal Type: STG, Performance Level: Mod Ind

Outcomes

Date/Time User Outcome

07/09/23 1529 Margaret K Carey, CCC-SLP Adequate for Discharge

Encounter Problems (Resolved)

There are no resolved problems.

Patient/Family Learning Assessment: Discussed recommendations with daughter, reports understanding and agreement.

Discussed with RN Kevin via in-person conversation

Notified Dr. Son via Haiku

Margaret K Carey, CCC-SLP

x52846

Electronically signed by Margaret C at 07/09/2023 3:30 PM EDT

K Son, MD - 07/09/2023 1:31 PM EDT

Formatting of this note is different from the original. Images from the original note were not included.

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Kimberly Son, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Sukhminder Singh Maan, MD

Hospital Day: LOS: 18 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior. Admitted for management of aggressive/impulsive behavior 2/2 anoxic brain injury and placement.

Aggressive/impulsive behavior due to Anoxic brain injury

Prolonged QTc in setting of Antipsychotic use due to above

- -- Patient presented from Regency with cc agitation, aggressive behavior. Per facility staff, patient was refusing medications and becoming combative, violent
- -- In ED, patient received Haldol/Ativan with additional dose of Ativan as he was becoming aggressive towards staff, subsequently placed in soft restraints which he ripped through, then placed in 4 point hard restraints.
- -- Med rec shows patient is on Zyprexa 5 bid, Ativan 0.5 mg q6h PRN although it appears he has not been receiving/refusing these medications.
- -- Significant labs: negative UDS, Valproic acid level of 33.9
- -- EKG on admission notable for QTc of 498
- -- Palliative care following
- -- PEG tube placed on 7/7 per palliative recommendation and family wishes. Tube feeds started
- -- QTc 7/9: 512

PI AN

- -- Psychiatry following: Continue Depakote syrup 750 mg BID, Zyprexa 5 mg twice daily
- -- PRN: Zyprexa 5mg IM when unable to take PO meds or with increased agitation
- -- Soft restraints in place, renew as needed
- -- Continue daily EKGs to monitor QTc, will not hold medication at this time due to continuing agresion
- -- Continue tube feeds and oral medications via PEG

Anoxic encephalopathy 2/2 cardiac arrest

STEMI s/p PCI, no stent placement

Hx of Atrial flutter

Nonocclusive R basilic and L subclavian-jugular thrombi

- -- Patient found down in parking lot, CPR started by bystanders, AED placed and 3 shocks delivered with additional 3 defibs by EMS in addition to 5-6 rounds of epi, ROSC achieved after roughly 60 min.
- -- During hospitalization, went into SVT with atrial flutter requiring Lopressor with dilt, amio gtt
- -- Angio performed and showed Dist Cx lesion is 90% stenosed with 90% stenosed side branch in 3rd Mrg. Prox LAD to Mid LAD lesion is 30% stenosed. Ost RCA to Dist RCA lesion is 100% stenosed
- -- No intervention at the time as there were no targets for revascularization, patient not a candidate for ICD 2/2 AMS and family concern that he would pull it out.
- --Vascular US duplex LUE 7/7: no evidence of DVT
- -- TTE showed hypokinetic basal inferoseptal, basal inferior and basal inferolateral segments with EF of 50-55%.
- -- MRI 5/15/23 showed cortical ischemia compatible with anoxic brain injury, EEG without seizure activity
- -- Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd.
- -- Neurology & PMNR recs appreciated: MR lumbar and thoracic spine without contrast pending to evaluate for possible cord ischemia, PRN sedation ordered. Per MRI staff, unable to do anesthesia for MRI at THLH.

PLAN:

- -- Rate controlled
- -- Lopressor 100 BID, Amio 200 qd
- -- Restart plavix and eliquis tomorrow 7/10

Enterobacter cloacae (CRE) UTI -- resolved

Urinary retention likely 2/2 neurogenic bladder

- -- UA cloudy, greater than 50 WBC, positive nitrate, positive leukocytes
- -- PVR greater than 1100 cc in the ED

- -- Ucx Enterobacter cloacae, E. coli CRE MDRO 6/22
- -- s/p Cefepime (SOT 6/24 6/28). Patient has no fever, leukocytosis, and so will stop treatment
- -- Repeat urine culture 6/27 significant for 70,000 Enterobacter cloacae
- -- Foley in place, placed 6/22/2023

Plan

-- Continue tamsulosin 0.4 mg qd

#DM, controlled

- -Per ED note patient was on lantus 30U nightly at home
- -lantus and low-dose sliding scale held, patient's blood sugars within normal range

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: Lovenox
- Fluids:
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

07/08/23 0600 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 75; 170; Water; Every 6 hours; Tube Feed (Tube Feeding) Diet effective now

Comments: Glucerna 1.2 start at 20 mL/hr continuously via feeding tube and increase by 10-15 mL/hr every 12 hr to reach goal rate of 75 mL/hr.

Once IV fluids discontinued - start water flush 170 mL q 6 hrs for hydration.

Question Answer Comment Location: St Mary Mercy Livonia

Tube feeding formula: Glucerna 1.2 Cal

Route: PEG

Tube feeding continuous rate (mL/hr): 75

Tube feeding flush (mL): 170
Tube feeding flush type: Water

Tube feeding flush frequency: Every 6 hours

Diet Tube Feed

See Hyperspace for full Linked Orders Report.

07/07/23 1447

07/07/23 1445 Adult NPO diet Location: St Mary Mercy Livonia; Diet: NPO- No Exceptions (Tube Feeding) Diet effective now

Question Answer Comment

Location St Mary Mercy Livonia

Diet NPO- No Exceptions

See Hyperspace for full Linked Orders Report.

07/07/23 1447

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

pending medical stability

SUBJECTIVE

Mr. Suiugan was seen and evaluated at bedside this morning. He was awake and alert in soft bilateral wrist and mitt restraints. He continues to pull at his restraints and frequently attempts to pull his IV and PEG tube. Abdominal binder remains in place to protect the peg tube. However, foley catheter was removed, due to risk for the patient causing himself urethral trauma by pulling it out. Tube feeds are well tolerated.

He continues to receive Depakote and Zyprexa through his PEG tube. Per discussion with social work, there are tentative plans to place him in a group home run by his sister.

OBJECTIVE

Physical exam limited due to intermittent agitation in the setting of anoxic brain injury

Physical Exam Constitutional:

General: He is not in acute distress.

HENT:

Head: Normocephalic.

Eyes:

Extraocular Movements: Extraocular movements intact.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal:

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Musculoskeletal:

General: Normal range of motion. Cervical back: Normal range of motion.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is disoriented.

Psychiatric:

Attention and Perception: He is inattentive. Behavior: Behavior is uncooperative and agitated.

Objective

Vitals

Visit Vitals

BP 109/73 (BP Location: Left arm, Patient Position: Lying)

Pulse 84

Temp 36.7 °C (98.1 °F) (Temporal)

Resp 18

Temp (24hrs), Avg:36.3 °C (97.4 °F), Min:36 °C (96.8 °F), Max:36.7 °C (98.1 °F)

Body mass index is 25.17 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results

Component Value Date WBC 10.8 07/02/2023 HGB 12.1 (L) 07/02/2023 HCT 39.4 07/02/2023

MCV 93.6 07/02/2023

PLT 531 (H) 07/02/2023

CHEMISTRY

Lab Results

Component Value Date

GLUCOSE 108 (H) 07/09/2023

NA 142 07/09/2023

K 3.8 07/09/2023

CO2 25 07/09/2023

CL 107 07/09/2023

BUN 12 07/09/2023

CREATININE 0.57 (L) 07/09/2023

EGFR 111 07/09/2023

CALCIUM 8.5 (L) 07/09/2023

MG 1.5 (L) 07/08/2023

PHOS 2.4 07/08/2023

ANIONGAP 10 07/09/2023

MEDICATIONS

amiodarone, 200 mg, oral, Daily
[Held by provider] apixaban, 5 mg, oral, BID
atorvastatin, 40 mg, oral, Nightly
ceFAZolin, 2 g, intravenous, Once
[Held by provider] clopidogreL, 75 mg, oral, Daily
docusate, 100 mg, oral, BID
[Held by provider] insulin lispro, 1-6 Units, subcutaneous, With meals & nightly
metoprolol tartrate, 100 mg, oral, BID
nicotine, 1 patch, transdermal, Daily
OLANZapine, 5 mg, oral, BID
polyetheylene glycol, 17 g, oral, Daily
tamsulosin, 0.4 mg, oral, Daily
[Held by provider] valproate sodium, 750 mg, intravenous, q12h
valproic acid, 750 mg, oral, q12h SCH

DRIPS

PRN MEDICATIONS

SCHEDULED MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose 50%, dextrose, dextrose, glucagon injection, OLANZapine, OLANZapine, prochlorperazine **OR** prochlorperazine **OR** prochlorperazine, Insert peripheral IV **AND** Maintain IV access **AND** Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by S Maan, MD at 07/09/2023 2:02 PM EDT Electronically signed by K Son, MD at 07/09/2023 1:48 PM EDT Electronically signed by S Maan, MD at 07/09/2023 2:02 PM EDT

Associated attestation - S Maan, MD - 07/09/2023 2:02 PM EDT Formatting of this note might be different from the original.

Attending Teaching Attestation:

I personally saw and examined the patient on rounds with resident on date of service. Management was discussed with my resident team and I supervised and developed the plan of care. I have reviewed and agree with the key parts of the resident evaluation including the subjective information, objective findings and the impression and plan. In addition the note has been addended to include my discussions, assessments and plans.

68-year-old-year-old male with history of prior cardiac arrest and returns to expanding circulation but ended up with anoxic brain injury admitted to hospital with increasing agitation behavior.

And unable to take care of himself and not eating.

#Acute encephalopathy with impulsive behavior with prior anoxic brain injury encephalopathy anoxic

Overall better now s/p PEG tube placement.

Psychiatry input appreciated

Started on Depakote and Zyprexa

After restraint in place

Continue tube feeding and is tolerating well.

#History of atrial fibrillation per per surgical team recommendation holding Plavix and Eliquis plan to restart by Monday continue amiodarone.

#Urine culture Enterobacter was sensitive to cefepime has been treated with cefepime till 6/28 and antibiotic discontinued.

7/9 we will try to discontinue Foley catheter as well monitor for any retention considering his stent pull of the catheter.

#Diabetes mellitus controlled now considering he is on tube feeding as well .

Disposition and will need to have improvement in mental status before discharge back to group home

Tiffany B, RN - 07/09/2023 12:45 AM EDT

Formatting of this note might be different from the original.

Goals:

Problem: Activity:

Goal: Mobility will improve Outcome: Not Progressing

Problem: Cognitive:

Goal: Understanding of ways to prevent future skin breakdown will improve

Outcome: Not Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Goal: Skin integrity will improve

Outcome: Progressing

Goal: Risk for impaired skin integrity will decrease

Outcome: Progressing

Problem: Nutritional:

Goal: Nutritional status will improve

Outcome: Progressing

Identify possible barriers to meeting goals/advancing plan of care: managing behavior in order to discontinue restraints, placement following discharge

Stability of the patient: Moderately Stable - Low risk of patient condition declining or worsening

End of Shift Summary: Patient oriented to person only. He is confused and combative. He also continues to pull at his PEG tube, IV lines and his foley catheter. He is unable to follow directions well much of the time. Bilateral soft wrist and mitts restraint order was renewed at about 0300 today. Abdominal binder in place to protect PEG tube. He is bedrest/turns. Patient kept NPO. Glucerna 1.2cal continuous tube feed increased to 30ml/hr last evening just before 2000 (170ml water flush q6h). Tube feeding rate increased to 45ml/hr this morning at about 0750. Patient appears to be tolerating it well so far. Daily EKG completed to evaluate for prolonged QTc as he is on antipsychotics to attempt to manage his aggressive behavior. Sister hopes that he can eventually be discharged to her group home which she owns.

Electronically signed by Tiffany B, RN at 07/09/2023 8:18 AM EDT

Renee F, RN - 07/08/2023 5:33 PM EDT

Formatting of this note might be different from the original.

Goals: No new pressure injuries

Identify possible barriers to meeting goals/advancing plan of care: Lack of mobility

Stability of the patient: Moderately Stable - Low risk of patient condition declining or worsening

End of Shift Summary: Patient had a good day, left IV line in place, foley in place and peg tube in place. Tube feeding infusing per orders. Patient much more calm today.

Electronically signed by Renee F, RN at 07/08/2023 5:37 PM EDT

K Son, MD - 07/08/2023 1:51 PM EDT

Formatting of this note is different from the original. Images from the original note were not included.

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Kimberly Son, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Sukhminder Singh Maan, MD

Hospital Day: LOS: 17 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior. Admitted for management of aggressive/impulsive behavior 2/2 anoxic brain injury and placement.

Aggressive/impulsive behavior due to Anoxic brain injury

Prolonged QTc in setting of Antipsychotic use due to above

- -- Patient presented from Regency with cc agitation, aggressive behavior. Per facility staff, patient was refusing medications and becoming combative, violent
- -- In ED, patient received Haldol/Ativan with additional dose of Ativan as he was becoming aggressive towards staff, subsequently placed in soft restraints which he ripped through, then placed in 4 point hard restraints.
- -- Med rec shows patient is on Zyprexa 5 bid, Ativan 0.5 mg q6h PRN although it appears he has not been receiving/refusing these medications.
- -- Significant labs: negative UDS, Valproic acid level of 33.9
- -- EKG on admission notable for QTc of 498
- -- Palliative care consulted to assist with goals of care discussion, per report: At this time family goals are to continue current medical, PEG tube placement in order to achieve improved in behavior and possible participation with rehab.
- --Primary team, SW and case management personally discussed with pt's daughter and son who stated they would like to proceed with PEG tube placement.
- -- PEG tube placed on 7/7, tube feeds started

PLAN

- -- Psychiatry following: Depakote syrup 750 mg BID, Zyprexa 5 mg twice daily
- -- Soft restraints in place
- -- PRN: Zyprexa when unable to take PO meds or with increased agitation
- -- Avoid coadministration of Ativan and Zyprexa to prevent oversedation
- -- Daily EKGs to monitor QTc given antipsychotic medications
- -- Continue tube feeds, oral medications may be given via PEG

Anoxic encephalopathy 2/2 cardiac arrest

STEMI s/p PCI, no stent placement

Hx of Atrial flutter

Nonocclusive R basilic and L subclavian-jugular thrombi

- -- Patient found down in parking lot, CPR started by bystanders, AED placed and 3 shocks delivered with additional 3 defibs by EMS in addition to 5-6 rounds of epi, ROSC achieved after roughly 60 min.
- -- During hospitalization, went into SVT with atrial flutter requiring Lopressor with dilt, amio gtt
- -- Angio performed and showed Dist Cx lesion is 90% stenosed with 90% stenosed side branch in 3rd Mrg. Prox LAD to Mid LAD lesion is 30% stenosed. Ost RCA to Dist RCA lesion is 100% stenosed
- -- No intervention at the time as there were no targets for revascularization, patient not a candidate for ICD 2/2 AMS and family concern that he would pull it out.
- --Vascular US duplex LUE 7/7: no evidence of DVT
- -- TTE showed hypokinetic basal inferoseptal, basal inferior and basal inferolateral segments with EF of 50-55%.
- -- MRI 5/15/23 showed cortical ischemia compatible with anoxic brain injury, EEG without seizure activity
- -- Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd.
- -- Neurology & PMNR recs appreciated: MR lumbar and thoracic spine without contrast pending to evaluate for possible cord ischemia, PRN sedation ordered. Per MRI staff, unable to do anesthesia for MRI at THLH.

PLAN:

- -- Rate controlled
- -- Lopressor 100 BID, Amio 200 ad
- -- Plavix currently held, may be restarted 3 days s/p tube placement 7/10
- -- Restart eliquis 5 days s/p tube placement 7/12

Enterobacter cloacae (CRE) UTI -- resolved

Urinary retention likely 2/2 neurogenic bladder

- -- UA cloudy, greater than 50 WBC, positive nitrate, positive leukocytes
- -- PVR greater than 1100 cc in the ED
- -- Ucx Enterobacter cloacae, E. coli CRE MDRO 6/22
- -- s/p Cefepime (SOT 6/24 6/28). Patient has no fever, leukocytosis, and so will stop treatment
- -- Repeat urine culture 6/27 significant for 70,000 Enterobacter cloacae
- -- Foley in place, placed 6/22/2023

Plan:

-- Continue tamsulosin 0.4 mg qd

#DM, controlled

- -Per ED note patient was on lantus 30U nightly at home
- -lantus and low-dose sliding scale held, patient's blood sugars within normal range

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: Lovenox
- Fluids:
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

07/08/23 0600 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 75; 170; Water; Every 6 hours; Tube Feed (Tube Feeding) Diet effective now

Comments: Glucerna 1.2 start at 20 mL/hr continuously via feeding tube and increase by 10-15 mL/hr every 12 hr to reach goal rate of 75 mL/hr.

Once IV fluids discontinued - start water flush 170 mL q 6 hrs for hydration.

Question Answer Comment

Location: St Mary Mercy Livonia

Tube feeding formula: Glucerna 1.2 Cal

Route: PEG

Tube feeding continuous rate (mL/hr): 75

Tube feeding flush (mL): 170 Tube feeding flush type: Water

Tube feeding flush frequency: Every 6 hours

Diet Tube Feed

See Hyperspace for full Linked Orders Report.

07/07/23 1447

07/07/23 1445 Adult NPO diet Location: St Mary Mercy Livonia; Diet: NPO- No Exceptions (Tube Feeding) Diet effective now

Question Answer Comment

Location St Mary Mercy Livonia

Diet NPO- No Exceptions

See Hyperspace for full Linked Orders Report.

07/07/23 1447

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

pending medical stability

SUBJECTIVE

Patient seen at bedside this morning. He was asleep in bilateral soft wrist restraints. There were no overnight events and PEG tube remains in place since placement yesterday. Vital signs are stable

Patient was revisited on rounds later in the morning. He was awake and slightly agitated, requesting that someone remove his PEG tube. He would likely pull it himself if not for his wrist restraints and soft mittens. Primary team will continue to follow up with psychiatry for ongoing recommendations. He is currently receiving scheduled depakete and zyprexa through his PEG tube, which should provide more consistent treatment than he was getting with orals.

SW is still following for placement options

OBJECTIVE

Physical exam limited due to intermittent agitation in the setting of anoxic brain injury

Physical Exam

Constitutional:

General: He is not in acute distress.

HENT:

Head: Normocephalic.

Eyes:

Extraocular Movements: Extraocular movements intact. Conjunctiva/sclera: Conjunctivae normal. Abdominal: Palpations: Abdomen is soft. Tenderness: There is no abdominal tenderness.

Skin: General: Skin is dry. Neurological:

Mental Status: He is disoriented.

Psychiatric:

Attention and Perception: He is inattentive.

Behavior: Behavior is uncooperative.

Objective

Vitals
Visit Vitals
BP 114/79 (BP Location: Right arm, Patient Position: Lying)
Pulse 83
Temp 36.3 °C (97.3 °F) (Axillary)
Resp 22

Temp (24hrs), Avg:36.5 °C (97.7 °F), Min:36.2 °C (97.1 °F), Max:37.2 °C (99 °F)

Body mass index is 25.17 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results

Component Value Date WBC 10.8 07/02/2023 HGB 12.1 (L) 07/02/2023 HCT 39.4 07/02/2023 MCV 93.6 07/02/2023 PLT 531 (H) 07/02/2023 CHEMISTRY

Lab Results
Component Value Date
GLUCOSE 115 (H) 07/08/2023
NA 142 07/08/2023
K 3.6 07/08/2023
CO2 25 07/08/2023
CL 108 (H) 07/08/2023
BUN 12 07/08/2023
CREATININE 0.57 (L) 07/08/2023
EGFR 111 07/08/2023

CALCIUM 8.2 (L) 07/08/2023

MG 1.5 (L) 07/08/2023 PHOS 2.4 07/08/2023

11103 2.4 07/00/2023

ANIONGAP 9 07/08/2023

SCHEDULED MEDICATIONS

MEDICATIONS

amiodarone, 200 mg, oral, Daily
[Held by provider] apixaban, 5 mg, oral, BID
atorvastatin, 40 mg, oral, Nightly
ceFAZolin, 2 g, intravenous, Once
[Held by provider] clopidogreL, 75 mg, oral, Daily
docusate sodium, 100 mg, oral, BID
[Held by provider] insulin lispro, 1-6 Units, subcutaneous, With meals & nightly
metoprolol tartrate, 100 mg, oral, BID
nicotine, 1 patch, transdermal, Daily
OLANZapine, 5 mg, oral, BID

polyetheylene glycol, 17 g, oral, Daily tamsulosin, 0.4 mg, oral, Daily [Held by provider] valproate sodium, 750 mg, intravenous, q12h valproic acid, 750 mg, oral, q12h SCH

DRIPS

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose 50%, dextrose, dextrose, glucagon injection, OLANZapine, OLANZapine, prochlorperazine **OR** prochlorperazine **OR** prochlorperazine, Insert peripheral IV **AND** Maintain IV access **AND** Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by S Maan, MD at 07/09/2023 2:01 PM EDT Electronically signed by K Son, MD at 07/08/2023 3:14 PM EDT Electronically signed by S Maan, MD at 07/09/2023 2:01 PM EDT

Associated attestation - S Maan, MD - 07/09/2023 2:01 PM EDT Formatting of this note might be different from the original.

Attending Teaching Attestation:

I personally saw and examined the patient on rounds with resident on date of service. Management was discussed with my resident team and I supervised and developed the plan of care. I have reviewed and agree with the key parts of the resident evaluation including the subjective information, objective findings and the impression and plan. In addition the note has been addended to include my discussions, assessments and plans.

68-year-old-year-old male with history of prior cardiac arrest and returns to expanding circulation but ended up with anoxic brain injury admitted to hospital with increasing agitation behavior.

And unable to take care of himself and not eating.

#Acute encephalopathy with impulsive behavior with prior anoxic brain injury encephalopathy anoxic

Overall better now s/p PEG tube placement.

Psychiatry input appreciated

Started on Depakote and Zyprexa

After restraint in place

Continue tube feeding and is tolerating well.

#History of atrial fibrillation per per surgical team recommendation holding Plavix and Eliquis plan to restart by Monday continue amiodarone.

#Urine culture Enterobacter was sensitive to cefepime has been treated with cefepime till 6/28 and antibiotic discontinued.

Diabetes mellitus controlled now considering he is on tube feeding as well.

Disposition and will need to have improvement in mental status before discharge back to group home

Sukhminder Maan, MD

Mitchell R, RN - 07/08/2023 1:11 AM EDT

Formatting of this note might be different from the original. Goals:

Identify possible barriers to meeting goals/advancing plan of care: Cognitively Imapired

Stability of the patient: Moderately Stable - Low risk of patient condition declining or worsening

End of Shift Summary: Continue Plan of Care

Electronically signed by Mitchell R, RN at 07/08/2023 1:11 AM EDT

Mitchell R, RN - 07/07/2023 6:52 PM EDT

Formatting of this note might be different from the original. Shift Summary:

From Home

Cognition: A&OX unassessable

Admitting Diagnosis

petition

Problem List:

2023-06: Aggressive behavior

Indwelling catheter,

InCont BM LBM 07/04/23

Pain: no indication

Skin: Lt knee abrasion, stage 2 buttocks, generalized bruising VSOH, excoriation-groin/buttocks MASD, peg tube, PIV LT AC 18G IID

Mobility: Bedrest/restraints Nutrition: NPO no exceptions

Pericare: PRN/Qshift Oral Care: PRN/Qshift

Lungs clear anterior, AP regular, bowel sounds all quadrants, bil Radial Pulses +3, bil Pedal Pulses +2, no Pedal Edema Noted

Patient agitated, restraints remained in place

Electronically signed by Mitchell R, RN at 07/08/2023 6:35 AM EDT

A Amin, MD - 07/07/2023 5:53 PM EDT

Formatting of this note might be different from the original.

Patient's family has decided for PEG tube.

He is going later today.

Family was updated regarding the patient's progress

Psychiatry is treating with Depakote syrup and Zyprexa for the agitation.

Guardianship is being sought through the Wayne County adult guardianship

Electronically signed by A Amin, MD at 07/07/2023 5:55 PM EDT

V Kode, MD - 07/07/2023 5:31 PM EDT

Formatting of this note is different from the original.

Images from the original note were not included.

.smmlimhi

Internal Medicine Progress Note

Graduate Medical Education

Trinity Health Livonia Hospital

Please contact author [Valerie Kode, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Arvinder Cheema, MD

Hospital Day: LOS: 16 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior. Admitted for management of aggressive/impulsive behavior 2/2 anoxic brain injury and placement.

Aggressive/impulsive behavior due to Anoxic brain injury

Prolonged QTc in setting of Antipsychotic use due to above

- -- Patient presented from Regency with cc agitation, aggressive behavior. Per facility staff, patient was refusing medications and becoming combative, violent
- -- In ED, patient received Haldol/Ativan with additional dose of Ativan as he was becoming aggressive towards staff, subsequently placed in soft restraints which he ripped through, then placed in 4 point hard restraints.
- -- Med rec shows patient is on Zyprexa 5 bid, Ativan 0.5 mg q6h PRN although it appears he has not been receiving/refusing these medications.
- -- Significant labs: negative UDS, Valproic acid level of 33.9
- -- EKG on admission notable for QTc of 498
- -- Palliative care consulted to assist with goals of care discussion, per report: At this time family goals are to continue current medical, PEG tube placement in order to achieve improved in behavior and possible participation with rehab.

- --Primary team, SW and case management personally discussed with pt's daughter and son who stated they would like to proceed with PEG tube placement.
- -- PEG tube placed on 7/7

PLAN

- -- Psychiatry following: Depakote syrup 750 mg BID, Zyprexa 5 mg twice daily
- -- Soft restraints in place
- -- PRN: Zyprexa when unable to take PO meds or with increased agitation
- -- Avoid coadministration of Ativan and Zyprexa to prevent oversedatio
- -- Daily EKGs to monitor QTc given antipsychotic medications
- -- Tube feeds to start on 7/8

Anoxic encephalopathy 2/2 cardiac arrest

STEMI s/p PCI, no stent placement

Hx of Atrial flutter

Nonocclusive R basilic and L subclavian-jugular thrombi

- -- Patient found down in parking lot, CPR started by bystanders, AED placed and 3 shocks delivered with additional 3 defibs by EMS in addition to 5-6 rounds of epi, ROSC achieved after roughly 60 min.
- -- During hospitalization, went into SVT with atrial flutter requiring Lopressor with dilt, amio gtt
- -- Angio performed and showed Dist Cx lesion is 90% stenosed with 90% stenosed side branch in 3rd Mrg. Prox LAD to Mid LAD lesion is 30% stenosed. Ost RCA to Dist RCA lesion is 100% stenosed
- -- No intervention at the time as there were no targets for revascularization, patient not a candidate for ICD 2/2 AMS and family concern that he would pull it out.
- -- TTE showed hypokinetic basal inferoseptal, basal inferior and basal inferolateral segments with EF of 50-55%.
- -- MRI 5/15/23 showed cortical ischemia compatible with anoxic brain injury, EEG without seizure activity
- -- Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd.
- -- Neurology & PMNR recs appreciated: MR lumbar and thoracic spine without contrast pending to evaluate for possible cord ischemia, PRN sedation ordered. Per MRI staff, unable to do anesthesia for MRI at THLH.

PLAN (patient intermittently refuses home medications)

- -- Rate controlled
- -- Orders: Plavix 75 qd, Lopressor 100 BID, Amio 200 qd
- -- Unable to give Eliquis because patient continues to refuse oral medications
- -- Due to above, will plan for repeat upper extremity ultrasound to monitor nonocclusive thrombi noted in the left subclavian jugular vein -- unable to complete today because patient is uncooperative.

Enterobacter cloacae (CRE) UTI -- resolved

Urinary retention likely 2/2 neurogenic bladder

- -- UA cloudy, greater than 50 WBC, positive nitrate, positive leukocytes
- -- PVR greater than 1100 cc in the ED
- -- Ucx Enterobacter cloacae, E. coli CRE MDRO 6/22
- -- s/p Cefepime (SOT 6/24 6/28). Patient has no fever, leukocytosis , and so will stop treatment
- -- Repeat urine culture 6/27 significant for 70,000 Enterobacter cloacae
- -- Foley in place, placed 6/22/2023
- -- Continue tamsulosin 0.4 mg qd

#DM. controlled

- -Per ED note patient was on lantus 30U nightly at home
- -lantus and low-dose sliding scale held, patient's blood sugars within normal range

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: Lovenox
- Fluids: sodium chloride, 20 mL/hr
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

07/08/23 0600 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 75; 170; Water; Every 6 hours; Tube Feed (Tube Feeding) Diet effective now

Comments: Glucerna 1.2 start at 20 mL/hr continuously via feeding tube and increase by 10-15 mL/hr every 12 hr to reach goal rate of 75 mL/hr.

Once IV fluids discontinued - start water flush 170 mL q 6 hrs for hydration.

Question Answer Comment Location: St Mary Mercy Livonia

Tube feeding formula: Glucerna 1.2 Cal

Route: PEG

Tube feeding continuous rate (mL/hr): 75
Tube feeding flush (mL): 170

Tube feeding flush type: Water

Tube feeding flush frequency: Every 6 hours

Diet Tube Feed

See Hyperspace for full Linked Orders Report.

07/07/23 1447

07/07/23 1445 Adult NPO diet Location: St Mary Mercy Livonia; Diet: NPO- No Exceptions (Tube Feeding) Diet effective now

Question Answer Comment Location St Mary Mercy Livonia

Diet NPO- No Exceptions

See Hyperspace for full Linked Orders Report.

07/07/23 1447

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

pending medical stability

SUBJECTIVE

Patient seen at bedside this morning. He was in bilateral soft wrist restrains and sleeping soundly. No Significant events noted overnight. Hemodynamically stable. PEG tube placed today.

OBJECTIVE

Physical exam limited due to intermittent agitation in the setting of anoxic brain injury

Physical Exam

Constitutional:

General: He is not in acute distress.

HENT:

Head: Normocephalic.

Eyes:

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Abdominal:

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Skin:

General: Skin is dry.

Neurological:

Mental Status: He is disoriented.

Psychiatric:

Attention and Perception: He is inattentive.

Behavior: Behavior is uncooperative.

Objective

Vitals

Visit Vitals

BP 93/67

Pulse 66

Temp 36.3 °C (97.3 °F) (Temporal)

Resp 16

Temp (24hrs), Avg:36.4 °C (97.5 °F), Min:36.2 °C (97.1 °F), Max:36.8 °C (98.2 °F)

Body mass index is 25.17 kg/m². No results found for: PTWT, PTHT LABS (most recent)

HEMATOLOGY

Lab Results
Component Value Date
WBC 10.8 07/02/2023
HGB 12.1 (L) 07/02/2023
HCT 39.4 07/02/2023
MCV 93.6 07/02/2023
PLT 531 (H) 07/02/2023
CHEMISTRY

Lab Results
Component Value Date
GLUCOSE 109 (H) 07/07/2023
NA 142 07/07/2023
K 4.1 07/07/2023
CO2 26 07/07/2023
CL 110 (H) 07/07/2023
BUN 13 07/07/2023
CREATININE 0.65 (L) 07/07/2023
EGFR 107 07/07/2023
CALCIUM 8.1 (L) 07/07/2023
MG 1.2 (L) 07/02/2023
PHOS 3.6 06/22/2023

ANIONGAP 6 07/07/2023

SCHEDULED MEDICATIONS

MEDICATIONS

amiodarone, 200 mg, oral, Daily
[Held by provider] apixaban, 5 mg, oral, BID
atorvastatin, 40 mg, oral, Nightly
ceFAZolin, 2 g, intravenous, Once
[Held by provider] clopidogreL, 75 mg, oral, Daily
docusate sodium, 100 mg, oral, BID
[Held by provider] enoxaparin, 40 mg, subcutaneous, Daily
[Held by provider] insulin lispro, 1-6 Units, subcutaneous, With meals & nightly
metoprolol tartrate, 100 mg, oral, BID
nicotine, 1 patch, transdermal, Daily
OLANZapine, 5 mg, oral, BID
polyetheylene glycol, 17 g, oral, Daily
tamsulosin, 0.4 mg, oral, Daily
[Held by provider] valproate sodium, 750 mg, intravenous, q12h
valproic acid, 750 mg, oral, q12h SCH

DRIPS

sodium chloride, 20 mL/hr

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose 50%, dextrose, dextrose, glucagon injection, OLANZapine, OLANZapine, prochlorperazine **OR** prochlorperazine **OR** prochlorperazine, Insert peripheral IV **AND** Maintain IV access **AND** Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by A Cheema, MD at 07/07/2023 8:13 PM EDT Electronically signed by V Kode, MD at 07/07/2023 5:34 PM EDT Electronically signed by A Cheema, MD at 07/07/2023 8:13 PM EDT

Associated attestation - A Cheema, MD - 07/07/2023 8:13 PM EDT Formatting of this note might be different from the original.

I was physically present for the evaluation and management service provided.

I personally saw and examined the patient on rounds with my team today.

Management was discussed with resident team Kimberly Son/Bazigh Naveed/Valerie Kode and I supervised the plan of care.

I have reviewed and agree with the key parts of the resident evaluation including:

Subjective Information

Objective findings on physical exam

Impression and plan

Arvinder Cheema, MD

Resting comfortably. Awake . Going for PEG tube today

Waiting for some mood stabilization so he can be discharged safely, PEG tube will be placed today so hopefully that will help with administration of meds

Discussed with nursing staff and case management during IDR's

Brittany H - 07/07/2023 3:15 PM EDT

Formatting of this note might be different from the original.

Mobility Team Note

Mobility Activity:

Mt assisted pct's and RN with transferring pt from stretcher to bed.

Brittany Hall

Electronically signed by Brittany H at 07/07/2023 3:16 PM EDT

Brianne W, RD - 07/07/2023 2:50 PM EDT

Formatting of this note is different from the original.

7/7/2023 @ 2:47 PM EDT

Reason for RD Intervention: Assessment Type: Follow-up

Reason for Assessment: Tube Feeding Additional Assessment Information: MST 3

Nutrition Recommendations/Plan of Care:

RD ordered enteral feeding via PEG to start on 7/8 at 0600 - Glucerna 1.2 start at 20 mL/hr continuously via feeding tube and increase by 10-15 mL/hr every 12 hr to reach goal rate of 75 mL/hr. TF will provide 1800 mL, 2160 kcals, 108 gm protein and 1449 mL free water.

- · Flush tube w/at least 20-30 mL H2O q. 4-8 hrs & before/after each medication pass to maintain tube patency.
- · Once medically appropriate/IV fluids discontinued start water flush 170 mL q 6 hrs for hydration TF along with water flush will provide 2129 mL fluid.
- · Keep HOB elevated at least 30-45 degrees.
- · Hold tube feeding for gastric residuals greater than 500 mL (if being checked)

RD ordered daily BMP to monitor renal function/hydration status while on enteral nutrition.

RD ordered phosphorus and magnesium level and supplement as needed.

See previous nutrition note form 7/7 for further details/recommendations.

Subjective Assessment:

MD sent message to RD reporting that PEG was placed and requesting tube feeding and water flush to be started tomorrow at 6 am.

Current Diet and Supplements:

Dietary Orders (From admission, onward)

Start Ordered

07/08/23 0600 Diet, Tube Feeding St Mary Mercy Livonia; Glucerna 1.2 Cal; PEG; 75; 170; Water; Every 6 hours; Tube Feed (Tube Feeding) Diet effective now

Comments: Glucerna 1.2 start at 20 mL/hr continuously via feeding tube and increase by 10-15 mL/hr every 12 hr to reach goal rate of 75 mL/hr.

Once IV fluids discontinued - start water flush 170 mL g 6 hrs for hydration.

Question Answer Comment Location: St Mary Mercy Livonia Tube feeding formula: Glucerna 1.2 Cal

Route: PEG

Tube feeding continuous rate (mL/hr): 75

Tube feeding flush (mL): 170 Tube feeding flush type: Water

Tube feeding flush frequency: Every 6 hours

Diet Tube Feed

See Hyperspace for full Linked Orders Report.

07/07/23 1447

07/07/23 1445 Adult NPO diet Location: St Mary Mercy Livonia; Diet: NPO- No Exceptions (Tube Feeding) Diet effective now

Question Answer Comment Location St Mary Mercy Livonia Diet NPO- No Exceptions

See Hyperspace for full Linked Orders Report.

07/07/23 1447

RD remains available and will continue to follow.

Signature: Brianne Williams, RD

Electronically signed by Brianne W, RD at 07/07/2023 2:50 PM EDT Electronically signed by Brianne W, RD at 07/07/2023 2:55 PM EDT Electronically signed by Brianne W, RD at 07/07/2023 3:00 PM EDT

Kari C, RN - 07/07/2023 2:16 PM EDT

Formatting of this note might be different from the original.

Post- gastritis and PEG placement

EGD with PEG placement

Electronically signed by Kari C, RN at 07/07/2023 2:16 PM EDT

Renee F, RN - 07/07/2023 1:16 PM EDT

Formatting of this note might be different from the original.

Goals: Peg tube placement

Identify possible barriers to meeting goals/advancing plan of care: None

Stability of the patient: Moderately Stable - Low risk of patient condition declining or worsening

End of Shift Summar: Patient to have peg tube placed in endoscopy this afternoon.

Electronically signed by Renee F, RN at 07/07/2023 1:17 PM EDT

Brianne W, RD - 07/07/2023 11:25 AM EDT

Formatting of this note is different from the original.

7/7/2023 @ 11:51 AM EDT

Reason for RD Intervention: Assessment Type: Follow-up

Reason for Assessment: Tube Feeding, Other (Comment), Decreased Intake (NPO for PEG placement)

Additional Assessment Information: MST 3

Nutrition Diagnosis:

Code Type: (No malnutrition diagnosis at this time.)

Status: No improvement

Diagnosis: Inadequate Oral Intake

Etiology: Changes in taste and appetite or preference, Increased demand for nutrient

Symptoms: decreased po intake, wound healing

Nutrition Recommendations/Plan of Care:

- 1. Continue NPO status as medically necessary. Once medically appropriate, RD recommends diet per SLP recommendations. Monitor need for 90 gm carb per meal diet.
- 2. Once diet advances, encourage po intake (greater than 75% of meals), protein-rich foods, and assist w/meals as needed.
- 3. Once diet advances, RD will provide oral supplement Glucerna shake q day (thicken if needed) (prefers strawberry or vanilla) to help increase po/nutrient intake provides 220 kcals and 10 gm protein per serving.
- 4. If/once feeding tube placed, confirming placement, recommend enteral feeding of Glucerna 1.2 start at 20 mL/hr continuously via feeding tube and increase by 10-15 mL/hr every 12 hr to reach goal rate of 75 mL/hr. TF will provide 1800 mL, 2160 kcals, 108 gm protein and 1449 mL free water.
- · Flush tube w/at least 20-30 mL H2O q. 4-8 hrs & before/after each medication pass to maintain tube patency.
- · Once medically appropriate RD recommends water flush 170 mL q 6 hrs for hydration TF along with water flush will provide 2129 mL fluid.
- · Keep HOB elevated at least 30-45 degrees.
- · Hold tube feeding for gastric residuals greater than 500 mL (if being checked)
- 6. Monitor blood glucose levels.
- 7. Monitor renal function. Hydration status.
- 8. Monitor sodium/chloride levels. Hydration status.
- 9. Once medically appropriate, recommend to re-order 250 mg Vitamin C daily until wound closure.
- 10. Monitor: Weight trends, labs/lytes, GI status, BM, fluid status, TF initiation/tolerance, po advancement/tolerance skin integrity and overall plan of care.

Nutrition Interventions:

Diet Order, Medical Food Supplement, Vitamin/Mineral Supplement, Enteral Nutrition

Medical Food Supplement(s): Medical Food Supplement Once Diet Advanced

Supplement Frequency (Once Diet Advanced): Daily

Diet Order: Other (Comment) (NPO)

Monitoring/Evaluation:

Energy Intake, Weight, Renal/Electrolyte Profile, Gastrointestinal Profile, Medical Food Supp/Oral Nutrition Supp, Diet Order, Enteral Nutrition Intake

Follow Up:

Priority Level: High

Follow Up Date: 07/11/23

Minutes Spent: 30

Nutritional Discharge Recommendations:

Additional Information: unable to determine discharge recommendations at this time

Subjective Assessment:

Per SLP note from 7/7 - Patient off the floor for US. Patient also NPO for PEG placement.

Per GI MD note from 7/6 - need for PEG placement: Patient has anoxic brain injury with aggressive behaviors. Inability to eat. EGD/PEG placement tomorrow recommendations to follow.

RD sent message to MD/RN regarding TF recommendations being noted due to plan for PEG placement.

RD attempted to see patient, NFPE/interview not appropriate at this time.

RD sent message to MD/RN for updated skin assessment, RN reports patient with stage 2 pressure injury and moisture related dermatitis to buttock. RN also reports patient not eating much.

6/27 Zinc level - 93 WNL.

RD discontinued, MVI/Vitamin C and Ensure supplement due to NPO status and plan for TF.

Current Diet and Supplements:

Dietary Orders (From admission, onward)

Start Ordered

07/07/23 0001 Adult NPO diet Location: St Mary Mercy Livonia; Diet: NPO- Except for Medications Diet effective midnight

Question Answer Comment

Location St Mary Mercy Livonia

Diet NPO- Except for Medications

07/06/23 1617

Food/Nutrition-Current Status:

Intake Type: Other (Comment) (NPO)

Current Diet Status: Other (Comment) (NPO)
Current Supplement Status: Appropriate

Appetite: Poor

Intake Amount (%): Bits/Sips (per flowsheet when patient was on an oral diet)

Intake Assessment: Inadequate

Main IVF: None

Barriers: Cognitive, Language

Weights:

Admit Weight: 88 kg (194 lb 0.1 oz) Current Weight: 84.2 kg (185 lb 10 oz)

Nutrition-Related Lab Values:

6/27 Zinc level - 93 WNL.

6/22 A1C level - 7.5 high.

Results from last 7 days

Lab Units 07/04/23

0611 07/02/23

1124 07/02/23

0644

SODIUM mmol/L -- -- 141

POTASSIUM mmol/L -- -- 3.7

MAGNESIUM mg/dL -- -- 1.2*

CHLORIDE mmol/L -- -- 103

CO2 mmol/L -- -- 25

BUN mg/dL -- -- 14

CREATININE mg/dL -- -- 0.62*

EGFR mL/min/1.73m2 -- -- 108

CALCIUM mg/dL -- -- 8.1*

POCT GLUCOSE mg/dL 113* < > --

GLUCOSE mg/dL -- -- 82

WBC AUTO K/mcL -- -- 10.8

< > = values in this interval not displayed.

Pertinent nutrition-related medications reviewed on 7/7/2023.

Nutrition Focused Physical Findings:

Digestive System (Mouth to Rectum): Appetite change, Swallowing difficulty, Other (Comment) (BM noted 7/4 per flowsheet)

Nerves and Cognition: Alert, Oriented, Confused

Skin: stage 2 pressure injury and moisture related dermatitis to buttock per RN report.

Energy Needs: 2098-2518 kcal, 84-126 gm protein, 2098-2518 mL fluid per day. Recalculated needs 7/7.

Height: 182.9 cm (72.01")

Weight Used for Equation Calculations: 84.2 kg (185 lb 10 oz)

Harris-Benedict Equation: 1742

Mifflin- St. Jeor Equation (Overweight or Obese Patients): 1680

Temp: 36.8 °C (98.2 °F) Calculating Weight (lbs): 185 Calculating Weight (Kg calc): 83.92

Kcal/Kg Lower Limit: 25

Kcal/day Lower Range (calc): 2098

Kcal/Kg Upper Limit: 30

Kcal/day Upper Range (calc): 2518 Protein g/Kg Lower Limit : 1 Protein g/day Lower Range (calc): 84 Protein g/Kg Upper Limit : 1.5 Protein g/day Upper Range (calc): 126

Fluid mL/Kg Lower Limit: 25

Fluid mL/day Lower Range (calc): 2098

Fluid mL/Kg Upper Limit: 30

Fluid mL/day Upper Range (calc): 2518

RD remains available and will continue to follow.

Signature: Brianne Williams, RD

Electronically signed by Brianne W, RD at 07/07/2023 11:25 AM EDT Electronically signed by Brianne W, RD at 07/07/2023 11:54 AM EDT Electronically signed by Brianne W, RD at 07/07/2023 12:35 PM EDT

Tammy F - 07/07/2023 9:42 AM EDT

Formatting of this note might be different from the original.

VASCULAR DEPARTMENT Phone: 734-655-3523 PRELIMINARY REPORT

Venous duplex of the left upper extremity

- 1. There is evidence of acute superficial vein thrombosis in the left upper extremity cephalic vein.
- 2. Suggest further testing if clinically indicated.

Tech: TF

Electronically signed by Tammy F at 07/07/2023 9:43 AM EDT

Christine K - 07/07/2023 9:31 AM EDT

Formatting of this note might be different from the original.

Speech Language Pathology Attempt

Attempted: Dysphagia follow up

Reason for attempt: Patient off the floor for US. Patient also NPO for PEG placement.

Plan: ST to re-attempt as time permits

Notified RN Renee

Electronically signed by Christine K at 07/07/2023 9:32 AM EDT

Kulubo B, RN - 07/07/2023 6:24 AM EDT

Formatting of this note might be different from the original.

Problem: Skin Integrity:

Goal: Skin integrity will improve

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Progressing

Problem: Safety:

Goal: Will remain free from injury to self

Outcome: Progressing

Problem: Safety:

Goal: Will be restraint free Outcome: Progressing

Goals:

Identify possible barriers to meeting goals/advancing plan of care: Illness acuity

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End of Shift Summary: Pt is alert with confusion, can be very agitated,, Restraint been monitored per protocol, video monitor on, Peri and Foley cath care done. NPO status maintain for PEG tube placement. Alarm on, bed in low position, brake locked.

Electronically signed by Kulubo B, RN at 07/07/2023 6:24 AM EDT

Jeaumanneh M, RN - 07/06/2023 5:51 PM EDT

Formatting of this note might be different from the original.

Goals:

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Identify possible barriers to meeting goals/advancing plan of care: acuity of illness

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End of Shift Summary: No acute events this shift. Pt remains confused and in restraints. Pt family had meeting with case management, pt to have PEG placed tomorrow. Pt not eating well, but writer was able to have him finish 1.5 Ensure drinks. NAD, safety maintained.

Electronically signed by Jeaumanneh M, RN at 07/06/2023 5:53 PM EDT

Michelle O, LMSW - 07/06/2023 5:32 PM EDT

Formatting of this note might be different from the original.

Link to being process for Wayne County Adult Guardianship emailed to patient's daughter loana. Sw also provided loana with contact information for Matt Martin from Senior Care Newtwork for guidance if needed.

Electronically signed by Michelle O, LMSW at 07/06/2023 5:33 PM EDT

Starlyne W, RN - 07/06/2023 4:45 PM EDT

Formatting of this note might be different from the original.

IP Risk of Unplanned Readmission Score 17%

Family meeting held w/dtr Ioana, son Ioan via Ioana's cellular phone (speaker), RN/Jeaumanneh and w/Michelle Social Work and Dr. Kode. Reviewed pt's current status and recommendations for next steps.

After discussion, loana and loan agrees for peg tube placement for their dad. loana also agrees to begin process to obtain guardianship for her father to help with decision making and placement needs.

Starlyne Wyatt-Hooper, RN

Electronically signed by Starlyne W, RN at 07/06/2023 4:52 PM EDT Electronically signed by Starlyne W, RN at 07/06/2023 5:02 PM EDT

V Kode, MD - 07/06/2023 3:51 PM EDT

Formatting of this note is different from the original. Images from the original note were not included. .smmlimhi

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Valerie Kode, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Arvinder Cheema, MD

Hospital Day: LOS: 15 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior. Admitted for management of aggressive/impulsive behavior 2/2 anoxic brain injury and placement.

Aggressive/impulsive behavior due to Anoxic brain injury

Prolonged QTc in setting of Antipsychotic use due to above

- -- Patient presented from Regency with cc agitation, aggressive behavior. Per facility staff, patient was refusing medications and becoming combative, violent
- -- In ED, patient received Haldol/Ativan with additional dose of Ativan as he was becoming aggressive towards staff, subsequently placed in soft restraints which he ripped through, then placed in 4 point hard restraints.
- -- Med rec shows patient is on Zyprexa 5 bid, Ativan 0.5 mg q6h PRN although it appears he has not been receiving/refusing these medications.
- -- Significant labs: negative UDS, Valproic acid level of 33.9
- -- EKG on admission notable for QTc of 498
- -- Palliative care consulted to assist with goals of care discussion, per report: At this time family goals are to continue current medical, PEG tube placement in order to achieve improved in behavior and possible participation with rehab.
- --Primary team, SW and case management personally discussed with pt's daughter and son who stated they would like to proceed with PEG tube placement.

PLAN

- -- Psychiatry following: Depakote syrup 750 mg BID, Zyprexa 5 mg twice daily
- -- Soft restraints in place
- -- PRN: Zyprexa when unable to take PO meds or with increased agitation
- -- Avoid coadministration of Ativan and Zyprexa to prevent oversedatio
- -- Daily EKGs to monitor QTc given antipsychotic medications
- -- GI following, plan for PEG tube placement on 7/7

Anoxic encephalopathy 2/2 cardiac arrest

STEMI s/p PCI, no stent placement

Hx of Atrial flutter

Nonocclusive R basilic and L subclavian-jugular thrombi

- -- Patient found down in parking lot, CPR started by bystanders, AED placed and 3 shocks delivered with additional 3 defibs by EMS in addition to 5-6 rounds of epi, ROSC achieved after roughly 60 min.
- -- During hospitalization, went into SVT with atrial flutter requiring Lopressor with dilt, amio gtt
- -- Angio performed and showed Dist Cx lesion is 90% stenosed with 90% stenosed side branch in 3rd Mrg. Prox LAD to Mid LAD lesion is 30% stenosed. Ost RCA to Dist RCA lesion is 100% stenosed
- -- No intervention at the time as there were no targets for revascularization, patient not a candidate for ICD 2/2 AMS and family

- concern that he would pull it out.
- -- TTE showed hypokinetic basal inferoseptal, basal inferior and basal inferolateral segments with EF of 50-55%.
- -- MRI 5/15/23 showed cortical ischemia compatible with anoxic brain injury, EEG without seizure activity
- -- Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd.
- -- Neurology & PMNR recs appreciated: MR lumbar and thoracic spine without contrast pending to evaluate for possible cord ischemia, PRN sedation ordered. Per MRI staff, unable to do anesthesia for MRI at THLH.

PLAN (patient intermittently refuses home medications)

- -- Rate controlled
- -- Orders: Plavix 75 qd, Lopressor 100 BID, Amio 200 qd
- -- Unable to give Eliquis because patient continues to refuse oral medications
- -- Due to above, will plan for repeat upper extremity ultrasound to monitor nonocclusive thrombi noted in the left subclavian jugular vein -- unable to complete today because patient is uncooperative.

Enterobacter cloacae (CRE) UTI -- resolved

Urinary retention likely 2/2 neurogenic bladder

- -- UA cloudy, greater than 50 WBC, positive nitrate, positive leukocytes
- -- PVR greater than 1100 cc in the ED
- -- Ucx Enterobacter cloacae, E. coli CRE MDRO 6/22
- -- s/p Cefepime (SOT 6/24 6/28). Patient has no fever, leukocytosis , and so will stop treatment
- -- Repeat urine culture 6/27 significant for 70,000 Enterobacter cloacae
- -- Foley in place, placed 6/22/2023
- -- Continue tamsulosin 0.4 mg qd

#DM, controlled

- -Per ED note patient was on lantus 30U nightly at home
- -lantus and low-dose sliding scale held, patient's blood sugars within normal range

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: Lovenox
- Fluids:
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

06/26/23 0905 Dietary nutrition supplements Three times daily (TID); St Mary Mercy Livonia; Standard Oral Supplement Continuous Comments: Ensure Plus High Protein

Question Answer Comment

Frequency Three times daily (TID)

Location St Mary Mercy Livonia

Location St Mary Mercy Livonia

Supplements Standard Oral Supplement

06/26/23 0906

06/23/23 1057 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; Thin Liquids, IDDSI Level 5

Minced & Moist Diet effective now

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids Thin Liquids

Modified Consistency Options for Liquids and Solids IDDSI Level 5 Minced & Moist

06/23/23 1056

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

pending medical stability

SUBJECTIVE

Patient seen at bedside this morning. He was in bilateral soft wrist restrains and sleeping soundly. No Significant events noted overnight. Hemodynamically stable, able to tolerate Depakote but continues to spit out all other oral medications.

OBJECTIVE

Physical exam limited due to intermittent agitation in the setting of anoxic brain injury

Physical Exam

Constitutional:

General: He is not in acute distress.

HENT:

Head: Normocephalic.

Eyes:

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Abdominal:

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Skin:

General: Skin is dry. Neurological:

Mental Status: He is disoriented.

Psychiatric:

Attention and Perception: He is inattentive.

Behavior: Behavior is uncooperative.

Objective

Vitals

Visit Vitals

BP 125/86 (BP Location: Left arm, Patient Position: Lying)

Pulse 65

Temp 36 °C (96.8 °F) (Temporal)

Resp 16

Temp (24hrs), Avg:36.3 °C (97.4 °F), Min:36 °C (96.8 °F), Max:36.8 °C (98.2 °F)

Body mass index is 25.17 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results

Component Value Date

WBC 10.8 07/02/2023

HGB 12.1 (L) 07/02/2023

HCT 39.4 07/02/2023

MCV 93.6 07/02/2023

PLT 531 (H) 07/02/2023

CHEMISTRY

Lab Results

Component Value Date

GLUCOSE 113 (H) 07/04/2023

NA 141 07/02/2023

K 3.7 07/02/2023

CO2 25 07/02/2023

CL 103 07/02/2023

BUN 14 07/02/2023

CREATININE 0.62 (L) 07/02/2023

EGFR 108 07/02/2023

CALCIUM 8.1 (L) 07/02/2023

MG 1.2 (L) 07/02/2023

PHOS 3.6 06/22/2023

ANIONGAP 13 (H) 07/02/2023

MEDICATIONS

amiodarone, 200 mg, oral, Daily [Held by provider] apixaban, 5 mg, oral, BID ascorbic acid, 250 mg, oral, Daily atorvastatin, 40 mg, oral, Nightly [START ON 7/7/2023] ceFAZolin, 2 q, intravenous, Once clopidogreL, 75 mg, oral, Daily docusate sodium, 100 mg, oral, BID enoxaparin, 40 mg, subcutaneous, Daily [Held by provider] insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 100 mg, oral, BID multivitamin with minerals-iron, 1 each, oral, Daily nicotine, 1 patch, transdermal, Daily OLANZapine, 5 mg, oral, BID polyetheylene glycol, 17 g, oral, Daily tamsulosin, 0.4 mg, oral, Daily [Held by provider] valproate sodium, 750 mg, intravenous, q12h valproic acid, 750 mg, oral, q12h SCH

DRIPS

PRN MEDICATIONS

SCHEDULED MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose 50%, dextrose, dextrose, glucagon injection, OLANZapine, OLANZapine, prochlorperazine **OR** prochlorperazine **OR** prochlorperazine

Cosigned by A Cheema, MD at 07/06/2023 4:27 PM EDT Electronically signed by V Kode, MD at 07/06/2023 4:18 PM EDT Electronically signed by V Kode, MD at 07/06/2023 4:18 PM EDT Electronically signed by A Cheema, MD at 07/06/2023 4:27 PM EDT

Associated attestation - A Cheema, MD - 07/06/2023 4:27 PM EDT Formatting of this note might be different from the original.

I was physically present for the evaluation and management service provided.

I personally saw and examined the patient on rounds with my team today.

Management was discussed with resident team Kimberly Son/Bazigh Naveed/Valerie Kode and I supervised the plan of care.

I have reviewed and agree with the key parts of the resident evaluation including: Subjective Information
Objective findings on physical exam
Impression and plan

Arvinder Cheema, MD

Resting comfortably. Did not wake him up. Discussed with the nursing staff. Vitals noted. Also discussed with the case management. GI consult has been placed for PEG tube placement.

Michelle O, LMSW - 07/06/2023 9:00 AM EDT

Formatting of this note might be different from the original.

Sw called patient's sister Vicki. Vicki runs her own group home and is willing to take patient once behaviors improve. She would also like him to receive rehab. She does not feel hospice is appropriate for her brother right now.

Sw called patient's daughter Ioana. Ioana is open to having meeting with social worker and care manager Star to discuss discharge plan and possible guardianship. Scheduled meeting for 4pm 7/6/23.

Electronically signed by Michelle O, LMSW at 07/06/2023 9:04 AM EDT

Sharon J, RN - 07/06/2023 4:51 AM EDT

Formatting of this note is different from the original.

Goals:

Problem: Safety:

Goal: Will be restraint free Outcome: Progressing

Goal: Will remain free from injury to self

Outcome: Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Goal: Skin integrity will improve

Outcome: Progressing

Goal: Risk for impaired skin integrity will decrease

Outcome: Progressing

Problem: Activity:

Goal: Mobility will improve Outcome: Progressing

Problem: Cognitive:

Goal: Understanding of ways to prevent future skin breakdown will improve

Outcome: Progressing

Problem: Nutritional:

Goal: Nutritional status will improve

Outcome: Progressing

Problem: Swallowing

Goal: Patient will tolerate the least restrictive diet consistency to allow for safe consumption of daily meals

Outcome: Progressing

Identify possible barriers to meeting goals/advancing plan of care: Acuity of Illness

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End of Shift Summary: Pt is A/OX1. Pt refused all medications except for Depakene. Bilateral soft restraints/mitts continued. Pt continues to be uncooperative with nursing assessments. Safety maintained and call light within reach.

Electronically signed by Sharon J, RN at 07/06/2023 6:54 AM EDT

Jeaumanneh M, RN - 07/05/2023 6:43 PM EDT

Formatting of this note might be different from the original. Goals:

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Identify possible barriers to meeting goals/advancing plan of care: acuity of illness

Stability of the patient: Moderately Stable - Low risk of patient condition declining or worsening

End of Shift Summary: Pt remains A&Ox0-1, sometimes oriented to self. Pt was placed in Mitt restraints to help prevent him from pulling his foley cath. Pt family had meeting with physician, hoping for PEG placement in the next couple days. NAD, safety maintained.

Electronically signed by Jeaumanneh M, RN at 07/05/2023 6:43 PM EDT Electronically signed by Jeaumanneh M, RN at 07/05/2023 6:54 PM EDT

Samantha W - 07/05/2023 4:33 PM EDT

Formatting of this note might be different from the original.

CA made follow up calls to pending skilled nursing facilities regarding placement need.

CA left voicemails for admissions on multiple facilities.

CA will follow up and monitor as needed.

CA updated social work, Michelle.

Electronically signed by Samantha W at 07/05/2023 4:34 PM EDT

N Caras, DO - 07/05/2023 4:27 PM EDT

Formatting of this note might be different from the original. Brief Psychiatry Progress Note

Patient was seen in room with 1:1 sitter at bedside.

Patient is inattentive with fluctuations in mentation. He is noted to be spitting out medications. He required Zyprexa 5 mg IM prn x2 yesterday and received Ativan PRN for agitation this morning. On interview, patient is talkative with disorganized thought process. He is not oriented to place or time. He requires frequent redirection. Per chart review, a goals of care discussion was had and the family's determination was that the patient shall remain full code with consideration for PEG-tube.

I had a discussion with Dr. Kode from the primary team who inquired about the option of long acting antipsychotic formulations.

Recommendations:

- 1. Psychiatric hospitalization is not indicated at this time.
- 2. Supervision: Patient does not require one-to-one supervision at this time psychiatric perspective, but could benefit from a medical perspective.
- 3. Psychotropic medications: Recommend continuing 750 mg twice daily of valproic acid. Total valproic acid level can be checked as a trough after at least 6 consecutive doses administered.
- 4. Home olanzapine can be resumed at 5mg PO BID with an additional 5mg given PO or IM as needed for agitation (IM only if PO medications refused and patient is at imminent risk of harm to self and others). Recommend a maximum of 3 total administrations per 24 hours. Due to the risk of complications including arrhythmia consider continuing to monitor patient's EKG while involving the patient and medical decision maker in ongoing discussions regarding risks and benefits.
- 5. Note that synergistic sedative effects have been documented with a combination of parenteral benzodiazepines and parenteral olanzapine. Given patient's neurological condition, antipsychotics would be the preferred agent for agitation and recommend caution with the addition of benzodiazepines if needed.
- 6. No reliable evidence exists supporting the off-label use of long-acting injectable antipsychotics as treatment for agitation in the setting. In addition to the side effects of antipsychotics broadly, this treatment option would require additional consideration of the patient's ability to give consent/assent as well as ability to establish tolerance and appropriate dosing with oral medication first.
- 7. Additional options for treating patient's agitation without oral medication or repeated intramuscular injections may include clonidine transdermal patch or asenapine transdermal patch. These would also represent off-label uses of these drugs warranting discussion with family regarding potential risks and benefits.
- 8. Should patient ultimately receive and tolerate PEG tube additional options for treating agitation will be available including olanzapine.

Please message this author or the "SMLI Psychiatric GME Consult Service" group directly via Haiku for any questions related to this consult, or page the consult resident at 76227.

Case was discussed with Dr. Dereczyk.

Signature: Nicholas Caras, DO Psychiatry Resident

Cosigned by A Dereczyk, MD at 07/07/2023 4:36 PM EDT Electronically signed by N Caras, DO at 07/05/2023 7:59 PM EDT Electronically signed by A Dereczyk, MD at 07/07/2023 4:36 PM EDT

Associated attestation - A Dereczyk, MD - 07/07/2023 4:36 PM EDT Formatting of this note might be different from the original.

I discussed and did not see the patient with my team. Management was discussed with the resident Dr. Caras, and I supervised the plan of care. I have reviewed and agree with key aspects of the resident evaluation including: subjective information, objective findings on exam, assessment and plan.

Ashley K, LMSW - 07/05/2023 3:15 PM EDT

Formatting of this note might be different from the original. New palliative care consult for goals of care

Pt is a 62 yr old male, admit day #14, FULL CODE

SW and PC NP/Donya met with pt at bedside Pt resting comfortably in bed, restrained, speaking in multiple languages Pt was able to answer simple questions appropriately Pt prefers to go by "Nelu" or "John"

Pt sister/Vicky was present - very attentive to pt, shared he is speaking in Hungarian, Russian and English. SW introduced palliative care team members and role re: supportive consultant role, symptom mgmt, education/quidance, discussing goals of care/medical wishes and preferences. SW emphasized that team would respect and support pt/family wishes and that discussion could be ongoing throughout admission as needed/preferred by pt/family. Sister initially surprised by PC team visit as she reports very good understanding of PC team role and that she is a big believer/advocate for PC, but does not feel pt is ready for that at this time. PC team respected this but did explain ways in ways team could help, support or advocate- sister receptive. SW explored pt/family support system as well as hopes/goals or worries. Sister thankful for this. Sister shared that initial incident occurred nearly two months ago in New York and despite cardiac arrest, pt has dramatically improved since, hence her preferences not to transition to comfort focused care which team respected. Sister shared that her main hope is that pt behaviors can be managed and he can then move into a local group home/Fox Creek, that she and her daughter own/manage. Pt sister shared that pt support system includes herself, pt two children (live locally) and her 4 children (pt nieces/nephews). Pt is not married. SW explored pt preferences and her additional hopes. Pt sister shared that she is hopeful behaviors can be managed and pt can participate in PT/OT in an effort t improve current baseline function. Sister shared being well aware pt may not improve and if his condition were to worsen, she and her family would strongly consider DNR and comfort focused care in the future, but at the present time, due to pt already shown improvement, do wish to continue current treatment plan which SW fully respected/supported. SW commended her involvement and strong advocacy for pt - sister thanfkl for this acknowledgement. Sister shared that she took care of their father for nearly 10 years prior to hsi death, so is very familiar with the medical community and how to navigate. SW briefly explored what pt was like prior to the incident and what he enjoyed - sister shared he was a strong worker as a truck driver, did everything for his two children and was very social/enjoyed talking. Sister is hopeful pt mentation continues to improve. SW thanked her for sharing and acknowledge the drastic chance in pt condition/life and her role as his advocate. Pt sister reported no additional worries and was thankful for PC team visit. All of pt/family questions were answered. SW explained that PC team involvement will be ongoing/as needed throughout admission. PC team contact info was provided to pt/family and SW encouraged them to reach out at anytime. SW reiterated that team would respect/support their wishes.

CM team updated

SW to remain involved/available for ongoing support and guidance.

Ashley Kerns, LMSW Palliative Care Social Worker 734-655-3595

Electronically signed by Ashley K, LMSW at 07/05/2023 3:24 PM EDT

V Kode, MD - 07/05/2023 9:54 AM EDT

Formatting of this note is different from the original. Images from the original note were not included. smmlimhi

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Valerie Kode, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Arvinder Cheema, MD

Hospital Day: LOS: 15 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior. Admitted for management of aggressive/impulsive behavior 2/2 anoxic brain injury and placement.

Aggressive/impulsive behavior due to Anoxic brain injury Prolonged QTc in setting of Antipsychotic use due to above

-- Patient presented from Regency with cc agitation, aggressive behavior. Per facility staff, patient was refusing medications and

- becoming combative, violent
- -- In ED, patient received Haldol/Ativan with additional dose of Ativan as he was becoming aggressive towards staff, subsequently placed in soft restraints which he ripped through, then placed in 4 point hard restraints.
- -- Med rec shows patient is on Zyprexa 5 bid, Ativan 0.5 mg q6h PRN although it appears he has not been receiving/refusing these medications.
- -- Significant labs: negative UDS, Valproic acid level of 33.9
- -- EKG on admission notable for QTc of 498
- -- Palliative care consulted to assist with goals of care discussion, per report: At this time family goals are to continue current medical, PEG tube placement in order to achieve improved in behavior and possible participation with rehab.

PLAN

- -- Psychiatry following: Depakote syrup 750 mg BID, Zyprexa 5 mg twice daily
- -- Soft restraints in place
- -- PRN: Zyprexa when unable to take PO meds or with increased agitation
- -- Avoid coadministration of Ativan and Zyprexa to prevent oversedatio
- -- Daily EKGs to monitor QTc given antipsychotic medications
- -- GI consulted for PEG tube placement per family request

Anoxic encephalopathy 2/2 cardiac arrest

STEMI s/p PCI, no stent placement

Hx of Atrial flutter

Nonocclusive R basilic and L subclavian-jugular thrombi

- -- Patient found down in parking lot, CPR started by bystanders, AED placed and 3 shocks delivered with additional 3 defibs by EMS in addition to 5-6 rounds of epi, ROSC achieved after roughly 60 min.
- -- During hospitalization, went into SVT with atrial flutter requiring Lopressor with dilt, amio gtt
- -- Angio performed and showed Dist Cx lesion is 90% stenosed with 90% stenosed side branch in 3rd Mrg. Prox LAD to Mid LAD lesion is 30% stenosed. Ost RCA to Dist RCA lesion is 100% stenosed
- -- No intervention at the time as there were no targets for revascularization, patient not a candidate for ICD 2/2 AMS and family concern that he would pull it out.
- -- TTE showed hypokinetic basal inferoseptal, basal inferior and basal inferolateral segments with EF of 50-55%.
- -- MRI 5/15/23 showed cortical ischemia compatible with anoxic brain injury, EEG without seizure activity
- -- Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd.
- -- Neurology & PMNR recs appreciated: MR lumbar and thoracic spine without contrast pending to evaluate for possible cord ischemia, PRN sedation ordered. Per MRI staff, unable to do anesthesia for MRI at THLH.

PLAN (patient intermittently refuses home medications)

- -- Rate controlled
- -- Orders: Plavix 75 qd, Lopressor 100 BID, Amio 200 qd
- -- Unable to give Eliquis because patient continues to refuse oral medications
- -- Due to above, will plan for repeat upper extremity ultrasound to monitor nonocclusive thrombi noted in the left subclavian jugular vein -- unable to complete today because patient is uncooperative.

Enterobacter cloacae (CRE) UTI -- resolved

Urinary retention likely 2/2 neurogenic bladder

- -- UA cloudy, greater than 50 WBC, positive nitrate, positive leukocytes
- -- PVR greater than 1100 cc in the ED
- -- Ucx Enterobacter cloacae, E. coli CRE MDRO 6/22
- -- s/p Cefepime (SOT 6/24 6/28). Patient has no fever, leukocytosis , and so will stop treatment
- -- Repeat urine culture 6/27 significant for 70,000 Enterobacter cloacae
- -- Foley in place, placed 6/22/2023
- -- Continue tamsulosin 0.4 mg qd

#DM, controlled

- -Per ED note patient was on lantus 30U nightly at home
- -lantus and low-dose sliding scale held, patient's blood sugars within normal range

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: Lovenox
- Fluids:
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

06/26/23 0905 Dietary nutrition supplements Three times daily (TID); St Mary Mercy Livonia; Standard Oral Supplement Continuous Comments: Ensure Plus High Protein

Question Answer Comment

Frequency Three times daily (TID)

Location St Mary Mercy Livonia

Supplements Standard Oral Supplement

06/26/23 0906

06/23/23 1057 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; Thin Liquids, IDDSI Level 5

Minced & Moist Diet effective now

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids Thin Liquids

Modified Consistency Options for Liquids and Solids IDDSI Level 5 Minced & Moist

06/23/23 1056

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

pending medical stability

SUBJECTIVE

Patient seen at bedside this morning. He was in bilateral soft wrist restrains and sleeping soundly. Significant events noted overnight. Hemodynamically stable, able to tolerate Depakote but continues to spit out other oral medications.

Plan for family to meet with palliative care to discuss goals of care. Social work continues to work on finding placement given severity of patient's intermittent agitation.

OBJECTIVE

Physical exam limited due to intermittent agitation in the setting of anoxic brain injury

Physical Exam

Constitutional:

General: He is not in acute distress.

HENT:

Head: Normocephalic.

Eves:

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Abdominal:

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Skin:

General: Skin is dry.

Neurological:

Mental Status: He is disoriented.

Psychiatric:

Attention and Perception: He is inattentive.

Behavior: Behavior is uncooperative.

Objective

Vitals

Visit Vitals

BP (!) 146/87 (BP Location: Left arm, Patient Position: Lying)

Pulse 91

Temp 36.3 °C (97.3 °F) (Temporal)

Resp 20

Temp (24hrs), Avg:36.6 °C (97.8 °F), Min:36.3 °C (97.3 °F), Max:36.8 °C (98.2 °F)

Body mass index is 25.17 kg/m². No results found for: PTWT, PTHT LABS (most recent)

HEMATOLOGY

Lab Results
Component Value Date
WBC 10.8 07/02/2023
HGB 12.1 (L) 07/02/2023
HCT 39.4 07/02/2023
MCV 93.6 07/02/2023
PLT 531 (H) 07/02/2023
CHEMISTRY

Lab Results
Component Value Date
GLUCOSE 113 (H) 07/04/2023
NA 141 07/02/2023
K 3.7 07/02/2023
CO2 25 07/02/2023
CL 103 07/02/2023
BUN 14 07/02/2023
CREATININE 0.62 (L) 07/02/2023
EGFR 108 07/02/2023
CALCIUM 8.1 (L) 07/02/2023
PHOS 3.6 06/22/2023

ANIONGAP 13 (H) 07/02/2023

SCHEDULED MEDICATIONS

MEDICATIONS

amiodarone, 200 mg, oral, Daily [Held by provider] apixaban, 5 mg, oral, BID ascorbic acid, 250 mg, oral, Daily atorvastatin, 40 mg, oral, Nightly clopidogreL, 75 mg, oral, Daily docusate sodium, 100 mg, oral, BID enoxaparin, 40 mg, subcutaneous, Daily [Held by provider] insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 100 mg, oral, BID multivitamin with minerals-iron, 1 each, oral, Daily nicotine, 1 patch, transdermal, Daily OLANZapine, 5 mg, oral, BID polyetheylene glycol, 17 g, oral, Daily tamsulosin, 0.4 mg, oral, Daily [Held by provider] valproate sodium, 750 mg, intravenous, q12h valproic acid, 750 mg, oral, q12h SCH

DRIPS

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose 50%, dextrose, dextrose, glucagon injection, OLANZapine, OLANZapine, prochlorperazine **OR** prochlorperazine **OR** prochlorperazine

Cosigned by A Cheema, MD at 07/06/2023 2:20 PM EDT Electronically signed by V Kode, MD at 07/06/2023 10:30 AM EDT Electronically signed by A Cheema, MD at 07/06/2023 2:20 PM EDT

Associated attestation - A Cheema, MD - 07/06/2023 2:20 PM EDT Formatting of this note might be different from the original. Patient seen on 7/5.

I was physically present for the evaluation and management service provided.

I personally saw and examined the patient on rounds with my team today.

Management was discussed with resident team Kimberly Son/Bazigh Naveed/Valerie Kode and I supervised the plan of care.

I have reviewed and agree with the key parts of the resident evaluation including:

Subjective Information

Objective findings on physical exam

Impression and plan

Arvinder Cheema, MD

Seen at bedside. On chemical and physical restraints. Sister and brother are at bedside. Discussed in detail about the prognosis and enteral nutrition. Sister wants to get a feeding tube for now and give him a chance to recover. She is hopeful that he will improve. Their dad also had similar issues so she is familiar with the care he will need. She also works in a group home. She told me that whole family is on the same page.

Plan:

We will request a GI consult for PEG tube placement.

Case management working on talking to the daughter to make sure that the whole family is on the same page.

Sharon J, RN - 07/05/2023 4:45 AM EDT

Formatting of this note might be different from the original.

Goals:

Problem: Safety:

Goal: Will be restraint free

7/5/2023 0444 by Sharon Joseph, RN

Outcome: Progressing

7/5/2023 0444 by Sharon Joseph, RN

Outcome: Progressing

Goal: Will remain free from injury to self 7/5/2023 0444 by Sharon Joseph, RN

Outcome: Progressing

7/5/2023 0444 by Sharon Joseph, RN

Outcome: Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

7/5/2023 0444 by Sharon Joseph, RN

Outcome: Progressing

7/5/2023 0444 by Sharon Joseph, RN

Outcome: Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

7/5/2023 0444 by Sharon Joseph, RN

Outcome: Progressing

7/5/2023 0444 by Sharon Joseph, RN

Outcome: Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

7/5/2023 0444 by Sharon Joseph, RN

Outcome: Progressing

7/5/2023 0444 by Sharon Joseph, RN

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury 7/5/2023 0444 by Sharon Joseph, RN

Outcome: Progressing

7/5/2023 0444 by Sharon Joseph, RN

Outcome: Progressing

Goal: Skin integrity will improve 7/5/2023 0444 by Sharon Joseph, RN

Outcome: Progressing

7/5/2023 0444 by Sharon Joseph, RN

Outcome: Progressing

Goal: Risk for impaired skin integrity will decrease

7/5/2023 0444 by Sharon Joseph, RN

Outcome: Progressing

7/5/2023 0444 by Sharon Joseph, RN

Outcome: Progressing

Problem: Activity:

Goal: Mobility will improve

7/5/2023 0444 by Sharon Joseph, RN

Outcome: Progressing

7/5/2023 0444 by Sharon Joseph, RN

Outcome: Progressing

Problem: Cognitive:

Goal: Understanding of ways to prevent future skin breakdown will improve

7/5/2023 0444 by Sharon Joseph, RN

Outcome: Progressing

7/5/2023 0444 by Sharon Joseph, RN

Outcome: Progressing

Problem: Nutritional:

Goal: Nutritional status will improve 7/5/2023 0444 by Sharon Joseph, RN

Outcome: Progressing

7/5/2023 0444 by Sharon Joseph, RN

Outcome: Progressing

Problem: Swallowing

Goal: Patient will tolerate the least restrictive diet consistency to allow for safe consumption of daily meals

Outcome: Progressing

Problem: Balance

Goal: Maintains dynamic sitting balance with upper extremity support

Outcome: Progressing

Problem: Balance

Goal: Maintains static sitting balance without upper extremity support

Outcome: Progressing

Problem: Transfers

Goal: Patient will perform bed mobility

Outcome: Progressing

Identify possible barriers to meeting goals/advancing plan of care: Acuity of Illness

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End of Shift Summary: Pt is A/OX1. Pt refused all medications. Zyprexa given IM for agitation. Bilateral soft restraints continued. Safety maintained and call light within reach.

Electronically signed by Sharon J, RN at 07/05/2023 8:14 AM EDT

L Shkokani, MD - 07/04/2023 3:52 PM EDT

Formatting of this note might be different from the original. Brief Psychiatry Progress Note

Patient was seen in room with 1:1 sitter at bedside.

Patient is inattentive with fluctuations in mentation. He is noted to be spitting out medications. He required Zyprexa 5 mg IM prn yesterday. On interview, patient is talkative with disorganized thought process. He is not oriented to place or time. He requires frequent redirection.

Recommendations:

- 1. Psychiatric hospitalization is not indicated at this time.
- 2. Supervision: Patient does not require one-to-one supervision at this time psychiatric perspective, but could benefit from a medical perspective.
- 3. Psychotropic medications: Recommend continuing 750 mg twice daily of valproic acid. Total valproic acid level can be checked as a trough after at least 6 consecutive doses administered.
- 4. Home olanzapine can be resumed at 5mg PO BID with an additional 5mg given PO or IM as needed for agitation (IM only if PO medications refused and patient is at imminent risk of harm to self and others). Recommend a maximum of 3 total administrations per 24 hours. Due to the risk of complications including arrhythmia consider continuing to monitor patient's EKG while involving the patient and medical decision maker in ongoing discussions regarding risks and benefits.
- 5. If patient remains severely agitated such that his behavior represents a risk of harm to himself or others, Ativan 1 mg p.o./IM every 8 hours as needed can be considered as another option.

Please message this author or the "SMLI Psychiatric GME Consult Service" group directly via Haiku for any questions related to this consult, or page the consult resident at 76227.

Case was discussed with Dr. Cardasis.

Signature: Lina Shkokani, MD Psychiatry Resident

Cosigned by W Cardasis, MD at 07/05/2023 11:19 AM EDT Electronically signed by L Shkokani, MD at 07/05/2023 12:03 AM EDT Electronically signed by W Cardasis, MD at 07/05/2023 11:19 AM EDT

Associated attestation - W Cardasis, MD - 07/05/2023 11:19 AM EDT Formatting of this note might be different from the original.

I discussed and did not see the patient with my team. Management was discussed with the resident Dr. Shkokani, and I supervised the plan of care. I have reviewed and agree with key aspects of the resident evaluation including: subjective information, objective findings on exam, assessment and plan.

V Kode, MD - 07/04/2023 3:42 PM EDT

Formatting of this note is different from the original. Images from the original note were not included. .smmlimhi

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Valerie Kode, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Arvinder Cheema, MD

Hospital Day: LOS: 13 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior.

- #Aggressive/impulsive behavior due to anoxic brain injury
- -Patient presented from Regency with cc agitation, aggressive behavior
- -Per facility staff, patient was refusing medications and becoming combative, violent
- -In ED, patient received Haldol/Ativan with additional dose of Ativan as he was becoming aggressive towards staff, subsequently placed in soft restraints which he ripped through, then placed in 4 point hard restraints
- -Med rec shows patient is on Zyprexa 5 bid, Ativan 0.5 mg q6h PRN although it appears he has not been receiving/refusing these medications

- -UDS negative
- -TSH within normal limits
- elevated atc
- -Valproic acid level 6/29 was 33.9
- -QTC 7/1 improving

PLAN

- -Psychiatry following: Depakote syrup 750 mg BID, Zyprexa 5 mg twice daily
- -Soft restraints in place
- -PRN: Ativan and Zyprexa
- -Daily EKGs to monitor QTc given antipsychotic medications

#Anoxic encephalopathy 2/2 cardiac arrest

#STEMI s/p PCI, no stent placement

#Hx of Atrial flutter

#Nonocclusive R basilic and L subclavian-jugular thrombi

- -Patient found down in parking lot, CPR started by bystanders, AED placed and 3 shocks delivered with additional 3 defibs by EMS in addition to 5-6 rounds of epi, ROSC achieved after roughly 60 min.
- -During hospitalization, went into SVT with atrial flutter requiring Lopressor with dilt, amio gtt
- -Angio performed and showed Dist Cx lesion is 90% stenosed with 90% stenosed side branch in 3rd Mrg. Prox LAD to Mid LAD lesion is 30% stenosed. Ost RCA to Dist RCA lesion is 100% stenosed
- -No intervention at the time as there were no targets for revascularization, patient not a candidate for ICD 2/2 AMS and family concern that he would pull it out.
- -TTE showed hypokinetic basal inferoseptal, basal inferior and basal inferolateral segments with EF of 50-55%.
- -MRI 5/15/23 showed cortical ischemia compatible with anoxic brain injury, EEG without seizure activity
- -Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd
- -Neurology & PMNR recs appreciated: MR lumbar and thoracic spine without contrast pending to evaluate for possible cord ischemia, PRN sedation ordered. Per MRI staff, unable to do anesthesia for MRI at THLH.

PLAN (patient intermittently refuses home medications)

- -Orders: Plavix 75 qd, Lopressor 100 BID, Amio 200 qd
- -Unable to give Eliquis because patient continues to refuse oral medications
- -Due to above, will plan for repeat upper extremity ultrasound to monitor nonocclusive thrombi noted in the left subclavian jugular vein

#Urinary retention likely 2/2 neurogenic bladder, growing Enterobacter cloacae (CRE)

- UA cloudy, greater than 50 WBC, positive nitrate, positive leukocytes
- PVR greater than 1100 cc in the ED
- Ucx Enterobacter cloacae, E. coli CRE MDRO 6/22
- s/p Cefepime (SOT 6/24 6/28). Patient has no fever, leukocytosis, and so will stop treatment
- -Repeat urine culture 6/27 significant for 70,000 Enterobacter cloacae
- -Per RN today, Bladder scan = 1650 ml, Foley adjusted and now draining adequately

Plan:

- Foley in place, placed 6/22/2023
- Continue tamsulosin 0.4 mg qd

#DM, controlled

- -Per ED note patient was on lantus 30U nightly at home
- -lantus and low-dose sliding scale held, patient's blood sugars within normal range

#HID

-Continue atorvastatin 40 ghs

Daily Care Checklist:

- VTE ppx: Lovenox
- Fluids:
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

06/26/23 0905 Dietary nutrition supplements Three times daily (TID); St Mary Mercy Livonia; Standard Oral Supplement Continuous Comments: Ensure Plus High Protein

Question Answer Comment

Frequency Three times daily (TID)

Location St Mary Mercy Livonia

Supplements Standard Oral Supplement

06/26/23 0906

06/23/23 1057 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; Thin Liquids, IDDSI Level 5

Minced & Moist Diet effective now **Question Answer Comment** Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids Thin Liquids

Modified Consistency Options for Liquids and Solids IDDSI Level 5 Minced & Moist

06/23/23 1056

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

TBD pending medical stability

SUBJECTIVE

Patient seen at bedside this morning. He was in bilateral soft wrist restrains and sleeping soundly. Examination was deferred, so as to not agitate him.

Per nursing, there were no overnight events. Patient remains agitated and frequently refuses or spits out oral medications.

OBJECTIVE

Physical exam: Deferred due to patient somnolence

Objective

Vitals

Visit Vitals

BP 106/68

Pulse 100

Temp 36.4 °C (97.5 °F) (Temporal)

Resp 20

Temp (24hrs), Avg:36.6 °C (97.9 °F), Min:36.4 °C (97.5 °F), Max:37 °C (98.6 °F)

Body mass index is 25.17 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results

Component Value Date WBC 10.8 07/02/2023

HGB 12.1 (L) 07/02/2023

HCT 39.4 07/02/2023

MCV 93.6 07/02/2023

PLT 531 (H) 07/02/2023

CHEMISTRY

Lab Results

Component Value Date

GLUCOSE 113 (H) 07/04/2023

NA 141 07/02/2023

K 3.7 07/02/2023

CO2 25 07/02/2023

CL 103 07/02/2023

BUN 14 07/02/2023

CREATININE 0.62 (L) 07/02/2023

EGFR 108 07/02/2023

CALCIUM 8.1 (L) 07/02/2023

MG 1.2 (L) 07/02/2023 PHOS 3.6 06/22/2023

ANIONGAP 13 (H) 07/02/2023

MEDICATIONS

SCHEDULED MEDICATIONS amiodarone, 200 mg, oral, Daily [Held by provider] apixaban, 5 mg, oral, BID ascorbic acid, 250 mg, oral, Daily atorvastatin, 40 mg, oral, Nightly clopidogreL, 75 mg, oral, Daily docusate sodium, 100 mg, oral, BID enoxaparin, 40 mg, subcutaneous, Daily [Held by provider] insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 100 mg, oral, BID multivitamin with minerals-iron, 1 each, oral, Daily nicotine, 1 patch, transdermal, Daily OLANZapine, 5 mg, oral, BID polyetheylene glycol, 17 g, oral, Daily sodium chloride, 10 mL, intravenous, BID tamsulosin, 0.4 mg, oral, Daily [Held by provider] valproate sodium, 750 mg, intravenous, q12h valproic acid, 750 mg, oral, q12h SCH

DRIPS

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose, dextrose, glucagon injection, LORazepam **OR** LORazepam, OLANZapine, OLANZapine, ondansetron (ZOFRAN-ODT) disintegrating tablet **OR** ondansetron, [COMPLETED] Insert peripheral IV **AND** Maintain IV access **AND** [COMPLETED] Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by A Cheema, MD at 07/05/2023 8:24 AM EDT Electronically signed by V Kode, MD at 07/04/2023 3:51 PM EDT Electronically signed by A Cheema, MD at 07/05/2023 8:24 AM EDT

Associated attestation - A Cheema, MD - 07/05/2023 8:24 AM EDT Formatting of this note might be different from the original. Pt seen on 7/4

I was physically present for the evaluation and management service provided.

I personally saw and examined the patient on rounds with my team today.

Management was discussed with resident Valerie Kode and I supervised the plan of care.

I have reviewed and agree with the key parts of the resident evaluation including: Subjective Information
Objective findings on physical exam
Impression and plan

Arvinder Cheema, MD

Brief history/Hospital course:

62-year-old gentleman with a history of type 2 diabetes who was found down in the parking lot at the GM plant in Buffalo and had a cardiac arrest. He received CPR and achieved ROSC after 60 minutes. Patient was in hospital for about a month and then got transferred to Regency in Michigan for subacute rehab. He was sent to hospital because of agitation. He is being followed by neurology and psychiatry here for agitation. His MRI from May showed cortical ischemia compatible with anoxic brain injury. Also has paraplegia and neurogenic bladder. Patient was seen by neurology last on 24 June. They recommended MRI of thoracic and lumbar spine which is ordered but patient is not cooperative so its not done yet.

On exam, he is lying naked and on restraints. Also has Foley. In no acute distress and tries to communicate but very difficult to understand

A/P:

Anoxic brain injury after cardiac arrest

Encephalopathy due to above: managed by psch, challenging situation as pt is not taking meds PO as directed. They are recommending 750 mg twice daily of valproic acid, olanzapine 5 mg p.o. twice daily with additional 5 mg p.o. or IM as needed for agitation, Ativan 1 mg p.o. or IM every 8 hourly as needed

Coronary artery disease with no intervention performed: On Plavix and statin

History of CRE UTI: Finished course of cefepime, on isolation per hospital policy

Insulin-dependent diabetes: A1c 7.5, sugars are well controlled w/o insulin. We will stop checking regular blood sugars to decrease the agitation.

Hyperlipidemia: On statin

Paraplegia and neurogenic bladder with indwelling foley

Prolonged Qtc: Doing daily EKGs as pt is getting QTc prolonging drugs

Hx of Atrial flutter: EKG's here only showing NSR

L subclavian-jugular thrombi: Likely provoked from CVC. Based on previous teams notes, He is not getting Eliquis since 6/23 due to fall risk. Will repeat dopplers and if there is still DVT then will consider anticoagulation, again very challenging situation due to unpredictable oral intake

Plans for today:

We will request palliative team input as some of the family members are leaning towards enteral nutrition as well. Also challenging to find placement for him.

Nassouh A - 07/04/2023 2:23 PM EDT

Formatting of this note might be different from the original.

Writer was attempting to check Pt BGM(blood glucose monitoring) pt became aggressive and refused. RN was notified

Nassouh PCT

Electronically signed by Nassouh A at 07/04/2023 2:26 PM EDT

Lauren B, RN - 07/04/2023 11:53 AM EDT

Formatting of this note might be different from the original.

Multiple attempts to administer morning medications, patient refused and spit out meds with each attempt. Patient refused breakfast and lunch.

Electronically signed by Lauren B, RN at 07/04/2023 2:54 PM EDT

Kulubo B, RN - 07/04/2023 6:42 AM EDT

Formatting of this note might be different from the original.

Problem: Safety:

Goal: Will be restraint free Outcome: Progressing

Problem: Safety:

Goal: Will remain free from injury to self

Outcome: Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Problem: Skin Integrity:

Goal: Skin integrity will improve

Outcome: Progressing

Problem: Skin Integrity:

Goal: Risk for impaired skin integrity will decrease

Outcome: Progressing

Problem: Nutritional:

Goal: Nutritional status will improve

Outcome: Progressing

Goals:

Identify possible barriers to meeting goals/advancing plan of care: Illness acuity

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End of Shift Summary: Pt received in bed, very agitated, refused most of his oral med, no acute even noted, PRN IM injection Zyprexa given and effective. schedule EKG done, , Foley cath and peri care done, Pt is calm in bed at this time, call light in reach, alarm on, video monitor on, bed in low position, brake locked.

Electronically signed by Kulubo B, RN at 07/04/2023 6:42 AM EDT

Starlyne W, RN - 07/03/2023 1:43 PM EDT

Formatting of this note might be different from the original.

IP Risk of Unplanned Readmission Score 20%

Per IDR: pt remains w/restraints and video sitter

Will f/w Rhonda/Regency SNF liason on options for return to Livonia location for rehab.

Rec'd telephone call back that Reg/Livonia is not an option for pt r/t his agitation/behaviors

CM/SW to f/u/w add'l options for family to consider

Starlyne Wyatt-Hooper, RN

Electronically signed by Starlyne W, RN at 07/03/2023 3:34 PM EDT

A Cheema, MD - 07/03/2023 1:37 PM EDT

Formatting of this note is different from the original.

IHA Hospital Medicine Progress Note

Assessment & Plan:

62-year-old gentleman with a history of type 2 diabetes who was found down in the parking lot at the GM plant in Buffalo and had a cardiac arrest. He received CPR and achieved ROSC after 60 minutes. Patient was in hospital for about a month and then got

transferred to Regency in Michigan for subacute rehab. He was sent to hospital because of agitation. He is being followed by neurology and psychiatry here for agitation. His MRI from May showed cortical ischemia compatible with anoxic brain injury. Also has paraplegia and neurogenic bladder. Patient was seen by neurology last on 24 June. They recommended MRI of thoracic and lumbar spine which is ordered but patient is not cooperative so its not done yet.

Anoxic brain injury after cardiac arrest

Encephalopathy due to above: managed by psch, challenging situation as pt is not taking meds PO as directed. They are recommending 750 mg twice daily of valproic acid, olanzapine 5 mg p.o. twice daily with additional 5 mg p.o. or IM as needed for agitation, Ativan 1 mg p.o. or IM every 8 hourly as needed

Coronary artery disease with no intervention performed: On Plavix and statin

History of CRE UTI: Finished course of cefepime

Insulin-dependent diabetes: A1c 7.5, sugars are well controlled w/o insulin. We will stop checking regular blood sugars to decrease the agitation.

Hyperlipidemia: On statin

Paraplegia and neurogenic bladder with indwelling foley

Prolonged Qtc: Doing daily EKGs as pt is getting QTc prolonging drugs, EKG 7/2 showed normal QTc

Hx of Atrial flutter: EKG's here only showing NSR

#Nonocclusive R basilic and L subclavian-jugular thrombi: He is not getting Eliquis since 6/23 due to fall risk. Will repeat dopplers and if there is still DVT then will consider anticoagulation

VTE Prophylaxis:

FEN: Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; Thin Liquids, IDDSI Level 5 Minced &

Moist

Resuscitation Status/Goals of Care: Full Code - Confirmed

Contact:

PCP: Michael A Amlog, MD

Disposition: CM working on dispo plans, challenging due to behavior issues

Subjective:

CC: Aggressive behavior [R46.89]

Sleeping comfortably today. Discussed with the nursing staff.

Review of systems: Unable to obtain

Objective: Visit Vitals

BP 116/79 (BP Location: Right arm, Patient Position: Lying)

Pulse 87

Temp 36.4 °C (97.5 °F) (Temporal)

Resp 16

Ht 1.829 m (72.01")

Wt 84.2 kg (185 lb 10 oz)

SpO2 97%

. BMI 25.17 kg/m²

Smoking Status Every Day

BSA 2.06 m²

Intake/Output Summary (Last 24 hours) at 7/4/2023 0837

Last data filed at 7/4/2023 0614

Gross per 24 hour

Intake --

Output 1450 ml

Net -1450 ml

Focussed exam:

General: NAD. Sleeping comfortably.

Labs/Imaging: Labs

CBC Chemistries Lab Results Component Value Date WBC 10.8 07/02/2023 HGB 12.1 (L) 07/02/2023 PLT 531 (H) 07/02/2023 Lab Results Component Value Date NA 141 07/02/2023 K 3.7 07/02/2023 CL 103 07/02/2023 CO2 25 07/02/2023 BUN 14 07/02/2023 CREATININE 0.62 (L) 07/02/2023 CALCIUM 8.1 (L) 07/02/2023 GLUCOSE 113 (H) 07/04/2023 MG 1.2 (L) 07/02/2023

No results found for: TROPONINI Lab Results Component Value Date TSH 4.55 06/21/2023

No results found for: INR Lab Results Component Value Date ALT 39 06/21/2023 AST 35 06/21/2023 ALKPHOS 104 06/21/2023 BILITOT 0.6 06/21/2023 HGBA1C 7.5 (H) 06/22/2023

Lab Results
Component Value Date
GLUCOSE 113 (H) 07/04/2023
GLUCOSE 93 07/03/2023
GLUCOSE 94 07/03/2023
GLUCOSE 138 (H) 07/03/2023

Electronically signed by A Cheema, MD at 07/04/2023 8:45 AM EDT Electronically signed by A Cheema, MD at 07/04/2023 9:06 AM EDT

J Devis, NP - 07/03/2023 12:21 PM EDT

Formatting of this note is different from the original. Physical Medicine and Rehabilitation Progress Note

Diagnosis: Anoxic brain injury status postcardiac arrest, paraplegia

Patient seen for follow-up. He is laying in bed with bilateral soft wrist restraints present and videositter in place

Pt appears to be communicating better in English, however unable to focus

Able to follow one step commands inconsistently with redirection

Per nursing his mentation fluctuates, patient has been spitting out medications for the most part, oral intake seems very inconsistent

Constipation. Bowel movement today

Foley catheter present with clear yellow urine

Psychiatry following behaviors. Pt's home olanzapine resumed

No therapy update available since 6/26 as pt is unable to work with therapy

Disposition: TBI center Vs SAR

Mary free bed and RIM denied pt due to behaviours

Cosigned by A Amin, MD at 07/06/2023 5:10 PM EDT Electronically signed by J Devis, NP at 07/03/2023 5:00 PM EDT Electronically signed by A Amin, MD at 07/06/2023 5:10 PM EDT

Associated attestation - A Amin, MD - 07/06/2023 5:10 PM EDT Formatting of this note might be different from the original.

I was physically present for the evaluation and management service provided.

I personally saw and examined the patient on rounds with Ms Josini Devis NP Management was discussed with her and I supervised the plan of care.

I have reviewed and agree with the key parts of the evaluation including: Subjective Information

Objective findings on physical exam Impression and plan

Plan of care has been discussed with the therapy team, nursing staff, social work, patient and family as available.

All questions and concerns were addressed with the patient

Nassouh A - 07/03/2023 9:11 AM EDT

Formatting of this note might be different from the original.

As writer walked into pt room, pt had part of right wrist restraint undone.

rn made aware

Electronically signed by Nassouh A at 07/03/2023 9:12 AM EDT

Kulubo B, RN - 07/03/2023 7:05 AM EDT

Formatting of this note might be different from the original.

Problem: Nutritional:

Goal: Nutritional status will improve

Outcome: Progressing

Problem: Skin Integrity:

Goal: Risk for impaired skin integrity will decrease

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Progressing

Problem: Safety:

Goal: Will remain free from injury to self

Outcome: Progressing

Problem: Safety:

Goal: Will be restraint free Outcome: Progressing

Goals:

Identify possible barriers to meeting goals/advancing plan of care: comorbidity

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End of Shift Summary: Pt is alert with confusion, med given as ordered; restraint assessed, and intact, EKG done, reading in pts chart. Foley cath. And peri care done, video monitor on, call light in reach, alarm on, bd in low position, brake locked.

Electronically signed by Kulubo B, RN at 07/03/2023 7:06 AM EDT

K Son, MD - 07/02/2023 2:11 PM EDT

Formatting of this note is different from the original. Images from the original note were not included. .smmlimhi

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Kimberly Son, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Arvinder Cheema, MD

Hospital Day: LOS: 11 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior.

#Aggressive/impulsive behavior due to anoxic brain injury

#Agitation

Elevated QTc

- -Patient presented from Regency with cc agitation, aggressive behavior
- -Per facility staff, patient was refusing medications and becoming combative, violent
- -In ED, patient received Haldol/Ativan with additional dose of Ativan as he was becoming aggressive towards staff, subsequently placed in soft restraints which he ripped through, then placed in 4 point hard restraints

- -Med rec shows patient is on Zyprexa 5 bid, Ativan 0.5 mg q6h PRN although it appears he has not been receiving/refusing these medications
- -UDS negative
- -TSH within normal limits
- elevated qtc
- -Valproic acid level 6/29 was 33.9
- -QTC 7/1 improving

PLAN

- -Currently on depakote syrup 750 BID
- -Today, patient in bilateral soft wrist restraints, still intermittently agitated
- -Ativan as needed per psychiatry recommendations
- -per psychiatry, Zyprexa 2.5 IM tid as needed for agitation

#Anoxic encephalopathy 2/2 cardiac arrest

#STEMI s/p PCI, no stent placement

#Hx of Atrial flutter

#Nonocclusive R basilic and L subclavian-jugular thrombi

- -Patient found down in parking lot, CPR started by bystanders, AED placed and 3 shocks delivered with additional 3 defibs by EMS in addition to 5-6 rounds of epi, ROSC achieved after roughly 60 min
- -During hospitalization, went into SVT with atrial flutter requiring Lopressor with dilt, amio gtt
- -Angio performed and showed Dist Cx lesion is 90% stenosed with 90% stenosed side branch in 3rd Mrg. Prox LAD to Mid LAD lesion is 30% stenosed. Ost RCA to Dist RCA lesion is 100% stenosed
- -No intervention at the time as there were no targets for revascularization, patient not a candidate for ICD 2/2 AMS and family concern that he would pull it out
- -TTE showed hypokinetic basal inferoseptal, basal inferior and basal inferolateral segments with EF of 50-55%
- -MRI 5/15/23 showed cortical ischemia compatible with anoxic brain injury, EEG without seizure activity
- -Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd
- -EKG in ED NSR, QTC prolonged 498, magnesium sulfate given for cardiac membrane stabilization, repeat QTC 511
- -previous EKGs show normal sinus rhythm

PLAN

- -Neurology & PMNR recs appreciated: MR lumbar and thoracic spine without contrast pending to evaluate for possible cord ischemia, PRN sedation ordered. Per MRI staff, unable to do anesthesia for MRI at THLH.
- -Continue Plavix 75 qd, Lopressor 100 BID, Amio 200 qd
- -Eliquis on hold given fall risk, will restart if afib/flutter noted.
- -Daily EKGs for prolonged QTC, patient will not tolerate telemetry monitoring due to agitation.
- -Per SLP, advance diet from IDDSI 4 to IDDSI 5

#Urinary retention likely 2/2 neurogenic bladder, growing Enterobacter cloacae (CRE)

UTI

- UA cloudy, greater than 50 WBC, positive nitrate, positive leukocytes
- PVR greater than 1100 cc in the ED
- Ucx Enterobacter cloacae, E. coli CRE MDRO 6/22
- s/p Cefepime (SOT 6/24 6/28). Patient has no fever, leukocytosis, and so will stop treatment
- -Repeat urine culture 6/27 significant for 70,000 Enterobacter cloacae
- -Per RN today, Bladder scan = 1650 ml, Foley adjusted and now draining adequately

Plan:

- Foley in place, placed 6/22/2023
- Continue tamsulosin 0.4 mg qd

#DM, controlled

- -Per ED note patient was on lantus 30U nightly at home
- -lantus and low-dose sliding scale held, patient's blood sugars within normal range

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: Lovenox
- Fluids: lactated Ringer's, 75 mL/hr, Last Rate: Stopped (07/01/23 1511)
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

06/26/23 0905 Dietary nutrition supplements Three times daily (TID); St Mary Mercy Livonia; Standard Oral Supplement Continuous Comments: Ensure Plus High Protein

Question Answer Comment

Frequency Three times daily (TID)
Location St Mary Mercy Livonia
Supplements Standard Oral Supplement

06/26/23 0906

06/23/23 1057 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; Thin Liquids, IDDSI Level 5

Minced & Moist Diet effective now

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids Thin Liquids

Modified Consistency Options for Liquids and Solids IDDSI Level 5 Minced & Moist

06/23/23 1056

- Lines/tubes/drains: PIV, Foley

- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

TBD pending medical stability

SUBJECTIVE

Patient seen at bedside this morning. He was in bilateral soft wrist restrains and sleeping soundly. Examination was deferred, so as to not agitate him.

Per nursing, there were no overnight events. Patient remains agitated and frequently refuses or spits out oral medications.

OBJECTIVE

Physical exam: Deferred due to patient somnolence

Objective

Vitals

Visit Vitals
BP (!) 146/85 (BP Location: Left arm, Patient Position: Lying)

Pulse 108

Temp 36.2 °C (97.2 °F) (Temporal)

Resp 20

Temp (24hrs), Avg:36.1 °C (96.9 °F), Min:35.9 °C (96.6 °F), Max:36.2 °C (97.2 °F)

Body mass index is 25.95 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results

Component Value Date

WBC 10.8 07/02/2023

HGB 12.1 (L) 07/02/2023

HCT 39.4 07/02/2023

MCV 93.6 07/02/2023

PLT 531 (H) 07/02/2023

CHEMISTRY

Lab Results

Component Value Date

GLUCOSE 78 07/02/2023

NA 141 07/02/2023

K 3.7 07/02/2023

CO2 25 07/02/2023

CL 103 07/02/2023

BUN 14 07/02/2023 CREATININE 0.62 (L) 07/02/2023 EGFR 108 07/02/2023 CALCIUM 8.1 (L) 07/02/2023 MG 1.2 (L) 07/02/2023 PHOS 3.6 06/22/2023 ANIONGAP 13 (H) 07/02/2023

SCHEDULED MEDICATIONS

MEDICATIONS

amiodarone, 200 mg, oral, Daily [Held by provider] apixaban, 5 mg, oral, BID ascorbic acid, 250 mg, oral, Daily atorvastatin, 40 mg, oral, Nightly clopidogreL, 75 mg, oral, Daily docusate sodium, 100 mg, oral, BID enoxaparin, 40 mg, subcutaneous, Daily [Held by provider] insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 100 mg, oral, BID multivitamin with minerals-iron, 1 each, oral, Daily nicotine, 1 patch, transdermal, Daily polyetheylene glycol, 17 g, oral, Daily sodium chloride, 10 mL, intravenous, BID tamsulosin, 0.4 mg, oral, Daily [Held by provider] valproate sodium, 750 mg, intravenous, q12h valproic acid, 750 mg, oral, q12h SCH

DRIPS

lactated Ringer's, 75 mL/hr, Last Rate: Stopped (07/01/23 1511)

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose, dextrose, glucagon injection, LORazepam **OR** LORazepam, LORazepam, OLANZapine **OR** OLANZapine, ondansetron (ZOFRAN-ODT) disintegrating tablet **OR** ondansetron, [COMPLETED] Insert peripheral IV **AND** Maintain IV access **AND** [COMPLETED] Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by A Cheema, MD at 07/02/2023 5:55 PM EDT Electronically signed by K Son, MD at 07/02/2023 2:15 PM EDT Electronically signed by K Son, MD at 07/02/2023 4:08 PM EDT Electronically signed by K Son, MD at 07/02/2023 4:22 PM EDT Electronically signed by K Son, MD at 07/02/2023 4:32 PM EDT Electronically signed by A Cheema, MD at 07/02/2023 5:55 PM EDT

Associated attestation - A Cheema, MD - 07/02/2023 5:55 PM EDT Formatting of this note might be different from the original.

I was physically present for the evaluation and management service provided.

I personally saw and examined the patient on rounds with my team today.

Management was discussed with resident Kimberly Son
I have reviewed and agree with the key parts of the resident evaluation including: Subjective Information
Objective findings on physical exam
Impression and plan

Arvinder Cheema, MD

Brief history/Hospital course:

62-year-old gentleman with a history of type 2 diabetes who was found down in the parking lot at the GM plant in Buffalo and had a cardiac arrest. He received CPR and achieved ROSC after 60 minutes. Patient was in hospital for about a month and then got transferred to Regency in Michigan for subacute rehab. He was sent to hospital because of agitation. He is being followed by neurology and psychiatry here for agitation. His MRI from May showed cortical ischemia compatible with anoxic brain injury. Patient was seen by neurology last on 24 June. They recommended MRI of thoracic and lumbar spine which is ordered but patient is not cooperative so its not done yet.

Patient was seen at bedside. He is unable to provide any information. He is in no acute distress. Intermittent agitation. Vital signs

are stable. Also has paraplegia.

Assessment and plan:

Anoxic brain injury after cardiac arrest

Agitation/encephalopathy due to above: managed by psch , challenging situation as pt is not taking meds PO as directed

Coronary artery disease with no intervention performed: On Plavix and statin

History of CRE UTI: Finished course of cefepime

Insulin-dependent diabetes: A1c 7.5, sugars are well controlled w/o insulin

Hyperlipidemia: On statin

Neurogenic bladder: Has foley now

Discussed with psychiatry.

N Caras, DO - 07/02/2023 11:28 AM EDT

Formatting of this note is different from the original.

PSYCHIATRY PROGRESS NOTE

Reason for Consultation: "Agitation, anoxic brain injury"

Source of Information: The patient, chart review. I had a detailed discussion with nursing staff and the primary team.

History Of Present Illness:

Was seen at bedside. He was in soft two-point restraints due to agitation and impulsive behaviors including pulling out lines and his Foley catheter. He was alert but remained confused, not responding to questions but frequently requesting that we "cut" his catheter off or call the police on his behalf. He was fixated on his catheter, not redirectable for more than a second or 2 at a time. He was not responsive to questions regarding orientation, symptoms, or his concerns.

Per chart review and nursing staff:

Yesterday he removed IV access and it was unable to be restored due to his agitation. He did not receive IV medications including Depacon for the day - as of today it has been replaced with oral solution. He remains confused and fixated on any lines or tubes present. He has also had some difficulty with swallowing oral medications though he has accepted and tries to take them with food/assistance.

I updated patient's daughter on his condition including improvement in his QT interval. We reviewed the risks associated with antipsychotic medications and she reported that the benefits of these medications with respect to his quality of life outweigh the potential risks and was agreeable to resuming plantagine.

Review of Systems:

Unable to complete review of systems due to patient's altered mental status.

Blood pressure (!) 146/85, pulse 108, temperature 36.2 °C (97.2 °F), temperature source Temporal, resp. rate 20, height 1.829 m (72.01"), weight 86.8 kg (191 lb 5.8 oz), SpO2 94 %.

Recent Results (from the past 24 hour(s))

POCT Glucose, blood

Collection Time: 07/01/23 4:32 PM

Result Value Ref Range

Glucose POCT 101 70 - 110 mg/dL

POCT Glucose, blood

Collection Time: 07/01/23 8:21 PM

Result Value Ref Range

Glucose POCT 88 70 - 110 mg/dL

POCT Glucose, blood

Collection Time: 07/02/23 6:34 AM

Result Value Ref Range

Glucose POCT 85 70 - 110 mg/dL

Basic metabolic panel

Collection Time: 07/02/23 6:44 AM

Result Value Ref Range

Sodium 141 135 - 144 mmol/L

Potassium 3.7 3.5 - 5.3 mmol/L

Chloride 103 98 - 107 mmol/L

CO2 25 21 - 31 mmol/L

Anion Gap 13 (H) 3 - 11

Glucose 82 70 - 99 mg/dL

BUN 14 7 - 25 mg/dL

Creatinine 0.62 (L) 0.70 - 1.30 mg/dL

eGFR 108 >=60 mL/min/1.73m2

BUN/Creatinine Ratio 22.6 >=0.0

Calcium 8.1 (L) 8.6 - 10.3 mg/dL

Magnesium

Collection Time: 07/02/23 6:44 AM Result Value Ref Range Magnesium 1.2 (L) 1.7 - 2.5 mg/dL Complete blood count Collection Time: 07/02/23 6:44 AM

Result Value Ref Range WBC 10.8 3.6 - 11.1 K/mcL

RBC 4.21 (L) 4.30 - 5.90 M/mcL

Hemoglobin 12.1 (L) 12.9 - 18.0 g/dL

Hematocrit 39.4 37.6 - 52.0 %

MCV 93.6 82.0 - 102.0 FL

MCHC 30.7 (L) 31.0 - 36.0 g/dL

RDW 13.3 12.0 - 16.0 %

Platelets 531 (H) 140 - 440 K/mcL

NRBC 0.0 0.0 - 0.2 %

NRBC Absolute 0.00 < 0.01 K/mcL

POCT Glucose, blood

Collection Time: 07/02/23 11:24 AM

Result Value Ref Range

Glucose POCT 78 70 - 110 mg/dL

Encounter Date: 06/21/23

ECG 12 lead Result Value

Ventricular Rate ECG 102

Atrial Rate 102 P-R Interval 144

QRS Duration 92

Q-T Interval 364

QTc 474

P Wave Axis 78

R Axis 42

T Axis 87

ECG Interpretation

Sinus tachycardia with Premature ventricular complexes Possible Inferior infarct (cited on or before 28-JUN-2023)

Nonspecific ST abnormality

Abnormal ECG

Confirmed by MISIRLIYAN, MD, ROY (874) on 6/30/2023 4:05:26 PM

*Note: Due to a large number of results and/or encounters for the requested time period, some results have not been displayed. A complete set of results can be found in Results Review.

Mental Status Examination:

General: The patient appeared stated age, in moderate acute distress, with fair hygiene and grooming, wearing hospital gowns. The patient was defiant. Eye contact was appropriate. The patient had no psychomotor agitation or retardation, and had no abnormal movements.

Gait and station: not assessed at this time.

Muscle strength and tone: normal tone and normal strength

Mood: Dysthymic

Affect: full range, mood-congruent, minimally reactive to conversation and inappropriate Speech: clear with normal rate, loud and yelling volume, normal tone, and normal rhythm

Thought Process: linear, logical and goal-directed

Associations: intact

Thought Content: no suicidal ideations, intent, or plans Orientation: The patient was alert, oriented to person

Attention & Concentration: impaired - required frequent redirection

Recent & Remote Memory: not assessed at this time.

Language: Limited English, non-fluent Fund of Knowledge: Unable to assess

Insight & Judgment: Poor

DSM-5 Diagnoses:

Delirium, likely secondary to urinary tract infection

Neurocognitive deficits secondary to anoxic brain injury

Other Conditions:

Diabetes mellitus

HLD

Assessment:

The patient remains confused and agitated. After discussing the risks and benefits of resuming antipsychotic medications with the patient's daughter, including the increased risk of mortality in elderly patients with dementia, I recommend resuming home olanzapine now that the patient's QTc and the risk of arrhythmia has decreased. The intramuscular formulation can be used as needed for agitation, especially if the patient is unable to take oral medications. If he remains unable to take oral medication for any reason, an alternative route may need to be considered such as transdermal asenapine.

Recommendations:

- 1. Psychiatric hospitalization is not indicated at this time.
- 2. Supervision: Patient does not require one-to-one supervision at this time psychiatric perspective, but could benefit from a medical perspective.
- 3. Psychotropic medications: Recommend continuing 750 mg twice daily of valproic acid. Total valproic acid level can be checked as a trough after at least 6 consecutive doses administered.
- 4. Home olanzapine can be resumed at 5mg PO BID with an additional 5mg given PO or IM as needed for agitation (IM only if PO medications refused and patient is at imminent risk of harm to self and others). Recommend a maximum of 3 total administrations per 24 hours. Due to the risk of complications including arrhythmia consider continuing to monitor patient's EKG while involving the patient and medical decision maker in ongoing discussions regarding risks and benefits.
- 5. If patient remains severely agitated such that his behavior represents a risk of harm to himself or others, Ativan 1 mg p.o./IM every 8 hours as needed can be considered as another option.

Recommendations were communicated with primary team directly.

I examined the patient in person, and discussed the above assessment and plan with attending psychiatrist, Dr. O'Mara. The attending did see the patient in person today. I reviewed the above treatment plan with the patient's daughter.

We will continue to follow. Please contact us at pager 76227, phone extension 5-5436, or via Haiku at "SMLI GME Psychiatry Consult Service Opt-In" if you have further questions or concerns. Thank you for the opportunity to contribute to your patient's care.

Nicholas Caras, DO Psychiatry Resident

Cosigned by J Omara, DO at 07/04/2023 4:17 PM EDT Electronically signed by N Caras, DO at 07/02/2023 5:35 PM EDT Electronically signed by J Omara, DO at 07/04/2023 4:17 PM EDT

Associated attestation - J Omara, DO - 07/04/2023 4:17 PM EDT Formatting of this note might be different from the original.

I personally saw and examined the patient on rounds with the resident on 7/2/23. Management was discussed with the resident and I supervised the plan of care. I have reviewed and agree with key aspects of the resident evaluation and plan.

Jessica O'Mara, DO

Wlaa S, RN - 07/01/2023 11:32 PM EDT

Formatting of this note might be different from the original.

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Problem: Safety:

Goal: Will remain free from injury to self

Outcome: Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Goal: Skin integrity will improve

Outcome: Progressing

Goals:

No falls, injuries

Identify possible barriers to meeting goals/advancing plan of care: acuity of illness

Stability of the patient: Moderately Stable - Low risk of patient condition declining or worsening

End of Shift Summary: pt is resting in bed, can be impulsive, pulling at lines, re-directed, no complaints of pain. Will continue to monitor and poc

Electronically signed by Wlaa S, RN at 07/01/2023 11:33 PM EDT

K Son, MD - 07/01/2023 10:14 PM EDT

Formatting of this note is different from the original. Images from the original note were not included. .smmlimhi

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Kimberly Son, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Arvinder Cheema, MD

Hospital Day: LOS: 10 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior.

#Aggressive/impulsive behavior due to anoxic brain injury

#Agitation

Elevated QTc

- -Patient presented from Regency with cc agitation, aggressive behavior
- -Per facility staff, patient was refusing medications and becoming combative, violent
- -In ED, patient received Haldol/Ativan with additional dose of Ativan as he was becoming aggressive towards staff, subsequently placed in soft restraints which he ripped through, then placed in 4 point hard restraints
- -Med rec shows patient is on Zyprexa 5 bid, Ativan 0.5 mg q6h PRN although it appears he has not been receiving/refusing these medications
- -UDS negative
- -TSH within normal limits
- elevated qtc
- -Valproic acid level 6/29 was 33.9
- -QTC 7/1 improving

PLAN

-Currently on depakote 750 BID IV, consider switching to home Zyprexa, given improved QTC

- -Today, patient in bilateral soft wrist restraints, still intermittently agitated
 - -Ativan as needed per psychiatry recommendations
 - -Zyprexa p.o./IM once daily as needed if Ativan not effective, per psychiatry

#Anoxic encephalopathy 2/2 cardiac arrest

#STEMI s/p PCI, no stent placement

- #Atrial flutter
- #Nonocclusive R basilic and L subclavian-jugular thrombi
- -Patient found down in parking lot, CPR started by bystanders, AED placed and 3 shocks delivered with additional 3 defibs by EMS in addition to 5-6 rounds of epi, ROSC achieved after roughly 60 min
- -During hospitalization, went into SVT with atrial flutter requiring Lopressor with dilt, amio gtt
- -Angio performed and showed Dist Cx lesion is 90% stenosed with 90% stenosed side branch in 3rd Mrg. Prox LAD to Mid LAD lesion is 30% stenosed. Ost RCA to Dist RCA lesion is 100% stenosed
- -No intervention at the time as there were no targets for revascularization, patient not a candidate for ICD 2/2 AMS and family concern that he would pull it out
- -TTE showed hypokinetic basal inferoseptal, basal inferior and basal inferolateral segments with EF of 50-55%
- -MRI 5/15/23 showed cortical ischemia compatible with anoxic brain injury, EEG without seizure activity
- -Per pharmacy chart review, patient on Plavix 75 gd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd
- -EKG in ED NSR, QTC prolonged 498, magnesium sulfate given for cardiac membrane stabilization, repeat QTC 511

PLAN

- -Neurology & PMNR recs appreciated: MR lumbar and thoracic spine without contrast pending to evaluate for possible cord ischemia, PRN sedation ordered. Per MRI staff, unable to do anesthesia for MRI at THLH.
- -Continue Plavix 75 qd, Lopressor 100 BID, Amio 200 qd
- -Eliquis on hold given fall risk
- -Per SLP, advance diet from IDDSI 4 to IDDSI 5

#Urinary retention likely 2/2 neurogenic bladder, growing Enterobacter cloacae (CRE)

UTI

- UA cloudy, greater than 50 WBC, positive nitrate, positive leukocytes
- PVR greater than 1100 cc in the ED
- Ucx Enterobacter cloacae, E. coli CRE MDRO 6/22
- s/p Cefepime (SOT 6/24 6/28). Patient has no fever, leukocytosis, and so will stop treatment
- -Repeat urine culture 6/27 significant for 70,000 Enterobacter cloacae
- -Per RN today, Bladder scan = 1650 ml, Foley adjusted and now draining adequately

Plan:

- Foley in place, placed 6/22/2023
- Continue tamsulosin 0.4 mg qd

- -Home regimen Lantus 30 units ghs
- -low-dose sliding scale held, patient's blood sugars within normal range

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: Lovenox
- Fluids: lactated Ringer's, 75 mL/hr, Last Rate: Stopped (07/01/23 1511)

- Diet:

Dietary Orders (From admission, onward)

Start Ordered

06/26/23 0905 Dietary nutrition supplements Three times daily (TID); St Mary Mercy Livonia; Standard Oral Supplement Continuous

Comments: Ensure Plus High Protein

Question Answer Comment

Frequency Three times daily (TID)

Location St Mary Mercy Livonia

Supplements Standard Oral Supplement

06/26/23 0906

06/23/23 1057 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; Thin Liquids, IDDSI Level 5 Minced & Moist Diet effective now

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids Thin Liquids

Modified Consistency Options for Liquids and Solids IDDSI Level 5 Minced & Moist

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

TBD pending medical stability

SUBJECTIVE

Patient seen at bedside this morning. He was in bilateral soft wrist restrains, but was cooperative for examination. He appeared lethargic during examination and was later heard yelling and singing over the course of the day.

OBJECTIVE

Physical Exam

Constitutional:

General: He is not in acute distress.

Appearance: He is normal weight. He is not toxic-appearing.

Comments: Patient in bilateral soft wrist restraints

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal. Left Ear: External ear normal. Nose: Nose normal. No rhinorrhea.

Mouth/Throat:

Mouth: Mucous membranes are dry.

Comments: Poor dentition

Eyes:

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulses: Normal pulses.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Abdominal:

General: Abdomen is flat. Palpations: Abdomen is soft.

Genitourinary:

Comments: Foley in place

Musculoskeletal:

Right lower leg: No edema. Left lower leg: No edema.

Comments: Bilateral lower extremity weakness, patient unable to stand on his own

Skin:

General: Skin is warm and dry.

Capillary Refill: Capillary refill takes less than 2 seconds.

Findings: No lesion (Superficial scrapes to hip, scabs on left knee, scab on right shin, sacral pressure wound stage 1).

Neurological:

Mental Status: He is alert. He is disoriented.

Comments: Patient unable to participate in orientation questions

Psychiatric:

Speech: He is noncommunicative.

Behavior: Behavior is uncooperative and agitated. Behavior is not aggressive.

Cognition and Memory: Cognition is impaired.

Objective

Vitals

Visit Vitals

BP 134/83 (BP Location: Right arm, Patient Position: Lying)

Pulse 101

Temp 36.6 °C (97.9 °F) (Temporal)

Resp 20

No data recorded.

Body mass index is 28.22 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results

Lab Results Component Value Date WBC 10.3 07/01/2023 HGB 12.4 (L) 07/01/2023 HCT 38.7 07/01/2023 MCV 91.7 07/01/2023 PLT 500 (H) 07/01/2023 CHEMISTRY

Component Value Date
GLUCOSE 88 07/01/2023
NA 140 07/01/2023
K 3.6 07/01/2023
CO2 27 07/01/2023
CL 104 07/01/2023
BUN 13 07/01/2023
CREATININE 0.60 (L) 07/01/2023
EGFR 109 07/01/2023
CALCIUM 7.9 (L) 07/01/2023
MG 1.2 (L) 07/01/2023
PHOS 3.6 06/22/2023
ANIONGAP 9 07/01/2023

MEDICATIONS

SCHEDULED MEDICATIONS amiodarone, 200 mg, oral, Daily [Held by provider] apixaban, 5 mg, oral, BID ascorbic acid, 250 mg, oral, Daily atorvastatin, 40 mg, oral, Nightly clopidogreL, 75 mg, oral, Daily docusate sodium, 100 mg, oral, BID enoxaparin, 40 mg, subcutaneous, Daily [Held by provider] insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 100 mg, oral, BID multivitamin with minerals-iron, 1 each, oral, Daily nicotine, 1 patch, transdermal, Daily polyetheylene glycol, 17 g, oral, Daily sodium chloride, 10 mL, intravenous, BID tamsulosin, 0.4 mg, oral, Daily valproate sodium, 750 mg, intravenous, g12h

DRIPS

lactated Ringer's, 75 mL/hr, Last Rate: Stopped (07/01/23 1511)

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose, dextrose, glucagon injection, LORazepam **OR** LORazepam, LORazepam, OLANZapine **OR** OLANZapine, ondansetron (ZOFRAN-ODT) disintegrating tablet **OR** ondansetron, [COMPLETED] Insert peripheral IV **AND** Maintain IV access **AND** [COMPLETED] Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by A Cheema, MD at 07/02/2023 4:02 PM EDT Electronically signed by K Son, MD at 07/01/2023 10:29 PM EDT Electronically signed by A Cheema, MD at 07/02/2023 4:02 PM EDT

Associated attestation - A Cheema, MD - 07/02/2023 4:02 PM EDT Formatting of this note might be different from the original.

I was physically present for the evaluation and management service provided.

I personally saw and examined the patient on rounds with my team today.

Management was discussed with resident Kimberly Son

I have reviewed and agree with the key parts of the resident evaluation including:

Subjective Information

Objective findings on physical exam

Impression and plan

Arvinder Cheema, MD

Brief history/Hospital course:

62-year-old gentleman with a history of type 2 diabetes who was found down in the parking lot at the GM plant in Buffalo and had a cardia arrest. He received CPR and achieved ROSC after 60 minutes. Patient was in hospital for about a month and then got transferred to Regency in Michigan for subacute rehab. He was sent to hospital because of agitation. He is being followed by neurology and psychiatry here for agitation. His MRI from May showed cortical ischemia compatible with anoxic brain injury. Patient was seen by neurology last on 24 June. They recommended MRI of thoracic and lumbar spine which is ordered but patient is not cooperative so its not done yet.

Patient was seen at bedside. He is unable to provide any information. He is in no acute distress. Intermittent agitation. Vital signs are stable. Also has paraplegia.

Assessment and plan:

Anoxic brain injury after cardiac arrest

Agitation/encephalopathy due to above: followed by psch, challenging situation as pt is not taking meds PO as directed

Coronary artery disease with no intervention performed: On Plavix and statin

History of CRE UTI: Finished course of cefepime

Insulin-dependent diabetes: A1c 7.5, sugars are well controlled w/o insulin

Hyperlipidemia: On statin

Neurogenic bladder: Has foley now

Linda A, RN - 07/01/2023 3:13 PM EDT

Formatting of this note might be different from the original.

Goals:

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Goal: Will remain free from injury to self

Outcome: Not Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Not Progressing

Problem: Coanitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Not Progressing

Problem: Skin Integrity:

Goal: Skin integrity will improve Outcome: Not Progressing

Goal: Risk for impaired skin integrity will decrease

Outcome: Not Progressing

Problem: Activity:

Goal: Mobility will improve Outcome: Not Progressing

Problem: Cognitive:

Goal: Understanding of ways to prevent future skin breakdown will improve

Outcome: Not Progressing

Problem: Nutritional:

Goal: Nutritional status will improve

Outcome: Not Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Identify possible barriers to meeting goals/advancing plan of care: Cognitive Impairment

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End Of Shift Summary:

- -A & O x's self only
- -VSS on room air
- -Patient be assisting with feedings
- -Blood sugars checked

Events during shift:

- -Patient very agitated in. Hitting, yelling, and attempting to bite. Patient in bilateral wrist restraints. With restraints on patient aggressively attempting to pull. Able to grab foley and attempting pull foley out.
- -Patient, in restraints, pulled IV out. MD notified via haiku. Patient given IM Zyprexa. IV team called. IV team arrived to place IV and patient had continued agitation. Patient attempting to grab IV from team member Brent, RN hand. Brent stated IV "refuses to place an IV" at this time. IV team states they will not place a new IV until patient is adequately sedated. Dr. Kode notified and aware. Patient remains without IV access at this time.

Patient mobility:

Patient is bedrest turn and being turned Q2h for comfort and pressure prevention.

Patient positioning:

Patient currently in bed with bed locked and in low position. Bed alarm on and call light within reach.

Electronically signed by Linda A, RN at 07/01/2023 7:14 PM EDT

Tamara Z, RN - 07/01/2023 4:21 AM EDT

Formatting of this note might be different from the original.

Goals:

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Goal: Will remain free from injury to self

Outcome: Not Progressing

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Progressing

Identify possible barriers to meeting goals/advancing plan of care: acuity of illness.

Stability of the patient: Moderately Stable - Low risk of patient condition declining or worsening

End of Shift Summary: Patient A&ox1, BL soft wrist restraints. Patient has pulled at foley multiple times even while in restraints. Foley draining cloudy yellow urine. Video sitter in use. Patient has been provided with repositioning but pulls pillow out from underneath himself soon after pillow has been placed.

Electronically signed by Tamara Z, RN at 07/01/2023 7:37 AM EDT

A Sahi, MD - 06/30/2023 3:23 PM EDT

Formatting of this note is different from the original. Images from the original note were not included.

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Aashna Sahi, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Mohammad T Kang, MD

Hospital Day: LOS: 9 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior.

#Aggressive/impulsive behavior due to anoxic brain injury

#Agitation

Elevated QTc

- -Patient presented from Regency with cc agitation, aggressive behavior
- -Per facility staff, patient was refusing medications and becoming combative, violent
- -In ED, patient received Haldol/Ativan with additional dose of Ativan as he was becoming aggressive towards staff, subsequently placed in soft restraints which he ripped through, then placed in 4 point hard restraints
- -Med rec shows patient is on Zyprexa 5 bid, Ativan 0.5 mg q6h PRN although it appears he has not been receiving/refusing these medications
- -UDS negative
- -TSH within normal limits
- elevated atc
- -Valproic acid level 6/29 was 33.9

PLAN

- -Depakote 750 BID IV, qtc on 6/28 was 588, avoid qtc prolongation psych medications. Could not place patient on zyprexa scheduled.
- -PM&R recommending mitts and Posey bed in efforts to get patient out of restraints. Posey discontinued as patient did not do well in Posey bed. Today, patient in bilateral soft wrist restraints, still intermittently agitated, with video sitter
- -Ativan as needed per psychiatry recommendations
- -Zyprexa p.o./IM once daily as needed if Ativan not effective, per psychiatry
- #Anoxic encephalopathy 2/2 cardiac arrest
- #STEMI s/p PCI, no stent placement
- #Atrial flutter
- #Nonocclusive R basilic and L subclavian-jugular thrombi
- -Patient found down in parking lot, CPR started by bystanders, AED placed and 3 shocks delivered with additional 3 defibs by EMS in addition to 5-6 rounds of epi, ROSC achieved after roughly 60 min
- -During hospitalization, went into SVT with atrial flutter requiring Lopressor with dilt, amio gtt
- -Angio performed and showed Dist Cx lesion is 90% stenosed with 90% stenosed side branch in 3rd Mrg. Prox LAD to Mid LAD lesion is 30% stenosed. Ost RCA to Dist RCA lesion is 100% stenosed
- -No intervention at the time as there were no targets for revascularization, patient not a candidate for ICD 2/2 AMS and family concern that he would pull it out
- -TTE showed hypokinetic basal inferoseptal, basal inferior and basal inferolateral segments with EF of 50-55%
- -MRI 5/15/23 showed cortical ischemia compatible with anoxic brain injury, EEG without seizure activity
- -Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd
- -EKG in ED NSR, QTC prolonged 498, magnesium sulfate given for cardiac membrane stabilization, repeat QTC 511

PI AN

- -Neurology & PMNR recs appreciated: MR lumbar and thoracic spine without contrast pending to evaluate for possible cord ischemia, PRN sedation ordered. Per MRI staff, unable to do anesthesia for MRI at THLH.
- -Continue Plavix 75 gd, Lopressor 100 BID, Amio 200 gd
- -Eliquis on hold given fall risk
- -Per SLP, advance diet from IDDSI 4 to IDDSI 5

#Urinary retention likely 2/2 neurogenic bladder, growing Enterobacter cloacae (CRE)

UTI

- UA cloudy, greater than 50 WBC, positive nitrate, positive leukocytes
- PVR greater than 1100 cc in the ED
- Ucx Enterobacter cloacae, E. coli CRE MDRO 6/22

- s/p Cefepime (SOT 6/24 6/28). Patient has no fever, leukocytosis, and so will stop treatment
- -Repeat urine culture 6/27 significant for 70,000 Enterobacter cloacae
- -Per RN today, Bladder scan = 1650 ml, Foley adjusted and now draining adequately

Plan:

- Foley in place, placed 6/22/2023
- -Continue tamsulosin 0.4 mg qd

#DM

- -Home regimen Lantus 30 units qhs
- -low-dose sliding scale held, patient's blood sugars within normal range

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: Lovenox
- Fluids: lactated Ringer's, 75 mL/hr, Last Rate: 75 mL/hr (06/29/23 2356)
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

06/26/23 0905 Dietary nutrition supplements Three times daily (TID); St Mary Mercy Livonia; Standard Oral Supplement Continuous

Comments: Ensure Plus High Protein

Question Answer Comment

Frequency Three times daily (TID)

Location St Mary Mercy Livonia

Supplements Standard Oral Supplement

06/26/23 0906

06/23/23 1057 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; Thin Liquids, IDDSI Level 5

Minced & Moist Diet effective now

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids Thin Liquids

Modified Consistency Options for Liquids and Solids IDDSI Level 5 Minced & Moist

06/23/23 1056

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

TBD pending medical stability

SUBJECTIVE

Patient seen at bedside, notes reviewed. Writer attempted to feed patient applesauce and Ensure drink, however patient spat both of them out. Patient still in bilateral soft wrist restraints.

OBJECTIVE

Physical Exam

Constitutional:

General: He is not in acute distress.

Appearance: He is normal weight. He is not toxic-appearing.

Comments: Patient in bilateral soft wrist restraints

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: Nose normal. No rhinorrhea.

Mouth/Throat:

Mouth: Mucous membranes are dry.

Comments: Poor dentition

Eyes:

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Normal rate.

Pulses: Normal pulses.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Abdominal:

General: Abdomen is flat. Palpations: Abdomen is soft.

Genitourinary:

Comments: Foley in place

Musculoskeletal:

Right lower leg: No edema. Left lower leg: No edema.

Comments: Bilateral lower extremity weakness, patient unable to stand on his own

Skin:

General: Skin is warm and dry.

Capillary Refill: Capillary refill takes less than 2 seconds.

Coloration: Skin is not jaundiced.

Findings: Lesion (Superficial scrapes to hip, scabs on left knee, sacral pressure wound stage 1) present.

Neurological:

Mental Status: He is alert.

Comments: Patient unable to participate in orientation questions

Objective

Vitals

Visit Vitals

BP (!) 155/90

Pulse 96

Temp 36.6 °C (97.9 °F)

Resp 22

Temp (24hrs), Avg:36.4 °C (97.5 °F), Min:36 °C (96.8 °F), Max:36.6 °C (97.9 °F)

Body mass index is 25.98 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results

Component Value Date

WBC 10.6 06/30/2023

HGB 11.3 (L) 06/30/2023

HCT 35.7 (L) 06/30/2023

MCV 92.7 06/30/2023

PLT 497 (H) 06/30/2023

CHEMISTRY

Lab Results

Component Value Date

GLUCOSE 90 06/30/2023

NA 138 06/30/2023

K 3.6 06/30/2023

CO2 26 06/30/2023

CL 104 06/30/2023

BUN 14 06/30/2023

CREATININE 0.69 (L) 06/30/2023

EGFR 105 06/30/2023

CALCIUM 8.0 (L) 06/30/2023

MG 1.4 (L) 06/30/2023

PHOS 3.6 06/22/2023

ANIONGAP 8 06/30/2023

MEDICATIONS

SCHEDULED MEDICATIONS amiodarone, 200 mg, oral, Daily [Held by provider] apixaban, 5 mg, oral, BID ascorbic acid, 250 mg, oral, Daily atorvastatin, 40 mg, oral, Nightly clopidogreL, 75 mg, oral, Daily docusate sodium, 100 mg, oral, BID enoxaparin, 40 mg, subcutaneous, Daily [Held by provider] insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 100 mg, oral, BID multivitamin with minerals-iron, 1 each, oral, Daily nicotine, 1 patch, transdermal, Daily polyetheylene glycol, 17 g, oral, Daily sodium chloride, 10 mL, intravenous, BID sodium chloride, , , tamsulosin, 0.4 mg, oral, Daily valproate sodium, 750 mg, intravenous, q12h

DRIPS

lactated Ringer's, 75 mL/hr, Last Rate: 75 mL/hr (06/29/23 2356)

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose, dextrose, glucagon injection, LORazepam **OR** LORazepam, LORazepam, OLANZapine **OR** OLANZapine, ondansetron (ZOFRAN-ODT) disintegrating tablet **OR** ondansetron, [COMPLETED] Insert peripheral IV **AND** Maintain IV access **AND** [COMPLETED] Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by M Kang, MD at 06/30/2023 10:11 PM EDT Electronically signed by A Sahi, MD at 06/30/2023 3:28 PM EDT Electronically signed by A Sahi, MD at 06/30/2023 3:29 PM EDT Electronically signed by M Kang, MD at 06/30/2023 10:11 PM EDT

Associated attestation - M Kang, MD - 06/30/2023 10:11 PM EDT Formatting of this note might be different from the original.

Seen 6/30/23.

I personally saw and examined the patient on rounds with my team today. Management was discussed with resident and I supervised the plan of care.

I have reviewed and agree with the key parts of the resident evaluation including: Subjective Information
Objective findings on physical exam
Impression and plan

Jennifer C, RN - 06/30/2023 2:57 PM EDT

| PT/OT/SLP |
|---|
| 1:1 safety sitter |
| LR |
| MRI pending |
| RA |
| During IDR- team discussed increasing depakote d/t lab values |
| From: Home w/ Family- 23920 Napier Rd, South Lyon 48178, then Regency Livonia |
| Goal: RIM/SAR |
| CM to follow for any further assistance |
| Electronically signed by Jennifer C, RN at 06/30/2023 3:01 PM EDT Michelle O, LMSW - 06/30/2023 8:54 AM EDT Formatting of this note might be different from the original. Vmm received from Abby calling from Mary Free Bed Sparrow 517-582-1058. They are declining patient due to behivorial concerns. Abby stated he might be more appropriate for RIM Electronically signed by Michelle O, LMSW at 06/30/2023 8:56 AM EDT Cesar T, RN - 06/30/2023 6:21 AM EDT |

Formatting of this note might be different from the original. A&OX1

Formatting of this note might be different from the original.

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Goal: Will remain free from injury to self

Outcome: Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Not Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Not Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Goal: Skin integrity will improve Outcome: Not Progressing

Goal: Risk for impaired skin integrity will decrease

Outcome: Not Progressing

Problem: Activity:

Goal: Mobility will improve Outcome: Not Progressing

Problem: Cognitive:

Goal: Understanding of ways to prevent future skin breakdown will improve

Outcome: Not Progressing

Problem: Nutritional:

Goal: Nutritional status will improve

Outcome: Not Progressing

Goals:

Identify possible barriers to meeting goals/advancing plan of care: Use of restraints

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End of Shift Summary: Pt is AOX1 at best, hallucinations at times, denies any SOB or pain, vitals stable, pt turned, video sitter present, bilateral soft wrist restraints in place, Foley irrigated, IVF running.

Electronically signed by Cesar T, RN at 06/30/2023 6:24 AM EDT

A Sahi, MD - 06/29/2023 3:22 PM EDT

Formatting of this note is different from the original. Images from the original note were not included.

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Aashna Sahi, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Mohammad T Kang, MD

Hospital Day: LOS: 8 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief

complaint agitation, aggressive behavior.

#Aggressive/impulsive behavior due to anoxic brain injury

#Agitation

Elevated QTc

- -Patient presented from Regency with cc agitation, aggressive behavior
- -Per facility staff, patient was refusing medications and becoming combative, violent
- -In ED, patient received Haldol/Ativan with additional dose of Ativan as he was becoming aggressive towards staff, subsequently placed in soft restraints which he ripped through, then placed in 4 point hard restraints
- -Med rec shows patient is on Zyprexa 5 bid, Ativan 0.5 mg q6h PRN although it appears he has not been receiving/refusing these medications
- -UDS negative
- -TSH within normal limits
- elevated qtc

PLAN

- -Depakote 500 BID IV, qtc on 6/28 was 588, avoid qtc prolongation psych medications. Could not place patient on zyprexa scheduled. Depakote level ordered per psychiatry recommendations. If within normal limits, will plan to increase dose tomorrow
- -PM&R recommending mitts and Posey bed in efforts to get patient out of restraints. Posey discontinued as patient did not do well in Posey bed. Today, video, patient in bilateral soft wrist restraints
- -Ativan as needed per psychiatry recommendations
- -Zyprexa p.o./IM once daily as needed if Ativan not effective, per psychiatry

#Anoxic encephalopathy 2/2 cardiac arrest

#STEMI s/p PCI, no stent placement

#Atrial flutter

#Nonocclusive R basilic and L subclavian-jugular thrombi

- -Patient found down in parking lot, CPR started by bystanders, AED placed and 3 shocks delivered with additional 3 defibs by EMS in addition to 5-6 rounds of epi, ROSC achieved after roughly 60 min
- -During hospitalization, went into SVT with atrial flutter requiring Lopressor with dilt, amio gtt
- -Angio performed and showed Dist Cx lesion is 90% stenosed with 90% stenosed side branch in 3rd Mrg. Prox LAD to Mid LAD lesion is 30% stenosed. Ost RCA to Dist RCA lesion is 100% stenosed
- -No intervention at the time as there were no targets for revascularization, patient not a candidate for ICD 2/2 AMS and family concern that he would pull it out
- -TTE showed hypokinetic basal inferoseptal, basal inferior and basal inferolateral segments with EF of 50-55%
- -MRI 5/15/23 showed cortical ischemia compatible with anoxic brain injury, EEG without seizure activity
- -Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd
- -EKG in ED NSR, QTC prolonged 498, magnesium sulfate given for cardiac membrane stabilization, repeat QTC 511

PLAN

- -Neurology & PMNR recs appreciated: MR lumbar and thoracic spine without contrast pending to evaluate for possible cord ischemia, PRN sedation ordered. Per MRI staff, unable to do anesthesia for MRI at THLH.
- -Continue Plavix 75 ad, Lopressor 100 BID, Amio 200 ad
- -Eliquis on hold given fall risk
- -Per SLP, advance diet from IDDSI 4 to IDDSI 5

#Urinary retention likely 2/2 neurogenic bladder, growing Enterobacter cloacae (CRE)

- UA cloudy, greater than 50 WBC, positive nitrate, positive leukocytes
- PVR greater than 1100 cc in the ED
- Ucx Enterobacter cloacae, E. coli CRE MDRO 6/22
- s/p Cefepime (SOT 6/24 6/28). Patient has no fever, leukocytosis, and so will stop treatment
- -Repeat urine culture 6/27 significant for 70,000 Enterobacter cloacae

Plan:

- Foley in place
- -Continue tamsulosin 0.4 mg qd

#DM

- -Home regimen Lantus 30 units qhs
- -Continue low-dose sliding scale

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: Lovenox
- Fluids: lactated Ringer's, 75 mL/hr, Last Rate: 75 mL/hr (06/29/23 0954)

- Diet:

Start Ordered

06/26/23 0905 Dietary nutrition supplements Three times daily (TID); St Mary Mercy Livonia; Standard Oral Supplement Continuous

Comments: Ensure Plus High Protein

Dietary Orders (From admission, onward)

Question Answer Comment

Frequency Three times daily (TID)

Location St Mary Mercy Livonia

Supplements Standard Oral Supplement

06/26/23 0906

06/23/23 1057 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; Thin Liquids, IDDSI Level 5

Minced & Moist Diet effective now

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids Thin Liquids

Modified Consistency Options for Liquids and Solids IDDSI Level 5 Minced & Moist

06/23/23 1056

- Lines/tubes/drains: PIV, Foley

- Code Status: Full Code - Confirmed

- PCP: Michael A Amlog, MD

Disposition

TBD pending medical stability

SUBJECTIVE

Patient seen at bedside, notes reviewed. Patient calm, sleeping, bilateral wrist restraints In place.

OBJECTIVE

Physical Exam

Constitutional:

General: He is not in acute distress.

Appearance: He is normal weight. He is not toxic-appearing.

Comments: Patient in bilateral soft wrist restraints

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: Nose normal. No rhinorrhea.

Mouth/Throat:

Mouth: Mucous membranes are dry.

Comments: Poor dentition

Eyes:

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Tachycardia present.

Pulses: Normal pulses.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Abdominal:

General: Abdomen is flat.

Palpations: Abdomen is soft.

Genitourinary:

Comments: Foley in place, draining cloudy urine, more clear than yesterday

Musculoskeletal:

Right lower leg: No edema.

Left lower leg: No edema.

Comments: Bilateral lower extremity weakness, patient unable to stand on his own

Skin:

General: Skin is warm and dry.

Capillary Refill: Capillary refill takes less than 2 seconds.

Coloration: Skin is not jaundiced.

Findings: Lesion (Superficial scrapes to hip, scabs on left knee, sacral pressure wound stage 1) present.

Neurological:

Mental Status: He is alert.

Comments: Patient unable to participate in orientation questions

Objective

Vitals

Visit Vitals

BP (!) 157/82 (BP Location: Right leg, Patient Position: Lying)

Pulse 109

Temp 36.7 °C (98.1 °F) (Temporal)

Resp 18

Temp (24hrs), Avg:36.4 °C (97.6 °F), Min:36.1 °C (97 °F), Max:36.7 °C (98.1 °F)

Body mass index is 25.98 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results

Component Value Date

WBC 10.0 06/29/2023

HGB 11.6 (L) 06/29/2023

HCT 37.6 06/29/2023

MCV 94.0 06/29/2023 PLT 548 (H) 06/29/2023

CHEMISTRY

Lab Results

Component Value Date

GLUCOSE 99 06/29/2023

NA 141 06/29/2023

K 4.2 06/29/2023

CO2 27 06/29/2023

CL 107 06/29/2023

BUN 20 06/29/2023

CREATININE 1.12 06/29/2023

EGFR 74 06/29/2023

CALCIUM 8.5 (L) 06/29/2023

MG 2.1 06/29/2023

PHOS 3.6 06/22/2023

ANIONGAP 7 06/29/2023

MEDICATIONS

SCHEDULED MEDICATIONS

amiodarone, 200 mg, oral, Daily

[Held by provider] apixaban, 5 mg, oral, BID

ascorbic acid, 250 mg, oral, Daily

atorvastatin, 40 mg, oral, Nightly

clopidogreL, 75 mg, oral, Daily

docusate sodium, 100 mg, oral, BID

enoxaparin, 40 mg, subcutaneous, Daily

[Held by provider] insulin lispro, 1-6 Units, subcutaneous, With meals & nightly

metoprolol tartrate, 100 mg, oral, BID

multivitamin with minerals-iron, 1 each, oral, Daily

nicotine, 1 patch, transdermal, Daily

polyetheylene glycol, 17 g, oral, Daily

sodium chloride, 10 mL, intravenous, BID

tamsulosin, 0.4 mg, oral, Daily

valproate sodium, 500 mg, intravenous, g12h

DRIPS

lactated Ringer's, 75 mL/hr, Last Rate: 75 mL/hr (06/29/23 0954)

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose, dextrose, dextrose, glucagon injection, LORazepam **OR** LORazepam, LORazepam, OLANZapine **OR** OLANZapine, ondansetron (ZOFRAN-ODT) disintegrating tablet **OR** ondansetron, [COMPLETED] Insert peripheral IV **AND** Maintain IV access **AND** [COMPLETED] Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by M Kang, MD at 06/29/2023 7:43 PM EDT Electronically signed by A Sahi, MD at 06/29/2023 3:39 PM EDT Electronically signed by M Kang, MD at 06/29/2023 7:43 PM EDT

Associated attestation - M Kang, MD - 06/29/2023 7:43 PM EDT Formatting of this note might be different from the original. Seen 6/29/23.

I personally saw and examined the patient on rounds with my team today. Management was discussed with resident and I supervised the plan of care.

I have reviewed and agree with the key parts of the resident evaluation including: Subjective Information
Objective findings on physical exam
Impression and plan

Linda A, RN - 06/29/2023 3:07 PM EDT

Formatting of this note might be different from the original.

Goals:

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Not Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Not Progressing

Problem: Skin Integrity:

Goal: Skin integrity will improve Outcome: Not Progressing

Goal: Risk for impaired skin integrity will decrease

Outcome: Not Progressing

Problem: Activity:

Goal: Mobility will improve Outcome: Not Progressing

Problem: Cognitive:

Goal: Understanding of ways to prevent future skin breakdown will improve

Outcome: Not Progressing

Problem: Swallowing

Goal: Patient will tolerate the least restrictive diet consistency to allow for safe consumption of daily meals

Outcome: Not Progressing

Problem: Safety:

Goal: Will remain free from injury to self

Outcome: Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Identify possible barriers to meeting goals/advancing plan of care: Cognitive Impairment
Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End Of Shift Summary:

-A & O x's 1

-VSS on room air

Events during shift:

-Video sitter present as 1:1 sitter not available

- -Soft restraints placed on wrist. All checks performed as required. No signs of injury.
- -Meplex replaced on buttocks
- -Foley irrigated and bag replaced

Patient mobility:

Patient is bedrest turn and being turned Q2h for comfort and pressure prevention.

Patient positioning:

Patient currently in bed with bed locked and in low position. Bed alarm on and call light within reach.

Electronically signed by Linda A, RN at 06/29/2023 7:44 PM EDT

S Faroog, DO - 06/29/2023 11:54 AM EDT

Formatting of this note is different from the original.

PSYCHIATRY PROGRESS NOTE

Reason for Consultation: "Agitation, anoxic brain injury"

Source of Information: The patient, chart review. I had a detailed discussion with referring attending physician and nursing staff.

History Of Present Illness:

Patient was evaluated at bedside this morning, he is more alert today and reports his mood is "good." He is able to communicate to writer that he is hungry and would like some food.

Per chart review and nursing staff:

The patient was compliant with scheduled medications. Yesterday and through last night, the patient did receive PRN medications Ativan and Zyprexa. The patient did require restraints for agitation. His mentation fluctuates throughout the day. He has periods of agitation, still requiring bilateral soft wrist restraints.

Review of Systems:

Psychiatric: As above

Blood pressure (!) 157/82, pulse 109, temperature 36.7 °C (98.1 °F), temperature source Temporal, resp. rate 18, height 1.829 m (72.01"), weight 86.9 kg (191 lb 9.3 oz), SpO2 92 %.

Recent Results (from the past 24 hour(s))

POCT Glucose, blood

Collection Time: 06/28/23 4:49 PM

Result Value Ref Range

Glucose POCT 128 (H) 70 - 110 mg/dL

POCT Glucose, blood

Collection Time: 06/28/23 8:44 PM

Result Value Ref Range

Glucose POCT 122 (H) 70 - 110 mg/dL

POCT Glucose, blood

Collection Time: 06/29/23 6:24 AM

Result Value Ref Range

Glucose POCT 90 70 - 110 mg/dL

Basic metabolic panel

Collection Time: 06/29/23 7:22 AM

Result Value Ref Range

Sodium 141 135 - 144 mmol/L

Potassium 4.2 3.5 - 5.3 mmol/L

Chloride 107 98 - 107 mmol/L

CO2 27 21 - 31 mmol/L

Anion Gap 7 3 - 11

Glucose 96 70 - 99 mg/dL

BUN 20 7 - 25 mg/dL

Creatinine 1.12 0.70 - 1.30 mg/dL

eGFR 74 >=60 mL/min/1.73m2

BUN/Creatinine Ratio 17.9 >=0.0

Calcium 8.5 (L) 8.6 - 10.3 mg/dL

Magnesium

Collection Time: 06/29/23 7:22 AM

Result Value Ref Range

Magnesium 2.1 1.7 - 2.5 mg/dL

Complete blood count

Collection Time: 06/29/23 7:22 AM

Result Value Ref Range

WBC 10.0 3.6 - 11.1 K/mcL

RBC 4.00 (L) 4.30 - 5.90 M/mcL

Hemoglobin 11.6 (L) 12.9 - 18.0 g/dL

Hematocrit 37.6 37.6 - 52.0 %

MCV 94.0 82.0 - 102.0 FL

MCHC 30.9 (L) 31.0 - 36.0 g/dL

RDW 13.6 12.0 - 16.0 %

Platelets 548 (H) 140 - 440 K/mcL

NRBC 0.0 0.0 - 0.2 %

NRBC Absolute 0.00 < 0.01 K/mcL

POCT Glucose, blood

Collection Time: 06/29/23 11:53 AM

Result Value Ref Range

Glucose POCT 99 70 - 110 mg/dL

Mental Status Examination:

General: The patient appeared stated age, in no acute distress, with fair hygiene and grooming, wearing hospital gowns. The patient was appropriate, pleasant and superficially cooperative. Eye contact was appropriate. The patient had no psychomotor agitation or retardation, and had no abnormal movements.

Gait and station: not assessed at this time.

Muscle strength and tone: normal tone and normal strength

Mood: "good"

Affect: full range, mood-congruent, reactive to conversation and appropriate Speech: clear with normal rate, normal volume, normal tone, and normal rhythm

Thought Process: linear, logical and goal-directed

Associations: intact

Thought Content: no suicidal ideations, intent, or plans Orientation: The patient was alert, oriented to person

Attention & Concentration: impaired

Recent & Remote Memory: not assessed at this time.

Language: intact, per interview

Fund of Knowledge: Likely average, per interview.

Insight & Judgment: improving.

DSM-5 Diagnoses:

Delirium, likely secondary to urinary tract infection Neurocognitive deficits secondary to anoxic brain injury

Other Conditions:

Diabetes mellitus

HLD

Assessment:

Given that the patient has been on Depakote for a few days, recommendation would be obtaining a Depakote level to ensure patient is within therapeutic range. Pending this, can increase Depakote dose, as below. Recommendation at this time would to be continuing to abstain from use of antipsychotics as they can cause toxic delirium and raise concern for developing NMS, particularly in patients who have traumatic brain injuries. Patient's QTc continues to elevate, with the most recent being 588. Continue to recommend Ativan 1 g 3 times daily as needed with a maximum dose of 3 mg/day for agitation, and only using olanzapine 2.5 mg once daily as needed if the patient's agitation is unable to be managed on the Ativan. We recommend use of antipsychotics only if nonpharmacological and not an antipsychiatric medications do not medicate agitation. Use of antipsychotics should only occur in the lowest effective dose, hold for excessive sedation and adverse reactions, and avoid IV use of Haldol due to increased risk of arrhythmia. Reiterated to daughter that use of antipsychotics can increase risk of fatal arrhythmia. She expressed understanding. She continues to say she is okay with using antipsychotics as a last resort if other interventions including use of Ativan and nonpharmacological methods, have been explored and are not effective. She has no safety concerns for the patient at this time.

Recommendations:

- 1. Psychiatric hospitalization is not indicated at this time.
- 2. Supervision: Patient does not require one-to-one supervision at this time psychiatric perspective, but could benefit from a medical perspective.
- 3. Psychotropic medications: Recommend continuing 500 mg twice daily of Depakote. If after lab draw, Depakote level within therapeutic range, can increase to 750 mg twice daily.
- 4. PRNs: Ativan 1 mg PO/IM Q8H PRN severe agitation (IM only if PO medications refused and patient is at imminent risk of harm to self and others). Limit to 3 doses per day. Hold for excessive sedation. If this is not effective, can give 2.5 mg PO/IM once daily as needed Zyprexa; however, recommendation remains abstaining from use of antipsychotics if possible. Do not give Haldol due to increased risk of arrhythmia.
- 5. Recommend obtaining UA, given patient's cloudy urine to rule out UTI, as they can contribute to agitation and delirium.
- 6. Recommendations were communicated with primary team via haiku.

I examined the patient in person, and discussed the above assessment and plan with attending psychiatrist, Dr. Cardasis. The attending did see the patient in person today. I reviewed the above treatment plan with the patient.

We will continue to follow. Please contact us at pager 76227, phone extension 5-5436, or via Haiku at "SMLI GME Psychiatry Consult Service Opt-In" if you have further questions or concerns. Thank you for the opportunity to contribute to your patient's care.

Summer Farooq, DO Psychiatry Resident

Cosigned by W Cardasis, MD at 06/30/2023 10:02 AM EDT Electronically signed by S Farooq, DO at 06/29/2023 12:26 PM EDT Electronically signed by W Cardasis, MD at 06/30/2023 10:02 AM EDT

Associated attestation - W Cardasis, MD - 06/30/2023 10:02 AM EDT

Formatting of this note might be different from the original.

I personally saw and examined the patient on rounds with my team on 6/29/23. Management was discussed with the resident Dr.

Farooq, and I supervised the plan of care. I have reviewed and agree with key aspects of the resident evaluation including: subjective information, objective findings on exam, assessment and plan. Clarification of resident note: we recommend as noted use of olanzapine instead of haloperidol and to avoid use of IV haloperidol due to increased risk of cardiac dysrhythmia.

J Devis, NP - 06/28/2023 3:25 PM EDT

Formatting of this note might be different from the original.

Physical Medicine and Rehabilitation Progress Note

Diagnosis: Anoxic brain injury status postcardiac arrest, paraplegia

Patient seen for follow-up. He is laying in bed with bilateral soft wrist restraints present and 1 is to 1 sitter at bedside.

Patient is on Depakote 500 mg every 12 hours intravenously

Pt is on cefepime for UTI

Patient is able to follow one-step command however not consistently. Speech is incomprehensible

No movement noted in bilateral lower extremity

Patient has waxing and waning mentation per nursing report

Foley catheter present with cloudy urine

No therapy update available since 6/26

Disposition: Per discussion with case management, RIM denied pt. Working with other options for placement

Cosigned by A Amin, MD at 06/30/2023 5:06 PM EDT Electronically signed by J Devis, NP at 06/28/2023 4:00 PM EDT Electronically signed by A Amin, MD at 06/30/2023 5:06 PM EDT

Associated attestation - A Amin, MD - 06/30/2023 5:06 PM EDT Formatting of this note might be different from the original.

I was physically present for the evaluation and management service provided.

I personally saw and examined the patient on rounds with Ms Josini Devis NP Management was discussed with her and I supervised the plan of care.

I have reviewed and agree with the key parts of the evaluation including:

Subjective Information

Objective findings on physical exam

Impression and plan

Plan of care has been discussed with the therapy team, nursing staff, social work, patient and family as available.

All questions and concerns were addressed with the patient

B Raza, MD - 06/28/2023 1:53 PM EDT

Formatting of this note is different from the original. Images from the original note were not included.

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Beebarg Raza, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Mohammad T Kang, MD

Hospital Day: LOS: 7 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior.

#Aggressive/impulsive behavior due to anoxic brain injury

#Agitation

Elevated OTc

-Patient presented from Regency with cc agitation, aggressive behavior

- -Per facility staff, patient was refusing medications and becoming combative, violent
- -In ED, patient received Haldol/Ativan with additional dose of Ativan as he was becoming aggressive towards staff, subsequently placed in soft restraints which he ripped through, then placed in 4 point hard restraints
- -Med rec shows patient is on Zyprexa 5 bid, Ativan 0.5 mg q6h PRN although it appears he has not been receiving/refusing these medications
- -UDS negative
- -TSH within normal limits
- elevated qtc

PLAN

- -Depakote 500 BID IV, qtc on 6/28 was 588, avoid qtc prolongation psych medications. Could not place patient on zyprexa scheduled
- -PM&R recommending mitts and Posey bed in efforts to get patient out of restraints. Posey discontinued as it interferes with video monitor if sitter not available. Today, sitter at bedside, patient in bilateral soft wrist restraints
- -Ativan as needed per psychiatry recommendations
- -Zyprexa p.o./IM once daily as needed if Ativan not effective, per psychiatry

#Anoxic encephalopathy 2/2 cardiac arrest

#STEMI s/p PCI, no stent placement

#Atrial flutter

#Nonocclusive R basilic and L subclavian-jugular thrombi

- -Patient found down in parking lot, CPR started by bystanders, AED placed and 3 shocks delivered with additional 3 defibs by EMS in addition to 5-6 rounds of epi, ROSC achieved after roughly 60 min
- -During hospitalization, went into SVT with atrial flutter requiring Lopressor with dilt, amio gtt
- -Angio performed and showed Dist Cx lesion is 90% stenosed with 90% stenosed side branch in 3rd Mrg. Prox LAD to Mid LAD lesion is 30% stenosed. Ost RCA to Dist RCA lesion is 100% stenosed
- -No intervention at the time as there were no targets for revascularization, patient not a candidate for ICD 2/2 AMS and family concern that he would pull it out
- -TTE showed hypokinetic basal inferoseptal, basal inferior and basal inferolateral segments with EF of 50-55%
- -MRI 5/15/23 showed cortical ischemia compatible with anoxic brain injury, EEG without seizure activity
- -Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd
- -EKG in ED NSR, QTC prolonged 498, magnesium sulfate given for cardiac membrane stabilization, repeat QTC 511

PLAN

- -Neurology & PMNR recs appreciated: MR lumbar and thoracic spine without contrast pending to evaluate for possible cord ischemia, PRN sedation ordered. Per MRI staff, unable to do anesthesia for MRI at THLH.
- -Continue Plavix 75 qd, Lopressor 100 BID, Amio 200 qd
- -Eliquis on hold given fall risk
- -Per SLP, advance diet from IDDSI 4 to IDDSI 5

#Urinary retention likely 2/2 neurogenic bladder, growing Enterobacter cloacae (CRE)

UTI

- UA cloudy, greater than 50 WBC, positive nitrate, positive leukocytes
- PVR greater than 1100 cc in the ED
- Ucx Enterobacter cloacae, E. coli CRE MDRO
- s/p Cefepime (SOT 6/24 6/28). Patient has no fever, leukocytosis, and so will stop treatment today

Plan:

- Foley in place
- -Continue tamsulosin 0.4 mg qd

#DM

- -Home regimen Lantus 30 units qhs
- -Continue low-dose sliding scale

#HI D

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: Lovenox
- Fluids: lactated Ringer's, 75 mL/hr, Last Rate: 75 mL/hr (06/28/23 0630)
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

06/26/23 0905 Dietary nutrition supplements Three times daily (TID); St Mary Mercy Livonia; Standard Oral Supplement Continuous Comments: Ensure Plus High Protein

Question Answer Comment

Frequency Three times daily (TID)

Location St Mary Mercy Livonia Supplements Standard Oral Supplement

06/26/23 0906

06/23/23 1057 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; Thin Liquids, IDDSI Level 5

Minced & Moist Diet effective now

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids Thin Liquids

Modified Consistency Options for Liquids and Solids IDDSI Level 5 Minced & Moist

06/23/23 1056

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

TBD pending medical stability

SUBJECTIVE

Patient seen at bedside, notes reviewed. Patient calm, sleeping, bilateral wrist restraints not on this morning. In restraints

OBJECTIVE

Physical Exam

Constitutional:

General: He is not in acute distress.

Appearance: He is normal weight. He is not toxic-appearing.

Comments: Patient in bilateral soft wrist restraints

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal. Left Ear: External ear normal.

Nose: Nose normal. No rhinorrhea.

Mouth/Throat:

Mouth: Mucous membranes are dry.

Comments: Poor dentition

Eyes:

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Tachycardia present.

Pulses: Normal pulses.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Abdominal:

General: Abdomen is flat. Palpations: Abdomen is soft.

Genitourinary:

Comments: Foley in place, draining cloudy urine

Musculoskeletal:

Right lower leg: No edema.

Left lower leg: No edema.

Comments: Bilateral lower extremity weakness, patient unable to stand on his own

Skin:

General: Skin is warm and dry.

Capillary Refill: Capillary refill takes less than 2 seconds.

Coloration: Skin is not jaundiced.

Findings: Lesion (Superficial scrapes to hip, scabs on left knee, sacral pressure wound stage 1) present.

Neurological:

Mental Status: He is alert.

Comments: Patient unable to participate in orientation questions

Objective

Vitals Visit Vitals BP (!) 142/74 (BP Location: Right arm, Patient Position: Lying) Pulse 91 Temp 36.5 °C (97.7 °F) (Axillary) Resp 16

Temp (24hrs), Avg:36.9 °C (98.5 °F), Min:36.5 °C (97.7 °F), Max:37.4 °C (99.3 °F)

Body mass index is 25.98 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results Component Value Date WBC 10.9 06/28/2023 HGB 11.6 (L) 06/28/2023 HCT 38.0 06/28/2023 MCV 93.8 06/28/2023 PLT 530 (H) 06/28/2023 CHEMISTRY

Lab Results

Component Value Date GLUCOSE 96 06/28/2023 NA 138 06/28/2023 K 4.5 06/28/2023 CO2 24 06/28/2023 CL 104 06/28/2023 BUN 20 06/28/2023 CREATININE 1.39 (H) 06/28/2023 EGFR 57 (L) 06/28/2023 CALCIUM 8.3 (L) 06/28/2023

SCHEDULED MEDICATIONS

MEDICATIONS

MG 2.1 06/28/2023 PHOS 3.6 06/22/2023 ANIONGAP 10 06/28/2023

amiodarone, 200 mg, oral, Daily [Held by provider] apixaban, 5 mg, oral, BID ascorbic acid, 250 mg, oral, Daily atorvastatin, 40 mg, oral, Nightly cefepime, 2 g, intravenous, q12h clopidogreL, 75 mg, oral, Daily docusate sodium, 100 mg, oral, BID enoxaparin, 40 mg, subcutaneous, Daily [Held by provider] insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 100 mg, oral, BID multivitamin with minerals-iron, 1 each, oral, Daily nicotine, 1 patch, transdermal, Daily polyetheylene glycol, 17 g, oral, Daily sodium chloride, 10 mL, intravenous, BID tamsulosin, 0.4 mg, oral, Daily valproate sodium, 500 mg, intravenous, q12h

DRIPS

lactated Ringer's, 75 mL/hr, Last Rate: 75 mL/hr (06/28/23 0630)

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose 50%, dextrose, dextrose, glucagon injection, LORazepam **OR** LORazepam, LORazepam, OLANZapine **OR** OLANZapine, ondansetron (ZOFRAN-ODT) disintegrating tablet **OR**

ondansetron, [COMPLETED] Insert peripheral IV **AND** Maintain IV access **AND** [COMPLETED] Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by M Kang, MD at 06/28/2023 10:23 PM EDT Electronically signed by B Raza, MD at 06/28/2023 2:06 PM EDT Electronically signed by M Kang, MD at 06/28/2023 10:23 PM EDT

Associated attestation - M Kang, MD - 06/28/2023 10:23 PM EDT Formatting of this note might be different from the original. Seen 6/28/23.

I was physically present for the evaluation and management service provided.

I personally saw and examined the patient on rounds with my team today. Management was discussed with resident and I supervised the plan of care.

I have reviewed and agree with the key parts of the resident evaluation including: Subjective Information

Objective findings on physical exam

Impression and plan

Christine K - 06/28/2023 9:50 AM EDT

Formatting of this note might be different from the original.

Speech Language Pathology Attempt

Attempted: Dysphagia follow up

Reason for attempt: Patient not appropriate due to increased agitation and nursing care. Nursing reported that patient is tolerating thin liquids without signs of aspiration but refusing solids and medications.

Plan: ST to re-attempt as time permits

Notified RN Lauren

Electronically signed by Christine K at 06/28/2023 9:52 AM EDT

Lauren B, RN - 06/27/2023 6:55 PM EDT

Formatting of this note might be different from the original.

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Not Progressing

Problem: Skin Integrity:

Goal: Skin integrity will improve Outcome: Not Progressing

Goal: Risk for impaired skin integrity will decrease

Outcome: Not Progressing

Problem: Activity:

Goal: Mobility will improve Outcome: Not Progressing

Problem: Cognitive:

Goal: Understanding of ways to prevent future skin breakdown will improve

Outcome: Not Progressing

Problem: Nutritional:

Goal: Nutritional status will improve

Outcome: Not Progressing

Goals:

Identify possible barriers to meeting goals/advancing plan of care: nutrition/agitation

Stability of the patient: Moderately Stable - Low risk of patient condition declining or worsening

End of Shift Summary: remains in B soft wrist restraints, poor oral intake, increased agitation this afternoon requiring PRNs

Electronically signed by Lauren B, RN at 06/27/2023 6:57 PM EDT

Michelle O, LMSW - 06/27/2023 4:17 PM EDT

Formatting of this note might be different from the original.

Vmm received from Melissa from RIM stating that they are denying patient 313-745-1000

Electronically signed by Michelle O, LMSW at 06/27/2023 4:18 PM EDT

A Sahi, MD - 06/27/2023 2:12 PM EDT

Formatting of this note is different from the original.

Images from the original note were not included.

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Aashna Sahi, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Mohammad T Kang, MD

Hospital Day: LOS: 6 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior.

#Aggressive/impulsive behavior

#Agitation

- -Patient presented from Regency with cc agitation, aggressive behavior
- -Per facility staff, patient was refusing medications and becoming combative, violent
- -In ED, patient received Haldol/Ativan with additional dose of Ativan as he was becoming aggressive towards staff, subsequently placed in soft restraints which he ripped through, then placed in 4 point hard restraints
- -Med rec shows patient is on Zyprexa 5 bid, Ativan 0.5 mg g6h PRN although it appears he has not been receiving/refusing these

medications

- -UDS negative
- -TSH within normal limits
- -QTC 511

PLAN

- -Neurology and PMNR recommendations appreciated, patient started on Depakene 250 twice daily as patient unable to have Depakete crushed, pending further adjustments. Due to patient being noncompliant with Depakene, IV Depakote scheduled. Psychiatry recommendations to increase dose to 500 twice daily
- -PM&R recommending mitts and Posey bed in efforts to get patient out of restraints. Posey discontinued as it interferes with video monitor if sitter not available. Today, sitter at bedside, patient in bilateral soft wrist restraints
- -Daily CBC, CMP
- -Ativan as needed per psychiatry recommendations
- -Zyprexa p.o./IM once daily as needed if Ativan not effective, per psychiatry

#Anoxic encephalopathy 2/2 cardiac arrest

#STEMI s/p PCI, no stent placement

#Atrial flutter

- #Nonocclusive R basilic and L subclavian-jugular thrombi
- -Patient found down in parking lot, CPR started by bystanders, AED placed and 3 shocks delivered with additional 3 defibs by EMS in addition to 5-6 rounds of epi, ROSC achieved after roughly 60 min
- -During hospitalization, went into SVT with atrial flutter requiring Lopressor with dilt, amio gtt
- -Angio performed and showed Dist Cx lesion is 90% stenosed with 90% stenosed side branch in 3rd Mrg. Prox LAD to Mid LAD lesion is 30% stenosed. Ost RCA to Dist RCA lesion is 100% stenosed
- -No intervention at the time as there were no targets for revascularization, patient not a candidate for ICD 2/2 AMS and family concern that he would pull it out
- -TTE showed hypokinetic basal inferoseptal, basal inferior and basal inferolateral segments with EF of 50-55%
- -MRI 5/15/23 showed cortical ischemia compatible with anoxic brain injury, EEG without seizure activity
- -Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd
- -EKG in ED NSR, QTC prolonged 498, magnesium sulfate given for cardiac membrane stabilization, repeat QTC 511

PLAN

- -Neurology & PMNR recs appreciated: MR lumbar and thoracic spine without contrast pending to evaluate for possible cord ischemia, PRN sedation ordered. Per MRI staff, unable to do anesthesia for MRI at THLH.
- -Continue Plavix 75 gd, Lopressor 100 BID, Amio 200 gd
- -Eliquis on hold given fall risk
- -Per SLP, advance diet from IDDSI 4 to IDDSI 5

#Urinary retention likely 2/2 neurogenic bladder, growing Enterobacter cloacae #UTI

- -UA cloudy, greater than 50 WBC, positive nitrate, positive leukocytes
- -PVR greater than 1100 cc in the ED
- -Ucx Enterobacter cloacae, E. coli CRE MDRO
- -On exam 6/26, more cloudy color of urine

Plan:

- Foley in place
- -Continue tamsulosin 0.4 mg qd
- Cefepime 2g Q12 per pharmacy recs and susceptibilities (SOT 6/24)
- -New urine cultures pending

#DM

- -Home regimen Lantus 30 units qhs
- -Continue low-dose sliding scale

#HI D

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: Lovenox
- Fluids: lactated Ringer's, 75 mL/hr, Last Rate: 75 mL/hr (06/27/23 1152)
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

06/26/23 0905 Dietary nutrition supplements Three times daily (TID); St Mary Mercy Livonia; Standard Oral Supplement Continuous Comments: Ensure Plus High Protein

Question Answer Comment

Frequency Three times daily (TID)

Location St Mary Mercy Livonia Supplements Standard Oral Supplement

06/26/23 0906

06/23/23 1057 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; Thin Liquids, IDDSI Level 5

Minced & Moist Diet effective now

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids Thin Liquids

Modified Consistency Options for Liquids and Solids IDDSI Level 5 Minced & Moist

06/23/23 1056

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

TBD pending medical stability

SUBJECTIVE

Patient seen at bedside, notes reviewed. Patient calm, sleeping, bilateral wrist restraints not on this morning. Per nursing staff later in the afternoon, wrist restraints had to be placed back on as patient was attempting to pull out his Foley. Per nurse, patient difficult to administer intramuscular injection. Today patient asked team "where are you".

OBJECTIVE

Physical Exam

Constitutional:

General: He is not in acute distress.

Appearance: He is normal weight. He is not toxic-appearing.

Comments: Patient in bilateral soft wrist restraints

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: Nose normal. No rhinorrhea.

Mouth/Throat:

Mouth: Mucous membranes are dry.

Comments: Poor dentition

Eyes:

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Tachycardia present.

Pulses: Normal pulses.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Abdominal:

General: Abdomen is flat. Palpations: Abdomen is soft.

Genitourinary:

Comments: Foley in place, draining cloudy urine

Musculoskeletal:

Right lower leg: No edema.

Left lower leg: No edema.

Comments: Bilateral lower extremity weakness, patient unable to stand on his own

Skin:

General: Skin is warm and dry.

Capillary Refill: Capillary refill takes less than 2 seconds.

Coloration: Skin is not jaundiced.

Findings: Lesion (Superficial scrapes to hip, scabs on left knee, sacral pressure wound stage 1) present.

Neurological:

Mental Status: He is alert.

Comments: Patient unable to participate in orientation questions

Objective

Vitals
Visit Vitals
BP 129/84 (BP Location: Right arm, Patient Position: Lying)
Pulse 109
Temp 37 °C (98.6 °F) (Axillary)
Resp 20

Temp (24hrs), Avg:36.8 °C (98.2 °F), Min:36.5 °C (97.7 °F), Max:37 °C (98.6 °F)

Body mass index is 25.98 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results

Lab Results Component Value Date WBC 9.6 06/27/2023 HGB 11.3 (L) 06/27/2023 HCT 35.5 (L) 06/27/2023 MCV 91.3 06/27/2023 PLT 560 (H) 06/27/2023 CHEMISTRY

Component Value Date GLUCOSE 112 (H) 06/27/2023 NA 132 (L) 06/27/2023 K 3.4 (L) 06/27/2023 CO2 22 06/27/2023 CL 100 06/27/2023 BUN 22 06/27/2023 CREATININE 1.35 (H) 06/27/2023 EGFR 59 (L) 06/27/2023 CALCIUM 8.3 (L) 06/27/2023 MG 2.1 06/27/2023 PHOS 3.6 06/22/2023 ANIONGAP 10 06/27/2023

MEDICATIONS

SCHEDULED MEDICATIONS

amiodarone, 200 mg, oral, Daily [Held by provider] apixaban, 5 mg, oral, BID ascorbic acid, 250 mg, oral, Daily atorvastatin, 40 mg, oral, Nightly cefepime, 2 g, intravenous, g12h clopidogreL, 75 mg, oral, Daily docusate sodium, 100 mg, oral, BID enoxaparin, 40 mg, subcutaneous, Daily insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 100 mg, oral, BID multivitamin with minerals-iron, 1 each, oral, Daily nicotine, 1 patch, transdermal, Daily polyetheylene glycol, 17 g, oral, Daily sodium chloride, 10 mL, intravenous, BID sterile water, , , tamsulosin, 0.4 mg, oral, Daily valproate sodium, 500 mg, intravenous, q12h

DRIPS

lactated Ringer's, 75 mL/hr, Last Rate: 75 mL/hr (06/27/23 1152)

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose, dextrose, glucagon injection, LORazepam **OR** LORazepam, LORazepam, OLANZapine **OR** OLANZapine, ondansetron (ZOFRAN-ODT) disintegrating tablet **OR** ondansetron, [COMPLETED] Insert peripheral IV **AND** Maintain IV access **AND** [COMPLETED] Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by M Kang, MD at 06/27/2023 10:37 PM EDT Electronically signed by A Sahi, MD at 06/27/2023 2:17 PM EDT Electronically signed by M Kang, MD at 06/27/2023 10:37 PM EDT

Associated attestation - M Kang, MD - 06/27/2023 10:37 PM EDT Formatting of this note might be different from the original. Seen 6/27/23.

I was physically present for the evaluation and management service provided.

I personally saw and examined the patient on rounds with my team today. Management was discussed with resident and I supervised the plan of care.

I have reviewed and agree with the key parts of the resident evaluation including:

Subjective Information

Objective findings on physical exam

Impression and plan

Danielle F - 06/27/2023 10:12 AM EDT

Formatting of this note might be different from the original.

Speech Language Pathology

Attempt Note

Date: 6/27/2023

SLP following for swallowing. Pt too lethargic and agitated to participate in session this date. Will f/u as indicated.

Danielle Fiedler, MS, CCC-SLP Speech-Language Pathologist

Electronically signed by Danielle F at 06/27/2023 10:15 AM EDT

Nassouh A - 06/26/2023 7:56 PM EDT

Formatting of this note might be different from the original.

During PT/OT assessment writer is asked to help restraint pt, pt attempted to bite writer twice, pt was successfully restrained.

RN notifed

Electronically signed by Nassouh A at 06/26/2023 7:59 PM EDT

R Satyadev, MD - 06/26/2023 4:41 PM EDT

Formatting of this note might be different from the original.

Physical Medicine and Rehabilitation Progress Note

Diagnosis: Anoxic Brain injury s/p Cardiac arrest

Paraplegia

Patient has a small stage 1 pressure sore in sacral area. I evaluated him today. He is still intermittently agitated needing BUE soft restraints. We are unable to use anti psychotics on this patient due to prolonged Qtc interval. Depakote was started and dose will be increased today. He was pleasant and able to follow 1 step commands on Friday. He is more agitated today. urine analysis/culture will be send since the drainage from the bladder is more cloudy. Though he has anoxic encephalopathy, he behaves like a TBI- Rancho 4 level. MRI of T spine and L spine is awaited to rule out cord infarct. He is paraplegic, poor co-operation with rectal exam but seems to have anal sensation. No response to pin prick in both lower extremities from L1 and below. very difficult sensory exam due to agitation.

His sister Vicki Boboc runs a group home and willing to take him to her group home if his behavior is not disruptive to the other 6 patients and if he can be kept in a posey bed.

We will continue to follow regarding rehab needs.

Electronically signed by J Devis, NP at 06/26/2023 4:42 PM EDT Electronically signed by R Satyadev, MD at 06/26/2023 6:30 PM EDT

S Faroog, DO - 06/26/2023 12:54 PM EDT

Formatting of this note is different from the original.

PSYCHIATRY PROGRESS NOTE

Reason for Consultation: "Agitation, anoxic brain injury"

Source of Information: The patient, chart review. I had a detailed discussion with referring attending physician and nursing staff.

History Of Present Illness:

Patient was evaluated at bedside this morning. He is unable to participate in interview, only reporting mood is "good." He appears to be more irritable today, per chart review he did not have behavioral issues over the weekend and did not require as needed medications.

Per collateral: Spoke with daughter, she continues to states she has no concern for patient's safety, he is never had suicidal ideation, intent, plan. He has no prior psychiatric history. She notes that he is not endorsing any symptoms of depression to her including low sleep, low appetite, low mood, loss of interest in hobbies, low energy, difficulty concentrating. He continues to pull on the lines, which he was also doing in the ICU in New York. She notes that when he becomes more confused, he tends to speak Romanian, though he is bilingual and can speak English as well. She feels his mentation and behavior continue to improve.

Per chart review:

The patient was compliant with scheduled medications. Yesterday and through last night, the patient did not receive PRN medications. The patient did require restraints for agitation.

Review of Systems: Psychiatric: As above

Blood pressure 128/82, pulse 89, temperature 36 °C (96.8 °F), temperature source Temporal, resp. rate 16, height 1.829 m (72.01"), weight 86.9 kg (191 lb 9.3 oz), SpO2 98 %.

Recent Results (from the past 24 hour(s))

POCT Glucose, blood

Collection Time: 06/25/23 9:26 PM

Result Value Ref Range

Glucose POCT 110 70 - 110 mg/dL

POCT Glucose, blood

Collection Time: 06/26/23 7:27 AM

Result Value Ref Range

Glucose POCT 123 (H) 70 - 110 mg/dL

Basic metabolic panel

Collection Time: 06/26/23 8:32 AM

Result Value Ref Range

Sodium 135 135 - 144 mmol/L

Potassium 3.8 3.5 - 5.3 mmol/L

Chloride 98 98 - 107 mmol/L

CO2 25 21 - 31 mmol/L

Anion Gap 12 (H) 3 - 11

Glucose 114 (H) 70 - 99 mg/dL

BUN 18 7 - 25 mg/dL

Creatinine 0.95 0.70 - 1.30 mg/dL eGFR 90 >=60 mL/min/1.73m2 BUN/Creatinine Ratio 18.9 >= 0.0 Calcium 8.5 (L) 8.6 - 10.3 mg/dL Magnesium Collection Time: 06/26/23 8:32 AM Result Value Ref Range Magnesium 1.9 1.7 - 2.5 mg/dL Complete blood count Collection Time: 06/26/23 8:32 AM Result Value Ref Range WBC 11.8 (H) 3.6 - 11.1 K/mcL RBC 4.26 (L) 4.30 - 5.90 M/mcL Hemoglobin 12.3 (L) 12.9 - 18.0 g/dL Hematocrit 39.3 37.6 - 52.0 % MCV 92.3 82.0 - 102.0 FL MCHC 31.3 31.0 - 36.0 g/dL

RDW 13.5 12.0 - 16.0 %

Platelets 610 (H) 140 - 440 K/mcL

NRBC 0.0 0.0 - 0.2 %

NRBC Absolute 0.00 < 0.01 K/mcL

POCT Glucose, blood

Collection Time: 06/26/23 12:20 PM Result Value Ref Range

Glucose POCT 136 (H) 70 - 110 mg/dL POCT Glucose, blood

Collection Time: 06/26/23 4:31 PM

Result Value Ref Range

Glucose POCT 206 (H) 70 - 110 mg/dL

Mental Status Examination:

General: The patient appeared stated age, in mild acute distress, with fair hygiene and grooming, wearing hospital gowns. The patient was minimally cooperative and defiant. Eye contact was appropriate. The patient had no psychomotor agitation or retardation, and had no abnormal movements.

Gait and station: not assessed at this time.

Muscle strength and tone: normal tone and normal strength

Mood: "good"

Affect: constricted range, mood-congruent and minimally reactive to conversation

Speech: mumbled with normal rate, normal volume, normal tone, and normal rhythm

Thought Process: not assessed at this time due to patient being unable to fully participate.

Associations: unable to assess at this time due to patient being unable to fully participate.

Thought Content: Unable to assess if patient is having current suicidal ideation, intent, plan due to patient being unable to fully participate in assessment, however daughter does deny any history of suicidal ideation, intent, plan. She also denies any history of auditory visual hallucinations by the patient. Of note, the patient did not appear to be responding to internal stimuli. Delusions were not elicited.

Orientation: The patient was confused, oriented to person

Attention & Concentration: impaired

Recent & Remote Memory: not assessed at this time due to patient being unable to fully participate.

Language: not assessed at this time due to patient being unable to fully participate.

Fund of Knowledge: Likely average, per interview.

Insight & Judgment: limited.

DSM-5 Diagnoses:

Delirium, likely secondary to urinary tract infection Neurocognitive deficits secondary to anoxic brain injury

Other Conditions:

Diabetes mellitus

HLD

Assessment:

On assessment today, patient was more confused and agitated. Per primary team, over the weekend patient was cooperative and did not require as needed medications for behavioral control, however as of this morning, patient has become more combative and was noted to have cloudy urine. There is concern that the patient has a urinary tract infection, and this could be contributing to his behavioral changes acutely. Patient was evaluated by neurology and by PM&R, who recommended starting the patient on Depakote. Agree with this recommendation, as this would offer mood stability and is neuroprotective. Patients who have had traumatic brain injuries and placed on antipsychotics can exhibit toxic delirium, and have a concern for delevoping NMS. Patient's QTc in his most recent EKG was also elevated at 511 and antipsychotics can prolong further. Given the above, would recommend continuing using Ativan 1 g three times daily as needed, with a maximum dose daily being 3 mg, for agitation. We recommend use of antipsychotics only if non-pharmacological and non-antipsychotic medications do not mitigate agitation. Use of antipsychotic

should occur in lowest effective doses, hold for excess sedation and adverse reactions, and avoid IV use of haloperidol due to increased risk of arrhythmia. If the patient's agitation is not able to be managed on Ativan and use of antipsychotic is required, can use olanzapine 2.5 mg once daily.

Risks, benefits, and alternatives to Ativan were discussed with the patient's daughter, including sedation. The patient's daughter was advised to avoid concomitant use with other CNS depressants including alcohol and muscle relaxers. We discussed the Black Box Warning for dependency and increased risk of profound sedation, respiratory depression, coma, and death with concomitant use with opioids. Patient's daughter expressed understanding and elected to proceed. Risks, benefits, and alternatives to Depakote were discussed with the patient's daughter, including weight gain, problems with platelets, alopecia, and sedation. We discussed the Black Box Warning for liver toxicity, teratogenicity and pancreatitis. Patient's daughter expressed understanding and elects to proceed.

Risks, benefits, and alternatives to antipsychotic medications were discussed, including that they can cause metabolic problems such as hyperglycemia and elevated lipids as well as weight gain, short term movement disorders such as tremor and EPS symptoms as well as long term movement disorders like Tardive dyskinesia. Possibility of fatal arrythmias were discussed secondary to QT prolongation Black box warning for increased mortality in elderly patients with dementia-related psychosis was communicated with the daughter, who expressed understanding and elected to proceed.

Recommendations:

- 1. Psychiatric hospitalization is not indicated at this time.
- 2. Supervision: Patient does not require one-to-one supervision at this time psychiatric perspective, but could benefit from a medical perspective.
- 3. Psychotropic medications: Can continue patient on Depakote. He is currently on 250 mg twice daily, can increase dose to 500 mg twice daily.
- 4. PRNs: Ativan 1 mg PO/IM Q8H PRN severe agitation (IM only if PO medications refused and patient is at imminent risk of harm to self and others). Limit to 3 doses per day. Hold for excessive sedation. If this is not effective, can give 2.5 mg PO/IM once daily as needed Zyprexa; however, recommendation remains abstaining from use of antipsychotics if possible. Do not give Haldol due to increased risk of arrhythmia.
- 5. Recommendations were communicated with primary team in person.

I examined the patient in person, and discussed the above assessment and plan with attending psychiatrist, Dr. Cardasis. The attending did see the patient in person today. I reviewed the above treatment plan with the patient.

We will continue to follow. Please contact us at pager 76227, phone extension 5-5436, or via Haiku at "SMLI GME Psychiatry Consult Service Opt-In" if you have further questions or concerns. Thank you for the opportunity to contribute to your patient's care.

Summer Farooq, DO Psychiatry Resident

Cosigned by W Cardasis, MD at 06/27/2023 9:54 AM EDT Electronically signed by S Farooq, DO at 06/26/2023 6:21 PM EDT Electronically signed by W Cardasis, MD at 06/27/2023 9:54 AM EDT

Associated attestation - W Cardasis, MD - 06/27/2023 9:54 AM EDT

Formatting of this note might be different from the original.

I personally saw and examined the patient on rounds with my team on 6/26/23. Management was discussed with the resident Dr. Farooq, and I supervised the plan of care. I have reviewed and agree with key aspects of the resident evaluation including: subjective information, objective findings on exam, assessment and plan.

Erin B - 06/26/2023 12:47 PM EDT

Formatting of this note is different from the original.

Occupational Therapy

Occupational Therapy Evaluation

Subjective

OT Start Time: 1104 OT Stop Time: 1127

OT Time Calculation (min): 23 min

Subjective: Pt seen in room 4419 for OT session to establish goals & maximize independence in ADLs. Pt is 62 y/o male with PMHx of recent cardiac arrest and subsequent anoxic brain injury who presented from Regency SAR facility for aggressive behavior. Cleared by RN for therapy. Pt presents supine in bed with bil soft wrist restraints on, confused and agitated, speaking only Romanian, with 1:1 sitter present. At end of session, pt left supine in bed with bilateral soft wrist restraints back on, 1:1 sitter present, Bed alarm on with Call light and needs within reach. Pt endorsed to RN.

Patient Active Problem List Diagnosis

Aggressive behavior

History reviewed. No pertinent past medical history.

History reviewed. No pertinent surgical history.

Vitals/Pain

Oxygen Therapy

Oxygen Therapy: None (Room air)

Pain Assessment

Pain Assessment: Unable to self-report FACES Pain Scale - Revised: Nagging

Unable to Self-Report Pain Reason: Cognitively impaired

Objective

General Visit Information:

Precautions: Precautions

Medical Precautions: Fall Risk, Contact

Safety Interventions: ID band on, Bed alarm (bilateral soft wrist restraints, 1:1 sitter)

RUE Weight Bearing Status: Full LUE Weight Bearing Status: Full

Home Living: Home Living

Home Living Comments: presented from Regency rehab facility

Prior Level of Function:

Prior Function

Which is your dominant hand?: Right

Prior Function Comments: Per EMR, Prior to May 2023, pt was independent with ADLs, still working FT as a trucker.

Prior ADL/IADL: ADL/IADL History

ADL Assistance (Self Care): Independent

General Assessments:

ADL

Eating Assistance: Not attempted, medical/safety concerns Grooming Assistance: Not attempted, medical/safety concerns Bathing Assistance: Not attempted, medical/safety concerns UE Dressing Assistance: Not attempted, medical/safety concerns

LE Dressing Assistance: Dependent Footwear Assistance: Dependent Toileting Assistance: Dependent

ADL Comments: ADL participation very limited due to pt inability to follow commands, agitation and aggressive behavior. Pt is dep

with toilet hygiene, currently has foley catheter.

Bed Mobility

Rolling Left and Right Assistance: Dependent (MAX x 2) Sitting to Lying Assistance: Dependent (MAX x 2-3) Lying to Sitting Assistance: Dependent (MAX x 2-3)

Functional Transfers

Sit to Stand Assistance: Not attempted, medical/safety concerns

Activity Tolerance

Endurance: Tolerates less than 10 min activity with changes in vital signs

Static Sitting Balance

Static Sitting-Level of Assistance: Substantial/maximal assistance

Static Sitting-Balance Support: Right upper extremity supported, Left upper extremity supported, Feet supported

Dynamic Sitting Balance

Dynamic Sitting-Level of Assistance: Dependent (MAX x 2)

Dynamic Sitting-Balance Support: Feet supported, Right upper extremity supported, Left upper extremity supported

Static Standing Balance

Static Standing-Level of Assistance: Not attempted, medical/safety concerns

Dynamic Standing Balance

Dynamic Standing-Level of Assistance: Not attempted, medical/safety concerns

Cognitive Status:

Cognition

Overall Cognitive Status: Impaired Arousal/Alertness: Unable to assess Orientation Level: Unable to assess

Following Commands: (unable to follow simple one step commands)

Safety Judgment: Decreased awareness of need for assistance, Decreased awareness of need for safety

Awareness of Errors: Decreased awareness of errors

Deficits: Not aware of deficits Attention Span: Unable to assess Memory: Unable to assess Insight: Poor insight into deficits Problem Solving: Unable to assess

Vision - Basic Assessment Current Vision: (unknown)

Proprioception

Proprioception: Not tested

Extremity Assessments:

Hand Function

Gross Grasp: Functional

Hand Function Description: pt has very strong gross grasp in both hands, however unable to apply in a purposeful, functional manner despite MAX multisensory cues

Coordination

Coordination: Impaired per clinical observation

RUE Assessment

RUE Assessment: Within Functional Limits

RUE Assessment Comments: BUE AROM and strength WFL noted with spontaneous movement, however unable to demo purposeful movement, and unable to formally assess due to impaired cognition and agitation

LUE Assessment

LUE Assessment: Within Functional Limits

LUE Assessment Comments: BUE AROM and strength WFL noted with spontaneous movement, however unable to demo purposeful movement, and unable to formally assess due to impaired cognition and agitation

No active movement noted in BLEs, pt also does not react to light touch/deep pressure.

Additional Assessments/Tests:

Additional Assessments/Tests

Additional Assessment/Test #1: unable due to agitation, aggressive behavior

Treatment performed during evaluation:

No: unable due to pt aggressive and combative behavior, confusion, inability to follow simple commands.

Assessment/Plan

OT Assessment

OT Assessment/ Barriers to Discharge: Decreased ADL status, Decreased safe judgment during ADL, Decreased cognition, Decreased trunk control for functional activities, Decreased functional mobility

Prognosis: Poor

Evaluation/Treatment Tolerance: Treatment limited secondary to medical complications (Comment)

Comments: Evaluation limited by pt confusion, inability to follow commands despite max multisensory cues for initiation and redirection to tasks, with strong resistance to functional movement during bed mobility, as well as presenting with aggressive and combative behaviors throughout session—at times requiring assist x 3-4 for restraint. Pt attempting to dislodge foley catheter throughout session, taking strong hold of tubing when it presents within reach and requiring MAX assist to dislodge from grasp. Pt unaware of current limitations and abilities. Will continue to monitor status.

Medical Staff Made Aware: Yes

Plan

Treatment Interventions: ADL retraining, Cognitive reorientation, Functional transfer training, UE strengthening/ROM, Endurance training, Patient/family training, Neuromuscular reeducation, Fine motor coordination activities

OT Plan: Skilled OT

OT Frequency: Monitor status
OT Duration of Sessions: PRN
OT Treatments per day: PRN
OT Evaluation Status: Complex

OT - Evaluation Status: Complete

OT Discharge Recommendations: Other (Comment) TBI focused IPR facility vs LTC. Per case management note, referral to RIM is pending. Pt requires extensive 24/7 care.

OT Goals:

Encounter Problems

Encounter Problems (Active)
Template: Occupational Therapy

Problem: Balance

Goal: Maintains static sitting balance without upper extremity support

Dates: Start: 06/26/23 Expected End: 07/10/23

Description: Goal Type: STG, Performance Level: Min assist

Problem: Transfers

Goal: Patient will perform bed mobility Dates: Start: 06/26/23 Expected End: 07/10/23

Description: Goal Type: STG, Performance Level: Min assist

Encounter Problems (Resolved)
There are no resolved problems.

Electronically signed by Erin B at 06/26/2023 1:04 PM EDT

Charlyne D, PT - 06/26/2023 11:46 AM EDT

Formatting of this note is different from the original.

Physical Therapy

Physical Therapy Evaluation

Subjective

PT Start Time: 1104 PT Stop Time: 1127

PT Time Calculation (min): 23 min

Subjective: Ioan Suiugan, 62 y.o., male, Referred to PT due to limited mobility. Pt presents with gen weakness and behavioral changes. B soft wrist restraints present. 1:1 sitter present.

Patient received in room. confused, yells out and speaks Romaninan and unstable behavior. RN cleared pt to participate. Left in bed when finished, bed alarm and safety equipment on and present. Pt endorsed to RN.

Hx of falls: NO

Patient Active Problem List

Diagnosis

Aggressive behavior

History reviewed. No pertinent past medical history.

History reviewed. No pertinent surgical history.

Vitals/Pain:

Pain Assessment

Pain Assessment: Unable to self-report

Unable to Self-Report Pain Reason: Cognitively impaired

Objective

Precautions: Cognition: Cognition Orientation Level: Unable to assess Home Living: Home Living Home Living Comments: pt from Regency Prior Level of Function: **Prior Function** Which is your dominant hand?: Right Prior Function Comments: was I before. pt is not a reliable historian. General Assessments: Static Sitting Balance Static Sitting-Level of Assistance: Maximum assistance Static Sitting-Balance Support: Feet supported, Left upper extremity supported, Right upper extremity supported (x2) Static Sitting-Comment/Number of Minutes: ant pelvic tilt. Dynamic Sitting Balance Dynamic Sitting-Level of Assistance: Maximum assistance Dynamic Sitting-Balance: Reaching for objects, Trunk control activities Dynamic Sitting-Balance Support: Feet supported, Left upper extremity supported, Right upper extremity supported Dynamic Sitting-Comments: reaching behind. reaching randomly Static Standing Balance Static Standing-Level of Assistance: Not attempted, medical/safety concerns **Functional Assessments: Bed Mobility** Rolling Left and Right Assistance: Dependent, Maximum assistance, Maximum verbal cues, Maximum tactile cues (x2) Sitting to Lying Assistance: Dependent, Maximum verbal cues, Maximum tactile cues (x2) Lying to Sitting Assistance: Dependent, Maximum verbal cues, Maximum tactile cues (x2) Bed Mobility Comments: not following commands. poor realization of grasp and release. 2-3 persons needed depending on pts resistance. Pt is strong on B UE but unable to apply strength to fucntional tasks even with VC and redirection. Aggressive and combative. Transfers Sit to Stand Assistance: Not attempted, medical/safety concerns Ambulation Walking Assistance: Not attempted, medical/safety concerns **Extremity Assessments: RLE Assessment**

RLE Assessment: Impaired

General Visit Information:

LLE Assessment

LLE Assessment: Impaired

Additional Assessments/Tests:

Additional Assessments/Tests

Additional Assessment/Test #1: no active movement on B LE.

Additional Assessment/Test #2: no response to pin prick for pain. no response for light touch and deep pressure.

Assessment/Plan

PT Assessment

PT Assessment/ Barriers to discharge: Decreased mobility, Decreased cognition, Impaired judgement, Decreased safety awareness

Prognosis: Poor

Evaluation/Treatment Tolerance: Patient tolerated treatment well

Comments: pt not following commands. resistant to most tasks. pt unaware of his current limitations and abilities. Will monitor pts

status.

Plan

Treatment/Interventions: Functional transfer training, Cognitive reorientation

PT Plan: Skilled PT

PT Frequency: Monitor status PT Duration of Sessions: PRN PT Treatments per day: PRN PT - Evaluation Status: Complete

PT Goals:

Encounter Problems

Encounter Problems (Active) Template: Physical Therapy

Problem: Balance

Goal: Maintains static sitting balance without upper extremity support

Dates: Start: 06/26/23 Expected End: 07/10/23

Description: Goal Type: STG, Performance Level: Stand by Assist, Bedrail, left, and Bedrail, right

Goal: Maintains dynamic sitting balance with upper extremity support

Dates: Start: 06/26/23 Expected End: 07/10/23

Description: Goal Type: STG, Performance Level: Min assist, Bedrail, left, and Bedrail, right

Encounter Problems (Resolved) There are no resolved problems.

Electronically signed by Charlyne D, PT at 06/26/2023 11:48 AM EDT

Brian G - 06/26/2023 11:28 AM EDT

Formatting of this note is different from the original.

Speech Language Pathology SLP Swallow Treatment

Subjective

Patient Name: Ioan Suiugan

Age: 62 y.o.

Room: 4419/4419-01 Today's Date: 6/26/2023 MRN: 116801863

Subjective: Completed clinical swallow follow-up. Spoke with RN, Renee, prior to seeing patient. RN Will assisting with med pass

during follow-up. Sitter was present. Restraints in place.

DATE OF ADMISSION: 6/21

MEDICAL DIAGNOSIS: Aggressive behavior

LEVEL OF FUNCTION PRIOR TO ONSET: SNF

SLP SERVICES PRIOR TO ADMISSION: None per chart review

DIET PRIOR TO ADMISSION: unknown

HISTORY: 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior.

PATIENT STATUS:

Current diet/means of nutrition: IDDSI Level 5/Minced and Moist textures, thin liquids.

Current O2 requirements: room air

Tracheostomy/Ventilator

History reviewed. No pertinent past medical history. History reviewed. No pertinent surgical history.

IMAGING: n/a

Pain

Pain Assessment

Pain Assessment: Unable to self-report FACES Pain Scale - Revised: No Pain

Unable to Self-Report Pain Reason: Cognitively impaired

Assume Pain is Present: Yes

Unable to Self-Report Pain Scales: PAINAD (Pain Assessment In Advance Dementia)

Objective

Oral Motor Exam: Limited assessment d/t poor command following

Facial/labial: symmetric at rest Mandibular: adequate Lingual: unable to assess Palatal: unable to assess Dentition: edentulous

Oral Mucosa: moist and pink

Volitional Cough: unable to elicit Volitional Swallow: unable to elicit

Motor Speech/Voice: Limited output Respiratory support for speech: fair

Phonation: WFL

Articulation: Imprecision

Resonance: WFL Prosody: WFL

Speech intelligibility was judged to be: 100% at single word level

Language and Cognition: The patient is able to follow simple commands and respond to basic yes/no questions for the purpose of this evaluation, with increased processing time. Limited output observed.

Swallowing:

The following consistencies were provided: thin liquids via straw (water), puree (applesauce), and regular solids (graham cracker).

Patient with limited intake of offered PO trial, refusing graham cracker trial.

3 oz water screen deferred on this date

Trials were administered by: SLP.

Performance was notable for:

Oral phase:

Fair labial seal; no anterior spillage

Adequate oral transit

Pharyngeal phase:

Swallow onset appeared delayed (holding observed)

No significant oral residue

No excess swallows

No throat clearing, coughing, or change in vocal quality

*Unable to assess mastication, due to patient refusal of trials

Dysphagia Risk Factors:

-Acute: AMS

-Chronic: Recent cardiac arrest + anoxic BI

Assessment/Plan

SLP Assessment

SLP Assessment Results: At baseline, Cognitive impairments, Swallowing impairments

Prognosis: Fair

Evaluation/Treatment Tolerance: Treatment limited secondary to agitation

Medical Staff Made Aware: Yes

Impressions:

Oral Motor: No focal weakness or asymmetry, however, limited assessment

Motor speech: No evidence of dysarthria or motor speech disorder noted, however, limited assessment d/t limited output Communication and cognition: Confused, required cues and increased processing time to follow simple commands Oropharyngeal swallowing: Patient presents with oropharyngeal dysphagia secondary to AMS. No overt s/s of laryngeal penetration/aspiration observed. Recommend that patient remain on current PO diet level, with swallow precautions in place.

Recommendations:

- -IDDSI 5/minced and moist
- -Thin Liquids
- -Provide 1:1 assistance with meals.
- -Meds one at a time
- -Use of the following compensatory strategies:
- *Upright for PO intake
- *Small bites/sips
- *Ensure pt is awake, alert and accepting
- -Discontinue PO intake with a decline in respiratory status or increased s/sx of aspiration
- -Regular oral care to minimize bacterial overgrowth (q4-6 hours) and aspiration-related complications

Plan: SLP to follow up for reassessment of diet tolerance, however, suspect may be near goal diet given pmhx and edentia.

Goals

Encounter Problems

Encounter Problems (Active)
Template: Speech Therapy
Problems Swellowing

Problem: Swallowing Dates: Start: 06/23/23

Goal: Patient will tolerate the least restrictive diet consistency to allow for safe consumption of daily meals

Dates: Start: 06/23/23 Expected End: 06/29/23

Description: Goal Type: STG, Performance Level: Mod Ind

Outcomes

Date/Time User Outcome

06/26/23 1150 Brian Graham, SLP Not Progressing

Encounter Problems (Resolved)

There are no resolved problems.

Patient/Family Learning Assessment: Discussed recommendations with patient, limited feedback.

Discussed with RN Renee via in-person conversation; no diet level changes recommended at this time.

Brian Graham, MA CCC-SLP

x52846

Electronically signed by Brian G at 06/26/2023 2:50 PM EDT

A Sahi, MD - 06/26/2023 11:09 AM EDT

Formatting of this note is different from the original. Images from the original note were not included.

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Aashna Sahi, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Mohammad T Kang, MD

Hospital Day: LOS: 5 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior.

#Aggressive/impulsive behavior

#Agitation

- -Patient presented from Regency with cc agitation, aggressive behavior
- -Per facility staff, patient was refusing medications and becoming combative, violent
- -In ED, patient received Haldol/Ativan with additional dose of Ativan as he was becoming aggressive towards staff, subsequently placed in soft restraints which he ripped through, then placed in 4 point hard restraints
- -Med rec shows patient is on Zyprexa 5 bid, Ativan 0.5 mg q6h PRN although it appears he has not been receiving/refusing these medications
- -UDS negative
- -TSH within normal limits
- -QTC 511

PLAN

- -Neurology and PMNR recommendations appreciated, patient started on Depakene 250 twice daily as patient unable to have Depakete crushed, pending further adjustments
- -PM&R recommending mitts and Posey bed in efforts to get patient out of restraints. Posey discontinued as it interferes with video monitor and sitter not available over the weekend. Today, sitter at bedside, patient in bilateral soft wrist restraints
- -Daily CBC, CMP
- -Zyprexa on hold given QTc 511 Avoid QT prolonging agents
- -Ativan as needed per psychiatry recommendations

#Anoxic encephalopathy 2/2 cardiac arrest

#STEMI s/p PCI, no stent placement

#Atrial flutter

- #Nonocclusive R basilic and L subclavian-jugular thrombi
- -Patient found down in parking lot, CPR started by bystanders, AED placed and 3 shocks delivered with additional 3 defibs by EMS in addition to 5-6 rounds of epi, ROSC achieved after roughly 60 min
- -During hospitalization, went into SVT with atrial flutter requiring Lopressor with dilt, amio gtt
- -Angio performed and showed Dist Cx lesion is 90% stenosed with 90% stenosed side branch in 3rd Mrg. Prox LAD to Mid LAD lesion is 30% stenosed. Ost RCA to Dist RCA lesion is 100% stenosed
- -No intervention at the time as there were no targets for revascularization, patient not a candidate for ICD 2/2 AMS and family concern that he would pull it out
- -TTE showed hypokinetic basal inferoseptal, basal inferior and basal inferolateral segments with EF of 50-55%
- -MRI 5/15/23 showed cortical ischemia compatible with anoxic brain injury, EEG without seizure activity
- -Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd
- -EKG in ED NSR, QTC prolonged 498, magnesium sulfate given for cardiac membrane stabilization, repeat QTC 511

PLAN

- -Neurology& PMNR recs appreciated: MR lumbar and thoracic spine without contrast pending to evaluate for possible cord ischemia, PRN sedation ordered. Per MRI staff, unable to do anesthesia for MRI at THLH.
- -Continue Plavix 75 gd, Lopressor 100 BID, Amio 200 gd
- -Eliquis on hold given fall risk
- -Per SLP, advance diet from IDDSI 4 to IDDSI 5

#Urinary retention likely 2/2 neurogenic bladder, growing Enterobacter cloacae #UTI

- -UA cloudy, greater than 50 WBC, positive nitrate, positive leukocytes
- -PVR greater than 1100 cc in the ED
- -Ucx Enterobacter cloacae, E. coli CRE MDRO
- -On exam 6/26, more cloudy color of urine

Plan:

- Foley in place
- -Continue tamsulosin 0.4 mg qd
- Cefepime 2q Q12 per pharmacy recs and susceptibilities
- -Repeat urine straight cath ordered

#DM

-Home regimen Lantus 30 units qhs

-Continue low-dose sliding scale

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: Lovenox
- Fluids:
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

06/26/23 0905 Dietary nutrition supplements Three times daily (TID); St Mary Mercy Livonia; Standard Oral Supplement Continuous

Comments: Ensure Plus High Protein

Question Answer Comment

Frequency Three times daily (TID)

Location St Mary Mercy Livonia

Supplements Standard Oral Supplement

06/26/23 0906

06/23/23 1057 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; Thin Liquids, IDDSI Level 5

Minced & Moist Diet effective now

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids Thin Liquids

Modified Consistency Options for Liquids and Solids IDDSI Level 5 Minced & Moist

06/23/23 1056

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

TBD pending medical stability

SUBJECTIVE

Patient seen at bedside, notes reviewed. When evaluated this morning, patient restful, and bilateral soft wrist restraints. Patient refused to eat breakfast. Foley catheter was in place.

Per tech, patient agitated later in the morning, threw water cups at sitter. On my evaluation, patient calm, sitter unharmed.

Spoke with patient's son, daughter, and sister later in the afternoon. They feel that patient's behavior is somewhat better, he is more verbal, and feel that Depakote is working. They were updated on treatment plan.

OBJECTIVE

Physical Exam

Constitutional:

General: He is not in acute distress.

Appearance: He is normal weight. He is not toxic-appearing.

Comments: Patient in bilateral soft wrist restraints

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: Nose normal. No rhinorrhea.

Mouth/Throat:

Mouth: Mucous membranes are dry.

Comments: Poor dentition

Eyes:

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Tachycardia present.

Pulses: Normal pulses.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Abdominal:

General: Abdomen is flat. Palpations: Abdomen is soft.

Genitourinary:

Comments: Foley in place, draining cloudy urine

Musculoskeletal:

Right lower leg: No edema. Left lower leg: No edema.

Comments: Bilateral lower extremity weakness, patient unable to stand on his own

Skin:

General: Skin is warm and dry.

Capillary Refill: Capillary refill takes less than 2 seconds.

Coloration: Skin is not jaundiced.

Findings: Lesion (Superficial scrapes to hip, scabs on left knee, sacral pressure wound stage 1) present.

Neurological:

Mental Status: He is alert.

Comments: Patient unable to participate in orientation questions

Objective

Vitals

Visit Vitals

BP 128/82 (BP Location: Left arm, Patient Position: Lying)

Pulse 89

Temp 36 °C (96.8 °F) (Temporal)

Resp 16

Temp (24hrs), Avg:36 °C (96.8 °F), Min:36 °C (96.8 °F), Max:36 °C (96.8 °F)

Body mass index is 26.31 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results

Component Value Date

WBC 11.8 (H) 06/26/2023

HGB 12.3 (L) 06/26/2023

HCT 39.3 06/26/2023

MCV 92.3 06/26/2023

PLT 610 (H) 06/26/2023

CHEMISTRY

Lab Results

Component Value Date

GLUCOSE 114 (H) 06/26/2023

NA 135 06/26/2023

K 3.8 06/26/2023

CO2 25 06/26/2023

CL 98 06/26/2023

BUN 18 06/26/2023

CREATININE 0.95 06/26/2023

EGFR 90 06/26/2023

CALCIUM 8.5 (L) 06/26/2023

MG 1.9 06/26/2023

PHOS 3.6 06/22/2023

ANIONGAP 12 (H) 06/26/2023

MEDICATIONS

SCHEDULED MEDICATIONS

amiodarone, 200 mg, oral, Daily

[Held by provider] apixaban, 5 mg, oral, BID

ascorbic acid, 250 mg, oral, Daily

atorvastatin, 40 mg, oral, Nightly cefepime, 2 g, intravenous, q12h clopidogreL, 75 mg, oral, Daily docusate sodium, 100 mg, oral, BID enoxaparin, 40 mg, subcutaneous, Daily insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 100 mg, oral, BID multivitamin with minerals-iron, 1 each, oral, Daily nicotine, 1 patch, transdermal, Daily polyetheylene glycol, 17 g, oral, Daily sodium chloride, 10 mL, intravenous, BID tamsulosin, 0.4 mg, oral, Daily valproic acid, 250 mg, oral, q12h SCH

DRIPS

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose 50%, dextrose, dextrose, glucagon injection, LORazepam **OR** LORazepam, LORazepam, [Held by provider] OLANZapine, ondansetron (ZOFRAN-ODT) disintegrating tablet **OR** ondansetron, [COMPLETED] Insert peripheral IV **AND** Maintain IV access **AND** [COMPLETED] Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by M Kang, MD at 06/26/2023 8:55 PM EDT Electronically signed by A Sahi, MD at 06/26/2023 3:17 PM EDT Electronically signed by M Kang, MD at 06/26/2023 8:55 PM EDT

Associated attestation - M Kang, MD - 06/26/2023 8:55 PM EDT Formatting of this note might be different from the original. Seen 6/26/23.

I was physically present for the evaluation and management service provided.

I personally saw and examined the patient on rounds with my team today. Management was discussed with resident and I supervised the plan of care.

I have reviewed and agree with the key parts of the resident evaluation including:

Subjective Information

Objective findings on physical exam

Impression and plan

Sarah K, LLMSW - 06/26/2023 10:17 AM EDT

Formatting of this note might be different from the original.

Discussed with Dr Sahi. Referrals for IPR also sent to SJAA and U of M IPR.

SW spoke to Katie Bramble from U of M 734-998-6070 who is reviewing and robert hoover from SJAA.

Referral to RIM also pending.

IPR's stating that restraints/sitter reviewed for IPR on case by case basis but not necessarily barrier to d/c to RIM, U of M, SJAA IPR.

UPDATE: SW spoke to katie from U of M IPR, unable to accept due to patient participation with therapy.

SW called and left vm with RIM

SJAA reviewing

UPDATE: SW received call from Melissa at RIM who states RIM still reviewing but referral received. SW faxed updates PT OT SLP notes to RIM per melissa request

Electronically signed by Sarah K, LLMSW at 06/26/2023 10:17 AM EDT Electronically signed by Sarah K, LLMSW at 06/26/2023 1:07 PM EDT

Electronically signed by Sarah K, LLMSW at 06/26/2023 1:35 PM EDT

Duncan H, RN - 06/26/2023 6:26 AM EDT

Formatting of this note might be different from the original.

Pt was rambunctious and roudy. Was unable to get vitals, blood sugar, or EKG this morning

Electronically signed by Duncan H, RN at 06/26/2023 6:28 AM EDT

Duncan H. RN - 06/26/2023 4:57 AM EDT

Formatting of this note might be different from the original.

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Not Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Not Progressing

Problem: Cognitive:

Goal: Understanding of ways to prevent future skin breakdown will improve

Outcome: Not Progressing

Problem: Health Behavior: Goal: Patient Specific Outcome

Outcome: Progressing

Goal: Patient Specific Outcome

Outcome: Progressing

Goal: Patient Specific Outcome

Outcome: Progressing

Problem: Safety:

Goal: Will remain free from injury to self

Outcome: Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Progressing

Problem: Health Behavior: Goal: Patient Specific Outcome

Outcome: Progressing

Goal: Patient Specific Outcome

Outcome: Progressing

Goal: Patient Specific Outcome

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Goal: Skin integrity will improve

Outcome: Progressing

Goal: Risk for impaired skin integrity will decrease

Outcome: Progressing

Problem: Activity:

Goal: Mobility will improve Outcome: Progressing

Problem: Nutritional:

Goal: Nutritional status will improve

Outcome: Progressing

Goals:

Identify possible barriers to meeting goals/advancing plan of care: acuity of illness

Stability of the patient: Moderately Stable - Low risk of patient condition declining or worsening

End of Shift Summary: pt alert. Mobile while in bed. Has foley. Pt will try to dislodged foley until redirected. Pt has been restless all night. Was able to take pills with ice cream without difficulty. Still in bilat wrist restraints. Bed locked lowest position. Call light in reach. Bed alarm on

Electronically signed by Duncan H, RN at 06/26/2023 5:01 AM EDT

Nassouh A - 06/25/2023 7:38 PM EDT

Formatting of this note might be different from the original.

Pt refused vital signs and dinner time blood sugar. Writer attempted to feed pt lunch and dinner, pt spit food out.

nassouh pct

Electronically signed by Nassouh A at 06/25/2023 7:41 PM EDT

Lena L. LLMSW - 06/25/2023 12:13 PM EDT

Formatting of this note might be different from the original.

Chart reviewed and patient discussed with Dr. Sahi GME.

Posey bed dc'd because there was no 1:1 sitter available on staff per Sahi.

PM&R recommending TBI focused IPR facility.

MRI is still being ordered

Daughter supportive and available for dc planning and Romanian communicating with the patient per Dr. Sahi.

Writer called daughter because he has only straight Medicaid. She will follow-up and request the Blue Cross Complete sign-on to be expedited, which will start July 1, 2023.

Writer sent referral to RIM and added SW report hand-off

4 EAST SW to continue to pursue for TBI-focused IPR

IP Risk for Unplanned Readmission Score: 18% Weight:88 kg

Electronically signed by Lena L, LLMSW at 06/25/2023 12:24 PM EDT Electronically signed by Lena L, LLMSW at 06/25/2023 12:28 PM EDT

A Sahi, MD - 06/25/2023 11:55 AM EDT

Formatting of this note is different from the original. Images from the original note were not included.

Internal Medicine Progress Note

Graduate Medical Education

Trinity Health Livonia Hospital

Please contact author [Aashna Sahi, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Mohammad T Kang, MD

Hospital Day: LOS: 4 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior.

#Aggressive/impulsive behavior

- #Agitation
- -Patient presented from Regency with cc agitation, aggressive behavior
- -Per facility staff, patient was refusing medications and becoming combative, violent
- -In ED, patient received Haldol/Ativan with additional dose of Ativan as he was becoming aggressive towards staff, subsequently placed in soft restraints which he ripped through, then placed in 4 point hard restraints
- -Med rec shows patient is on Zyprexa 5 bid, Ativan 0.5 mg q6h PRN although it appears he has not been receiving/refusing these medications
- -UDS negative
- -TSH within normal limits

PLAN

- -Neurology and PMNR recommendations appreciated, patient started on Depakene 250 twice daily as patient unable to have Depakete crushed
- -PM&R recommending mitts and Posey bed in efforts to get patient out of restraints. Posey discontinued today as it interferes with video monitor and sitter not available
- -Daily CBC, CMP
- -Zyprexa on hold given. QTc borderline at 498, Avoid QT prolonging agents
- -Repeat EKG pending
- -Ativan as needed per psychiatry recommendations

#Anoxic encephalopathy 2/2 cardiac arrest

#STEMI s/p PCI, no stent placement

#Atrial flutter

#Nonocclusive R basilic and L subclavian-jugular thrombi

- -Patient found down in parking lot, CPR started by bystanders, AED placed and 3 shocks delivered with additional 3 defibs by EMS in addition to 5-6 rounds of epi, ROSC achieved after roughly 60 min
- -During hospitalization, went into SVT with atrial flutter requiring Lopressor with dilt, amio gtt
- -Angio performed and showed Dist Cx lesion is 90% stenosed with 90% stenosed side branch in 3rd Mrg. Prox LAD to Mid LAD lesion is 30% stenosed. Ost RCA to Dist RCA lesion is 100% stenosed
- -No intervention at the time as there were no targets for revascularization, patient not a candidate for ICD 2/2 AMS and family concern that he would pull it out
- -TTE showed hypokinetic basal inferoseptal, basal inferior and basal inferolateral segments with EF of 50-55%
- -MRI 5/15/23 showed cortical ischemia compatible with anoxic brain injury, EEG without seizure activity
- -Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd
- -EKG in ED NSR, QTC prolonged 498, magnesium sulfate given for cardiac membrane stabilization, repeat QTC 511

PLAN

- -Neurology& PMNR recs appreciated: MR lumbar and thoracic spine without contrast pending to evaluate for possible cord ischemia, PRN sedation ordered
- -Continue Plavix 75 qd, Lopressor 100 BID, Amio 200 qd
- -Eliquis on hold given fall risk
- -Per SLP, advance diet from IDDSI 4 to IDDSI 5

#Urinary retention likely 2/2 neurogenic bladder, growing Enterobacter cloacae #UTI

- -UA cloudy, greater than 50 WBC, positive nitrate, positive leukocytes
- -PVR greater than 1100 cc in the ED
- -Ucx CRE MDRO

Plan:

- Foley in place
- -Continue tamsulosin 0.4 mg qd
- Cefepime 2q Q12 per pharmacy recs and susceptibilities

#DM

- -Home regimen Lantus 30 units qhs
- -Continue low-dose sliding scale

#HID

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: Lovenox
- Fluids:
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

06/23/23 1057 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; Thin Liquids, IDDSI Level 5 Minced & Moist Diet effective now

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids Thin Liquids

Modified Consistency Options for Liquids and Solids IDDSI Level 5 Minced & Moist

06/23/23 1056

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

TBD pending medical stability

SUBJECTIVE

Patient seen at bedside, notes reviewed. Patient currently in bilateral wrist restraints, appears comfortable. Video monitoring in progress. Patient awake, alert. Foley catheter was in place. Per tech at bedside, patient has been pulling off his mitts. Writer spoke to social work, pending referral to RIM.

OBJECTIVE

Physical Exam

Constitutional:

General: He is not in acute distress.

Appearance: He is normal weight. He is not toxic-appearing. Comments: Patient in bilateral soft wrist restraints, mitts not on

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal. Left Ear: External ear normal. Nose: Nose normal. No rhinorrhea.

Mouth/Throat:

Mouth: Mucous membranes are dry.

Comments: Poor dentition

Eyes:

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Tachycardia present.

Pulses: Normal pulses.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Abdominal:

General: Abdomen is flat. Palpations: Abdomen is soft.

Genitourinary:

Comments: Foley in place, draining clear yellow urine

Musculoskeletal:

Right lower leg: No edema. Left lower leg: No edema.

Comments: Bilateral lower extremity weakness, patient unable to stand on his own

Skin:

General: Skin is warm and dry.

Capillary Refill: Capillary refill takes less than 2 seconds.

Coloration: Skin is not jaundiced.

Findings: Lesion (Superficial scrapes to hip, scabs on left knee) present.

Neurological:

Mental Status: He is alert.

Comments: Patient unable to participate in orientation questions

Objective

Vitals

Visit Vitals

BP 121/80 (BP Location: Left arm, Patient Position: Lying)

Pulse 73

Temp 36.3 °C (97.3 °F) (Temporal)

Resp 16

Temp (24hrs), Avg:36.2 °C (97.2 °F), Min:36 °C (96.8 °F), Max:36.4 °C (97.5 °F)

Body mass index is 26.31 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results

Component Value Date

WBC 10.7 06/25/2023

HGB 12.2 (L) 06/25/2023

HCT 36.9 (L) 06/25/2023

MCV 89.1 06/25/2023

PLT 564 (H) 06/25/2023 CHEMISTRY Lab Results
Component Value Date
GLUCOSE 117 (H) 06/25/2023
NA 136 06/25/2023
K 3.8 06/25/2023
CO2 27 06/25/2023
CL 100 06/25/2023
BUN 13 06/25/2023
CREATININE 0.79 06/25/2023
EGFR 100 06/25/2023
CALCIUM 8.3 (L) 06/25/2023
MG 1.7 06/25/2023
PHOS 3.6 06/22/2023

ANIONGAP 9 06/25/2023

MEDICATIONS

SCHEDULED MEDICATIONS amiodarone, 200 mg, oral, Daily [Held by provider] apixaban, 5 mg, oral, BID atorvastatin, 40 mg, oral, Nightly cefepime, 2 g, intravenous, q12h clopidogreL, 75 mg, oral, Daily docusate sodium, 100 mg, oral, BID enoxaparin, 40 mg, subcutaneous, Daily insulin lispro, 1-6 Units, subcutaneous, With meals & nightly magnesium sulfate, 2 g, intravenous, Once metoprolol tartrate, 100 mg, oral, BID nicotine, 1 patch, transdermal, Daily polyetheylene glycol, 17 g, oral, Daily sodium chloride, 10 mL, intravenous, BID tamsulosin, 0.4 mg, oral, Daily valproic acid, 250 mg, oral, g12h SCH

DRIPS

PRN MEDICATIONS

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose, dextrose, dextrose, glucagon injection, LORazepam **OR** LORazepam, LORazepam, [Held by provider] OLANZapine, ondansetron (ZOFRAN-ODT) disintegrating tablet **OR** ondansetron, [COMPLETED] Insert peripheral IV **AND** Maintain IV access **AND** [COMPLETED] Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by M Kang, MD at 06/25/2023 7:02 PM EDT Electronically signed by A Sahi, MD at 06/25/2023 12:35 PM EDT Electronically signed by M Kang, MD at 06/25/2023 7:02 PM EDT

Associated attestation - M Kang, MD - 06/25/2023 7:02 PM EDT Formatting of this note might be different from the original. Seen 6/25/23

I was physically present for the evaluation and management service provided.

I personally saw and examined the patient on rounds with my team today. Management was discussed with resident and I supervised the plan of care.

I have reviewed and agree with the key parts of the resident evaluation including: Subjective Information

Objective findings on physical exam

Impression and plan

Nassouh A - 06/25/2023 10:49 AM EDT

Formatting of this note might be different from the original.

Writer witnessed PT spit out meds at RN Renee.

Nassouh

Electronically signed by Nassouh A at 06/25/2023 10:52 AM EDT

Mathew J, RN - 06/25/2023 7:01 AM EDT

Formatting of this note might be different from the original.

Goals:

Identify possible barriers to meeting goals/advancing plan of care:

Stability of the patient: Moderately Stable - Low risk of patient condition declining or worsening

End of Shift Summary: pt is in restraints due to harmful behavior to himself and yelling. Pt very impulsive. Continues to speak in romanian and constantly attempting to get out of restraints. Pt foley draining. Ativan calmed pt down for a little while.

Electronically signed by Mathew J, RN at 06/25/2023 7:04 AM EDT

Mathew J, RN - 06/24/2023 9:05 PM EDT

Formatting of this note might be different from the original.

Pt did not like that I would not help him take his mitts off and also did not like I would not let him bite his mitts off and became very agitated and reached over the bed in attempt to get out and was screaming constantly for help. We had to pry him off the bed rail because half his body was off the bed. Pt is very strong and bilateral restraints were absolutely necessary in order for pt not to lean over sides of the bed. Resident was contacted and orders were placed for pts well being.

Electronically signed by Mathew J, RN at 06/24/2023 9:08 PM EDT

Linda A, RN - 06/24/2023 2:20 PM EDT

Formatting of this note might be different from the original.

Goals:

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Not Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Not Progressing

Problem: Skin Integrity:

Goal: Skin integrity will improve Outcome: Not Progressing

Goal: Risk for impaired skin integrity will decrease

Outcome: Not Progressing

Problem: Activity:

Goal: Mobility will improve Outcome: Not Progressing

Problem: Safety:

Goal: Will remain free from injury to self

Outcome: Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Problem: Cognitive:

Goal: Understanding of ways to prevent future skin breakdown will improve

Outcome: Progressing

Identify possible barriers to meeting goals/advancing plan of care: Cognitive Impairment

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End Of Shift Summary:

-A & O x's self

- -VSS on room air
- -Foley in and draining. CHG bath performed.

Events during shift:

- -Video sitter placed as 1:1 sitter not available. Per video monitoring patient unable to be seen by virtual monitor when in posey bed. MD contacted and posey bed removed, patient placed in stryker bed.
- -Patient in restraints with 4 side rails and mittens on. Patient frequently attempting or taking mittens off. Patient will use mouth to pull mittens off. When patient is able to remove mittens, they immediately attempt to remove their foley and/or IV.
- -EKG performed and results in chart.
- -Patient is unable to use translation service at this time. Patient speaks both Romanian and English at varying times. Patient is able to understand staff.
- -Prafu boot on patient's left foot.
- -Dressing on patient's coccyx remains clean/dry/intact.

Patient mobility:

Patient is patient is being turned q2 for comfort but will turn self. Staff is turning as needed. .

Patient positioning:

Patient currently in bed with bed locked and in low position. Bed alarm on and call light within reach.

Electronically signed by Linda A, RN at 06/24/2023 6:42 PM EDT

A Sahi, MD - 06/24/2023 10:38 AM EDT

Formatting of this note is different from the original. Images from the original note were not included.

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Aashna Sahi, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Raneev Jose, MD

Hospital Day: LOS: 3 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior.

#Aggressive/impulsive behavior

- #Agitation
- -Patient presented from Regency with cc agitation, aggressive behavior
- -Per facility staff, patient was refusing medications and becoming combative, violent
- -In ED, patient received Haldol/Ativan with additional dose of Ativan as he was becoming aggressive towards staff, subsequently placed in soft restraints which he ripped through, then placed in 4 point hard restraints
- -Med rec shows patient is on Zyprexa 5 bid, Ativan 0.5 mg q6h PRN although it appears he has not been receiving/refusing these medications
- -UDS negative
- -TSH within normal limits

PLAN

- -Neurology and PMNR recommendations appreciated, patient started on Depakene 250 twice daily as patient unable to have Depakete crushed
- -PM&R recommending mitts and Posey bed in efforts to get patient out of restraints. Posey discontinued today as it interferes with video monitor and sitter not available
- -Daily CBC, CMP
- -Zyprexa on hold given. QTc borderline at 498, Avoid QT prolonging agents
- -Repeat EKG pending
- -Ativan as needed per psychiatry recommendations

#Anoxic encephalopathy 2/2 cardiac arrest

- #STEMI s/p PCI, no stent placement
- #Atrial flutter
- #Nonocclusive R basilic and L subclavian-jugular thrombi

- -Patient found down in parking lot, CPR started by bystanders, AED placed and 3 shocks delivered with additional 3 defibs by EMS in addition to 5-6 rounds of epi, ROSC achieved after roughly 60 min
- -During hospitalization, went into SVT with atrial flutter requiring Lopressor with dilt, amio gtt
- -Angio performed and showed Dist Cx lesion is 90% stenosed with 90% stenosed side branch in 3rd Mrg. Prox LAD to Mid LAD lesion is 30% stenosed. Ost RCA to Dist RCA lesion is 100% stenosed
- -No intervention at the time as there were no targets for revascularization, patient not a candidate for ICD 2/2 AMS and family concern that he would pull it out
- -TTE showed hypokinetic basal inferoseptal, basal inferior and basal inferolateral segments with EF of 50-55%
- -MRI 5/15/23 showed cortical ischemia compatible with anoxic brain injury, EEG without seizure activity
- -Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd
- -EKG in ED NSR, QTC prolonged 498, magnesium sulfate given for cardiac membrane stabilization

PLAN

- -Neurology& PMNR recs appreciated: MR lumbar and thoracic spine without contrast pending to evaluate for possible cord ischemia
- -Continue Plavix 75 qd, Lopressor 100 BID, Amio 200 qd
- -Eliquis on hold given fall risk
- -Per SLP, advance diet from IDDSI 4 to IDDSI 5
- -Repeat EKG pending

#Urinary retention likely 2/2 neurogenic bladder, growing Enterobacter cloacae #UTI

- -UA cloudy, greater than 50 WBC, positive nitrate, positive leukocytes
- -PVR greater than 1100 cc in the ED
- -Ucx CRE MDRO

Plan:

- Foley in place
- -Continue tamsulosin 0.4 mg qd
- -Updated to Cefepime 2g Q12 per pharmacy recs and susceptibilities

#DM

- -Home regimen Lantus 30 units ghs
- -Continue low-dose sliding scale

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: Lovenox
- Fluids:
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

06/23/23 1057 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; Thin Liquids, IDDSI Level 5 Minced & Moist Diet effective now

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids Thin Liquids

Modified Consistency Options for Liquids and Solids IDDSI Level 5 Minced & Moist

06/23/23 1056

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Confirmed
- PCP: Michael A Amlog, MD

Disposition

TBD pending medical stability

SUBJECTIVE

Patient seen at bedside, notes reviewed. Patient was in posey bed, video monitoring in progress, hands in mitts. Patient awake, alert, nodded to most questions, but did not follow commands. Foley catheter was in place. Per nursing staff this morning, patient took off mitts 3 times. Patient able to take Depakene.

OBJECTIVE

Physical Exam Constitutional:

General: He is not in acute distress.

Appearance: He is normal weight. He is not toxic-appearing.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal. Left Ear: External ear normal. Nose: Nose normal. No rhinorrhea.

Mouth/Throat:

Mouth: Mucous membranes are dry.

Comments: Poor dentition

Eyes:

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Tachycardia present.

Pulses: Normal pulses.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Abdominal:

General: Abdomen is flat. Palpations: Abdomen is soft.

Musculoskeletal:

Right lower leg: No edema. Left lower leg: No edema.

Comments: Bilateral lower extremity weakness, patient unable to stand on his own

Skin:

General: Skin is warm and dry.

Capillary Refill: Capillary refill takes less than 2 seconds.

Coloration: Skin is not jaundiced.

Findings: Lesion (Superficial scrapes to hip, scabs on left knee) present.

Neurological:

Mental Status: He is alert.

Comments: Patient unable to participate in orientation questions

Psychiatric:

Comments: Disinhibited, frequently making kissing faces

Objective

Vitals

Visit Vitals

BP 130/76 (BP Location: Left arm, Patient Position: Lying)

Pulse 102

Temp 36.4 °C (97.5 °F) (Temporal)

Resp 16

Temp (24hrs), Avg:36.1 °C (96.9 °F), Min:35.6 °C (96.1 °F), Max:36.4 °C (97.5 °F)

Body mass index is 26.31 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results

Component Value Date

WBC 11.2 (H) 06/23/2023

HGB 11.2 (L) 06/23/2023

HCT 36.5 (L) 06/23/2023

MCV 93.1 06/23/2023

PLT 579 (H) 06/23/2023

CHEMISTRY

Lab Results

Component Value Date

GLUCOSE 122 (H) 06/24/2023 NA 134 (L) 06/23/2023 K 3.5 06/23/2023 CO2 26 06/23/2023 CL 101 06/23/2023 BUN 13 06/23/2023 CREATININE 0.71 06/23/2023 EGFR 104 06/23/2023 CALCIUM 8.0 (L) 06/23/2023 MG 1.7 06/23/2023 PHOS 3.6 06/22/2023

ANIONGAP 7 06/23/2023

MEDICATIONS

SCHEDULED MEDICATIONS amiodarone, 200 mg, oral, Daily [Held by provider] apixaban, 5 mg, oral, BID atorvastatin, 40 mg, oral, Nightly cefepime, 1 g, intravenous, q12h clopidogreL, 75 mg, oral, Daily docusate sodium, 100 mg, oral, BID enoxaparin, 40 mg, subcutaneous, Daily insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 100 mg, oral, BID nicotine, 1 patch, transdermal, Daily polyetheylene glycol, 17 g, oral, Daily sodium chloride, 10 mL, intravenous, BID tamsulosin, 0.4 mg, oral, Daily valproic acid, 250 mg, oral, q12h SCH

DRIPS

PRN MEDICATIONS
PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose 50%, dextrose, dextrose, glucagon injection, LORazepam **OR** LORazepam, [Held by provider] OLANZapine, ondansetron (ZOFRAN-ODT) disintegrating tablet **OR** ondansetron, [COMPLETED] Insert peripheral IV **AND** Maintain IV access **AND** [COMPLETED] Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by M Kang, MD at 06/24/2023 3:26 PM EDT Electronically signed by A Sahi, MD at 06/24/2023 1:18 PM EDT Electronically signed by M Kang, MD at 06/24/2023 3:26 PM EDT

Associated attestation - M Kang, MD - 06/24/2023 3:26 PM EDT Formatting of this note might be different from the original.

Patient seen 6/24/23.

I personally saw and examined the patient on rounds with my team today. Management was discussed with resident and I supervised the plan of care.

I have reviewed and agree with the key parts of the resident evaluation including:

Subjective Information

Objective findings on physical exam

Impression and plan

M Dismondy, DO - 06/24/2023 8:28 AM EDT

Formatting of this note is different from the original.

NEUROLOGY PROGRESS NOTE

ASSESSMENT AND PLAN:

- 1. Intermittent agitation in the setting of anoxic brain injury with encephalopathy, likely exacerbated by superimposed toxic metabolic encephalopathy due to UTI.
- -OK for mood stabilizer such as Depakote from Neurology perspective. Defer to Psychiatry.
- -Maintain goal B12 >400
- -Delirium precautions

- 2. Acute complicated UTI in setting of urinary retention requiring Foley replacement
 - -Per review of OSH records, previously required Foley and was evaluated with cystoscopy.
 - -Agree with UTI treatment. Receiving Flomax, Rocephin.
 - -Urology follow-up was recommended at time of OSH discharge.
 - 3. Lower extremity weakness likely 2/2 anoxic brain injury, rule out cord pathology.
 - -Does not follow commands to participate in neurologic exam but is paraplegic with decreased DTRs, no UMN signs.
 - -MRI brain at OSH demonstrates cortical ischemia bilaterally.
 - -Updated MRI thoracic and lumbar spine w/o contrast pending as limited in the past. Given duration of symptoms, unlikely to recover.
 - -Appreciate PM&R recs.

Interval History: The patient denies any new neurological symptoms since admission. Intermittently agitated. Paraparetic.

Inpatient Medications

Current Facility-Administered Medications:

- acetaminophen (TYLENOL) tablet 650 mg, 650 mg, oral, q4h PRN, Stefan Kovacevic, MD
- amiodarone (PACERONE) tablet 200 mg, 200 mg, oral, Daily, Stefan Kovacevic, MD, 200 mg at 06/23/23 0830
- [Held by provider] apixaban (ELIQUIS) tablet 5 mg, 5 mg, oral, BID, Stefan Kovacevic, MD, 5 mg at 06/22/23 2203
- atorvastatin (LIPITOR) tablet 40 mg, 40 mg, oral, Nightly, Stefan Kovacevic, MD, 40 mg at 06/22/23 2203
- bisacodyL (DULCOLAX) suppository 10 mg, 10 mg, rectal, Daily PRN, Ranjini Satyadev, MD
- cefepime (MAXIPIME) IV syringe 1 g, 1 g, intravenous, q12h, Aashna Sahi, MD
- clopidogreL (PLAVIX) tablet 75 mg, 75 mg, oral, Daily, Amalachi Ndiagwalu, MD, 75 mg at 06/23/23 0831
- dextrose (D50W) 50% injection 12.5 g, 12.5 g, intravenous, q15 min PRN, Amalachi Ndiagwalu, MD
- dextrose (D50W) 50% injection 25 g, 25 g, intravenous, q15 min PRN, Amalachi Ndiagwalu, MD
- dextrose 15 gram/59 mL oral solution 15 g, 15 g, oral, q15 min PRN, Amalachi Ndiagwalu, MD
- dextrose 15 gram/59 mL oral solution 30 g, 30 g, oral, q15 min PRN, Amalachi Ndiagwalu, MD
- docusate sodium (COLACE) capsule 100 mg, 100 mg, oral, BID, Ranjini Satyadev, MD
- enoxaparin (LOVENOX) injection 40 mg, 40 mg, subcutaneous, Daily, Beebarg Raza, MD, 40 mg at 06/23/23 0934
- glucagon injection 1 mg, 1 mg, intramuscular, Once PRN, Amalachi Ndiagwalu, MD
- insulin lispro (HumaLOG) injection 1-6 Units, 1-6 Units, subcutaneous, With meals & nightly, Amalachi Ndiagwalu, MD
- LORazepam (ATIVAN) injection 1 mg, 1 mg, intramuscular, q8h PRN, 1 mg at 06/23/23 1759 **OR** LORazepam (ATIVAN) tablet 1 mg, 1 mg, oral, q8h PRN, Aashna Sahi, MD
- metoprolol tartrate (LOPRESSOR) tablet 100 mg, 100 mg, oral, BID, Stefan Kovacevic, MD, 100 mg at 06/23/23 0830
- nicotine (NICODERM CQ) 21 mg/24 hr patch 1 patch, 1 patch, transdermal, Daily, Aashna Sahi, MD
- [Held by provider] OLANZapine (ZyPREXA) injection 5 mg, 5 mg, intramuscular, Once PRN, Stefan Kovacevic, MD
- ondansetron ODT (ZOFRAN-ODT) disintegrating tablet 4 mg, 4 mg, oral, q8h PRN **OR** ondansetron (PF) (ZOFRAN) injection 4 mg, 4 mg, intravenous, q8h PRN, Stefan Kovacevic, MD
- polyethylene glycol (MIRALAX) packet 17 g, 17 g, oral, Daily, Ranjini Satyadev, MD
- [COMPLETED] Insert peripheral IV, , , Once **AND** Maintain IV access, , , Until discontinued **AND** [COMPLETED] Saline lock IV, , , Once **AND** sodium chloride 0.9 % flush 10 mL, 10 mL, intravenous, BID, 10 mL at 06/23/23 2148 **AND** sodium chloride 0.9 % flush 10 mL, 10 mL, intravenous, PRN, Stefan Kovacevic, MD
- tamsulosin (FLOMAX) 24 hr capsule 0.4 mg, 0.4 mg, oral, Daily, Amalachi Ndiagwalu, MD, 0.4 mg at 06/23/23 0829
- valproate (DEPAKENE) 50 mg/mL syrup 250 mg, 250 mg, oral, q12h SCH, Aashna Sahi, MD

PHYSICAL EXAMINATION

Last Recorded Vitals:

Blood pressure 130/76, pulse 102, temperature 36.4 °C (97.5 °F), temperature source Temporal, resp. rate 16, height 1.829 m (72"), weight 88 kg (194 lb 0.1 oz), SpO2 96 %.

GENERAL: In no acute distress.

HEART: Normal heart sounds. No murmur.

ABDOMEN: soft and nontender. EXTREMITIES: no edema is present.

Neurological exam:

Patient is resting comfortably. Pupils are reactive. Extraocular motility is intact. There is no facial asymmetry. Moves upper extremities equally but doesn't withdraw or spontaneously move lower extremities with low tone. Reflexes are symmetric, no UMN signs. Plantar responses are mute.

Labs:

Labs were reviewed.

Results from last 7 days

Lab Units 06/23/23 0510 06/22/23 0843 06/21/23 2010 WBC AUTO K/mcL 11.2* < > 11.9* HEMOGLOBIN q/dL 11.2* < > 11.3* HEMATOCRIT % 36.5* < > 34.4* PLATELETS K/mcL 579* < > 553* LYMPHS PCT AUTO % -- -- 18.2 MONO PCT AUTO % -- -- 10.5 EOS PCT AUTO % -- -- 2.3 < > = values in this interval not displayed. Results from last 7 days Lab Units 06/24/23 0641 06/23/23 0618 06/23/23 0510 06/22/23 0024 06/21/23 2159 SODIUM mmol/L -- -- 134* < > 135 POTASSIUM mmol/L -- -- 3.5 < > 4.3 CHLORIDE mmol/L -- -- 101 < > 97* CO2 mmol/L -- -- 26 < > 28 BUN mg/dL -- -- 13 < > 17 CREATININE mg/dL -- -- 0.71 < > 0.75 CALCIUM mg/dL -- -- 8.0* < > 8.4* TOTAL PROTEIN g/dL -- -- 6.6 BILIRUBIN TOTAL mg/dL -- -- -- 0.6 ALK PHOS unit/L -- -- -- 104 ALT unit/L -- -- -- 39 AST unit/L -- -- -- 35 POCT GLUCOSE mg/dL 122* < > -- < > --GLUCOSE mg/dL -- -- 106* < > 114* < > = values in this interval not displayed.

Results from last 7 days Lab Units 06/23/23 0510 MAGNESIUM mg/dL 1.7

Results from last 7 days Lab Units 06/21/23 2159 TSH mcIU/mL 4.55 FREE T4 ng/dL 1.31*

Imaging:

Any CT head and MRI brain imaging studies were viewed and I agree with the reported findings.

Echocardiogram:

Echo results were reviewed.

No results found for this or any previous visit.

EEG:

@PROCEDURENOTES@

Michelle Dismondy, DO IHA Neurology

Electronically signed by M Dismondy, DO at 06/24/2023 8:31 AM EDT

Lucas S, RN - 06/24/2023 5:25 AM EDT

Formatting of this note might be different from the original.

Goals:

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Goal: Will remain free from injury to self

Outcome: Progressing

Identify possible barriers to meeting goals/advancing plan of care: AMS

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End of Shift Summary: Pt in Posey bed with bilateral mitts on per order. Safety sitter at bedside overnight. Foley C/D/I. Pt takes medication crushed in applesauce. Medications that couldn't be crushed held, provider notified.

Electronically signed by Lucas S, RN at 06/24/2023 7:40 AM EDT

Paramjit K, RN - 06/23/2023 6:43 PM EDT

Formatting of this note might be different from the original.

Pt. Placed in posey bed with bil. Mitts on, bil. Soft wrist restraints off, sitter at bedside. will cont. To monitor.

Electronically signed by Paramjit K, RN at 06/23/2023 6:44 PM EDT

Darlene O, RN - 06/23/2023 3:29 PM EDT

Formatting of this note might be different from the original.

PM&R consult and eval completed. Dr. Satyadev recommends a traumatic brain focused IPR unit.

Electronically signed by Darlene O, RN at 06/23/2023 3:32 PM EDT

Erin B - 06/23/2023 2:09 PM EDT

Formatting of this note might be different from the original.

Occupational Therapy

Attempted OT Evaluation. Pt was not following commands. Mostly spoke in Romanian. Performed spontaneous UE movements but not purposeful. Unable to engage pt to LE movement. Pt allowed Passive ROM on B LE but did not demo active movement and volition. Deferred OT eval today due to inability to follow simple commands. Recommend to monitor. B wrist restraints donned back on. Endorsed to 1:1 sitter.

Electronically signed by Erin B at 06/23/2023 2:11 PM EDT

Charlyne D, PT - 06/23/2023 1:57 PM EDT

Formatting of this note might be different from the original.

Physical Therapy

Pt was not following commands. Mostly spoke in Romanian. Performed spontaneous UE movements but not purposeful. Unable to engage pt to LE movement. Pt allowed Passive ROM on B LE but did not demo active movement and volition. Deferred PT eval today due to poor following commands. Recommend to monitor. B wrist restraints donned back on. Endorsed to 1:1 sitter.

Electronically signed by Charlyne D, PT at 06/23/2023 1:59 PM EDT

Starlyne W, RN - 06/23/2023 12:16 PM EDT

Formatting of this note might be different from the original. Initial Case Management Assessment

IP Risk of Unplanned Readmission Score 16%

Interviewed: dtr/Iona Abdic

Support Person (informal/formal Daughter/Ionana Abdic (248)778-7799

Son/Ioan Suiugan (248)946-6497 Sister/Vicki Boboc (248)7799

DPOA/legal guardian name and contact: no

Advanced Directives: full code

Address confirmed: 23920 Napier Rd

South Lyon MI 48178 *local address w/lonana in Garden City

Baseline Cognition: A&Ox0-1 Preferred Language: Romanian

Do you have health insurance: Payor: MEDICAID - MI / Plan: HEALTHY MICHIGAN PLAN / Product Type: *No Product type* /

Do you have prescription coverage:

Pharmacy Name:

Can you afford medications: Other income challenges:

COVID-19 vaccination - partial or full:

Date of 2nd dose given:

Who is your PCP: Michael A Amlog, MD

Last seen:

Hospitalization last 30 days? If yes, reason:

ECF in last year? If yes, name of facility:

Transportation at Discharge: to be determined

Plan at Discharge: uncertain at this time

Special or Psychosocial Concerns: Family assisted pt's hospital d/c in Buffalo, NY to Regency/Livonia approx a week ago.

Pet/Cert from SNF for increased uncontrollable aggressive behaviors

Narrative: Aggressive/impulsive behavior

Starlyne Wyatt-Hooper, RN

Electronically signed by Starlyne W, RN at 06/23/2023 5:01 PM EDT

A Sahi, MD - 06/23/2023 11:02 AM EDT

Formatting of this note is different from the original.

Images from the original note were not included.

Internal Medicine Progress Note

Graduate Medical Education

Trinity Health Livonia Hospital

Please contact author [Aashna Sahi, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Raneev Jose, MD

Hospital Day: LOS: 2 days

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior.

#Aggressive/impulsive behavior

- #Agitation
- -Patient presented from Regency with cc agitation, aggressive behavior
- -Per facility staff, patient was refusing medications and becoming combative, violent
- -In ED, patient received Haldol/Ativan with additional dose of Ativan as he was becoming aggressive towards staff, subsequently

- placed in soft restraints which he ripped through, then placed in 4 point hard restraints
- -Med rec shows patient is on Zyprexa 5 bid, Ativan 0.5 mg q6h PRN although it appears he has not been receiving/refusing these medications
- -Mg 2.0, Phos 3.6
- -UDS negative
- -TSH within normal limits

PLAN

- -Daily CBC, CMP
- -Zyprexa on hold given, Avoid QT prolonging agents . QTc borderline at 498
- -Ativan as needed per psychiatry recommendations

#Anoxic encephalopathy 2/2 cardiac arrest

#STEMI s/p PCI, no stent placement

#Atrial flutter

#Nonocclusive R basilic and L subclavian-jugular thrombi

- -Patient found down in parking lot, CPR started by bystanders, AED placed and 3 shocks delivered with additional 3 defibs by EMS in addition to 5-6 rounds of epi, ROSC achieved after roughly 60 min
- -During hospitalization, went into SVT with atrial flutter requiring Lopressor with dilt, amio gtt
- -Angio performed and showed Dist Cx lesion is 90% stenosed with 90% stenosed side branch in 3rd Mrg. Prox LAD to Mid LAD lesion is 30% stenosed. Ost RCA to Dist RCA lesion is 100% stenosed
- -No intervention at the time as there were no targets for revascularization, patient not a candidate for ICD 2/2 AMS and family concern that he would pull it out
- -TTE showed hypokinetic basal inferoseptal, basal inferior and basal inferolateral segments with EF of 50-55%
- -MRI 5/15/23 showed cortical ischemia compatible with anoxic brain injury, EEG without seizure activity
- -Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd
- -EKG in ED NSR, QTC prolonged 498

PLAN

- -Neurology consult placed, pending recommendations
- -PT/OT, PM&R consult pending
- -Continue Plavix 75 qd, Lopressor 50 BID, Amio 200 qd
- -Eliquis on hold given fall risk
- -Per SLP, advance diet from IDDSI 4 to IDDSI 5
- -Magnesium sulfate ordered for cardiac stabilization

#Urinary retention likely 2/2 neurogenic bladder

#UTI

- -UA cloudy, greater than 50 WBC, positive nitrate, positive leukocytes
- -PVR greater than 1100 cc in the ED

Plan:

- Foley in place
- -Continue tamsulosin 0.4 mg qd
- -Continue Rocephin 5-day course, SOT 6/22

#DM

- -Home regimen Lantus 30 units qhs
- -Continue low-dose sliding scale

#HLD

-Continue atorvastatin 40 ghs

Daily Care Checklist:

- VTE ppx: Lovenox
- Fluids:
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

06/23/23 1057 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; Thin Liquids, IDDSI Level 5 Minced & Moist Diet effective now

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids Thin Liquids

Modified Consistency Options for Liquids and Solids IDDSI Level 5 Minced & Moist

06/23/23 1056

Lines/tubes/drains: PIV, FoleyCode Status: Full Code - DefaultPCP: Michael A Amlog, MD

Disposition

TBD pending medical stability

SUBJECTIVE

Patient seen at bedside, notes reviewed. Sitter was also present at bedside. Patient was only able to say a few words in English, "foreign car". Patient's tray was at bedside, he had applesauce, juice, milk. Patient was in bilateral soft wrist restraints, did not appear agitated.

Writer spoke to patient's daughter at bedside. Patient's daughter confirmed full CODE STATUS. Daughter updated on treatment plan, she is agreeable to initiate mood stabilizers, she had already spoken to neurology. Daughter understood that Eliquis is held given fall risk.

OBJECTIVE

Physical Exam Constitutional:

General: He is not in acute distress.

Appearance: He is normal weight. He is not toxic-appearing.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal. Left Ear: External ear normal. Nose: Nose normal. No rhinorrhea.

Mouth/Throat:

Mouth: Mucous membranes are dry.

Comments: Poor dentition

Eyes:

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Tachycardia present.

Pulses: Normal pulses.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Abdominal:

General: Abdomen is flat. Palpations: Abdomen is soft.

Musculoskeletal:

Right lower leg: No edema. Left lower leg: No edema.

Comments: Bilateral lower extremity weakness, patient unable to stand on his own

Skin:

General: Skin is warm and dry.

Capillary Refill: Capillary refill takes less than 2 seconds.

Coloration: Skin is not jaundiced.

Findings: Lesion (Superficial scrapes to hip, scabs on left knee) present.

Neurological:

Mental Status: He is alert.

Comments: Patient unable to participate in orientation questions

Psychiatric:

Comments: Disinhibited, frequently making kissing faces

Objective

Vitals

Visit Vitals

BP 128/85 (BP Location: Right arm, Patient Position: Lying)

Pulse 92

Temp 36.2 °C (97.2 °F) (Temporal)

Resp 19

Body mass index is 26.31 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results
Component Value Date
WBC 11.2 (H) 06/23/2023
HGB 11.2 (L) 06/23/2023
HCT 36.5 (L) 06/23/2023
MCV 93.1 06/23/2023
PLT 579 (H) 06/23/2023
CHEMISTRY

Lab Results
Component Value Date
GLUCOSE 110 06/23/2023
NA 134 (L) 06/23/2023
K 3.5 06/23/2023
CO2 26 06/23/2023
CL 101 06/23/2023
BUN 13 06/23/2023
CREATININE 0.71 06/23/2023
EGFR 104 06/23/2023
CALCIUM 8.0 (L) 06/23/2023
MG 1.7 06/23/2023
PHOS 3.6 06/22/2023
ANIONGAP 7 06/23/2023

MEDICATIONS

SCHEDULED MEDICATIONS amiodarone, 200 mg, oral, Daily [Held by provider] apixaban, 5 mg, oral, BID atorvastatin, 40 mg, oral, Nightly cefTRIAXone, 1 g, intravenous, q24h clopidogreL, 75 mg, oral, Daily enoxaparin, 40 mg, subcutaneous, Daily insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 100 mg, oral, BID sodium chloride, 10 mL, intravenous, BID tamsulosin, 0.4 mg, oral, Daily

DRIPS

PRN MEDICATIONS

PRN medications: acetaminophen, dextrose 50%, dextrose 50%, dextrose, dextrose, glucagon injection, LORazepam **OR** LORazepam, nicotine polacrilex, [Held by provider] OLANZapine, ondansetron (ZOFRAN-ODT) disintegrating tablet **OR** ondansetron, [COMPLETED] Insert peripheral IV **AND** Maintain IV access **AND** [COMPLETED] Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by R Jose, MD at 06/23/2023 7:54 PM EDT Electronically signed by A Sahi, MD at 06/23/2023 11:10 AM EDT Electronically signed by A Sahi, MD at 06/23/2023 11:12 AM EDT Electronically signed by A Sahi, MD at 06/23/2023 12:46 PM EDT Electronically signed by R Jose, MD at 06/23/2023 7:54 PM EDT

Associated attestation - R Jose, MD - 06/23/2023 7:54 PM EDT Formatting of this note might be different from the original.

I have seen and examined the patient on 6/23/2023 . I discussed and reviewed the resident's treatment plan. I have reviewed all of patient's laboratory results and imaging up to this point and have incorporated these into the assessment and plan.

Michelle O, LMSW - 06/23/2023 10:47 AM EDT

Formatting of this note might be different from the original. Sw confirmed patient at Regency Livonia for SAR placement.

Electronically signed by Michelle O, LMSW at 06/23/2023 10:48 AM EDT

Starlyne W, RN - 06/23/2023 10:11 AM EDT

Formatting of this note might be different from the original.

Per IDR this am: await PM&R eval for options for TBI, anoxic brain injury tx options.

Will f/w health care team accordingly.

Starlyne Wyatt-Hooper, RN

Electronically signed by Starlyne W, RN at 06/23/2023 5:05 PM EDT

Paramjit K, RN - 06/23/2023 9:32 AM EDT

Formatting of this note might be different from the original.

Problem: Health Behavior: Goal: Patient Specific Outcome

Outcome: Progressing

Goal: Patient Specific Outcome

Outcome: Progressing

Goal: Patient Specific Outcome

Outcome: Progressing

Problem: Safety:

Goal: Will be restraint free Outcome: Progressing

Goal: Will remain free from injury to self

Outcome: Progressing

Problem: Coping:

Goal: Ability to identify and alter behaviors that are impeding coping will improve

Outcome: Progressing

Problem: Cognitive:

Goal: Patient/caregiver knowledge of restraint will improve

Outcome: Progressing

Problem: Physical Regulation:

Goal: Will remain free from complications related to use of restraints

Outcome: Progressing

Problem: Health Behavior: Goal: Patient Specific Outcome

Outcome: Progressing

Goal: Patient Specific Outcome

Outcome: Progressing

Goal: Patient Specific Outcome

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Goal: Skin integrity will improve

Outcome: Progressing

Goal: Risk for impaired skin integrity will decrease

Outcome: Progressing

Problem: Activity:

Goal: Mobility will improve Outcome: Progressing

Problem: Cognitive:

Goal: Understanding of ways to prevent future skin breakdown will improve

Outcome: Progressing

Problem: Nutritional:

Goal: Nutritional status will improve

Outcome: Progressing

Goals:

Identify possible barriers to meeting goals/advancing plan of care:

Stability of the patient: Moderately Stable - Low risk of patient condition declining or worsening

End of Shift Summary: cont. Plan of care.

Electronically signed by Paramjit K, RN at 06/23/2023 9:32 AM EDT

Jessica F - 06/23/2023 9:15 AM EDT

Formatting of this note is different from the original.

Speech Language Pathology

SLP Swallow Evaluation

Subjective

Patient Name: Ioan Suiugan

Age: 62 y.o.

Room: 4419/4419-01 Today's Date: 6/23/2023 MRN: 116801863

Subjective: Completed clinical swallow evaluation. Spoke with RN, Param, prior to seeing patient. Sitter was present.

DATE OF ADMISSION: 6/21

MEDICAL DIAGNOSIS: Aggressive behavior

LEVEL OF FUNCTION PRIOR TO ONSET: SNF

SLP SERVICES PRIOR TO ADMISSION: None per chart review

DIET PRIOR TO ADMISSION: unknown

HISTORY: 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior.

PATIENT STATUS:

Current diet/means of nutrition: IDDSI level 4 pureed texture solids/thin liquids

Current O2 requirements: room air

Tracheostomy/Ventilator

No

History reviewed. No pertinent past medical history.

History reviewed. No pertinent surgical history.

IMAGING: n/a

Pain

Pain Assessment

Pain Assessment: Unable to self-report FACES Pain Scale - Revised: No Pain

Unable to Self-Report Pain Reason: Cognitively impaired

Objective

Oral Motor Exam: Limited assessment d/t poor command following

Oral Mucosa: moist and pink Facial/labial: symmetric at rest Mandibular: adequate

Lingual: unable to assess
Palatal: unable to assess
Dentition: edentulous

Volitional Cough: unable to elicit Volitional Swallow: unable to elicit

Motor Speech/Voice: Limited output Respiratory support for speech: fair?

Phonation: WFL

Articulation: Imprecision, suspsect d/t edentia

Resonance: WFL Prosody: WFL

Speech intelligibility was judged to be: 100% at single word level

Language and Cognition: The patient is able to follow simple commands and respond to basic yes/no questions for the purpose of this evaluation, with increased processing time. Limited output observed.

Swallowing:

The following consistencies were provided: thin liquids via straw (water), puree (applesauce), regular solids (graham cracker)

3 oz water screen

Trials were administered by: SLP.

Performance was notable for:

Oral phase:

Fair labial seal; no anterior spillage

Adequate oral transit

Pharyngeal phase:

Swallow onset appeared timely

No significant oral residue

No excess swallows

No throat clearing, coughing, or change in vocal quality

Passed 3 oz water screen

*Unable to assess mastication, pt spit out solids

Dysphagia Risk Factors:

-Acute: AMS

-Chronic: Recent cardiac arrest + anoxic BI

Assessment/Plan SLP Assessment

SLP Assessment Results: At baseline, Cognitive impairments, Swallowing impairments

Prognosis: Fair

Evaluation/Treatment Tolerance: Treatment limited secondary to agitation

Medical Staff Made Aware: Yes

Impressions:

Oral Motor: No focal weakness or asymmetry, however, limited assessment

Motor speech: No evidence of dysarthria or motor speech disorder noted, however, limited assessment d/t limited output Communication and cognition: Confused, required cues and increased processing time to follow simple commands Oropharyngeal swallowing: Patient presents with oropharyngeal dysphagia d/t AMS. No overt s/s aspiration observed, however,

Recommendations:

- -IDDSI 5/minced and moist
- -Thin Liquids
- -Meds one at a time
- -Use of the following compensatory strategies:
- *Upright for PO intake
- *Small bites/sips
- *Ensure pt is awake, alert and accepting

limited assessment as pt spit out solids.

- -Discontinue PO intake with a decline in respiratory status or increased s/sx of aspiration
- -Regular oral care to minimize bacterial overgrowth (q4-6 hours) and aspiration-related complications

Plan: SLP to follow up for reassessment of diet tolerance, however, suspect may be near goal diet given pmhx and edentia..

Plan

Treatment/Interventions: Swallow function, Patient/family education

SLP Plan: Skilled SLP

SLP Frequency: Follow-up visit only

SLP Duration of Sessions: 15-30 min per session

SLP Treatments per day: 1 time per day SLP - Evaluation Status: Complete

Diet Recommendations: IDDSI 5/thin liquids

Goals

Encounter Problems

Encounter Problems (Active) Template: Speech Therapy Problem: Swallowing Dates: Start: 06/23/23

Goal: Patient will tolerate the least restrictive diet consistency to allow for safe consumption of daily meals

Dates: Start: 06/23/23 Expected End: 06/30/23

Description: Goal Type: STG, Performance Level: Mod Ind

Encounter Problems (Resolved)
There are no resolved problems.

Patient/Family Learning Assessment: Discussed recommendations with patient, limited feedback.

D/w RN Param

Informed Dr. Sahi via Haiku.

Jessica Farris, MA, CCC-SLP

Electronically signed by Jessica F at 06/23/2023 10:55 AM EDT

Lucas S, RN - 06/23/2023 4:11 AM EDT

Formatting of this note might be different from the original.

Goals:

Problem: Safety:

Goal: Will be restraint free Outcome: Not Progressing

Goal: Will remain free from injury to self

Outcome: Progressing

Identify possible barriers to meeting goals/advancing plan of care: AMS

Stability of the patient: Moderately Unstable - Medium risk of patient condition declining or worsening

End of Shift Summary: Restraints to bilateral wrists maintained. Pt made attempts to pull on foley line and was unable to be redirected. Safety sitter at bedside overnight. Pt awake all night.

Electronically signed by Lucas S, RN at 06/23/2023 6:35 AM EDT

Renee F, RN - 06/22/2023 6:26 PM EDT

Formatting of this note might be different from the original.

Patient arrived to floor via stretcher from ED accompanied by his family and a sitter. Patient is in 2 soft wrist restraints, foley draining yellow, cloudy urine. Admission done as much as could be done due to patient's mental status. Family was able to assist with admission. Patient ate very little at dinner, no insulin needed. Four eye skin assessment completed by Renee, RN and Matt, PCT. Patient has 2 stage 2's on the gluteal cleft. Multiple bruises, abrasions and scabs on legs and arms. Patient had on a urine soaked brief on admission which was removed, cream applied to protect skin. Patient continues to remove clothing and telemetry. Message sent to team to inquire if telemetry can be discontinued.

Electronically signed by Renee F, RN at 06/22/2023 6:38 PM EDT

A Sahi, MD - 06/22/2023 3:34 PM EDT

Formatting of this note is different from the original. Images from the original note were not included.

Internal Medicine Progress Note Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Aashna Sahi, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Raneev Jose, MD

Hospital Day: LOS: 1 day

ASSESSMENT&PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior.

#Aggressive/impulsive behavior

- #Agitation
- -Patient presented from Regency with cc agitation, aggressive behavior
- -Per facility staff, patient was refusing medications and becoming combative, violent
- -In ED, patient received Haldol/Ativan with additional dose of Ativan as he was becoming aggressive towards staff, subsequently placed in soft restraints which he ripped through, then placed in 4 point hard restraints
- -Med rec shows patient is on Zyprexa 5 bid, Ativan 0.5 mg q6h PRN although it appears he has not been receiving/refusing these medications
- -Mg 2.0, Phos 3.6
- -UDS negative

-TSH within normal limits

PLAN

- -Daily CBC, CMP
- -Zyprexa on hold given, Avoid QT prolonging agents . QTc borderline at 498
- -Ativan as needed per psychiatry recommendations

#Anoxic encephalopathy 2/2 cardiac arrest

#STEMI s/p PCI, no stent placement

#Atrial flutter

- #Nonocclusive R basilic and L subclavian-jugular thrombi
- -Patient found down in parking lot, CPR started by bystanders, AED placed and 3 shocks delivered with additional 3 defibs by EMS in addition to 5-6 rounds of epi, ROSC achieved after roughly 60 min
- -During hospitalization, went into SVT with atrial flutter requiring Lopressor with dilt, amio gtt
- -Angio performed and showed Dist Cx lesion is 90% stenosed with 90% stenosed side branch in 3rd Mrg. Prox LAD to Mid LAD lesion is 30% stenosed. Ost RCA to Dist RCA lesion is 100% stenosed
- -No intervention at the time as there were no targets for revascularization, patient not a candidate for ICD 2/2 AMS and family concern that he would pull it out
- -TTE showed hypokinetic basal inferoseptal, basal inferior and basal inferolateral segments with EF of 50-55%
- -MRI 5/15/23 showed cortical ischemia compatible with anoxic brain injury, EEG without seizure activity
- -Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd
- -EKG in ED NSR however difficult to interpret 2/2 significant motion artifact

PLAN

- -Neurology consult placed
- -PT/OT, consider PM&R consult tomorrow after PT OT can evaluate patient
- -Continue Plavix 75 qd, Eliquis 5 BID, Lopressor 50 BID, Amio 200 qd
- -Telemetry monitoring
- -CTM

#Urinary retention likely 2/2 neurogenic bladder

#UTI

- -UA cloudy, greater than 50 WBC, positive nitrate, positive leukocytes
- -PVR greater than 1100 cc in the ED

Plan:

- Foley placed
- -Continue tamsulosin 0.4 mg qd
- -Continue Rocephin 5-day course, SOT 6/22

#DM

-Continue Lantus 30 units ghs

#HLD

-Continue atorvastatin 40 qhs

Daily Care Checklist:

- VTE ppx: Eliquis
- Fluids:
- Diet:

Dietary Orders (From admission, onward)

Start Ordered

06/22/23 1535 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; Thin Liquids, IDDSI Level 4

Pureed Diet effective now

Question Answer Comment

Location St Mary Mercy Livonia

Diet Type (req) Modified Consistency Options for Liquids and Solids

Modified Consistency Options for Liquids and Solids Thin Liquids

Modified Consistency Options for Liquids and Solids IDDSI Level 4 Pureed

06/22/23 1535

- Lines/tubes/drains: PIV, Foley
- Code Status: Full Code Default
- PCP: Michael A Amlog, MD

Disposition

TBD pending medical stability

SUBJECTIVE

Patient seen at bedside, notes reviewed. Sitter was also present at bedside. Patient was only able to say a few words in English, saying "marlboro" and "hello". Patient was noted to be mildly psychomotorly agitated, attempting to get out of bed. He was easily redirectable with staff. Patient nodded when I asked to palpate his abdomen. Diet ordered per documentation from Regency. Writer spoke to patient's daughter for further information, daughter requesting patient receive mental health treatment and physical rehabilitation.

OBJECTIVE

Physical Exam Constitutional:

General: He is not in acute distress.

Appearance: He is normal weight. He is not toxic-appearing.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal. Left Ear: External ear normal. Nose: Nose normal. No rhinorrhea.

Mouth/Throat:

Mouth: Mucous membranes are dry.

Comments: Poor dentition

Eyes:

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Tachycardia present.

Pulses: Normal pulses.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Abdominal:

General: Abdomen is flat. Palpations: Abdomen is soft.

Musculoskeletal:

Right lower leg: No edema. Left lower leg: No edema.

Comments: Bilateral lower extremity weakness, patient unable to stand on his own

Skin:

General: Skin is warm and dry.

Capillary Refill: Capillary refill takes less than 2 seconds.

Coloration: Skin is not jaundiced.

Findings: Lesion (Superficial scrapes to hip, scabs on left knee) present.

Neurological:

Mental Status: He is alert.

Comments: Patient unable to participate in orientation questions

Psychiatric:

Comments: Disinhibited, frequently making kissing faces

Objective

Vitals

Visit Vitals

BP 115/77 (BP Location: Right arm, Patient Position: Lying)

Pulse 103

Temp 36.4 °C (97.5 °F) (Temporal)

Resp 18

Temp (24hrs), Avg:36.3 °C (97.3 °F), Min:36.1 °C (96.9 °F), Max:36.4 °C (97.5 °F)

Body mass index is 26.31 kg/m². No results found for: PTWT, PTHT

LABS (most recent)

HEMATOLOGY

Lab Results

Component Value Date WBC 8.9 06/22/2023 HGB 11.3 (L) 06/22/2023 HCT 34.6 (L) 06/22/2023 MCV 89.9 06/22/2023 PLT 539 (H) 06/22/2023 CHEMISTRY

Lab Results
Component Value Date
GLUCOSE 130 (H) 06/22/2023
NA 137 06/22/2023
K 3.7 06/22/2023
CO2 25 06/22/2023
CL 101 06/22/2023
BUN 14 06/22/2023
CREATININE 0.73 06/22/2023
EGFR 103 06/22/2023
CALCIUM 8.2 (L) 06/22/2023
MG 2.0 06/22/2023
PHOS 3.6 06/22/2023
ANIONGAP 11 06/22/2023

MEDICATIONS

SCHEDULED MEDICATIONS amiodarone, 200 mg, oral, Daily apixaban, 5 mg, oral, BID atorvastatin, 40 mg, oral, Nightly cefTRIAXone, 1 g, intravenous, q24h clopidogreL, 75 mg, oral, Daily insulin lispro, 1-6 Units, subcutaneous, With meals & nightly metoprolol tartrate, 100 mg, oral, BID sodium chloride, 10 mL, intravenous, BID tamsulosin, 0.4 mg, oral, Daily

DRIPS

PRN MEDICATIONS

PRN medications: acetaminophen, dextrose 50%, dextrose 50%, dextrose, dextrose, glucagon injection, LORazepam, nicotine polacrilex, [Held by provider] OLANZapine, ondansetron (ZOFRAN-ODT) disintegrating tablet **OR** ondansetron, [COMPLETED] Insert peripheral IV **AND** Maintain IV access **AND** [COMPLETED] Saline lock IV **AND** sodium chloride **AND** sodium chloride

Cosigned by R Jose, MD at 06/22/2023 4:12 PM EDT Electronically signed by A Sahi, MD at 06/22/2023 3:59 PM EDT Electronically signed by R Jose, MD at 06/22/2023 4:12 PM EDT

Pamela R - 06/22/2023 2:47 PM EDT

Formatting of this note is different from the original.

Medication history has been obtained by a Medication Historian and the home med list has been updated.

History obtained from conversation with Unable to obtain a direct contact

Additional Source(s) of History: SNF MAR: REGENCY AT LIVONIA "MEDICATION REVIEW REPORT" 6/21/23 1424

Medications Prior to Admission

Medication Sig Dispense Refill Last Dose

- acetaminophen (TYLENOL) 325 mg tablet Take 2 tablets (650 mg total) by mouth every 4 (four) hours if needed for mild pain.
- amiodarone (PACERONE) 200 mg tablet Take 1 tablet (200 mg total) by mouth 1 (one) time each day. Unknown
- apixaban (ELIQUIS) 5 mg tablet Take 1 tablet (5 mg total) by mouth 2 (two) times a day. Unknown
- atorvastatin (LIPITOR) 40 mg tablet Take 1 tablet (40 mg total) by mouth at bedtime. Unknown
- insulin glargine (LANTUS) 100 unit/mL injection Inject 30 Units under the skin at bedtime. Unknown
- lansoprazole (PREVACID SOLUTAB) 30 mg dispersible tablet Dissolve 1 tablet (30 mg total) on top of the tongue 1 (one) time each day. Dissolve on tongue before swallowing particles; do not chew, cut, break, or swallow whole. Unknown
- LORazepam (ATIVAN) 0.5 mg tablet Take 1 tablet (0.5 mg total) by mouth every 6 (six) hours if needed for anxiety. Unknown
- metoprolol tartrate (LOPRESSOR) 50 mg tablet Take 2 tablets (100 mg total) by mouth 2 (two) times a day. Hold for SBP <110, HR <60 Unknown
- OLANZapine (ZyPREXA) 5 mg tablet Take 1 tablet (5 mg total) by mouth 2 (two) times a day. Unknown
- tamsulosin (FLOMAX) 0.4 mg 24 hr capsule Take 1 capsule (0.4 mg total) by mouth 1 (one) time each day. Capsules should be taken 30 minutes following the same meal each day. Unknown

MedHx Contact Information:

Hours: Monday - Thursday 7:30am - 4:00pm

Haiku: Pamela Rosati

Email: Pamela.Rosati@Trinity-Health.org

Phone: 734-655-2472

Please include your name and contact info, patient name and MRN, in message.

Electronically signed by Pamela R at 06/22/2023 2:48 PM EDT

Jeaumanneh M, RN - 06/22/2023 12:22 PM EDT

Formatting of this note might be different from the original.

Pt having issues with impulsiveness. Pt scooted to end of bed and was lowered to ground by sitter. No obvious signs of injury to pt. Attending notified.

Electronically signed by Jeaumanneh M, RN at 06/22/2023 12:22 PM EDT

Erica O, RN - 06/22/2023 6:49 AM EDT

Formatting of this note might be different from the original.

Pt tried to get up, pt was repositioned, and foot of bed elevated. Pt took clothes off, and is naked. Pt does fight when touched.

Erica Ouzts, RN 06/22/23 0651

Electronically signed by Erica O, RN at 06/22/2023 6:51 AM EDT

M Calice, MD - 06/21/2023 11:20 PM EDT

Formatting of this note might be different from the original. Ioan Suiugan

FACE-TO-FACE EVALUATION

FACE TO FACE ASSESMENT WAS MADE WITHIN ONE HOUR OF RESTRAINT PLACEMENT.

Time: 2320 of Face to Face evaluation

Attending physician notified: Yes

Patient's current medical behavior: Patient was exhibiting self harm/ harmful to others with agitation and being uncooperative.

Patient's reaction to the application of restraint and/ or seclusion: accepted and became cooperative once restraints were applied.

The patients's immediate situation: Pt is restrained and safety and comfort addressed.

Medical record review: Completed.

Acute medical issues identified: None

Changes to plan of care: None

The need to continue or terminate the restraint: Continue due to patient continue as the patient is somewhat agitated, need to complete medical work-up. We will attempt to decrease restraints soon

I, Michael J Calice, MD, have performed the Face to Face.

Electronically signed by M Calice, MD at 06/22/2023 12:32 AM EDT

S Kovacevic, MD - 06/21/2023 11:12 PM EDT

Formatting of this note might be different from the original.

FACE-TO-FACE EVALUATION

FACE TO FACE ASSESMENT WAS MADE WITHIN ONE HOUR OF RESTRAINT PLACEMENT.

Time: 2310 of Face to Face evaluation

Attending physician notified: Yes

Patient's current medical behavior: Patient was exhibiting self harm/ harmful to others with agitation and being uncooperative.

Patient's reaction to the application of restraint and/ or seclusion: accepted and became cooperative once restraints were applied.

The patients's immediate situation: Pt is restrained and safety and comfort addressed.

Medical record review: Completed.

Acute medical issues identified: None

Changes to plan of care: None

The need to continue or terminate the restraint: Continue due to patient agitation, violent behavior towards staff

I, Stefan Kovacevic, MD, have performed the Face to Face.

Electronically signed by S Kovacevic, MD at 06/21/2023 11:13 PM EDT

Mariam A, RN - 06/21/2023 8:00 PM EDT

Formatting of this note might be different from the original.

Pt physically aggressive and loud, non-cooperative, refusing assessment, EKG, and lab draw. Education provided regarding need for assessment, no evidence of learning. Pt is A&Ox2, GCS 14, and speaks mainly in Romanian. Family at bedside attempted to calm pt but pt was quick to anger and refused all care; pt is strong, pushing staff's hands away and swinging his arms around. Attending notified of pt behavior when approached for care, restraints ordered and applied with security present.

Mariam Alamin, RN 06/22/23 0313

Electronically signed by Mariam A, RN at 06/22/2023 3:13 AM EDT

Teresa W, RN - 06/21/2023 5:58 PM EDT

Formatting of this note might be different from the original.

Pt arrived via EMS transport from Regency in Livonia; Pt was sent here for aggressive, non-compliant behavior; pt has been aggressive towards staff and others; refuses to take his medications; pt has hx: anoxic brain injury d/t cardiac arrest; unclear of any other medical hx at this time; sister and daughter to be at bedside shortly; pt speaks Albanian; sitter at the bedside.

Electronically signed by Teresa W, RN at 06/21/2023 6:00 PM EDT

M Calice, MD - 06/21/2023 5:34 PM EDT

Formatting of this note is different from the original.

Trinity Health Livonia Hospital

Emergency Department Encounter Note

Patient Name: Ioan Suiugan Initial Evaluation: 6/21/2023

DOB: 2/27/1961 MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Emergency Physician: Michael J Calice, MD

Medical Decision Making, ED Course

ED Pre-Disposition Vitals:

Vitals:

06/21/23 2029 BP: (!) 137/95 Pulse: 104 Resp: Temp:

SpO2: 93%

Problem-based decision making (Complexity of present illness):

Medical Decision Making

Patient is a 62-year-old male status post prolonged cardiac arrest with anoxic encephalopathy who was transferred from New York where he was a truck driver and had a cardiac arrest locally. Patient's family is local and he was transferred to a local skilled nursing facility for rehabilitation care. While there he has been aggressive, they have been unable to care for him and transfer him to the emergency department because of his aggressive behavior, inability to care for him and state they cannot safely take care of him.

Patient speaks mostly Romanian but would not respond to the translator, he does respond with family in the room.

Patient is yelling out, family reports that he is speaking about things that happened when he was a teenager and is very inappropriate. They state his baseline mentation is similar to when he left New York on Friday.

Patient was very complicated and aggressive. To be able to examine him he required Haldol/Ativan IM and then physical restraint with 4 hard restraints after soft restraints failed.

Patient vital signs been stable in ED course, he received additional Ativan 1 mg with improved behavior but not resolution. Magnesium 1.6 which will be supplemented. Mild leukocytosis. EKG without acute changes.

Impression 1. Acute aggressive behavior, #2. Status post CPR with anoxic encephalopathy, #3. Hypomagnesemia

Patient will need admission, adjustment of medications for behavior control for safety of himself and others. Magnesium was replaced and will need discharge planning since he cannot go back to Regency from once he came to our emergency department since they state they cannot manage him.

The acuity of the patient's presenting problem is Severe Systemic symptoms present: Yes

Review of external notes and Independent historians used in decision making:

Independent Historian: the patient's family member - daughter necessary due to Patient obtunded and delirious and Unable to provide independent history

Diagnostics independently interpreted by me:

ECG EKG: (Time, Rate, Rhythm, ST segments): Time 1948, sinus rhythm with lot of artifact because patient movement. Axis appears mostly normal, no acute ST-T wave changes. Rate is approximately 116, no acute STEMI identified Reviewed and interpreted independently by me.

Discussions with other clinicians:

Admitting team with plan to admit

The risks considered in the patient's treatment plan:

IV medications given - refer to the ED medications managed area for details and Decision to admit to the hospital based on Aggressive delirious behavior, safety evaluation, psychiatric evaluation recommendations.

ED Medications Managed:

Medications

magnesium sulfate 2 gram/50 mL (4 %) IVPB 2 g (has no administration in time range)

lidocaine 2 % mucosal jelly (has no administration in time range)

LORazepam (ATIVAN) injection 2 mg (2 mg intramuscular Given 6/21/23 1847)

haloperidol lactate (HALDOL) injection 5 mg (5 mg intramuscular Given 6/21/23 1847)

LORazepam (ATIVAN) injection 1 mg (1 mg intravenous Given 6/21/23 2054)

ED Vitals:

Vitals:

06/21/23 2029

BP: (!) 137/95

Pulse: 104

Resp:

Temp:

SpO2: 93%

Abnormal Lab Results:

Abnormal Labs Reviewed

COMPREHENSIVE METABOLIC PANEL - Abnormal; Notable for the following components:

Result Value

Chloride 97 (*)

Glucose 114 (*)

Calcium 8.4 (*)

Albumin 2.9 (*)

All other components within normal limits

MAGNESIUM - Abnormal; Notable for the following components:

Magnesium 1.6 (*)

All other components within normal limits

CBC WITH AUTO DIFFERENTIAL - Abnormal; Notable for the following components:

WBC 11.9 (*)

RBC 3.88 (*)

Hemoglobin 11.3 (*)

Hematocrit 34.4 (*)

Platelets 553 (*)

Neutrophils Absolute 8.05 (*)

Monocytes Absolute 1.24 (*)

All other components within normal limits

POCT GLUCOSE, BLOOD - Abnormal; Notable for the following components:

Glucose POCT 129 (*)

All other components within normal limits

ED Course:

ED Prescriptions:

ED Prescriptions

None

Disposition:

Admit to Medicine Service.. Discussed patient's work up and findings with admitting team.

Condition:

Stable

| Diagnosis / Impression: |
|---|
| Final diagnoses: None |
| ED Results: |
| Glasgow Coma Scale Score: 14 |
| |
| |
| ED Labs: |
| Labs Reviewed COMPREHENSIVE METABOLIC PANEL - Abnormal Result Value Sodium 135 Potassium 4.3 Chloride 97 (*) CO2 28 Anion Gap 10 Glucose 114 (*) BUN 17 Creatinine 0.75 eGFR 102 BUN/Creatinine Ratio 22.7 Calcium 8.4 (*) AST (SGOT) 35 ALT (SGPT) 39 Alkaline Phosphatase 104 Total Protein 6.6 Albumin 2.9 (*) Total Bilirubin 0.6 MAGNESIUM - Abnormal Magnesium 1.6 (*) CBC WITH AUTO DIFFERENTIAL - Abnormal WBC 11.9 (*) RBC 3.88 (*) Hemoglobin 11.3 (*) Hematocrit 34.4 (*) MCV 88.7 MCHC 32.8 RDW 13.4 Platelets 553 (*) Neutrophils Relative 67.9 Immature Granulocytes Relative 10.5 Eosinophils Relative 10.5 Eosinophils Relative 2.3 Basophils Relative 0.4 Neutrophils Absolute 8.05 (*) Immature Granulocytes Absolute 0.08 Lymphocytes Absolute 2.16 Monocytes Absolute 1.24 (*) Eosinophils Absolute 0.05 NRBC 0.0 NRBC Absolute 0.00 POCT GLUCOSE, BLOOD - Abnormal Glucose POCT 129 (*) ETHANOL - Normal |
| ETHANOL - Normal Ethanol Level <10 Narrative: |
| Ethanol-blood low toxic: >200 mg/dL |
| Ethanol-blood high toxic: >400 mg/dl |

CBC AND DIFFERENTIAL Narrative: The following orders were created for panel order CBC and differential. **Procedure Abnormality Status** CBC auto differential[764233649] Abnormal Final result Please view results for these tests on the individual orders. DRUG ABUSE SCREEN, URINE URINALYSIS WITH MICROSCOPIC THYROID STIMULATING HORMONE WITH REFLEX TO FREE T4 AND FREE T3 POCT GLUCOSE, BLOOD ED Radiology: No orders to display The laboratory results, imaging results and other diagnostic exam results related to this ED encounter were reviewed in the EMR. **ED Procedures: Procedures Chief Complaint** Patient presents with Aggressive Behavior Petitioned HPI: Patient is a 62-year-old male status post prolonged cardiac arrest with anoxic encephalopathy who was transferred from New York where he was a truck driver and had a cardiac arrest locally. Patient's family is local and he was transferred to a local skilled nursing facility for rehabilitation care. While there he has been aggressive, they have been unable to care for him and transfer him to the emergency department because of his aggressive behavior, inability to care for him and state they cannot safely take care of him. Patient speaks mostly Romanian but would not respond to the translator, he does respond with family in the room. Patient is yelling out, family reports that he is speaking about things that happened when he was a teenager and is very inappropriate. They state his baseline mentation is similar to when he left New York on Friday. History limited by: Mental status change ROS: **Review of Systems** Unable to perform ROS: Mental status change ROS as documented in HPI. **Previous History** Past Medical History: History reviewed. No pertinent past medical history. Past Surgical History: History reviewed. No pertinent surgical history. Medications: Patient's Medications **New Prescriptions** No medications on file **Previous Medications** ACETAMINOPHEN (TYLENOL) 325 MG TABLET Take 2 tablets (650 mg total) by mouth every 4 (four) hours if needed for mild pain. AMIODARONE (PACERONE) 200 MG TABLET Take 1 tablet (200 mg total) by mouth 1 (one) time each day. APIXABAN (ELIQUIS) 5 MG TABLET Take 1 tablet (5 mg total) by mouth 2 (two) times a day. ATORVASTATIN (LIPITOR) 40 MG TABLET Take 1 tablet (40 mg total) by mouth at bedtime. INSULIN GLARGINE (LANTUS) 100 UNIT/ML INJECTION Inject 30 Units under the skin at bedtime. LANSOPRAZOLE (PREVACID SOLUTAB) 30 MG DISPERSIBLE TABLET Dissolve 1 tablet (30 mg total) on top of the tongue 1 (one) time each day. Dissolve on tongue before swallowing particles; do not chew, cut, break, or swallow whole. LORAZEPAM (ATIVAN) 0.5 MG TABLET Take 1 tablet (0.5 mg total) by mouth every 6 (six) hours if needed for anxiety.

METOPROLOL TARTRATE (LOPRESSOR) 50 MG TABLET Take 2 tablets (100 mg total) by mouth 2 (two) times a day. Hold for SBP <110, HR <60

OLANZAPINE (ZYPREXA) 5 MG TABLET Take 1 tablet (5 mg total) by mouth 2 (two) times a day.

TAMSULOSIN (FLOMAX) 0.4 MG 24 HR CAPSULE Take 1 capsule (0.4 mg total) by mouth 1 (one) time each day. Capsules should be taken 30 minutes following the same meal each day.

Modified Medications

No medications on file Discontinued Medications

No medications on file

Allergies:

Patient has no known allergies.

Social and Family History:

Social History

Tobacco Use

• Smoking status: Unknown

• Smokeless tobacco: Not on file

Substance Use Topics

• Alcohol use: Defer

No family history on file.

Physical Exam

ED Triage Vitals [06/21/23 1754] Temp Heart Rate Resp BP 36.3 °C (97.4 °F) 102 16 108/70

SpO2 Temp Source Heart Rate Source Patient Position 96 % Oral Monitor Lying

BP Location FiO2 (%) Left arm --

Pulse ox 93%

Physical Exam

Constitutional:

General: He is in acute distress.

Appearance: He is not ill-appearing.

Comments: Patient aggressive, somewhat combative, grabs at the examiner's, stethoscope and anything when approached

HENT:

Head: Normocephalic and atraumatic.

Nose: No congestion or rhinorrhea.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Eyes:

General: No scleral icterus.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulses: Normal pulses.

Pulmonary:

Breath sounds: Normal breath sounds. No wheezing or rales.

Abdominal:

General: There is no distension.

Palpations: Abdomen is soft.

Musculoskeletal:

Cervical back: Neck supple.

Comments: Patient observed moving the upper extremities. He apparently is unable to move his lower extremities since the anoxic

injury occurred. They report that he has been voided at the facility though previously had a Foley at the hospital

Skin:

General: Skin is warm.

Capillary Refill: Capillary refill takes 2 to 3 seconds.

Coloration: Skin is not jaundiced. Findings: No bruising or lesion.

Neurological:

Mental Status: He is alert.

Comments: Patient awake, aggressive, oriented x0, moves his upper extremities but not the lower extremities.

Psychiatric:

Comments: Patient aggressive, combative, difficult to take care of.

Physician Attestation

Electronically signed by Michael J Calice, MD

Michael J Calice, MD 06/22/23 0004

Electronically signed by M Calice, MD at 06/22/2023 12:04 AM EDT

$H\&P\ Notes$ - documented in this encounter

S Kovacevic, MD - 06/21/2023 11:10 PM EDT

Formatting of this note is different from the original. Images from the original note were not included.

Internal Medicine History and Physical Graduate Medical Education Trinity Health Livonia Hospital

Please contact author [Stefan Kovacevic, MD] via Epic/Haiku.

Patient: Ioan Suiugan Admission Date/Time: 6/21/2023 5:35 PM

DOB: 2/27/1961 [62 y.o.] MRN#: 116801863

Patient's PCP: Michael A Amlog, MD Attending Provider: Raneev Jose, MD

CHIEF COMPLAINT

Agitation, aggressive behavior

HISTORY OF PRESENT ILLNESS

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior. Patient presents from Regency. Patient is a truck driver and about a month ago, was traveling to New York. There he had a cardiac arrest. He had a subsequent prolonged ICU course with anoxic encephalopathy. Patient was subsequently transferred back to Regency as he and his family within the area. Apparently, patient become aggressive, combative with nursing staff at the facility and they are unable to care for him. He was then sent to the ED for further evaluation.

In the ED, vital signs stable. Patient did receive Haldol and Ativan as well as an additional dose of Ativan as he was continually aggressive, violent towards staff. He was subsequently placed in four-point hard restraints for his own safety as well as for safety of the staff.

Review of Systems

Review of Systems

Unable to perform ROS: Acuity of condition

MEDICAL HISTORY

Past Medical History

HTN

DM

Cardiac arrest

Past Surgical History

History reviewed. No pertinent surgical history.

Social History

Lives at Regency

Family History

No pertinent family history

Allergies

has No Known Allergies.

Home Medications

No current facility-administered medications on file prior to encounter.

Current Outpatient Medications on File Prior to Encounter

Medication Sig Dispense Refill

- acetaminophen (TYLENOL) 325 mg tablet Take 2 tablets (650 mg total) by mouth every 4 (four) hours if needed for mild pain.
- amiodarone (PACERONE) 200 mg tablet Take 1 tablet (200 mg total) by mouth 1 (one) time each day.
- apixaban (ELIQUIS) 5 mg tablet Take 1 tablet (5 mg total) by mouth 2 (two) times a day.
- atorvastatin (LIPITOR) 40 mg tablet Take 1 tablet (40 mg total) by mouth at bedtime.
- clopidogreL (PLAVIX) 75 mg tablet Take 1 tablet (75 mg total) by mouth daily. 30 each 0
- insulin glargine (LANTUS) 100 unit/mL injection Inject 30 Units under the skin at bedtime.
- lansoprazole (PREVACID SOLUTAB) 30 mg dispersible tablet Dissolve 1 tablet (30 mg total) on top of the tongue 1 (one) time each day. Dissolve on tongue before swallowing particles; do not chew, cut, break, or swallow whole.
- LORazepam (ATIVAN) 0.5 mg tablet Take 1 tablet (0.5 mg total) by mouth every 6 (six) hours if needed for anxiety.
- metoprolol tartrate (LOPRESSOR) 50 mg tablet Take 2 tablets (100 mg total) by mouth 2 (two) times a day. Hold for SBP <110, HR <60
- OLANZapine (ZyPREXA) 5 mg tablet Take 1 tablet (5 mg total) by mouth 2 (two) times a day.
- QUEtiapine (SEROquel) 25 mg tablet Take 1 tablet (25 mg total) by mouth at bedtime. 30 each 0
- tamsulosin (FLOMAX) 0.4 mg 24 hr capsule Take 1 capsule (0.4 mg total) by mouth 1 (one) time each day. Capsules should be taken 30 minutes following the same meal each day.

OBJECTIVE

Vitals

Visit Vitals

BP 133/68 (BP Location: Right arm, Patient Position: Lying)

Pulse 65

Temp 36.3 °C (97.4 °F) (Oral)

Resp 18

Temp (24hrs), Avg:36.3 °C (97.4 °F), Min:36.3 °C (97.4 °F), Max:36.3 °C (97.4 °F)

Body mass index is 26.31 kg/m². No results found for: PTWT, PTHT

Physical Examination

Physical Exam

HENT:

Head: Normocephalic and atraumatic.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Extraocular Movements: Extraocular movements intact.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulses: Normal pulses.

Pulmonary:

Effort: Pulmonary effort is normal. Breath sounds: No wheezing.

Abdominal:

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Musculoskeletal:

General: No deformity.

Cervical back: Normal range of motion and neck supple.

Comments: Moving UE

Does not appear to be moving LE

Skin:

General: Skin is warm and dry.

Capillary Refill: Capillary refill takes less than 2 seconds.

Neurological:

General: No focal deficit present.

Mental Status: He is alert and oriented to person, place, and time.

Psychiatric:

Comments: Combative, uncooperative with interview

ECG: 1948, sinus rhythm with lot of artifact because patient movement. Axis appears mostly normal, no acute ST-T wave changes. Rate is approximately 116

LAB RESULTS (most recent)

HEMATOLOGY

Lab Results Component Value Date WBC 11.9 (H) 06/21/2023 HGB 11.3 (L) 06/21/2023 HCT 34.4 (L) 06/21/2023 MCV 88.7 06/21/2023 PLT 553 (H) 06/21/2023 CHEMISTRY

Lab Results
Component Value Date
GLUCOSE 101 06/22/2023
NA 135 06/21/2023
K 4.3 06/21/2023
CO2 28 06/21/2023
CL 97 (L) 06/21/2023
BUN 17 06/21/2023
CREATININE 0.75 06/21/2023
EGFR 102 06/21/2023
CALCIUM 8.4 (L) 06/21/2023
MG 1.6 (L) 06/21/2023
ANIONGAP 10 06/21/2023

Radiology

No orders to display

ASSESSMENT & PLAN

This is a 62-year-old male with past medical history of recent cardiac arrest with subsequent anoxic brain injury who presents chief complaint agitation, aggressive behavior.

#Aggressive behavior

- #Agitation
- -Patient presented from Regency with cc agitation, aggressive behavior
- -Per facility staff, patient was refusing medications and becoming combative, violent
- -In ED, patient received Haldol/Ativan with additional dose of Ativan as he was becoming aggressive towards staff, subsequently placed in soft restraints which he ripped through, then placed in 4 point hard restraints
- -Med rec shows patient is on Zyprexa 5 bid, Ativan 0.5 mg q6h PRN although it appears he has not been receiving/refusing these medications

PLAN

- -Daily CBC, CMP, mag, phos
- -Resume home Zyprexa 5 mg BID
- -Ativan 0.5 mg q4h PRN
- -Avoid QT prolonging agents QTc borderline at 498
- -UDS, UA, TSH pending
- -Psych consult, recs appreciated

#Anoxic encephalopathy 2/2 cardiac arrest

- #STEMI s/p PCI, no stent placement
- #Atrial flutter
- #Nonocclusive R basilic and L subclavian-jugular thrombi
- -Patient found down in parking lot, CPR started by bystanders, AED placed and 3 shocks delivered with additional 3 defibs by EMS in addition to 5-6 rounds of epi, ROSC achieved after roughly 60 min
- -During hospitalization, went into SVT with atrial flutter requiring Lopressor with dilt, amio gtt
- -Angio performed and showed Dist Cx lesion is 90% stenosed with 90% stenosed side branch in 3rd Mrg. Prox LAD to Mid LAD lesion is 30% stenosed. Ost RCA to Dist RCA lesion is 100% stenosed
- -No intervention at the time as there were no targets for revascularization, patient not a candidate for ICD 2/2 AMS and family concern that he would pull it out

- -TTE showed hypokinetic basal inferoseptal, basal inferior and basal inferolateral segments with EF of 50-55%
- -MRI at the time showed cortical ischemia, EEG without seizure activity
- -Per pharmacy chart review, patient on Plavix 75 qd, Eliquis 5 bid, Lopressor 50 BID and Amiodarone 200 mg qd
- -EKG in ED NSR however difficult to interpret 2/2 significant motion artifact

PLAN

- -Continue Plavix 75 qd, Eliquis 5 BID, Lopressor 50 BID, Amio 200 qd
- -Telemetry monitoring
- -CTM
- #Urinary retention likely 2/2 neurogenic bladder
- -Continue tamsulosin 0.4 mg qd

#DM

-Continue Lantus 30 units qhs

#HLD

-Continue atorvastatin 40 qhs

Admission checklist

- [x] Code status: Full Code Default
- [x] VTE Prophylaxis
- [x] Diet order on admission:

Dietary Orders (From admission, onward)

Start Ordered

06/22/23 0003 Adult NPO diet Location: St Mary Mercy Livonia; Diet: NPO- Except for Medications Diet effective now

Question Answer Comment

Location St Mary Mercy Livonia

Diet NPO- Except for Medications

06/22/23 0002

- [x] Lines, tubes, drains
- [x] Medication reconciliation

Cosigned by R Jose, MD at 06/22/2023 3:27 PM EDT Electronically signed by S Kovacevic, MD at 06/22/2023 6:45 AM EDT Electronically signed by R Jose, MD at 06/22/2023 3:27 PM EDT

Associated attestation - R Jose, MD - 06/22/2023 3:27 PM EDT Formatting of this note might be different from the original.

I have seen and examined the patient on 6/22/2023. I discussed and reviewed the resident's treatment plan. I have reviewed all of patient's laboratory results and imaging up to this point and have incorporated these into the assessment and plan.

62-year-old trucker with a reported history of diabetes mellitus and renal disorder was found down in the parking lot at the GM plant in Buffalo due to V. tach arrest status post resuscitation and achieving ROSC after 60 minutes. Patient stayed in a hospital from 5/11/2023 to 6/16/2023. He was extubated on 14th day of mechanical ventilation. Patient got transferred to Regency in Michigan for subacute rehab. Patient was agitated and impulsive at rehab facility that patient got transferred to St. Mary's Hospital.

- 1. Agitation and impulsive behavior in a patient with anoxic brain injury. Patient got an MRI done on 5/15/2023 which showed evidence of cortical ischemia bilaterally with some additional foci in the cerebellar hemisphere and left basal ganglia and periventricular white matter compatible with anoxic brain injury. EEG did not show any evidence of seizure.
- -Consulted psychiatry for management of medication to help with his agitation
- -Patient is on soft restraints to keep monitor and to prevent patient from getting out of bed as he already had fallen once
- 2. V. tach arrest in a patient who had cardiac cath showed multivessel disease. Cath showed evidence of 90% stenosis of left circumflex with 90% stenosis sidebranch and third marginal., LAD 30% stenosis and occluded right coronary artery with collaterals. Medical therapy has recommended then which include Plavix, Lipitor, metoprolol.
- 2. Atrial flutter. Patient is on anticoagulation with Eliquis. Continue metoprolol and Cardizem
- 3. Urinary retention. Patient was retaining 1300 mL of urine. Got Foley catheter placement..
- . Disposition. Plan to consult PM&R to help assist with the transfer to TBI unit or at Saint Joe Ann Arbor versus rehab Institute of Michigan versus Mary Free bed in Lansing

Procedure Notes - documented in this encounter

Allison Y, RN - 07/10/2023 10:42 AM EDT

Formatting of this note might be different from the original.

Spoke to Renee, RN regarding pt report. States that pt is alert. Sister is at bedside, pulled peg tube out, IV out and foley catheter out. Is still in soft wrist and mitten restraints, contact isolation for CRE in urine, no IV, on RA, no telemetry, will be able to transport via stretcher.

Electronically signed by Allison Y, RN at 07/10/2023 10:44 AM EDT

Consult Notes - documented in this encounter

O Mikleus, NP - 07/14/2023 2:32 PM EDT

Formatting of this note is different from the original.

Consult Note

Name: Ioan Suiugan DOB: 2/27/1961 MRN: 116801863 Date: 7/14/2023

Attending: Sukhminder Singh Maan, MD

History of Present Illness

This is a 62-year-old male status post prolonged cardiac arrest with anoxic encephalopathy who was admitted form ECF for aggressive nd combative behavior. He had a prolonged ICU course. We were consulted for poss SP catheter placement. The pt had a UTI on this admission which was treated. Foley which was dc/d on 7/12/232 and he required straight caths subsequently. The Foley was replaced 7/12. PVRs have been 270-1000 cc. Per pts chart he did have a Foley for urinary retention past cardiac arrest hospital stay as well as a cystoscopy. His Foley was dc/d then.

Medical History
Past Medical History:

Diagnosis Date

- CAD (coronary artery disease)
- Diabetes mellitus (CMS/HCC)

Surgical History

History reviewed. No pertinent surgical history.

Family History

No family history on file.

Social History Social History

Socioeconomic History

- Marital status: Divorced
 Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- · Highest education level: Not on file

Occupational History

· Not on file

Tobacco Use

· Smoking status: Every Day

Packs/day: 1.00 Years: 10.00 Pack years: 10.00 Types: Cigarettes Start date: 2013

Passive exposure: Current

• Smokeless tobacco: Never

Vaping Use

Vaping Use: Never used

Substance and Sexual Activity

- Alcohol use: DeferDrug use: Defer
- Sexual activity: Defer
- Other Topics Concern
- Not on file

Social History Narrative
• Not on file

Allergies No Known Allergies

Medications

Current Facility-Administered Medications:

- acetaminophen (TYLENOL) tablet 650 mg, 650 mg, g-tube, g4h PRN, Teena Shamsaei, MD, 650 mg at 07/12/23 2046
- amiodarone (PACERONE) tablet 200 mg, 200 mg, g-tube, Daily, Teena Shamsaei, MD, 200 mg at 07/14/23 0922
- [START ON 7/15/2023] apixaban (ELIQUIS) tablet 5 mg, 5 mg, oral, BID, Teena Shamsaei, MD
- ascorbic acid (VITAMIN C) tablet 250 mg, 250 mg, g-tube, Daily, Teena Shamsaei, MD, 250 mg at 07/14/23 0922
- atorvastatin (LIPITOR) tablet 40 mg, 40 mg, g-tube, Nightly, Teena Shamsaei, MD, 40 mg at 07/13/23 2214
- bisacodyL (DULCOLAX) suppository 10 mg, 10 mg, rectal, Daily PRN, Ranjini Satyadev, MD
- [START ON 7/15/2023] clopidogreL (PLAVIX) tablet 75 mg, 75 mg, oral, Daily, Teena Shamsaei, MD
- dextrose (D50W) 50% injection 12.5 g, 12.5 g, intravenous, q15 min PRN, Amalachi Ndiagwalu, MD
- dextrose (D50W) 50% injection 25 g, 25 g, intravenous, g15 min PRN, Amalachi Ndiagwalu, MD
- dextrose 15 gram/59 mL oral solution 15 g, 15 g, oral, q15 min PRN, Amalachi Ndiagwalu, MD
- dextrose 15 gram/59 mL oral solution 30 g, 30 g, oral, q15 min PRN, Amalachi Ndiagwalu, MD
- docusate (COLACE) liquid 100 mg, 100 mg, g-tube, BID, Teena Shamsaei, MD, 100 mg at 07/14/23 0923
- glucagon injection 1 mg, 1 mg, intramuscular, Once PRN, Amalachi Ndiagwalu, MD
- HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet 1 tablet, 1 tablet, g-tube, TID, Kimberly Son, MD, 1 tablet at 07/14/23 0922
- insulin lispro (HumaLOG) injection 1-6 Units, 1-6 Units, subcutaneous, With meals & nightly, Amalachi Ndiagwalu, MD, 2 Units at 06/26/23 1851
- LORazepam (ATIVAN) injection 0.5 mg, 0.5 mg, intravenous, Nightly PRN, Teena Shamsaei, MD, 0.5 mg at 07/12/23 2033
- metoprolol tartrate (LOPRESSOR) tablet 25 mg, 25 mg, g-tube, BID, Teena Shamsaei, MD, 25 mg at 07/14/23 0922
- nicotine (NICODERM CQ) 14 mg/24 hr patch 1 patch, 1 patch, transdermal, Daily, Teena Shamsaei, MD, 1 patch at 07/14/23 0922
- OLANZapine (ZyPREXA) tablet 5 mg, 5 mg, g-tube, BID, Teena Shamsaei, MD, 5 mg at 07/14/23 0922
- polyethylene glycol (MIRALAX) packet 17 g, 17 g, g-tube, Daily, Teena Shamsaei, MD, 17 g at 07/14/23 0922
- prochlorperazine (COMPAZINE) tablet 10 mg, 10 mg, g-tube, q6h PRN **OR** prochlorperazine (COMPAZINE) injection 10 mg, 10 mg, intravenous, q6h PRN **OR** prochlorperazine (COMPAZINE) suppository 25 mg, 25 mg, rectal, q12h PRN, Teena Shamsaei, MD
- QUEtiapine (SEROquel) tablet 25 mg, 25 mg, g-tube, BID, Kimberly Son, MD
- Insert peripheral IV, , , Once **AND** Maintain IV access, , , Until discontinued **AND** Saline lock IV, , , Once **AND** sodium chloride 0.9 % flush 10 mL, 10 mL, intravenous, PRN **AND** sodium chloride 0.9 % flush 10 mL, 10 mL, intravenous, PRN, Gregory Dwight, DO, 10 mL at 07/07/23 2040
- tamsulosin (FLOMAX) 24 hr capsule 0.4 mg, 0.4 mg, g-tube, Daily, Teena Shamsaei, MD, 0.4 mg at 07/14/23 0922
- valproate (DEPAKENE) 50 mg/mL syrup 750 mg, 750 mg, g-tube, g12h SCH, Teena Shamsaei, MD, 750 mg at 07/14/23 0923

Home Medications

Medications Prior to Admission

Medication Sig Dispense Refill Last Dose

- acetaminophen (TYLENOL) 325 mg tablet Take 2 tablets (650 mg total) by mouth every 4 (four) hours if needed for mild pain. Unknown
- amiodarone (PACERONE) 200 mg tablet Take 1 tablet (200 mg total) by mouth 1 (one) time each day. Unknown
- apixaban (ELIQUIS) 5 mg tablet Take 1 tablet (5 mg total) by mouth 2 (two) times a day. 7/8/2023
- atorvastatin (LIPITOR) 40 mg tablet Take 1 tablet (40 mg total) by mouth at bedtime. Unknown
- insulin glargine (LANTUS) 100 unit/mL injection Inject 30 Units under the skin at bedtime. Unknown
- lansoprazole (PREVACID SOLUTAB) 30 mg dispersible tablet Dissolve 1 tablet (30 mg total) on top of the tongue 1 (one) time each day. Dissolve on tongue before swallowing particles; do not chew, cut, break, or swallow whole. Unknown
- LORazepam (ATIVAN) 0.5 mg tablet Take 1 tablet (0.5 mg total) by mouth every 6 (six) hours if needed for anxiety. Unknown
- metoprolol tartrate (LOPRESSOR) 50 mg tablet Take 2 tablets (100 mg total) by mouth 2 (two) times a day. Hold for SBP <110, HR <60 Unknown
- OLANZapine (ZyPREXA) 5 mg tablet Take 1 tablet (5 mg total) by mouth 2 (two) times a day. Unknown
- tamsulosin (FLOMAX) 0.4 mg 24 hr capsule Take 1 capsule (0.4 mg total) by mouth 1 (one) time each day. Capsules should be taken 30 minutes following the same meal each day. Unknown

Review of Systems

Unable to assess asec to MSC

Physical Exam

Limited cognition NAD Normal resp effort Foley draining clear Vitals
Visit Vitals
BP 109/75
Pulse 90
Temp 36.1 °C (97 °F) (Temporal)
Resp 18
Ht 1.829 m (72.01")
Wt 84.2 kg (185 lb 10 oz)
SpO2 97%
BMI 25.17 kg/m²

Labs

BSA 2.06 m²

Contains abnormal data Culture urine

Order: 768014573 Collected 6/27/2023 13:19 Status: Final result

Smoking Status Every Day

Visible to patient: Yes (not seen)

Specimen Information: Urine, Catheter

0 Result Notes

Urine Culture 70,000 CFU/mL Enterobacter cloacae-CRE Abnormal

Organism phenotype suggests carbapenemase production.

Modified Carbapenem Inactivation Method (mCIM): Negative
Note: (Modified Carbapenem Inactivation Method(mCIM)
screen negative.) Not all carbapenemase-producing isolates of
Enterobacterales and Pseudomonas aeruginosa are mCIM positive.

This is an edited result. Previous organism was Gram negative bacilli on 6/28/2023 at 2121 EDT. Edited result: Previously reported as Enterobacter cloacae on 6/29/2023 at 1234 EDT. Result component has been updated to reportable to State Health.

Resulting Agency: SJAA

Susceptibility

Enterobacter cloacae-CRE

MIC

\$ Aztreonam Resistant

\$ Cefazolin Resistant

\$\$ Cefepime Susceptible

\$\$ Ceftriaxone Resistant

\$ Ciprofloxacin Susceptible

\$\$\$\$ Ertapenem Resistant

\$ Gentamicin Susceptible

\$\$\$ Meropenem Resistant

\$ Nitrofurantoin Intermediate

\$\$ Piperacillin/Tazobactam Resistant

\$ Tobramycin Susceptible

\$ Trimethoprim/Sulfamethoxazole Susceptible

Specimen Collected: 06/27/23 13:19 EDT Last Resulted: 07/02/23 13:49 EDT

Imaging

TYPE OF EXAM/PROCEDURE: CT ABD AND PELVIS WO CNTRST

ACCESSION NO: 01251354 DATE OF SERVICE: 02/25/2020

REASON FOR EXAM: ABDOMINAL PAIN

ROOM: N2W:239 :AA **PHYSICIANS**

ORDERING PHYSICIAN: RICHARD THOMAS, D.O.

CC PHYSICIANS: TERRENCE LIANG, M.D.

REPORT

VERIFICATION OBSERVER NAME: Jehan Barbat MD.

HISTORY: ABDOMINAL PAIN.

Technique: Axial images were obtained along with coronal and sagittal reconstruction. DLP: 1170 mGycm. Dose lowering technique: Automated exposure control. Data included in the medical records.

ADDITIONAL HISTORY/COMPARISON/FINDINGS:

CT ABDOMEN & PELVIS W/O IV C COMPARISON: None available.

IMPRESSION:

- 1. No evidence of cholelithiasis.
- 2. 1.2 cm sized obstructive calculus within the left upper ureter with mild proximal hydroureteronephrosis. Tiny 2 mm sized right lower pole renal calculus. No right-sided obstructive uropathy. 1.8 cm sized left renal cyst.
- 3. No small or large bowel obstruction. No pneumoperitoneum or ascites. No CT evidence of acute appendicitis.
- 4. Abdominal aortic atherosclerotic calcification. Mild focal ectasia of the infrarenal abdominal aorta measuring up to 3.1 cm in diameter (image 77, series 2). No retroperitoneal lymphadenopathy. Small fat-containing bilateral inguinal and umbilical hernias.
- 5. Well distended urinary bladder appears unremarkable. Mild prostatomegaly measuring approximately 4.5 x 6.2 cm.
- 6. Multilevel degenerative changes. No acute osseous abnormality.

To TALK to On Call Radiologist:(800)965-5182

Abhijit Patil M.D. Electronically Signed

Date Of Exam Request:2/25/2020 10:05:11 PM EST Date & Time Of Report: 2/25/2020 10:14:37 PM EST

Preliminary report was given by an AVR radiologist, listed above with date and time. I concur with the preliminary interpretation.

ADDITIONAL TEXT AND FINAL IMPRESSION:

Large calculus proximal LEFT ureter resulting in obstructive uropathy.

01251354 GC1RAD110

Workstation GC1RAD110 is located at ZIP Code 48135. Workstation GCHRAD1W101 is located ZIP Code 48324.

THANK YOU FOR YOUR REFERRAL.

**Images viewed and interpreted by: JEHAN R. BARBAT MD

Electronically Signed Date: 02/26/2020 07:40 AM Electronically Signed By: JEHAN R. BARBAT MD Transcribed Date: 02/26/2020 07:39 AM

Transcribed By: PS Procedure Note

Barbat, Jehan R, MD - 05/10/2021

Formatting of this note might be different from the original.

TYPE OF EXAM/PROCEDURE: CT ABD AND PELVIS WO CNTRST

ACCESSION NO: 01251354 DATE OF SERVICE: 02/25/2020

REASON FOR EXAM: ABDOMINAL PAIN

ROOM: N2W:239 :AA **PHYSICIANS**

ORDERING PHYSICIAN: RICHARD THOMAS, D.O.

CC PHYSICIANS: TERRENCE LIANG, M.D.

REPORT

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ADDITIONAL HISTORY/COMPARISON/FINDINGS:

CT ABDOMEN & PELVIS W/O IV C COMPARISON: None available.

IMPRESSION:

- 1. No evidence of cholelithiasis.
- 2. 1.2 cm sized obstructive calculus within the left upper ureter with mild proximal hydroureteronephrosis. Tiny 2 mm sized right lower pole renal calculus. No right-sided obstructive uropathy. 1.8 cm sized left renal cyst.
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01251354

GC1RAD110

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THANK YOU FOR YOUR REFERRAL.

**Images viewed and interpreted by: JEHAN R. BARBAT MD

Electronically Signed Date: 02/26/2020 07:40 AM Electronically Signed By: JEHAN R. BARBAT MD Transcribed Date: 02/26/2020 07:39 AM

Transcribed Date. 02/20/202

Assessment
Principal Problem:
Aggressive behavior
Urinary retention
BPH
Neurogenic bladder

Plan:

Foley catheter replaced 7/12

Several prior straight caths - 270-1000 c

On Flomax since 6/22/23

Repeat UCX with Enterobacter- dc/d abx, currently asymptomatic for UTI

Pt with hx of urinary retention post cardiac arrest 5/23. Had cysto then and Foley dc/d

The pt with risk of traumatic removal of SP catheter as well sec to MSC. He's on Plavix and Eliquis and wouls need to be off of these prior to eventual placement.

Will discuss with family

Rec repeat TOV in near future

Case with Dr. Hoff Oktavijan Mikleus, NP

Michigan Institute of Urology

586-604-3942

7/14/2023 2:32 PM EDT

Cosigned by M Hoff, DO at 07/21/2023 9:54 AM EDT

Electronically signed by O Mikleus, NP at 07/14/2023 4:15 PM EDT Electronically signed by M Hoff, DO at 07/21/2023 9:54 AM EDT

Associated attestation - M Hoff, DO - 07/21/2023 9:54 AM EDT Formatting of this note might be different from the original.

I have interviewed and examined the patient. I reviewed the urology NP's note and agree with the documented findings and plan of care.

C Ballard, MD - 07/10/2023 10:31 AM EDT

Associated Order(s): IP CONSULT TO GENERAL SURGERY

Formatting of this note is different from the original.

History of Present Illness:

loan is a 62 y.o. male with 62-year-old male with history of CAD, diabetes, CKD status post recent cardiac arrest in May 2023 in New York with residual anoxic brain injury. Patient achieved ROSC after 60 minutes of CPR. Patient has been having aggressive behaviors likely due to anoxic brain injury.

Surgery was consulted for Peg tube dislodgement.

Drug/Food Allergies:

No Known Allergies

Family History:

No family history on file.

Review of Systems Review of Systems

Constitutional: Negative

HENT: Negative. Eyes: Negative.

Respiratory: Negative. Cardiovascular: Negative. Gastrointestinal: Negative

Endocrine: Negative.
Genitourinary: Negative.

Skin: Negative.

Psychiatric/Behavioral: Negative.

Subjective

Pt seen and assessed at bedside. Pt lying comfortably in bed with mittens. Upon abdominal palpation, states that it is not painful or tender. No peritonitis.

Objective

Temp: 36.3 °C (97.3 °F) (07/09 2022)

Heart Rate: 88 (07/09 2022) Resp: 20 (07/09 2022) BP: 127/79 (07/09 2022)

Physical Exam Constitutional:

General: He is not in acute distress.

HENT:

Head: Normocephalic.

Eves:

Extraocular Movements: Extraocular movements intact.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal

Palpations: Abdomen is soft. No guarding or rigidity; non-peritonitic

Tenderness: There is no abdominal tenderness.

Musculoskeletal:

General: Normal range of motion.

Cervical back: Normal range of motion.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is disoriented.

Psychiatric:

Attention and Perception: He is inattentive.

Xray Abdomen:

IMPRESSION:

Single frontal view of the abdomen obtained. Supine imaging limits evaluation for pneumoperitoneum. No gross pneumoperitoneum. Moderate fecal loading within the ascending colon and rectum. No dilated bowel loops. A PEG tube is not visualized. No suspicious calcifications. No acute osseous abnormalities.

Reviewed and electronically signed by: Ursula Sylvia Knoepp, MD 7/10/2023 12:49 AM

Assessment/Plan

Assessment:

62 yo male with history of CAD, diabetes, CKD status post recent cardiac arrest in May 2023 in New York with residual anoxic brain injury. Surgery consulted for dislodged peg tube.

Plan

- F/U GI procedure
- Pt scheduled for Peg tube replacement by GI at 15:30
- Rest of care per primary team

Patient discussed with attending Dr. Roberts

Cosigned by J Roberts, DO at 07/10/2023 2:58 PM EDT Electronically signed by C Ballard, MD at 07/10/2023 11:46 AM EDT Electronically signed by J Roberts, DO at 07/10/2023 2:58 PM EDT

Associated attestation - J Roberts, DO - 07/10/2023 2:58 PM EDT Formatting of this note might be different from the original. I was physically present for the evaluation and management service provided.

Thus physically present for the evaluation and management service provided.

I personally saw and examined the patient on rounds with my team today. Management was discussed with resident Dr. Ballard and I supervised the plan of care.

I have reviewed and agree with the key parts of the resident evaluation including:

Subjective Information

Objective findings on physical exam

Impression and plan

A Putrus, MD - 07/06/2023 1:48 PM EDT

Associated Order(s): IP CONSULT TO GASTROENTEROLOGY

Formatting of this note is different from the original.

Primary Service: Dr. Cheema

Reason for Consultation: PEG tube placement

History of Present Illness (HPI): History obtained from chart review due to underlying patient mental status.

62-year-old male with history of CAD, diabetes, CKD status post recent cardiac arrest in May 2023 in New York with residual anoxic brain injury. Patient achieved ROSC after 60 minutes of CPR. Patient has been having aggressive behaviors likely due to anoxic brain injury.

Palliative care team has been consulted and plan for rehab placement.

GI has been consulted for PEG placement.

Review of Systems:

Unable to obtain due to underlying patient's mental status.

Past Medical History: History reviewed. No pertinent past medical history.

Surgical History: History reviewed. No pertinent surgical history.

Family History: No family history on file.

Social History: reports that he has been smoking cigarettes. He started smoking about 10 years ago. He has a 10.00 pack-year smoking history. He has been exposed to tobacco smoke. He has never used smokeless tobacco. Alcohol use questions deferred to the physician. Drug use questions deferred to the physician.

Allergies: Patient has no known allergies.

Home Medications:

Prior to Admission medications

Medication Sig Start Date End Date Taking? Authorizing Provider

acetaminophen (TYLENOL) 325 mg tablet Take 2 tablets (650 mg total) by mouth every 4 (four) hours if needed for mild pain. Yes Historical Provider, MD

amiodarone (PACERONE) 200 mg tablet Take 1 tablet (200 mg total) by mouth 1 (one) time each day. Yes Historical Provider, MD apixaban (ELIQUIS) 5 mg tablet Take 1 tablet (5 mg total) by mouth 2 (two) times a day. Yes Historical Provider, MD atorvastatin (LIPITOR) 40 mg tablet Take 1 tablet (40 mg total) by mouth at bedtime. Yes Historical Provider, MD insulin glargine (LANTUS) 100 unit/mL injection Inject 30 Units under the skin at bedtime. Yes Historical Provider, MD lansoprazole (PREVACID SOLUTAB) 30 mg dispersible tablet Dissolve 1 tablet (30 mg total) on top of the tongue 1 (one) time each day. Dissolve on tongue before swallowing particles; do not chew, cut, break, or swallow whole. Yes Historical Provider, MD LORazepam (ATIVAN) 0.5 mg tablet Take 1 tablet (0.5 mg total) by mouth every 6 (six) hours if needed for anxiety. Yes Historical Provider, MD

metoprolol tartrate (LOPRESSOR) 50 mg tablet Take 2 tablets (100 mg total) by mouth 2 (two) times a day. Hold for SBP <110, HR <60 Yes Historical Provider, MD

OLANZapine (ZyPREXA) 5 mg tablet Take 1 tablet (5 mg total) by mouth 2 (two) times a day. Yes Historical Provider, MD tamsulosin (FLOMAX) 0.4 mg 24 hr capsule Take 1 capsule (0.4 mg total) by mouth 1 (one) time each day. Capsules should be taken 30 minutes following the same meal each day. Yes Historical Provider, MD

Current Inpatient Medications: amiodarone, 200 mg, oral, Daily

[Held by provider] apixaban, 5 mg, oral, BID

ascorbic acid, 250 mg, oral, Daily

atorvastatin, 40 mg, oral, Nightly

clopidogreL, 75 mg, oral, Daily

docusate sodium, 100 mg, oral, BID

enoxaparin, 40 mg, subcutaneous, Daily

[Held by provider] insulin lispro, 1-6 Units, subcutaneous, With meals & nightly

metoprolol tartrate, 100 mg, oral, BID

multivitamin with minerals-iron, 1 each, oral, Daily

nicotine, 1 patch, transdermal, Daily

OLANZapine, 5 mg, oral, BID

polyetheylene glycol, 17 g, oral, Daily

tamsulosin, 0.4 mg, oral, Daily

[Held by provider] valproate sodium, 750 mg, intravenous, q12h

valproic acid, 750 mg, oral, g12h SCH

PRN medications: acetaminophen, bisacodyL, dextrose 50%, dextrose 50%, dextrose, dextrose, glucagon injection, OLANZapine, OLANZapine, prochlorperazine **OR** prochlorperazine **OR** prochlorperazine

Last Recorded Vitals: Blood pressure 125/86, pulse 65, temperature 36 °C (96.8 °F), temperature source Temporal, resp. rate 16, height 1.829 m (72.01"), weight 84.2 kg (185 lb 10 oz), SpO2 (!) 82 %.

Physical Examination:

HENT:

Head: Atraumatic.

Ears/Nose: External ears and nose normal.

Mouth/Throat: No thrush, mucous membranes moist.

Eyes:

Pupils: Pupils are equal, round, and reactive to light.

Neck:

Supple.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulmonary:

Breath sounds: Normal breath sounds.

Abdominal:

Abdomen is flat. Bowel sounds are normal in all four quadrants. No tenderness to palpation.

Musculoskeletal:

Normal range of motion. Four-point restraints in place

Skin:

General: Skin is warm.

Neurological:

Lethargic and nonverbal.

Results from last 7 days

Relevant Results Reviewed:

Lab Units 07/04/23
0611 07/02/23
1124 07/02/23
0644
SODIUM mmol/L -- -- 141
POTASSIUM mmol/L -- -- 3.7
CHLORIDE mmol/L -- -- 103
CO2 mmol/L -- -- 25
BUN mg/dL -- -- 14
CREATININE mg/dL -- -- 0.62*
POCT GLUCOSE mg/dL 113* < > -GLUCOSE mg/dL -- -- 82
CALCIUM mg/dL -- -- 8.1*
< > = values in this interval not displayed.

Results from last 7 days Lab Units 07/02/23 0644 WBC AUTO K/mcL 10.8 HEMOGLOBIN g/dL 12.1* HEMATOCRIT % 39.4 PLATELETS K/mcL 531*

Results from last 7 days Lab Units 07/02/23 0644 WBC AUTO K/mcL 10.8 HEMOGLOBIN g/dL 12.1* HEMATOCRIT % 39.4 PLATELETS K/mcL 531*

Results from last 7 days Lab Units 07/04/23

0611 07/02/23 1124 07/02/23 0644 SODIUM mmol/L -- -- 141 POTASSIUM mmol/L -- -- 3.7 CHLORIDE mmol/L -- -- 103 CO2 mmol/L -- -- 25 BUN mg/dL -- -- 14 CREATININE mg/dL -- -- 0.62* CALCIUM mg/dL -- -- 8.1* POCT GLUCOSE mg/dL 113* < > --GLUCOSE mg/dL -- -- 82

< > = values in this interval not displayed.

No lab exists for component: LABALBU Results from last 7 days Lab Units 07/02/23 0644 MAGNESIUM mg/dL 1.2*

Assessment:

Principal Problem: Aggressive behavior

62-year-old male with history of CAD, diabetes, CKD status post recent cardiac arrest in May 2023 in New York with residual anoxic brain injury. Patient achieved ROSC after 60 minutes of CPR. Patient has been having aggressive behaviors likely due to anoxic brain

injury.

#1 need for PEG placement: Patient has anoxic brain injury with aggressive behaviors. Inability to eat.

#2 status postcardiac arrest with anoxic brain injury and aggressive behaviors.

#3 CAD on Plavix. Last dose was on 7/2/2023.

Recommendations:

- -N.p.o. after midnight.
- -Case was discussed with the patient's sister over the phone who agrees to proceed with EGD/PEG placement.
- -EGD/PEG placement tomorrow recommendations to follow.
- -PT/INR has been ordered.
- -Continue to hold Plavix, Eliquis and Lovenox if possible.
- -2 g of Ancef will be ordered to be given 1 hour prior to EGD/PEG placement.

Thank you for the consult. Please feel free to contact me with questions. For urgent questions please page 734 797 9071 or secure chat for non urgent questions

Alan Putrus, MD

Consultants In Digestive Health, PLLC

Electronically signed by A Putrus, MD at 07/06/2023 1:54 PM EDT

D Mavel, NP - 07/05/2023 10:31 AM EDT

Associated Order(s): Inpatient consult to Palliative Care

Formatting of this note is different from the original.

Inpatient consult to Palliative Care

Consult performed by: Donya S Mayel, NP Consult ordered by: Arvinder Cheema, MD

Reason for consult: Goals of care

Date:07/05/23 Time:10:31 AM EDT

Admission Information Admission Date: 6/21/2023

Documentation by: Advanced Practice Registered Nurse

Reason for Consultation:assistance with clarification of goals of care

Accompanied by: patient

Source of History: chart review and the patient

History Of Present Illness (includes Chief Complaint)

62 y.o.m Romanian speaking with Pmhx of CAD, DM, CKD (originally from MI) s/p cardiac arrest and achieved ROSC after 60 minutes (5/2023 in NY) anoxic brain injury with agitation/impulsive behavior requiring retrains, A flutter, urinary retention was transferred from rehab due to behavior disturbance.

Currently being treated for aggressive behavior likely due to anoxic brain injury, encephalopathy, UTI, LE weakness possibly due to brain injury r/o other pathologies, let subclavian jugular thrombi.

Patient has been refusing oral intake, medication, care, diagnostic tests.

Being followed by psychiatry, neurology, and PM&R.

Current disposition goal: TBI rehab placement. .

2nd admission in past month

Full code Day 14

PC consulted regarding possible decisions for enteral nuitition, challenging placement.

Pain Screening

Pain Scale Used: FACES -R

Able to respond: No- Reason: Altered mental status and Language barrier

Pain: Appears comfortable

Verbal Pain Scale Used: No - Non-verbal pain scale used: Yes: Numerator: 0: Denominator: 10

Comprehensive Clinical Pain Assessment: 0

Past Medical History

He has no past medical history on file.

Surgical History

He has no past surgical history on file.

Social History

He reports that he has been smoking cigarettes. He started smoking about 10 years ago. He has a 10.00 pack-year smoking history. He has been exposed to tobacco smoke. He has never used smokeless tobacco. Alcohol use questions deferred to the physician. Drug use questions deferred to the physician.

Family History

family history is not on file.

Allergies

Patient has no known allergies.

Medications

Prior to Admission medications

Medication Sig Start Date End Date Taking? Authorizing Provider

acetaminophen (TYLENOL) 325 mg tablet Take 2 tablets (650 mg total) by mouth every 4 (four) hours if needed for mild pain. Yes Historical Provider, MD

amiodarone (PACERONE) 200 mg tablet Take 1 tablet (200 mg total) by mouth 1 (one) time each day. Yes Historical Provider, MD apixaban (ELIQUIS) 5 mg tablet Take 1 tablet (5 mg total) by mouth 2 (two) times a day. Yes Historical Provider, MD atorvastatin (LIPITOR) 40 mg tablet Take 1 tablet (40 mg total) by mouth at bedtime. Yes Historical Provider, MD insulin glargine (LANTUS) 100 unit/mL injection Inject 30 Units under the skin at bedtime. Yes Historical Provider, MD lansoprazole (PREVACID SOLUTAB) 30 mg dispersible tablet Dissolve 1 tablet (30 mg total) on top of the tongue 1 (one) time each day. Dissolve on tongue before swallowing particles; do not chew, cut, break, or swallow whole. Yes Historical Provider, MD LORazepam (ATIVAN) 0.5 mg tablet Take 1 tablet (0.5 mg total) by mouth every 6 (six) hours if needed for anxiety. Yes Historical Provider, MD

metoprolol tartrate (LOPRESSOR) 50 mg tablet Take 2 tablets (100 mg total) by mouth 2 (two) times a day. Hold for SBP <110, HR <60 Yes Historical Provider, MD

OLANZapine (ZyPREXA) 5 mg tablet Take 1 tablet (5 mg total) by mouth 2 (two) times a day. Yes Historical Provider, MD tamsulosin (FLOMAX) 0.4 mg 24 hr capsule Take 1 capsule (0.4 mg total) by mouth 1 (one) time each day. Capsules should be taken 30 minutes following the same meal each day. Yes Historical Provider, MD

Current Facility-Administered Medications:

- acetaminophen (TYLENOL) tablet 650 mg, 650 mg, oral, g4h PRN, Stefan Kovacevic, MD
- amiodarone (PACERONE) tablet 200 mg, 200 mg, oral, Daily, Stefan Kovacevic, MD, 200 mg at 07/02/23 1111
- [Held by provider] apixaban (ELIQUIS) tablet 5 mg, 5 mg, oral, BID, Stefan Kovacevic, MD, 5 mg at 06/22/23 2203
- ascorbic acid (VITAMIN C) tablet 250 mg, 250 mg, oral, Daily, Mohammad T Kang, MD, 250 mg at 07/03/23 0851
- atorvastatin (LIPITOR) tablet 40 mg, 40 mg, oral, Nightly, Stefan Kovacevic, MD, 40 mg at 07/02/23 2154
- bisacodyL (DULCOLAX) suppository 10 mg, 10 mg, rectal, Daily PRN, Ranjini Satyadev, MD
- clopidogreL (PLAVIX) tablet 75 mg, 75 mg, oral, Daily, Amalachi Ndiagwalu, MD, 75 mg at 07/02/23 1111
- dextrose (D50W) 50% injection 12.5 g, 12.5 g, intravenous, q15 min PRN, Amalachi Ndiagwalu, MD
- dextrose (D50W) 50% injection 25 g, 25 g, intravenous, q15 min PRN, Amalachi Ndiagwalu, MD
- dextrose 15 gram/59 mL oral solution 15 g, 15 g, oral, q15 min PRN, Amalachi Ndiagwalu, MD
- dextrose 15 gram/59 mL oral solution 30 g, 30 g, oral, q15 min PRN, Amalachi Ndiagwalu, MD
- docusate sodium (COLACE) capsule 100 mg, 100 mg, oral, BID, Ranjini Satyadev, MD, 100 mg at 07/02/23 1111
- enoxaparin (LOVENOX) injection 40 mg, 40 mg, subcutaneous, Daily, Beebarg Raza, MD, 40 mg at 07/03/23 0857
- glucagon injection 1 mg, 1 mg, intramuscular, Once PRN, Amalachi Ndiagwalu, MD
- [Held by provider] insulin lispro (HumaLOG) injection 1-6 Units, 1-6 Units, subcutaneous, With meals & nightly, Amalachi Ndiagwalu, MD, 2 Units at 06/26/23 1851
- LORazepam (ATIVAN) injection 2 mg, 2 mg, intramuscular, q12h PRN, 2 mg at 07/05/23 0911 **OR** LORazepam (ATIVAN) tablet 2 mg, 2 mg, oral, q8h PRN, Valerie Kode, MD
- metoprolol tartrate (LOPRESSOR) tablet 100 mg, 100 mg, oral, BID, Stefan Kovacevic, MD, 100 mg at 07/03/23 2341
- multivitamin minerals-iron (THERA-M) 1 tablet, 1 each, oral, Daily, Mohammad T Kang, MD, 1 tablet at 07/02/23 1110
- nicotine (NICODERM CQ) 21 mg/24 hr patch 1 patch, 1 patch, transdermal, Daily, Aashna Sahi, MD, 1 patch at 07/05/23 0849
- OLANZapine (ZyPREXA) injection 5 mg, 5 mg, intramuscular, PRN, Valerie Kode, MD, 5 mg at 07/04/23 2348
- OLANZapine (ZyPREXA) tablet 5 mg, 5 mg, oral, BID, Valerie Kode, MD
- OLANZapine (ZyPREXA) tablet 5 mg, 5 mg, oral, PRN, Valerie Kode, MD
- ondansetron ODT (ZOFRAN-ODT) disintegrating tablet 4 mg, 4 mg, oral, q8h PRN **OR** ondansetron (PF) (ZOFRAN) injection 4 mg, 4 mg, intravenous, g8h PRN, Stefan Kovacevic, MD
- polyethylene glycol (MIRALAX) packet 17 g, 17 g, oral, Daily, Ranjini Satyadev, MD, 17 g at 07/02/23 1112
- tamsulosin (FLOMAX) 24 hr capsule 0.4 mg, 0.4 mg, oral, Daily, Amalachi Ndiagwalu, MD, 0.4 mg at 07/03/23 0852
- [Held by provider] valproate (DEPACON) 750 mg in sodium chloride 0.9 % 100 mL IVPB, 750 mg, intravenous, q12h, Aashna Sahi, MD, Last Rate: 100 mL/hr at 06/30/23 2238, 750 mg at 06/30/23 2238
- valproate (DEPAKENE) 50 mg/mL syrup 750 mg, 750 mg, oral, q12h SCH, Valerie Kode, MD, 750 mg at 07/04/23 0122

Patient Advance Directives Advance Directive/Living Will: Yes Health Care Power of Attorney: Yes If Yes, Date completed: No

Code Status: Full Code - Confirmed

Review of Systems Constitutional: No acute complaints

Physical Exam

Vitals and nursing note reviewed.

Constitutional:

General: He is not in acute distress.

HENT:

Head: Normocephalic.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Cardiovascular:

Rate and Rhythm: Rhythm irregular.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal:

General: Abdomen is flat.

Musculoskeletal:

General: Normal range of motion. Comments: Decreased ROM Bilateral LE.

Skin:

General: Skin is warm.

Neurological:

Mental Status: He is alert.

Comments: Altered mental status, language barrier

Psychiatric:

Mood and Affect: Mood normal.

Comments: Appears calm, smiles at time.

Palliative Performance Scale: 40% - Mainly sit/lie, unable to work, extensive disease, considerable assistance required w/ambulation, considerable assistance required w/self-care, normal or reduced intake, LOC: full, drowsy, or confused: (reference information) PPS

Last Recorded Vitals

Blood pressure 132/83, pulse 101, temperature 36.1 °C (97 °F), resp. rate 20, height 1.829 m (72.01"), weight 84.2 kg (185 lb 10 oz),

SpO2 94 %.

Relevant Results

No image results found.

Assessment/Plan

Principal Problem:

Aggressive behavior

62 y.o.m Romanian speaking with Pmhx of CAD, DM, CKD (originally from MI) s/p cardiac arrest and achieved ROSC after 60 minutes (5/2023 in NY) anoxic brain injury with agitation/impulsive behavior requiring retrains, A flutter, urinary retention was transferred from rehab due to behavior disturbance.

Currently being treated for aggressive behavior likely due to anoxic brain injury, encephalopathy, UTI, LE weakness possibly due to brain injury r/o other pathologies, let subclavian jugular thrombi.

Patient has been refusing oral intake, medication, care, diagnostic tests.

Being followed by psychiatry, neurology, and PM&R.

Current disposition goal: TBI rehab placement. .

2nd admission in past month

Full code

Day 14

Patient was seen on consult. Alert, not oriented. Does not appear to be in acute physical distress.

Sister/Victoria at bedside.

Introduced PC team, philosophy, and role as mainly supportive.

Discussed pt pmhx, current medical diagnosis, current treatment plans, along with pt/family goals of care.

Sister appear to have good insight regarding patient underline health issues, along current diagnosis, treatment plans, potential barriers for discharge, and disposition options.

Sister is much loving, involved and supportive. Sister has extensive personal and professional experience in patient care as she is owner of multiple group homes, and had taking care of her father with strokes for many years at home.

Family is mch familiar and appreciative of to both PC and hospice philosophy and services.

According to family, patient is starting to show modest signs of improvement in terms of behavior, and cooperativeness with oral intake. Family is hopefull that with ongoing medical, psychiactric interventions patient can be discharge to a rehab facility and a have a chance of improvement.

Patient has never completed advance directive, nor has discussed his wishes regarding medical care with his family. However, family believes that "he would not want to die and get treatments that could possibly help".

At this time family goals are to continue current medical, PEG tube placement in order to achieve improved in behavior and possible participation with rehab.

Long term plan for patient is likely a local group home after rehab.

Family also receptive to end of life/hospice level of care in the future if patient's overall condition does not improve despite all efforts.

(Please see SW note for details)

Goals of Care: Continue current medical plan of care, including PEG tube placement for the purpose of nutrition/hydration, along with medications focused on optimizing behavorial function.

DPOA-HC: Patient has two children, and sister who are involved, and share medical decision making.

Capacity: UTA

Code status: Full code. Confirmed during this meeting.

Patient specific goals: " would want to live".

Family specific goals: Continue current plan of care.

Disposition (from and to): Possible rehab.

Hospice eligibility: Does not align with patient/family goals of care.

Prognosis: Guarded.

Communication Discussion

Discussed with RN, SW

Total time spend with patient and family 45 minutes.

Greater than 50 % spend answering questions, providing information/support, education, and coordination of care.

Cosigned by J Boal, MD at 07/06/2023 11:13 PM EDT

Electronically signed by D Mayel, NP at 07/05/2023 3:51 PM EDT Electronically signed by J Boal, MD at 07/06/2023 11:13 PM EDT

Associated attestation - J Boal, MD - 07/06/2023 11:13 PM EDT

Formatting of this note might be different from the original.

I reviewed the subjective and objective parts of the note and I agree with the plan of care.

James S Boal MD

Brianne W, RD - 06/26/2023 11:39 AM EDT

Associated Order(s): IP CONSULT TO NUTRITION SERVICES

Formatting of this note is different from the original.

6/26/2023 @ 11:22 AM EDT

Nutrition Consult Note/Nutrition Assessment

Reason for RD Intervention:

Assessment Type: Protocol/Policy, Nutrition Trigger, RN Consult

Reason for Assessment: Decreased Intake, Pressure Injury, Wound, Other (Comment) (Per RN comment from 6/22 - Pt has poor appetite, small wound on sacrum. Per sister he likes Ensure and likes chocolate.)

Additional Assessment Information: MST 3

Nutrition Diagnosis:

Code Type: (No malnutrition diagnosis at this time.)

Status: New

Diagnosis: Inadequate Oral Intake

Etiology: Changes in taste and appetite or preference, Increased demand for nutrient

Symptoms: decreased po intake, wound healing

Nutrition Recommendations/Plan of Care:

- 1. Continue IDDSI level 5 minced and moist diet as tolerated per SLP recommendations. Monitor need for 90 gm carb per meal
- 2. Encourage po intake (greater than 75% of meals), protein-rich foods, and assist w/meals as needed.

3. RD will provide oral supplement - Ensure Plus High Protein TID (prefers strawberry or vanilla) to help increase po/nutrient intake - provides 350 kcals and 20 gm protein per serving.

- 4. RD ordered daily MVI with minerals to help increase nutrient intake.
- 5. RD ordered 250 mg Vitamin C daily until wound closure.
- 6. RD ordered zinc levels; if depleted, supplement zinc sulfate 220 mg BID for 10 days for optimal wound healing.
- 7. Monitor blood glucose levels.
- 8. Monitor renal function. Hydration status.
- 9. Monitor sodium/chloride levels. Hydration status.
- 10. Weight ordered, monitor.
- 11. Monitor: Weight trends, labs/lytes, GI status, BM, fluid status, po intake/tolerance, supplement acceptance, skin integrity and overall plan of care.

Nutrition Interventions:

Diet Order, Medical Food Supplement, Vitamin/Mineral Supplement

Medical Food Supplement(s): Ensure High Protein

Diet Order: Other (Comment) (IDDSI level 5 minced and moist)

Monitoring/Evaluation:

Energy Intake, Weight, Renal/Electrolyte Profile, Gastrointestinal Profile, Diet Order, Medical Food Supp/Oral Nutrition Supp

Follow Up:

Priority Level: High

Follow Up Date: 06/30/23

Minutes Spent: 35

Nutritional Discharge Recommendations:

Recommended Discharge Diet: Other (Comment) (IDDSI level 5 minced and moist per SLP recommendations as of 6/23)

Medical Food Supplements: Ensure Enlive/Ensure Plus

History of presenting illness: Patient is a 62 y.o. male with a history of per MD note from 6/21 -

HTN

DM

Cardiac arrest.

admitted 6/21/2023 with Aggressive behavior.

Subjective Assessment:

RD attempted to see patient/interview not appropriate, patient asleep.

Per SLP note from 6/23 - Recommendations:

- -IDDSI 5/minced and moist
- -Thin Liquids
- -Meds one at a time
- -Use of the following compensatory strategies:
- *Upright for PO intake
- *Small bites/sips
- *Ensure pt is awake, alert and accepting

RD contacted RN regarding ordering MVI with minerals vs. Liquid MVI with minerals. RN prefers whole MVI with minerals be ordered at this time.

RN requests for supplement to now be changed to vanilla or strawberry per patient preference.

Current Diet and Supplements:

Dietary Orders (From admission, onward)

Start Ordered

06/26/23 0905 Dietary nutrition supplements Three times daily (TID); St Mary Mercy Livonia; Standard Oral Supplement Continuous Comments: Ensure Plus High Protein

Question Answer Comment

Frequency Three times daily (TID)

Location St Mary Mercy Livonia

Supplements Standard Oral Supplement

06/26/23 0906

06/23/23 1057 Adult diet St Mary Mercy Livonia; Modified Consistency Options for Liquids and Solids; Thin Liquids, IDDSI Level 5 Minced & Moist Diet effective now

Question Answer Comment

Location St Mary Mercy Livonia

Location St Mary Mercy Livorna

Diet Type (req) Modified Consistency Options for Liquids and Solids Modified Consistency Options for Liquids and Solids Thin Liquids Modified Consistency Options for Liquids and Solids IDDSI Level 5 Minced & Moist

06/23/23 1056

Food/Nutrition History: Previously prescribed diets: Previous therapeutic diet (Comment), Previous modified diet (Comment) Previous Diet / Nutrition Education / Counseling: Renal/Puree with thin liquids (per paper chart) Appetite PTA: Poor (per nursing nutrition screen) Intake PTA: Decreased (per nursing nutrition screen) Nourishment Type: Ensure (Ensure Plus 2x/day per paper chart) Frequency: BID Food/Nutrition-Current Status: Intake Type: P.O. Current Diet Status: Appropriate Current Supplement Status: Appropriate Appetite: Poor Intake Amount (%): 0-25% (per flowsheet) Intake Assessment: Inadequate Main IVF: None Barriers: Language, Cognitive Anthropometrics: Height: 182.9 cm (72.01") Weight: 88 kg (194 lb 0.1 oz) (weight form 6/21) Weight Method: Actual BMI (Calculated): 26.3 BMI Class: Overweight IBW (lbs): 178 % IBW: 108.99 Weight History: Wt Readings from Last 10 Encounters: 06/26/23 88 kg (194 lb 0.1 oz) Nutrition-Related Lab Values: Results from last 7 days Lab Units 06/26/23 0832 06/22/23 1127 06/22/23 0844 06/22/23 0024 06/21/23 2159 SODIUM mmol/L 135 < > 137 -- 135 POTASSIUM mmol/L 3.8 < > 3.7 -- 4.3 PHOSPHORUS mg/dL -- -- 3.6 -- --MAGNESIUM mg/dL 1.9 < > 2.0 -- 1.6* CHLORIDE mmol/L 98 < > 101 -- 97* CO2 mmol/L 25 < > 25 -- 28 BUN mg/dL 18 < > 14 -- 17 CREATININE mg/dL 0.95 < > 0.73 -- 0.75 EGFR mL/min/1.73m2 90 < > 103 -- 102 CALCIUM mg/dL 8.5* < > 8.2* -- 8.4* BILIRUBIN TOTAL mg/dL -- -- -- 0.6 ALK PHOS unit/L -- -- -- 104 ALT unit/L -- -- -- 39 AST unit/L -- -- -- 35 POCT GLUCOSE -- < > -- < > --GLUCOSE mg/dL 114* < > 128* -- 114* WBC AUTO K/mcL 11.8* < > -- < > --< > = values in this interval not displayed.

Pertinent nutrition-related medications reviewed on 6/26/2023.

Nutrition Focused Physical Findings:

Digestive System (Mouth to Rectum): Appetite change, Swallowing difficulty

Nerves and Cognition: Alert, Oriented, Confused

Skin: Patient has 2 stage 2's on the gluteal cleft. Multiple bruises, abrasions and scabs on legs and arms. (Per RN note from 6/22)

Energy Needs: 2200-2640 kcal, 88-123 gm protein, 2200-2640 mL fluid per day.

Height: 182.9 cm (72.01")

Weight Used for Equation Calculations: 88 kg (194 lb 0.1 oz)

Harris-Benedict Equation: 1793

Mifflin- St. Jeor Equation (Overweight or Obese Patients): 1718

Temp: 36 °C (96.8 °F)

Calculating Weight (lbs): 194 Calculating Weight (Kg calc): 88 Kcal/Kg Lower Limit: 25

Kcal/day Lower Range (calc): 2200

Kcal/Kg Upper Limit: 30

Kcal/day Upper Range (calc): 2640 Protein g/Kg Lower Limit: 1 Protein g/day Lower Range (calc): 88

Protein g/Kg Upper Limit: 1.4

Protein g/day Upper Range (calc): 123 Fluid mL/Kg Lower Limit: 25

Fluid mL/day Lower Range (calc): 2200

Fluid mL/Kg Upper Limit: 30

Fluid mL/day Upper Range (calc): 2640

RD remains available and will continue to follow.

Signature: Brianne Williams, RD

Electronically signed by Brianne W, RD at 06/26/2023 11:39 AM EDT Electronically signed by Brianne W, RD at 06/26/2023 11:48 AM EDT

M Dismondy, DO - 06/23/2023 10:51 AM EDT

Associated Order(s): IP CONSULT TO NEUROLOGY

Formatting of this note is different from the original.

NEUROLOGY CONSULTATION NOTE

ASSESSMENT AND PLAN:

- 1. Intermittent agitation in the setting of anoxic brain injury with encephalopathy, likely exacerbated by superimposed toxic metabolic encephalopathy due to UTI.
- -OK for mood stabilizer such as Depakote from Neurology perspective. Defer to Psychiatry.
- -Maintain goal B12 >400
- -Delirium precautions
- -Outpatient follow-up with Neurology to consider neurocognitive assessment.
- 2. Acute complicated UTI in setting of urinary retention requiring Foley replacement
- -Per review of OSH records, previously required Foley and was evaluated with cystoscopy.
- -Agree with UTI treatment. Receiving Flomax, Rocephin.
- -Urology follow-up was recommended at time of OSH discharge.
- 3. Lower extremity weakness likely 2/2 anoxic brain injury, rule out cord pathology.
- -Does not follow commands to participate in neurologic exam. Patient is unreliable historian. LE movements not observed at OSH
- -MRI brain at OSH demonstrates cortical ischemia bilaterally.
- -MRI thoracic and lumbar spine w/o contrast pending.
- -Appreciate PM&R recs.

Reason for Consultation: Anoxic brain injury from last month. Psych recommending neuro involvement.

History Of Present Illness:

Ioan Suiugan is a 62 y.o. Romanian- and English-speaking male with history of DM, multivessel CAD, atrial flutter on Eliquis, out-ofhospital vtach arrest with ROSC after 60 minutes (5/11/2023) resulting in anoxic brain injury, seen in neurologic evaluation regarding intermittent agitation.

Mr. Suiugan is unable to provide history 2/2 mental status. History is therefore obtained from chart review. It seems that Mr. Suiugan was previously working as a truck driver, and was found down in a parking lot at a GM plant in Buffalo NY. He was found to be in vtach cardiac arrest, and required multiple rounds of CPR before ROSC was finally achieved after 60 minutes. He was hospitalized in NY from 5/11-6/16/2023. He underwent cardiac cath, and identified lesions were not amenable to percutaneous intervention. He was not a candidate for ICD due to concerns he would pull it out. Subsequently, he was discharged AMA to family and transported to Michigan, since his family is in Michigan. At SAR, he would reportedly remove his clothes and briefs. He was reportedly agitated, screaming, punching and pushing facility personnel. He was therefore transferred to THL ED.

At THL, he initially required Ativan, Haldol and hard restraints. Labs included WBC 11.9>11.2, UA was positive for nitrites, leukocytes, bacteria. He was found to be retaining urine and required Foley placement. He is receiving Flomax and Rocephin. Psychiatry was consulted regarding his agitation, and recommended PRN Ativan, treatment of UTI, and Neurology consultation to assess neurocognitive deficits. He had been discharged from OSH with Zyprexa and Seroquel; these were stopped due to concerns for QT prolongation.

On initial assessment, Mr. Suiugan did not verbally respond to questions in English. He appeared to be preoccupied with his telemetry box, intermittently placing the wires between his gums and moving his hands as though he were drinking something. Conversation was also attempted with assistance of Romanian interpreter Daniela #352836. Mr. Suiugan would intermittently respond to questions in English and Romanian. His responses were mumbled and only partially comprehensible to interpreter. He mentioned a car outside his window, which overlooks a parking lot in the distance. He mentioned not seeing his wife in the room. Rarely cooperating with commands in Romanian.

On repeat assessment, his daughter is present at the bedside. Mr. Suiugan is speaking more comprehensibly in English, which his daughter states is at his baseline level of fluency. He is also speaking to his daughter in Romanian, telling her we talk too much. She indicates he is speaking to her as if she were one of his old friends, and he does not seem to recognize her as his daughter. She states he does seem tired, not talking as much as usual. She recalls he was intermittently agitated while at the hospital in Buffalo and during the trip to Michigan.

Pertinent medical and surgical history reviewed. As noted above.

No family history on file.

Social History

Tobacco Use

• Smoking status: Every Day

Packs/day: 1.00 Years: 10.00 Pack years: 10.00 Types: Cigarettes

Start date: 2013
Passive exposure: Current

• Smokeless tobacco: Never

Vaping Use

Vaping Use: Never used Substance Use Topics
Alcohol use: Defer

Alcohol use. Dele
 Drug use: Defer

Allergies:

Patient has no known allergies.

Inpatient Medications

Current Facility-Administered Medications:

- acetaminophen (TYLENOL) tablet 650 mg, 650 mg, oral, q4h PRN, Stefan Kovacevic, MD
- amiodarone (PACERONE) tablet 200 mg, 200 mg, oral, Daily, Stefan Kovacevic, MD, 200 mg at 06/23/23 0830
- [Held by provider] apixaban (ELIQUIS) tablet 5 mg, 5 mg, oral, BID, Stefan Kovacevic, MD, 5 mg at 06/22/23 2203
- atorvastatin (LIPITOR) tablet 40 mg, 40 mg, oral, Nightly, Stefan Kovacevic, MD, 40 mg at 06/22/23 2203
- cefTRIAXone (ROCEPHIN) IV syringe 1 g, 1 g, intravenous, q24h, Amalachi Ndiagwalu, MD, 1 g at 06/22/23 0648
- clopidogreL (PLAVIX) tablet 75 mg, 75 mg, oral, Daily, Amalachi Ndiagwalu, MD, 75 mg at 06/23/23 0831
- dextrose (D50W) 50% injection 12.5 g, 12.5 g, intravenous, q15 min PRN, Amalachi Ndiagwalu, MD
- dextrose (D50W) 50% injection 25 g, 25 g, intravenous, q15 min PRN, Amalachi Ndiagwalu, MD
- dextrose 15 gram/59 mL oral solution 15 g, 15 g, oral, q15 min PRN, Amalachi Ndiagwalu, MD
- dextrose 15 gram/59 mL oral solution 30 g, 30 g, oral, q15 min PRN, Amalachi Ndiagwalu, MD
- enoxaparin (LOVENOX) injection 40 mg, 40 mg, subcutaneous, Daily, Beebarg Raza, MD, 40 mg at 06/23/23 0934
- glucagon injection 1 mg, 1 mg, intramuscular, Once PRN, Amalachi Ndiagwalu, MD
- insulin lispro (HumaLOG) injection 1-6 Units, 1-6 Units, subcutaneous, With meals & nightly, Amalachi Ndiagwalu, MD
- LORazepam (ATIVAN) injection 1 mg, 1 mg, intramuscular, q8h PRN **OR** LORazepam (ATIVAN) tablet 1 mg, 1 mg, oral, q8h PRN, Aashna Sahi, MD

- magnesium sulfate 2 gram/50 mL (4 %) IVPB 2 g, 2 g, intravenous, Once, Beebarg Raza, MD, Last Rate: 25 mL/hr at 06/23/23 0858, 2 g at 06/23/23 0858
- metoprolol tartrate (LOPRESSOR) tablet 100 mg, 100 mg, oral, BID, Stefan Kovacevic, MD, 100 mg at 06/23/23 0830
- nicotine polacrilex (NICORETTE) gum 2 mg, 2 mg, buccal, g2h PRN, Aashna Sahi, MD, 2 mg at 06/22/23 0949
- [Held by provider] OLANZapine (ZyPREXA) injection 5 mg, 5 mg, intramuscular, Once PRN, Stefan Kovacevic, MD
- ondansetron ODT (ZOFRAN-ODT) disintegrating tablet 4 mg, 4 mg, oral, q8h PRN **OR** ondansetron (PF) (ZOFRAN) injection 4 mg, 4 mg, intravenous, q8h PRN, Stefan Kovacevic, MD
- [COMPLETED] Insert peripheral IV, , , Once **AND** Maintain IV access, , , Until discontinued **AND** [COMPLETED] Saline lock IV, , , Once **AND** sodium chloride 0.9 % flush 10 mL, 10 mL, intravenous, BID, 10 mL at 06/23/23 0831 **AND** sodium chloride 0.9 % flush 10 mL, 10 mL, intravenous, PRN, Stefan Kovacevic, MD
- tamsulosin (FLOMAX) 24 hr capsule 0.4 mg, 0.4 mg, oral, Daily, Amalachi Ndiagwalu, MD, 0.4 mg at 06/23/23 0829

Review of Systems

14 system review was unable to be completed due to patient's mental status.

PHYSICAL EXAMINATION

Vitals:

Temp: 36.2 °C (97.2 °F) (06/23 0806)

Heart Rate: 92 (06/23 0806) Resp: 19 (06/23 0806) BP: 128/85 (06/23 0806)

GENERAL APPEARANCE: In no apparent distress.

NCAT

HEART: Normal heart sounds. No murmur.

ABDOMEN: soft and nontender. GU: Foley with clear yellow urine. EXTREMITIES: no edema is present.

Neurological exam:

MENTAL STATUS: Awake and interactive, oriented to person.

SPEECH/LANGUAGE: Speech is mumbling but without dysarthria or dysphasia.

CRANIAL NERVES:

CN I: Not examined.

CN II: Pupils are equal, round, and reactive to light bilaterally. Disc margins were not visualized.

CN III, IV, VI: Extraocular movements are intact without nystagmus. No ptosis is present.

CN V: Unable to assess facial sensation due to patient participation.

CN VII: No facial asymmetry at rest, normal eye closure bilaterally. Patient does not follow commands to assess facial asymmetry with activation.

CN VIII: Hearing is grossly intact to voice bilaterally.

CN IX, X: Unable to assess palate as patient does not open his mouth for assessment.

CN XI: Shoulder shrug normal bilaterally.

CN XII: Unable to assess tongue protrusion due to patient's inability to participate in exam.

MOTOR: Moves bilateral upper extremities spontaneously. Tone and bulk are adequate. Paraparetic.

REFLEXES: 2/4 in the biceps, triceps, brachioradialis and patella bilaterally. Mute plantar responses.

SENSORY: Unable to assess sensation due to patient inability to participate in exam. PM&R got a T12 spinal sensory level.

COORDINATION: No obvious dysmetria or dysdiadochokinesia.

GAIT: Deferred for patient safety.

Labs:

Lab results were reviewed

RECENTLABS:

Results from last 7 days Lab Units 06/23/23 0510 06/22/23 0843 06/21/23 2010 WBC AUTO K/mcL 11.2* < > 11.9*
HEMOGLOBIN g/dL 11.2* < > 11.3*
HEMATOCRIT % 36.5* < > 34.4*
PLATELETS K/mcL 579* < > 553*
LYMPHS PCT AUTO % -- -- 18.2
MONO PCT AUTO % -- -- 10.5
EOS PCT AUTO % -- -- 2.3
< > = values in this interval not displayed.

Results from last 7 days

Lab Units 06/23/23 0618 06/23/23 0510 06/22/23 0024 06/21/23 2159 SODIUM mmol/L -- 134* < > 135 POTASSIUM mmol/L -- 3.5 < > 4.3 CHLORIDE mmol/L -- 101 < > 97* CO2 mmol/L -- 26 < > 28 BUN mg/dL -- 13 < > 17 CREATININE mg/dL -- 0.71 < > 0.75 CALCIUM mg/dL -- 8.0* < > 8.4* TOTAL PROTEIN g/dL -- -- 6.6 BILIRUBIN TOTAL mg/dL -- -- 0.6 ALK PHOS unit/L -- -- 104 ALT unit/L -- -- 39 AST unit/L -- -- 35 POCT GLUCOSE mg/dL 110 -- < > --GLUCOSE mg/dL -- 106* < > 114* < > = values in this interval not displayed.

Results from last 7 days Lab Units 06/23/23 0510 MAGNESIUM mg/dL 1.7

Results from last 7 days Lab Units 06/21/23 2159 TSH mcIU/mL 4.55 FREE T4 ng/dL 1.31*

Imaging:

Any CT head and MRI brain images were personally reviewed and I agree with the radiologist's impression.

No image results found.

Echocardiogram: Echo results were reviewed No results found for this or any previous visit.

Amanda Mahoney, MD

I saw and evaluated the patient. I performed the key elements of the history, physical and examination and have discussed them and the plan of care with the resident as reflected in the chart. Verified and agree with the resident's findings and plan as documented in the above note.

Michelle Dismondy, DO IHA Neurology

Electronically signed by A Mahoney, MD at 06/23/2023 3:36 PM EDT Electronically signed by A Mahoney, MD at 06/23/2023 6:00 PM EDT Electronically signed by M Dismondy, DO at 06/23/2023 8:27 PM EDT

R Satyadev, MD - 06/23/2023 10:40 AM EDT

Associated Order(s): IP CONSULT TO PHYSICAL MEDICINE REHAB

Formatting of this note is different from the original. PHYSICAL MEDICINE & REHABILITATION CONSULTATION

Consult Date: 6/23/2023 Admission Date: 6/21/2023

Attending Physician: Raneev Jose, MD

Consulting Attending Physician: Ranjini Satyadev, MD

Author: Josini Devis, NP

Patient ID: Ioan Suiugan is a 62 y.o. male

DOB: 2/27/1961 MR#: 116801863

Patient seen and examined with Ranjini Satyadev, MD at bedside today

Reason for Consult: Evaluation for inpatient rehabilitation

CHIEF COMPLAINT: Agitation status post anoxic encephalopathy

Background Functional Information: Patient is a 62 year old, male patient, was living with daughter prior to recent events with cardiac arrest with anoxic encephalopathy requiring subacute placement at Regency Livonia. He was previously independent with mobility, ADLs, IADLs and was driving

Assessment and Plan:

Anoxic encephalopathy secondary to cardiac arrest with approximately 60 minutes rosc resulting in aggression and agitation initially. Patient currently now has restlessness and occasional agitation. Depakote at 250 mg twice daily was started as a mood stabilizer. Hopefully we will be able to discontinue his bilateral upper extremity restraints once he calms down. He is also on Ativan 1 mg intramuscularly every 8 hours for severe agitation. Recommend use of a Posey bed and bilateral mitts on so that bilateral wrist restraints can be discontinued.

Paraplegia noted: Patient does not have any movement in bilateral lower extremities. He does not have any response to pinprick to both lower extremities. Possible cord ischemia due to involvement of anterior spinal artery. Sensory level appears to be T12 but it is hard to evaluate patient given his restlessness and poor cooperation.

Pain in the left hip on range of movement: Will evaluate with x-ray of pelvis as well as left hip to rule out fracture. Hi Michelle sorry

STEMI status post PCI, no stent placement

Urinary retention likely secondary to neurogenic bladder

History of diabetes mellitus

History of hyperlipidemia

Neurogenic bowel and bladder: Patient has a Foley. He is on Flomax 0.4 mg daily. We will add bowel program so that he does not get constipated. Encourage hydration. Discussed with sitter to undo his upper extremity restraints every hour so he can drink his own water.

Pressure sore in the sacrococcygeal area covered with dressing. Recommend airflow mattres. Recommend bilateral PRAFO boots.

Principal Problem: Aggressive behavior

Current Functional Status: Patient did not cooperate with PT and OT during eval.

REHAB MANAGEMENT / GOALS:

Patient is having more purposeful movements. Recommend inpatient rehab at a center that specializes in traumatic brain injury and spinal cord injury. They will be best equipped to take care of patient with anoxic encephalopathy with confusion as well as paraplegia with likely neurogenic bowel and bladder.

History of Present Illness:

loan Suiugan is a 62-year-old male patient with past medical history of recent cardiac arrest and subsequent anoxic brain injury presented to the emergency department of Trinity health Livonia from Regency Livonia on 6/21/2023 with agitation and aggressive behavior. Chart review indicates that he was a truck driver, was found down in the parking lot at GM plant in Buffalo due to V tach cardiac arrest. Achieves rosc after 60 minutes with multiple rounds of CPR and was hospitalized from 5/11/2023-6/16/2023. He was extubated on 14th day of mechanical ventilation. Up on stabilization was send to Regency Livonia for SAR. While in rehab, pt was aggressive and agitated and they were unable to care for him and thus was send to Emergency Department on 6/21/2023. During hospitalization at newyork, pt underwent Angiogram which revealed Dist Cx lesion is 90% stenosed with 90% stenosed side branch in 3rd Mrg. Prox LAD to Mid LAD lesion is 30% stenosed. Ost RCA to Dist RCA lesion is 100% stenosed. No intervention at the time as that would not tablets for a vascularization and patient not a candidate for ICD secondary to AMS. TTE showed

hypokinetic basal inferior septal, basal inferior and basal inferolateral segments with EF of 50 to 55%. MRI at the time showed cortical ischemia, EEG without seizure activity. Patient was treated with Plavix, Eliquis, Lopressor twice daily and amiodarone daily.

Patient remained agitated and anxious requiring Ativan and Zyprexa. Psych consulted, recommending abstaining from use of antipsychotics given his elevation in QTc. Recommendation for as needed Ativan 1 mg p.o. or IM every 8 hours for severe agitation and also noted to limit recommendation for 3 doses per day. Hold for excess sedation.

Patient was recommended imaging of the spine to rule out cord ischemia at the acute care hospital.

PT OT consulted . PMR consulted for assist in rehab placement

Past Medical History:

History reviewed. No pertinent past medical history.

Past Surgical History

History reviewed. No pertinent surgical history.

Social History:

No History of current tobacco, ETOH or Illicit drug use

Family History:

No family history on file.

Review of Systems

Review of system is unable to be completed due to his confusion and inability to answer questions.

MEDICATIONS:

Allergies:

No Known Allergies

The patient's medications were reviewed including frequency, dosages, and route of administration.

Current Medications:

amiodarone, 200 mg, oral, Daily
[Held by provider] apixaban, 5 mg, oral, BID
atorvastatin, 40 mg, oral, Nightly
cefTRIAXone, 1 g, intravenous, q24h
clopidogreL, 75 mg, oral, Daily
enoxaparin, 40 mg, subcutaneous, Daily
insulin lispro, 1-6 Units, subcutaneous, With meals & nightly
magnesium sulfate, 2 g, intravenous, Once
metoprolol tartrate, 100 mg, oral, BID
sodium chloride, 10 mL, intravenous, BID
tamsulosin, 0.4 mg, oral, Daily

PRN medications: acetaminophen, dextrose 50%, dextrose 50%, dextrose, glucagon injection, LORazepam **OR** LORazepam, nicotine polacrilex, [Held by provider] OLANZapine, ondansetron (ZOFRAN-ODT) disintegrating tablet **OR** ondansetron, [COMPLETED] Insert peripheral IV **AND** Maintain IV access **AND** [COMPLETED] Saline lock IV **AND** sodium chloride **AND** sodium chloride

Home Medications:

No current facility-administered medications on file prior to encounter.

Current Outpatient Medications on File Prior to Encounter

Medication Sig Dispense Refill

- acetaminophen (TYLENOL) 325 mg tablet Take 2 tablets (650 mg total) by mouth every 4 (four) hours if needed for mild pain.
- amiodarone (PACERONE) 200 mg tablet Take 1 tablet (200 mg total) by mouth 1 (one) time each day.
- apixaban (ELIQUIS) 5 mg tablet Take 1 tablet (5 mg total) by mouth 2 (two) times a day.
- atorvastatin (LIPITOR) 40 mg tablet Take 1 tablet (40 mg total) by mouth at bedtime.
- insulin glargine (LANTUS) 100 unit/mL injection Inject 30 Units under the skin at bedtime.
- lansoprazole (PREVACID SOLUTAB) 30 mg dispersible tablet Dissolve 1 tablet (30 mg total) on top of the tongue 1 (one) time each day. Dissolve on tongue before swallowing particles; do not chew, cut, break, or swallow whole.
- LORazepam (ATIVAN) 0.5 mg tablet Take 1 tablet (0.5 mg total) by mouth every 6 (six) hours if needed for anxiety.
- metoprolol tartrate (LOPRESSOR) 50 mg tablet Take 2 tablets (100 mg total) by mouth 2 (two) times a day. Hold for SBP <110, HR
- OLANZapine (ZyPREXA) 5 mg tablet Take 1 tablet (5 mg total) by mouth 2 (two) times a day.
- tamsulosin (FLOMAX) 0.4 mg 24 hr capsule Take 1 capsule (0.4 mg total) by mouth 1 (one) time each day. Capsules should be taken 30 minutes following the same meal each day.

- [DISCONTINUED] clopidogreL (PLAVIX) 75 mg tablet Take 1 tablet (75 mg total) by mouth daily. 30 each 0
- [DISCONTINUED] QUEtiapine (SEROquel) 25 mg tablet Take 1 tablet (25 mg total) by mouth at bedtime. 30 each 0

OBJECTIVE:

Last Recorded Vitals:

Visit Vitals

BP 128/85 (BP Location: Right arm, Patient Position: Lying)

Pulse 92

Temp 36.2 °C (97.2 °F) (Temporal)

Resp 19

Ht 1.829 m (72")

Wt 88 kg (194 lb 0.1 oz)

SpO2 99%

. BMI 26.31 kg/m²

Smoking Status Every Day

BSA 2.1 m²

Physical Exam

GENERAL: well developed gentleman who is able to follow simple commands with repetition and visual and tactile cues. He is purposeful in his movements at times. He was able to be redirectable at times.

EXTREMITIES: Functional range of motion present in all four extremities with mild pain on range of movement of the left hip. Pain when I range the left hip we should get an x-ray just to be careful

NEUROLOGICAL: Patient is alert and calm at times. He is redirectable. At times he becomes agitated when he feels threatened. He took my hand and kissed it keeping with his cultural background. He was able to give me high-five and reach up high, down low and to both sides with both hands. He seems to have mild visual spatial deficits to the left. He was able to follow commands to drink from a cup and drank a whole cup of water. He indicated that he was very thirsty. He was able to get some words out in English that did not make sense but he was able to use him to communicate a feeling.

Visual acuity was grossly intact. Visual fields are hard to test given his cognition. Speech was fluent but nonsensical. Tone is normal in bilateral upper extremities. He has at least 4/5 strength in bilateral upper extremities. He is flaccid in both lower extremities. No movements are noted in both lower extremities.

Sensation was intact in upper extremities to pinprick. He had no response to pinprick in both lower extremities. He was able to feel pinprick at T12 level. He also seem to have intact anal sensation when the finger was placed in the rectum. I cannot be 100% sure of this since he was not able to communicate well.

Babinski shows upgoing toes bilaterally. I was not able to obtain deep tendon reflexes in both knee jerks and ankle jerks but they were present in the upper extremities.

Patient had a dressing present in the sacrococcygeal region secondary to pressure sore. I did not inspect the wound.

Lab Results:

Lab Units 06/23/23
0618 06/23/23
0510
SODIUM mmol/L -- 134*
POTASSIUM mmol/L -- 3.5
CHLORIDE mmol/L -- 101
CO2 mmol/L -- 26
BUN mg/dL -- 13
CREATININE mg/dL -- 0.71
POCT GLUCOSE mg/dL 110 -GLUCOSE mg/dL -- 106*
CALCIUM mg/dL -- 8.0*

Results from last 7 days

Results from last 7 days Lab Units 06/23/23 0510 WBC AUTO K/mcL 11.2* HEMOGLOBIN g/dL 11.2* HEMATOCRIT % 36.5* PLATELETS K/mcL 579*

Results from last 7 days

0510 06/22/23
0843 06/21/23
2010
WBC AUTO K/mcL 11.2* < > 11.9*
HEMOGLOBIN g/dL 11.2* < > 11.3*
HEMATOCRIT % 36.5* < > 34.4*
PLATELETS K/mcL 579* < > 553*
LYMPHS PCT AUTO % -- -- 18.2
MONO PCT AUTO % -- -- 10.5
EOS PCT AUTO % -- -- 2.3
< > = values in this interval not displayed.
Results from last 7 days

Lab Units 06/23/23

Lab Units 06/23/23 0618 06/23/23 0510 06/22/23 0024 06/21/23 2159 SODIUM mmol/L -- 134* < > 135 POTASSIUM mmol/L -- 3.5 < > 4.3 CHLORIDE mmol/L -- 101 < > 97* CO2 mmol/L -- 26 < > 28 BUN mq/dL -- 13 < > 17CREATININE mg/dL -- 0.71 < > 0.75 CALCIUM mg/dL -- 8.0* < > 8.4*TOTAL PROTEIN g/dL -- -- 6.6 BILIRUBIN TOTAL mg/dL -- -- 0.6 ALK PHOS unit/L -- -- 104 ALT unit/L -- -- 39 AST unit/L -- -- 35 POCT GLUCOSE mg/dL 110 -- < > --GLUCOSE mg/dL -- 106* < > 114* < > = values in this interval not displayed.

Results from last 7 days Lab Units 06/21/23 2159 ALK PHOS unit/L 104 BILIRUBIN TOTAL mg/dL 0.6 TOTAL PROTEIN g/dL 6.6 ALT unit/L 39 AST unit/L 35

Results from last 7 days Lab Units 06/23/23 0510 MAGNESIUM mg/dL 1.7

Results from last 7 days Lab Units 06/21/23 2159 TSH mcIU/ml 4 55

TSH mcIU/mL 4.55 FREE T4 ng/dL 1.31*

Imaging:

No results found.

Thank you for allowing us to participate in this patient's care

Electronically signed by J Devis, NP at 06/23/2023 4:53 PM EDT Electronically signed by R Satyadev, MD at 06/23/2023 5:30 PM EDT

S Faroog, DO - 06/22/2023 9:19 AM EDT

Associated Order(s): IP CONSULT TO PSYCHIATRY

Formatting of this note is different from the original.

PSYCHIATRY CONSULTATION

Reason for Hospitalization: Aggressive behavior [R46.89] Reason for Consultation: "agitation, anoxic brain injury"

Source of Information: The patient, chart review. I had a detailed discussion with patient sitter. I also obtained collateral information from patient's daughter, with the patient's verbal consent, as below.

History of Present Illness:

This is a 62 y.o. male patient, currently divorced and employed as a truck driver, with no reported past psychiatric history, who presented to the emergency department by his nursing home after increased agitation in the context of urinary tract infection. Patient was unable to participate in interview, was only able to state his mood is "good." He was not responsive to multiple questions being asked. He is able to state his name, but does not respond when asked where he is or why he is in the hospital. On reassessment with attending, patient was sedated as he had received a dose of Ativan.

Collateral:

Per patient's daughter, patient has no previous psychiatric history. He was working as a truck driver and was driving to New York, had a cardiac arrest and was down for 60 minutes, he required multiple rounds of CPR. He was then transferred to the ICU at the hospital in Buffalo, New York. He suffered from anoxic brain injury from being down for 60 minutes. He stayed in the ICU for a few weeks and then was sent to Regency nursing home in Livonia, since their family is from Detroit metro area, last Friday. That nursing home brought him to the emergency room after he was aggressive. She reports that he has never had aggression like this before, she reports he was always a very nice and quiet person. She states that after he woke up in the ICU, he started pulling at the lines, but he was never aggressive the way he has been at this nursing home. He has never been on any psychiatric medications. He is bilingual and spoke Romanian and English, but ever since the injury, his English is more limited. She states that he speaks in gibberish sometimes, has a easier time sitting one-word answers, but when he tries to speak in full sentences about more complicated things, he is hard to understand. She states that he speaks a lot about his childhood and teenage years and has a hard time remembering current people in his life and events. She has no concerns that he ever had suicidal ideation, intent, plan. He has no history of self harming behavior. She denies homicidal ideation, intent, plan. She denies he has ever had auditory hallucinations or visual hallucinations. Reports he has never been on any psychiatric medications and has never seen a psychiatrist.

Chart Review:

Per chart review, patient has never been previously seen by gme psychiatry.

Psychiatric History:

Patient has no psychiatric history.

Social History:

Patient is divorced and has two adult children. His ex wife resides in Europe. Patient was living with daughter prior to hospitalization, but now resides in a nursing home since discharge from the hospital in New York. He used to work as a truck driver. No access to firearms.

Substance Use History:

Smoked 2.5/3 packs a day. No illicit substance use. No alcohol use.

Per MAPS review, no history.

Family Psychiatric History:

No family psychiatric history.

Medical/ Surgical History:

History of hyperlipidemia and diabetes. He had a recent cardiac arrest last month, and suffered anoxic brain injury as result.

Review of Systems:

Constitution: no chills, fever, unexpected weight change, fatigue

HEENT: no change in vision or hearing, sore throat, drooling

Cardiology: no chest pain, palpitations, syncope

Pulmonary: no cough, shortness of breath, hemoptysis

Gastrointestinal: no nausea, vomiting, diarrhea, constipation, abdominal pain, hematochezia

Genitourinary: no dysuria, hematuria, discharge

Musculoskeletal: no new pain, stiffness, swelling

Dermatologic: no rash, lesions

Neurological: no headache, tremors

Psychiatric: as above

Allergies:

Patient has no known allergies.

Blood pressure 115/77, pulse 103, temperature 36.4 °C (97.5 °F), temperature source Temporal, resp. rate 18, height 1.829 m (72"), weight 88 kg (194 lb 0.1 oz), SpO2 93 %.

```
Recent Results (from the past 24 hour(s))
ECG 12 lead
Collection Time: 06/21/23 7:48 PM
Result Value Ref Range
Ventricular Rate ECG 118 BPM
Atrial Rate 118 BPM
P-R Interval 136 ms
QRS Duration 98 ms
Q-T Interval 356 ms
QTc 498 ms
P Wave Axis 72 degrees
R Axis 94 degrees
T Axis 91 degrees
ECG Interpretation
Sinus tachycardia
Rightward axis
Nonspecific ST and T wave abnormality
Abnormal ECG
No previous ECGs available
Confirmed by Valle, MD, Javier (401) on 6/22/2023 2:28:27 PM
CBC auto differential
Collection Time: 06/21/23 8:10 PM
Result Value Ref Range
WBC 11.9 (H) 3.6 - 11.1 K/mcL
RBC 3.88 (L) 4.30 - 5.90 M/mcL
Hemoglobin 11.3 (L) 12.9 - 18.0 g/dL
Hematocrit 34.4 (L) 37.6 - 52.0 %
MCV 88.7 82.0 - 102.0 FL
MCHC 32.8 31.0 - 36.0 g/dL
RDW 13.4 12.0 - 16.0 %
Platelets 553 (H) 140 - 440 K/mcL
Neutrophils Relative 67.9 43.3 - 80.0 %
Immature Granulocytes Relative 0.7 0.0 - 3.0 %
Lymphocytes Relative 18.2 15.0 - 45.0 %
Monocytes Relative 10.5 4.6 - 12.4 %
Eosinophils Relative 2.3 0.0 - 5.0 %
Basophils Relative 0.4 0.0 - 2.0 %
Neutrophils Absolute 8.05 (H) 1.90 - 7.20 K/mcL
Immature Granulocytes Absolute 0.08 0.00 - 0.30 K/mcL
Lymphocytes Absolute 2.16 0.80 - 3.30 K/mcL
Monocytes Absolute 1.24 (H) 0.20 - 0.80 K/mcL
Eosinophils Absolute 0.27 0.00 - 0.50 K/mcL
Basophils Absolute 0.05 0.00 - 0.20 K/mcL
NRBC 0.0 0.0 - 0.2 %
NRBC Absolute 0.00 < 0.01 K/mcL
POCT Glucose, blood
Collection Time: 06/21/23 8:13 PM
Result Value Ref Range
Glucose POCT 129 (H) 70 - 110 mg/dL
Comprehensive metabolic panel
Collection Time: 06/21/23 9:59 PM
Result Value Ref Range
Sodium 135 135 - 144 mmol/L
Potassium 4.3 3.5 - 5.3 mmol/L
Chloride 97 (L) 98 - 107 mmol/L
CO2 28 21 - 31 mmol/L
Anion Gap 10 3 - 11
Glucose 114 (H) 70 - 99 mg/dL
BUN 17 7 - 25 mg/dL
Creatinine 0.75 0.70 - 1.30 mg/dL
eGFR 102 >=60 mL/min/1.73m2
BUN/Creatinine Ratio 22.7 >=0.0
Calcium 8.4 (L) 8.6 - 10.3 mg/dL
AST (SGOT) 35 13 - 39 unit/L
ALT (SGPT) 39 7 - 52 unit/L
Alkaline Phosphatase 104 27 - 120 unit/L
Total Protein 6.6 6.1 - 7.9 g/dL
Albumin 2.9 (L) 3.5 - 5.7 g/dL
Total Bilirubin 0.6 0.3 - 1.0 mg/dL
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Magnesium Collection Time: 06/21/23 9:59 PM Result Value Ref Range Magnesium 1.6 (L) 1.7 - 2.5 mg/dL Ethanol Collection Time: 06/21/23 9:59 PM Result Value Ref Range Ethanol Level <10 <10 mg/dL Thyroid stimulating hormone with reflex to free t4 and free t3 Collection Time: 06/21/23 9:59 PM Result Value Ref Range TSH 4.55 0.45 - 5.33 mcIU/mL Thyroxine free Collection Time: 06/21/23 9:59 PM Result Value Ref Range Free T4 1.31 (H) 0.61 - 1.24 ng/dL POCT Glucose, blood Collection Time: 06/22/23 12:24 AM Result Value Ref Range Glucose POCT 109 70 - 110 mg/dL Drug abuse screen, urine Collection Time: 06/22/23 12:35 AM Result Value Ref Range Amphetamine Screen, Ur Negative Negative Barbiturate Screen, Ur Negative Negative Cocaine Screen, Ur Negative Negative Opiate Screen, Ur Negative Negative Cannabinoid (THC) Screen, Ur Negative Negative Benzodiazepine Screen, Ur Negative Negative Urinalysis with microscopic Collection Time: 06/22/23 12:35 AM Result Value Ref Range Color, Urine Dark Yellow Yellow Clarity, Urine Cloudy (A) Clear Specific Gravity Urine 1.012 1.005 - 1.030 pH, Urine 6.0 4.8 - 8.0 pH Leukocytes, Urine Positive (A) Negative Nitrite, Urine Positive (A) Negative Protein, Urine 1+ (A) Negative mg/dL Glucose, Urine Negative Negative mg/dL Ketones, Urine Negative Negative mg/dL Urobilinogen, Urine Normal Normal (<2.0) mg/dL Bilirubin, Urine Negative Negative Blood, Urine 2+ (A) Negative eryth/mcL RBC, Urine 21-50 (A) 0 - 2 /HPF WBC, Urine >50 (A) 0 - 2 /HPF Bacteria, Urine 1+ (A) None /HPF Squamous Epithelial, Urine 1-5 (A) None /HPF POCT Glucose, blood Collection Time: 06/22/23 6:41 AM Result Value Ref Range Glucose POCT 101 70 - 110 mg/dL Complete blood count Collection Time: 06/22/23 8:43 AM Result Value Ref Range WBC 8.9 3.6 - 11.1 K/mcL RBC 3.85 (L) 4.30 - 5.90 M/mcL Hemoglobin 11.3 (L) 12.9 - 18.0 g/dL Hematocrit 34.6 (L) 37.6 - 52.0 % MCV 89.9 82.0 - 102.0 FL MCHC 32.7 31.0 - 36.0 g/dL RDW 13.4 12.0 - 16.0 % Platelets 539 (H) 140 - 440 K/mcL NRBC 0.0 0.0 - 0.2 % NRBC Absolute 0.00 < 0.01 K/mcL Ammonia Collection Time: 06/22/23 8:43 AM

Result Value Ref Range Ammonia 30 16 - 53 mcmol/L

Vitamin B12

Collection Time: 06/22/23 8:43 AM

Result Value Ref Range

Vitamin B-12 608 180 - 914 pcg/mL

Collection Time: 06/22/23 8:43 AM

Result Value Ref Range Folate 7.7 > = 5.9 ng/mlBasic metabolic panel

Collection Time: 06/22/23 8:44 AM

Result Value Ref Range

Sodium 137 135 - 144 mmol/L Potassium 3.7 3.5 - 5.3 mmol/L

Chloride 101 98 - 107 mmol/L

CO2 25 21 - 31 mmol/L Anion Gap 11 3 - 11

Glucose 128 (H) 70 - 99 mg/dL

BUN 14 7 - 25 mg/dL

Creatinine 0.73 0.70 - 1.30 mg/dL eGFR 103 >=60 mL/min/1.73m2

BUN/Creatinine Ratio 19.2 >=0.0 Calcium 8.2 (L) 8.6 - 10.3 mg/dL

Phosphorus

Collection Time: 06/22/23 8:44 AM

Result Value Ref Range

Phosphorus 3.6 2.4 - 4.6 mg/dL

Magnesium

Collection Time: 06/22/23 8:44 AM

Result Value Ref Range

Magnesium 2.0 1.7 - 2.5 mg/dL

POCT Glucose, blood

Collection Time: 06/22/23 11:27 AM

Result Value Ref Range

Glucose POCT 130 (H) 70 - 110 mg/dL

Mental Status Examination:

General: The patient appeared stated age, in no acute distress, with good hygiene and grooming, wearing hospital gowns. The patient was minimally cooperative and withdrawn. Eye contact was appropriate. The patient had no psychomotor agitation or retardation, and had no abnormal movements.

Gait and station: not assessed at this time.

Muscle strength and tone: normal tone and normal strength

Mood: "good"

Affect: constricted range, mood-congruent and minimally reactive to conversation Speech: clear with decreased rate, soft volume, normal tone, and normal rhythm

Thought Process: not assessed at this time due to minimal responses to questions being asked

Associations: unable to assess at this time due to minimal responses

Thought Content: Upon inquiry, the patient reported no suicidal ideations, intent, or plans, no homicidal ideations, intent, or plans. On further inquiry, the patient reported no auditory or visual hallucinations. The patient did not appear to be responding to internal stimuli. Delusions were not elicited.

Orientation: The patient was alert, oriented to person

Attention & Concentration: easily distractible, requiring frequent redirection

Recent & Remote Memory: impaired, per interview

Language: intact, per interview

Fund of Knowledge: Likely average, per interview.

Insight & Judgment: limited.

Risk Assessment:

Risk factors: poor insight, impulsivity, history of TBI and neurocognitive impairments

Protective factors: no reported access to firearms, living in a supervised environment, support from family, no prior inpatient psychiatric hospitalizations and no prior self-harming behaviors

Inquiry: The patient did not report suicidal or homicidal ideation, intent, or plans.

Risk level: Low imminent risk for harm, based on current data, including the patient's risk factors, protective factors, and above inquiry.

DSM-5 Diagnoses:

Neurocognitive deficits secondary to anoxic brain injury

Other Conditions: Diabetes mellitus

HLD

Assessment:

This is a 62-year-old male with no previous psychiatric history who was found down in a parking lot in May 2023 after sustaining V. tach arrest, resulting in anoxic brain injury and prolonged ICU stay. Patient has been having more impulsive behavior and agitation since this occurred, after extubation and continuing after discharged to his nursing home, he has no previous history of this behavior. Patient did have an MRI done on 05/15/2023 that showed evidence of cortical ischemia bilaterally with some additional foci in the cerebellar hemisphere and left basal ganglia periventricular white matter compatible with anoxic brain injury. EEG during that hospitalization did not show evidence of seizure. Patient was more agitated at the nursing home than he had been in the ICU once he was extubated. He was found to have a urinary tract infection, and was noted to be retaining urine. Given this traumatic brain injury, recommendation would be to have neurology on board to aid in assessment of neurocognitive deficits. Would also recommend treating the patient's urinary tract infection, as this can acutely exasperate aggression and agitation. Recommend abstaining from use of antipsychotics, given his elevation in QTc. Risks, benefits, and alternatives to Ativan were discussed with the patient's daughter, including sedation. The patient's daughter was advised to avoid concomitant use with other CNS depressants including alcohol and muscle relaxers. We discussed the Black Box Warning for dependency and increased risk of profound sedation, respiratory depression, coma, and death with concomitant use with opioids. Patient's daughter expressed understanding and elects to proceed.

Recommendations:

- 1. Psychiatric hospitalization is not indicated at this time.
- 2. Supervision: The patient requires 1:1 supervision at this time for safety of both self and others due to unpredictability and acuity of symptomatology, as above.
- 3. Psychotropic medications: Would not initiate any scheduled psychiatric medications at this time.
- 4. PRNs: Ativan 1 mg PO/IM Q8H PRN severe agitation (IM only if PO medications refused and patient is at imminent risk of harm to self and others). Limit to 3 doses per day. Hold for excessive sedation.
- 5. Testing: EKG
- 6. Would recommend neurology consultation to aid in assessment of neurocognitive deficits.

I examined the patient in person, and discussed the above assessment and plan with attending psychiatrist, Dr. Cardasis. I reviewed the above treatment plan with the patient.

We will continue to follow daily. Please contact us at pager 76227, phone extension 5-5436, or via Haiku at "SMLI GME Psychiatry Consult Service Opt-In" if you have further questions or concerns. Thank you for the opportunity to contribute to your patient's care.

Summer Farooq, DO Psychiatry Resident

Cosigned by W Cardasis, MD at 06/23/2023 10:03 AM EDT

Electronically signed by S Farooq, DO at 06/22/2023 3:47 PM EDT

Electronically signed by W Cardasis, MD at 06/23/2023 10:03 AM EDT

Associated attestation - W Cardasis, MD - 06/23/2023 10:03 AM EDT

Formatting of this note might be different from the original.

I personally saw and examined the patient on rounds with my team on 6/22/23. Management was discussed with the resident Dr. Farooq, and I supervised the plan of care. I have reviewed and agree with key aspects of the resident evaluation including: subjective information, objective findings on exam, assessment and plan.

Miscellaneous Notes - documented in this encounter

ED Bed Hold Note - Ryan C, RN - 06/21/2023 5:36 PM EDT

Formatting of this note might be different from the original.

Bed: G-25

Expected date:

Expected time:

Means of arrival:

Comments:

943

Electronically signed by Ryan C, RN at 06/21/2023 5:36 PM EDT

Plan of Treatment - documented as of this encounter

Scheduled Orders

| Name | Туре | Priority | Associated Diagnoses | Order Schedule |
|---------------|--------------|----------|----------------------|---|
| CULTURE URINE | Microbiology | Routine | | once for 1 Occurrences starting 07/25/2023 until 07/25/2023 |

| Procedures - documen | ted in this enco | unter | | |
|----------------------|------------------|---------------------------|----------------------|----------|
| Procedure Name | Priority | Date/Time | Associated Diagnosis | Comments |
| Oxygen Therapy | Routine | 07/10/2023 8:01 PM EDT | | |
| Oxygen Therapy | Routine | 07/10/2023 8:03 AM EDT | | |
| Oxygen Therapy | Routine | 07/09/2023 8:01 PM EDT | | |
| Oxygen Therapy | Routine | 07/09/2023 8:02 AM EDT | | |
| Oxygen Therapy | Routine | 07/08/2023 8:02 AM EDT | | |
| Oxygen Therapy | Routine | 07/07/2023 2:00 PM EDT | | |
| Oxygen Therapy | Routine | 07/07/2023 2:00 PM EDT | | |

| | | Ref | | Analysis | | |
|---|---|---|--|---|--|---|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 163 (H) | 70 - 110 mg/dL | | 07/26/2023 11:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical L Laterality | ocation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary bloo specimen / U | | | 07/26/202 EDT | 3 11:19 AM | 07/26/2023 11:20 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB POINT C TEST DOCKE UNSOLICITED | D DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nui | mber | |
| TRINITY HEALTH | 36475 Five M | 1ile Road | Livonia, MI 48154 | 734-655-4 | | |
| LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) POCT G | | OD (POCT | , | - Final result | | 6:18 AM EDT) |
| LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) POCT G Component | LUCOSE BLO Value | OOD (POCT Ref Range | , | - Final result Analysis Time | (07/26/2023 Performed At | 6 6:18 AM EDT) Pathologist Signature |
| LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) POCT G | LUCOSE BLO | OOD (POCT Ref | GLUCOSE, BLOOD) | - Final result Analysis | (07/26/2023 Performed At | Pathologist Signature |
| LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) POCT G Component Glucose POCT | Value 115 (H) Anatomical L | Ref Range 70 - 110 mg/dL | GLUCOSE, BLOOD) Test Method Collection Method / | - Final result Analysis Time 07/26/2023 6:18 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature |
| LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) | Value 115 (H) Anatomical L | POD (POCT Ref Range 70 - 110 mg/dL | GLUCOSE, BLOOD) Test Method | - Final result Analysis Time 07/26/2023 6:18 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) POCT G Component Glucose POCT | Value 115 (H) Anatomical L | POD (POCT Ref Range 70 - 110 mg/dL | GLUCOSE, BLOOD) Test Method Collection Method / | - Final result Analysis Time 07/26/2023 6:18 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature |
| LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) | Value 115 (H) Anatomical L Laterality Capillary block | POD (POCT Ref Range 70 - 110 mg/dL | GLUCOSE, BLOOD) Test Method Collection Method / | - Final result Analysis Time 07/26/2023 6:18 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) Blood | Value 115 (H) Anatomical L Laterality Capillary block | POD (POCT Ref Range 70 - 110 mg/dL | GLUCOSE, BLOOD) Test Method Collection Method / | - Final result Analysis Time 07/26/2023 6:18 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) Blood Narrative | Value 115 (H) Anatomical L Laterality Capillary bloc specimen / U | POD (POCT Ref Range 70 - 110 mg/dL Pocation / Od Juknown | GLUCOSE, BLOOD) Test Method Collection Method / Volume | - Final result Analysis Time 07/26/2023 6:18 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) POCT G Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider | Value 115 (H) Anatomical L Laterality Capillary bloc specimen / U Result Type LAB POINT C TEST DOCKER UNSOLICITED | POD (POCT Ref Range 70 - 110 mg/dL Pocation / Od Juknown | GLUCOSE, BLOOD) Test Method Collection Method / Volume Result Status | - Final result Analysis Time 07/26/2023 6:18 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 6:18 AM EDT | Pathologist Signature Received Time |

| | | Ref | | Analysis | | |
|---------------------------------------|------------------------------|-----------|----------------------------|----------------|------------------------|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 131 (H) | 70 - 110 | | 07/25/2023 | TRINITY | |
| | | mg/dL | | 8:59 PM | HEALTH | |
| | | | | EDT | LIVONIA | |
| | | | | | HOSPITAL LABORATORY | |
| | | | | | (SMLI) | |
| | Anatomical Lo | ocation / | Collection Method / | | (52.) | |
| Specimen (Source) | Laterality | - | Volume | Collection | Time | Received Time |
| Blood | Capillary bloo | | | 07/25/202 | 3 8:58 PM EDT | 07/25/2023 9:00 PM EDT |
| | specimen / Ur | nknown | | | | |
| Narrative | | | | | | |
| Ivairative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB POINT O | | Final Result | | | |
| | TEST DOCKED | | | | | |
| | UNSOLICITED | RESULIS | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nui | mber | |
| TRINITY HEALTH | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| LIVONIA HOSPITAL | | | | | | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| (ABNORMAL) POCT G | LUCOSE BLO | OD (POCT | GLUCOSE, BLOOD) | - Final result | (07/25/2023 | 4:49 PM EDT) |
| (| | Ref | | Analysis | (01, 10, 1010 | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 130 (H) | 70 - 110 | | 07/25/2023 | TRINITY | |
| | | mg/dL | | 4:50 PM | HEALTH | |
| | | | | EDT | LIVONIA HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | | | | | | |
| (C) | Anatomical Lo | ocation / | Collection Method / | C - IIti | T: | Deceived Time |
| Specimen (Source) Blood | Laterality | . d | Volume | Collection | | Received Time |
| DIOOG | Capillary bloo specimen / Ur | | | 07/25/202 | 3 4.49 PIVI EDI | 07/25/2023 4:51 PM EDT |
| | specimen, or | THE TOWN | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizina Dravidar | Docult Turns | | Pocult Status | | | |
| Authorizing Provider S Maan MD | Result Type LAB POINT O | E CADE | Result Status Final Result | | | |
| S IVIAAII IVID | TEST DOCKED | | i iiiai Nesuil | | | |
| | UNSOLICITED | | | | | |
| | | | | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nui | | |
| TRINITY HEALTH | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| LIVONIA HOSPITAL LABORATORY (SMLI) | | | | | | |
| D. DOTO (TOTAL (SIVILI) | | | | | | |
| | | | | | | |

(ABNORMAL) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/25/2023 12:28 PM EDT)

| | | Ref | | Analysis | | |
|---|---------------------------------------|----------------------|----------------------------|-------------------------------|---|----------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 142 (H) | 70 - 110 mg/dL | | 07/25/2023 12:29 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| | Anatomical Lo | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Un | | | 07/25/2023 EDT | 23 12:28 PM | 07/25/2023 12:30 PM EDT |
| Narrative | | | | | | |
| Authorizing Provider S Maan MD | Result Type LAB POINT OF | | Result Status Final Result | | | |
| Performing Organization | TEST DOCKED UNSOLICITED Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-48 | | |
| (ABNORMAL) CBC W/ AM EDT) | | RENTIAL (Ref | (CBC WITH AUTO DIF | FFERENTIAL) Analysis | - Final resul | t (07/25/2023 9:33 |
| Component | | | Test Method | Time | Performed At | t Pathologist Signature |
| WBC | 13.1 (H) | 3.6 - 11.1 | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM | | Tuttlologist olgrides. |

| | | Ref | | Analysis | |
|------------|----------|--------------------------|--------------------------|------------------------------|---|
| Component | Value | Range | Test Method | Time | Performed At Pathologist Signature |
| WBC | 13.1 (H) | 3.6 - 11.1 K/mcL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| RBC | 4.17 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Hemoglobin | 12.3 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Hematocrit | 39.3 | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| MCV | 94.2 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|-----------------------------------|----------|--------------------------|--------------------------|------------------------------|---|-----------------------|
| MCHC | 31.3 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 15.3 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 403 | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Relative | 61.3 | 43.3 - 80.0 % | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Relative | 0.6 | 0.0 - 3.0 % | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Relative | 19.8 | 15.0 - 45.0 % | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Relative | 12.7 (H) | 4.6 - 12.4 % | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Relative | 5.2 (H) | 0.0 - 5.0 % | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Relative | 0.4 | 0.0 - 2.0 % | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Absolute | 8.05 (H) | 1.90 - 7.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|------------------------------------|--------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Immature Granulocytes Absolute | 0.08 | 0.00 - 0.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Absolute | 2.60 | 0.80 - 3.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Absolute | 1.66 (H) | 0.20 - 0.80 K/ mcL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Absolute | 0.68 (H) | 0.00 - 0.50 K/ mcL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Absolute | 0.05 | 0.00 - 0.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 07/25/2023 9:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical L Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Venous blood specimen / U | | | | | 07/25/2023 9:45 AM EDT |
| Narrative | | | | | | |
| Authorizina Dravidar | Docude Trees | | Result Status | | | |
| Authorizing Provider R Akaraz-Avedissian MD | Result Type LAB BLOOD ORDERABLES | ; | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| | | | | | | |

(ABNORMAL) COMPREHENSIVE METABOLIC PANEL - Final result (07/25/2023 9:33 AM EDT)

| | | Ref | | Analysis | | |
|---------------------------|------------------|---------------------------|--------------------------|-------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Sodium | 142 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Potassium | 4.1 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Chloride | 103 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| CO2 | 32 (H) | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 7 | 3 - 11 | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 129 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 19 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.59 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 110 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| equation refit without ad | ljustment for ra | ace. | based on the Chronic Kid | | | IIADUIALIUII (CKD-EPI) |
| BUN/Creatinine Ratio | 32.2 | >=0.0 | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|------------------------------|---------------------|-------------------------------|-------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Calcium | 8.3 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| AST (SGOT) | 18 | 13 - 39 unit/L | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| ALT (SGPT) | 12 | 7 - 52 unit/L | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Alkaline Phosphatase | 83 | 27 - 120 unit/L | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Total Protein | 6.2 | 6.1 - 7.9 g/dL | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Albumin | 2.7 (L) | 3.5 - 5.7 g/dL | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Total Bilirubin | 0.4 | 0.3 - 1.0 mg/dL | LAB CHEMISTRY METHOD | 07/25/2023 10:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Laterality | ocation / | Collection Method / Volume | Collection | Timo | Received Time |
| Blood | Venous blood specimen / U | | | | | 07/25/2023 9:45 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB BLOOD ORDERABLES | , | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| | | | | | | |

POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/25/2023 6:43 AM EDT)

| | | Ref | l | Analysis | 5 C - J A+ | 5 11 1 1 1 C' - strong |
|---|--------------------------------|---|--|---|--|--------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 108 | 70 - 110 | | 07/25/2023 6:43 AM | TRINITY HEALTH | |
| | | mg/dL | | 6:43 AM EDT | LIVONIA | |
| | | | | LDI | HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | Anatomical Loc | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | Time | Received Time |
| Blood | Capillary blood | | | 07/25/2023 | 3 6:43 AM EDT | 07/25/2023 6:44 AM EDT |
| | specimen / Un | known | | | | |
| | | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB POINT OF | CARF | Final Result | | | |
| J WIGGIT WID | TEST DOCKED | _ | Tillai Nesait | | | |
| | UNSOLICITED | | | | | |
| | - | | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | nber | |
| TRINITY HEALTH | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-48 | | |
| | | • - | | | | |
| LIVONIA HOSPITAL | | | | | | |
| LIVONIA HOSPITAL LABORATORY (SMLI) | | | | | | |
| | YSIS WITH MI | ICROSCOI Ref | PIC - Final result (07/2 | | 0 AM EDT) | |
| (ABNORMAL) URINAL | YSIS WITH MI Value | Ref | PIC - Final result (07/2 | Analysis | - | t Pathologist Signature |
| Laboratory (SMLI) | | | | Analysis Time 07/25/2023 6:48 AM | Performed A 3 TRINITY HEALTH | nt Pathologist Signature |
| (ABNORMAL) URINALY Component | Value | Ref Range | Test Method LAB URINALYSIS - | Analysis Time 07/25/2023 | Performed A TRINITY HEALTH LIVONIA | .t Pathologist Signature |
| (ABNORMAL) URINALY Component | Value | Ref Range | Test Method LAB URINALYSIS - | Analysis Time 07/25/2023 6:48 AM | Performed A TRINITY HEALTH LIVONIA HOSPITAL | |
| (ABNORMAL) URINALY Component | Value | Ref Range | Test Method LAB URINALYSIS - | Analysis Time 07/25/2023 6:48 AM | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR | |
| (ABNORMAL) URINALY Component Color, Urine | Value Amber | Ref Range Yellow | Test Method LAB URINALYSIS - AUTOMATED METHOD | Analysis Time 07/25/2023 6:48 AM EDT | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) | |
| (ABNORMAL) URINALY Component | Value | Ref Range | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - | Analysis Time 07/25/2023 6:48 AM EDT | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY | |
| (ABNORMAL) URINALY Component Color, Urine | Value Amber | Ref Range Yellow | Test Method LAB URINALYSIS - AUTOMATED METHOD | Analysis Time 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH | |
| (ABNORMAL) URINALY Component Color, Urine | Value Amber | Ref Range Yellow | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - | Analysis Time 07/25/2023 6:48 AM EDT | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LIVONIA | |
| (ABNORMAL) URINALY Component Color, Urine | Value Amber | Ref Range Yellow | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - | Analysis Time 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LIVONIA HOSPITAL | Y |
| (ABNORMAL) URINALY Component Color, Urine | Value Amber | Ref Range Yellow | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - | Analysis Time 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATOR | Y |
| (ABNORMAL) URINALY Component Color, Urine Clarity, Urine | Value Amber Cloudy (A) | Ref Range Yellow | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - AUTOMATED METHOD | Analysis Time 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) | Y |
| (ABNORMAL) URINALY Component Color, Urine | Value Amber | Ref Range Yellow | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - | Analysis Time 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) | Y |
| (ABNORMAL) URINALY Component Color, Urine Clarity, Urine | Value Amber Cloudy (A) | Ref Range Yellow Clear | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - AUTOMATED METHOD | Analysis Time 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY SPITAL LABORATOR (SMLI) TRINITY | Y |
| (ABNORMAL) URINALY Component Color, Urine Clarity, Urine | Value Amber Cloudy (A) | Ref Range Yellow Clear | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - AUTOMATED METHOD | Analysis Time 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LIVONIA HOSPITAL | Y |
| (ABNORMAL) URINALY Component Color, Urine Clarity, Urine | Value Amber Cloudy (A) | Ref Range Yellow Clear | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - AUTOMATED METHOD | Analysis Time 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATOR | Y |
| (ABNORMAL) URINALY Component Color, Urine Clarity, Urine Specific Gravity Urine | Value Amber Cloudy (A) 1.019 | Ref Range Yellow Clear | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - AUTOMATED METHOD | Analysis Time 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) | Y |
| (ABNORMAL) URINALY Component Color, Urine Clarity, Urine | Value Amber Cloudy (A) | Ref Range Yellow Clear 1.005 - 1.030 | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - AUTOMATED METHOD | Analysis Time 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY | Y |
| (ABNORMAL) URINALY Component Color, Urine Clarity, Urine Specific Gravity Urine | Value Amber Cloudy (A) 1.019 | Ref Range Yellow Clear | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - AUTOMATED METHOD | Analysis Time 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY HEALTH LABORATOR (SMLI) | Y |
| (ABNORMAL) URINALY Component Color, Urine Clarity, Urine Specific Gravity Urine | Value Amber Cloudy (A) 1.019 | Ref Range Yellow Clear 1.005 - 1.030 | Test Method LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - AUTOMATED METHOD LAB URINALYSIS - AUTOMATED METHOD | Analysis Time 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT 07/25/2023 6:48 AM EDT | Performed A TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) TRINITY | Y |

Negative LAB URINALYSIS -

AUTOMATED METHOD

Positive (A)

Leukocytes, Urine

LABORATORY

(SMLI)

HEALTH

LIVONIA HOSPITAL LABORATORY

(SMLI)

07/25/2023 TRINITY

6:48 AM

EDT

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At Pathologist Signature |
|---------------------|----------|---------------------------|--------------------------------------|------------------------------|---|
| Nitrite, Urine | Negative | | LAB URINALYSIS - AUTOMATED METHOD | 07/25/2023 6:48 AM EDT | |
| Protein, Urine | 1+ (A) | Negative mg/dL | LAB URINALYSIS - AUTOMATED METHOD | 07/25/2023 6:48 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Glucose, Urine | Negative | Negative mg/dL | LAB URINALYSIS - AUTOMATED METHOD | 07/25/2023 6:48 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Ketones, Urine | Negative | Negative mg/dL | LAB URINALYSIS - AUTOMATED METHOD | 07/25/2023 6:48 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Urobilinogen, Urine | 2.0 (A) | Normal (<2.0) mg/dL | LAB URINALYSIS - AUTOMATED METHOD | 07/25/2023 6:48 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Bilirubin, Urine | Negative | Negative | LAB URINALYSIS - AUTOMATED METHOD | 07/25/2023 6:48 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Blood, Urine | 3+ (A) | Negative eryth/ mcL | LAB URINALYSIS - AUTOMATED METHOD | 07/25/2023 6:48 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| RBC, Urine | >50 (A) | 0 - 2 / HPF | LAB URINALYSIS - AUTOMATED METHOD | 07/25/2023 6:48 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| WBC, Urine | >50 (A) | 0 - 2 / HPF | LAB URINALYSIS - AUTOMATED METHOD | 07/25/2023 6:48 AM EDT | |
| Bacteria, Urine | 1+ (A) | None / HPF | LAB URINALYSIS - AUTOMATED METHOD | 07/25/2023 6:48 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |

| | | Ref | | Analysis | | |
|---|--------------------------|--------------------|--------------------------------------|-------------------------------|--|---|
| Component | Value | Range | Test Method | Time | Performed A | at Pathologist Signature |
| Mucus, Urine | Present (A) | HPF | LAB URINALYSIS - AUTOMATED METHOD | 07/25/2023 6:48 AM EDT | R TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) | ΥΥ |
| Chariman (Caura) | Anatomical Lo | cation / | Collection Method / Volume | Collection 7 | Timo o | Descrived Time |
| Specimen (Source) Urine | Laterality Urine specime | n from | Non-blood Collection / | | | Received Time 07/25/2023 6:17 AM EDT |
| Office | urinary condu Unknown | | Unknown | 01,23,2023 | 7 0.00 7 (17) 2.51 | 0772372023 0.77 7111 231 |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB URINE OF | RDERABLES | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nher | |
| TRINITY HEALTH | 36475 Five Mi | le Road | Livonia, MI 48154 | 734-655-48 | | |
| LIVONIA HOSPITAL LABORATORY (SMLI) | JOHT J TIVE IVII | ic Road | Livoliia, Wii 40134 | 734 033 40 | | |
| | | | | | | |
| PHOSPHORUS - Final re | sult (07/25/20 |)23 12:02 . Ref | AM EDT) | Analysis | | |
| Component | Value | | Test Method | Time | Performed At | Pathologist Signature |
| Phosphorus | 3.7 | 2.4 - 4.6 mg/dL | LAB CHEMISTRY METHOD | 07/25/2023 12:41 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| | Anatomical Lo | ocation / | Collection Method / | C II .: 3 | - · | D : 1T |
| Specimen (Source) Blood | Laterality Venous blood | | Volume Venipuncture / Unknow | Collection | | Received Time 07/25/2023 12:09 AM |
| ыоод | specimen / Ur | | venipuncture / Onknow | EDT | 12.UZ AIVI | EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | le Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| | | | | | | |
| MAGNESIUM - Final resu | ult (07/25/202 | 23 12:02 A Ref | M EDT) | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Magnesium | 1.8 | 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 07/25/2023 12:41 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |

| | Anatomical Loc | cation / | Collection Method / | | | | |
|---|------------------------------------|-------------------|----------------------------|----------------------------|---------------------|--------------------------------------|--|
| Specimen (Source) | Laterality | | Volume | Collection | Time | Received Time | |
| Blood | Venous blood specimen / Unknown | | Venipuncture / Unknow | 07/25/2023 12:02 AM EDT | | 07/25/2023 12:09 AM EDT | |
| Narrative | | | | | | | |
| Narrative | | | | | | | |
| | D 1: T | | D. H. C. | | | | |
| Authorizing Provider R Akaraz-Avedissian MD | Result Type LAB BLOOD | | Result Status Final Result | | | | |
| R Akaraz-Avedissian MD | ORDERABLES | | rinai Resuit | | | | |
| | | | | | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nur | | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | | |
| | | | | | | | |
| (ABNORMAL) POCT GI | LUCOSE BLOO | | GLUCOSE, BLOOD) - I | | (07/24/2023 | 8:23 PM EDT) | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature | |
| Glucose POCT | 142 (H) | 70 - 110 | | 07/24/2023 | | | |
| | | mg/dL | | 8:23 PM | HEALTH | | |
| | | | | EDT | LIVONIA HOSPITAL | | |
| | | | | | LABORATORY | | |
| | | | | | (SMLI) | | |
| | Anatomical Loc | cation / | Collection Method / | | | | |
| Specimen (Source) | Laterality | Lation / | Volume | Collection Time | | Received Time | |
| Blood | Capillary blood | | | 07/24/2023 8:23 PM EDT | | 07/24/2023 8:24 PM EDT | |
| | specimen / Unl | known | | | | | |
| Narrative | | | | | | | |
| | | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | | |
| S Maan MD | LAB POINT OF | CARE | Final Result | | | | |
| | TEST DOCKED | DEVICE | | | | | |
| | UNSOLICITED F | RESULTS | | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | | |
| TRINITY HEALTH | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4800 | | | |
| LIVONIA HOSPITAL | | | | | | | |
| LABORATORY (SMLI) | | | | | | | |
| | | | | | | | |
| (ABNORMAL) POCT GI | LUCOSE BLOO | = | GLUCOSE, BLOOD) - I | | (07/24/2023 | 4:41 PM EDT) | |
| Component | Value | Ref | Test Method | Analysis | Parformed 1+ | Pathologist Cignoture | |
| Component Glucose POCT | 111 (H) | Range 70 - 110 | iest iviethod | Time 07/24/2023 | | Pathologist Signature | |
| GIUCUSE FOCT | 111 (H) | 70 - 110 mg/dL | | 4:42 PM | HEALTH | | |
| | | <i>J.</i> | | EDT | LIVONIA | | |
| | | | | | HOSPITAL | | |
| | | | | | LABORATORY (SMLI) | | |
| | | | | | . , | | |
| Consider to 10 and 1 | Anatomical Loc | cation / | Collection Method / | Callant' T' | | Descined Time | |
| Specimen (Source) Blood | Laterality Capillary blood | <u> </u> | Volume | Collection Time | | Received Time 07/24/2023 4:43 PM EDT | |
| ыооч | specimen / Unl | | | 01/2 4 /202 | J →.→ I FIVI EUI | 01/24/2023 4.43 FIVI EDI | |
| | | | | | | | |
| Narrative | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Authorizing Provider | Result Type | | Result Status | | | |
|---|--|-------------------|-------------------------------|--------------------------------|---|------------------------|
| S Maan MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| POCT GLUCOSE BLOOD | | Ref | | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 86 | 70 - 110 mg/dL | | 07/24/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Unl | | | | | 07/24/2023 6:39 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| (ABNORMAL) POCT GI | LUCOSE BLOC | OD (POCT Ref | GLUCOSE, BLOOD) - | - Final result Analysis | (07/23/2023 | 8:51 PM EDT) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 141 (H) | 70 - 110 mg/dL | | | | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection Time | | Received Time |
| Blood | Capillary blood specimen / Unknown | | | 07/23/202 | 3 8:51 PM EDT | 07/23/2023 9:40 PM EDT |
| _Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| | | | | | | |

| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
|---|--|-----------------------------|--|---------------------------|---------------------|------------------------|
| TRINITY HEALTH | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| LIVONIA HOSPITAL | | | | | | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GLUCO | | D) - Final result (07/23 | | M EDT) | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 95 | 70 - 110 | - | 07/23/2023 | TRINITY | J J |
| | | mg/dL | | 5:26 PM EDT | HEALTH LIVONIA | |
| | | | | בטו | HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | Anatomical Loc | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | ı | Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Unl | | | 07/23/202 | 3 5:26 PM EDI | 07/23/2023 5:27 PM EDT |
| | , | | | | | |
| <u>Narrative</u> | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB POINT OF TEST DOCKED | | Final Result | | | |
| | UNSOLICITED I | | | | | |
| D (' O ' ' | A 1.1 | | C'. (C. 1. /7ID.C. 1 | DI NI | 1 | |
| Performing Organization TRINITY HEALTH | 1 Address 36475 Five Mile Road | | City/State/ZIP Code Livonia, MI 48154 | Phone Number 734-655-4800 | | |
| LIVONIA HOSPITAL | 30473 Tive Will | e Noau | LIVOTIIa, IVII 40134 | 734-033-40 | 500 | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| (ABNORMAL) POCT G | LUCOSE BLOO | D (POCT | GLUCOSE, BLOOD) - | Final result | (07/23/2023 | 11:48 AM EDT) |
| Component | Value | Ref Range | Test Method | Analysis Time | Parformed At | Pathologist Signature |
| Glucose POCT | 163 (H) | 70 - 110 | lest Method | 07/23/2023 | TRINITY | Fathologist Signature |
| | | mg/dL | | 11:49 AM | HEALTH | |
| | | | | EDT | LIVONIA HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | Anatomical Loc | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | Time | Received Time |
| Blood | Capillary blood | | | | 3 11:48 AM | 07/23/2023 11:50 AM |
| | specimen / Un | known | | EDT | | EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | D 1: T | | Result Status | | | |
| | Result Type | | | | | |
| S Maan MD | Result Type LAB POINT OF | | Final Result | | | |
| S Maan MD | LAB POINT OF TEST DOCKED | DEVICE | | | | |
| S Maan MD | LAB POINT OF | DEVICE | | | | |
| Performing Organization | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | | Phone Nur | nber | |
| Performing Organization TRINITY HEALTH | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE RESULTS | Final Result | Phone Nur 734-655-4 | | |
| Performing Organization TRINITY HEALTH LIVONIA HOSPITAL | LAB POINT OF TEST DOCKED UNSOLICITED I | DEVICE RESULTS | Final Result City/State/ZIP Code | | | |
| Performing Organization TRINITY HEALTH | LAB POINT OF TEST DOCKED UNSOLICITED I | DEVICE RESULTS | Final Result City/State/ZIP Code | | | |
| Performing Organization TRINITY HEALTH LIVONIA HOSPITAL | LAB POINT OF TEST DOCKED UNSOLICITED I Address 36475 Five Mile | DEVICE RESULTS e Road | Final Result City/State/ZIP Code Livonia, MI 48154 | | | |

| | | Ref | | Analysis | | |
|---|------------------------------|---------------------------|---------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Ammonia | 37 | 16 - 53 | LAB CHEMISTRY METHOD | 07/23/2023 8:50 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |
| Specimen (Source) | Anatomical L Laterality | _ocation / | Collection Method / Volume | Collection ⁻ | (SMLI) | Received Time |
| Blood | Venous bloo | d d | | | | 07/23/2023 8:15 AM EDT |
| 2.000 | specimen / U | | 1011pa110ta , | ., | , | 07,23,2323 22 |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | S | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | 1ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| VALPROIC ACID TOTAL (| (VALPROIC A | CID LEVEL, Ref | , TOTAL) - Final result (0 |)7/23/2023 8: Analysis | :11 AM EDT) | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Valproic Acid Level | 53.6 | 50.0 - 100.0 mcg/mL | LAB CHEMISTRY METHOD | 07/23/2023 8:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| <u>-</u> | Anatomical L | _ocation / | Collection Method / | 70 | | |
| Specimen (Source) | Laterality | 1 | Volume Vaniounctura / Unknow | Collection 7 | | Received Time |
| Blood | Venous blood specimen / U | | Venipuncture / Olikilow | IN U//23/2023 | 3 8:TT AIVI (אונייי) | 07/23/2023 8:15 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | S | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five N | 1ile Road | Livonia, MI 48154 | 734-655-48 | | |
| POCT GLUCOSE BLOOD |) (POCT GLU(| COSE, BLOC | OD) - Final result (07/23 | 3/2023 7:41 A Analysis | vm EDT) | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 97 | 70 - 110 mg/dL | | 7:42 AM EDT | | |

| | Anatomical Location / | | Collection Method / | | | | |
|---------------------------------------|-------------------------|----------|---------------------|------------------------|---------------------|------------------------|--|
| Specimen (Source) | Laterality | | Volume | Collection Time | | Received Time | |
| Blood | Capillary blood | | | 07/23/2023 7:41 AM EDT | | 07/23/2023 7:43 AM EDT | |
| | specimen / Un | known | | | | | |
| Narrative | | | | | | | |
| | | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | | |
| S Maan MD | LAB POINT OF | CARE | Final Result | | | | |
| | TEST DOCKED | | | | | | |
| | UNSOLICITED | RESULIS | | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | | |
| TRINITY HEALTH | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | | |
| LIVONIA HOSPITAL LABORATORY (SMLI) | | | | | | | |
| EADORATORT (SIVILI) | | | | | | | |
| / | | | | | | | |
| (ABNORMAL) POCT G | LUCOSE BLOO | Ref | GLUCOSE, BLOOD) | | (07/22/2023 | 9:30 PM EDT) | |
| Component | Value | Range | Test Method | Analysis Time | Performed At | Pathologist Signature | |
| Glucose POCT | 133 (H) | 70 - 110 | | 07/22/2023 | TRINITY | | |
| | | mg/dL | | 9:31 PM | HEALTH | | |
| | | | | EDT | LIVONIA HOSPITAL | | |
| | | | | | LABORATORY | | |
| | | | | | (SMLI) | | |
| | Anatomical Loc | cation / | Collection Method / | | | | |
| Specimen (Source) | Laterality | | Volume | Collection Time | | Received Time | |
| Blood | Capillary blood | | | 07/22/2023 9:30 PM EDT | | 07/22/2023 9:32 PM EDT | |
| | specimen / Un | known | | | | | |
| Narrative | | | | | | | |
| | | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | | |
| S Maan MD | LAB POINT OF | | Final Result | | | | |
| | TEST DOCKED UNSOLICITED | _ | | | | | |
| | UNSOLICITED | KESULIS | | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Number | | | |
| TRINITY HEALTH | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4800 | | | |
| LIVONIA HOSPITAL LABORATORY (SMLI) | | | | | | | |
| E (BOTO (TOTAL (SIVIE)) | | | | | | | |
| / | | | | | | | |
| (ABNORMAL) POCT G | FOCOSE BLOO | Ref | GLUCOSE, BLOOD) | Analysis | (07/22/2023 | 4:44 PM ED1) | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature | |
| Glucose POCT | 125 (H) | 70 - 110 | | 07/22/2023 | TRINITY | | |
| | | mg/dL | | 4:44 PM | HEALTH | | |
| | | | | EDT | LIVONIA HOSPITAL | | |
| | | | | | LABORATORY | | |
| | | | | | (SMLI) | | |
| | Anatomical Lo | cation / | Collection Method / | | | | |
| Specimen (Source) | Laterality | | Volume | Collection Time | | Received Time | |
| Blood | Capillary blood | | | 07/22/202 | 3 4:44 PM EDT | 07/22/2023 4:45 PM EDT | |
| | specimen / Un | known | | | | | |
| Narrative | | | | | | | |
| | | | | | | | |

| | - 1 | | | | | |
|---|--|-------------------|-------------------------------|--------------------------------|---|-------------------------|
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-48 | | |
| (ABNORMAL) POCT GI | LUCOSE BLO | OD (POCT Ref | · GLUCOSE, BLOOD) - | - Final result Analysis | (07/22/2023 | 12:46 PM EDT) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 146 (H) | 70 - 110 mg/dL | | 07/22/2023 12:47 PM EDT | | <u> </u> |
| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection ¹ | Time | Received Time |
| Blood | Capillary bloo | | VOIGITIC | | 23 12:46 PM | 07/22/2023 12:48 PM |
| ыооч | specimen / U | | | EDT | J 12.40 1 1vi | EDT |
| Narrative | | | | | | |
| IVarrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB POINT OF TEST DOCKED UNSOLICITED | D DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mher | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-48 | | |
| (ABNORMAL) CBC W/ AM EDT) | | Ref | | Analysis | | |
| Component | Value | | Test Method | Time | | t Pathologist Signature |
| WBC | 10.3 | | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | (|
| RBC | 4.15 (L) | | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | (|
| Hemoglobin | 12.0 (L) | | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | B TRINITY HEALTH LIVONIA | |

HOSPITAL LABORATORY (SMLI)

| Component | Value | Ref Range | Test Method | Analysis Time | Parformed At | Pathologist Signature |
|-----------------------------------|----------|-------------------------|--------------------------|------------------------------|---|------------------------|
| Hematocrit | 38.8 | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Tatriologist Signature |
| MCV | 93.5 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCHC | 30.9 (L) | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 14.6 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 452 (H) | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Relative | 48.8 | 43.3 - 80.0 % | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Relative | 0.6 | 0.0 - 3.0 % | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Relative | 33.9 | 15.0 - 45.0 % | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Relative | 11.9 | 4.6 - 12.4 % | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Relative | 4.3 | 0.0 - 5.0 % | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|-----------------------------------|------------------------------|--------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Basophils Relative | 0.5 | 0.0 - 2.0 % | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Absolute | 5.05 | 1.90 - 7.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Absolute | 0.06 | 0.00 - 0.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Absolute | 3.51 (H) | 0.80 - 3.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Absolute | 1.23 (H) | 0.20 - 0.80 K/ mcL | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Absolute | 0.44 | 0.00 - 0.50 K/ mcL | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Absolute | 0.05 | 0.00 - 0.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 07/22/2023 7:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Venous blood specimen / U | | | | | 07/22/2023 7:12 AM EDT |
| Narrative | | | | | | |
| | | | | | | |

| Authorizing Provider | Result Type | Result Status | |
|---|-------------------------|---------------------|--------------|
| R Akaraz-Avedissian MD | LAB BLOOD ORDERABLES | Final Result | |
| Performing Organization | Address | City/State/ZIP Code | Phone Number |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 |

(ABNORMAL) COMPREHENSIVE METABOLIC PANEL - Final result (07/22/2023 7:05 AM EDT)

| (ABNORWAL) COMPR | EHENSIVE M | Ref | C PANEL - Final result (| 07/22/2023 Analysis | 3 7:05 AM EDT) |
|------------------|------------|--------------------------|--------------------------|------------------------------|---|
| Component | Value | Range | Test Method | Time | Performed At Pathologist Signature |
| Sodium | 140 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Potassium | 4.8 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Chloride | 105 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| CO2 | 28 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Anion Gap | 7 | 3 - 11 | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Glucose | 90 | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| BUN | 19 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Creatinine | 0.54 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |

| | | Ref | | Analysis | | |
|--|------------------------------|---------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| eGFR | 113 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Oct equation refit without ad | | | pased on the Chronic Kidne | ey Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 35.2 | >=0.0 | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.2 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| AST (SGOT) | 23 | 13 - 39 unit/L | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| ALT (SGPT) | 9 | 7 - 52 unit/L | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Alkaline Phosphatase | 78 | 27 - 120 unit/L | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Total Protein | 6.3 | 6.1 - 7.9 g/dL | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Albumin | 2.7 (L) | 3.5 - 5.7 g/dL | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Total Bilirubin | 0.3 | 0.3 - 1.0 mg/dL | LAB CHEMISTRY METHOD | 07/22/2023 7:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical L Laterality | ocation / | Collection Method / Volume | Collection 7 | Time | Received Time |
| Blood | Venous blood specimen / U | | | | | 07/22/2023 7:12 AM EDT |
| Narrative | | | | | | |
| | | | | | | |

| Authorizing Provider | Result Type | | Result Status | | | |
|--|-----------------------------|--------------------|-------------------------------|------------------------------|----------------------|---|
| R Akaraz-Avedissian MD | LAB BLOOD | | Final Result | | | |
| | ORDERABLES | ı | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | | |
| LIVONIA HOSPITAL | | | | | | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| PHOSPHORUS - Final re | sult (07/22/2 | | AM EDT) | | | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Phosphorus | 3.3 | 2.4 - 4.6 | | 07/22/2023 | TRINITY | Fathologist Signature |
| | 5.5 | mg/dL | METHOD | 7:49 AM | HEALTH | |
| | | | | EDT | LIVONIA HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | Anatomical | - cation / | Callastian Mathod / | | | |
| Specimen (Source) | Anatomical Lo Laterality | Scation / | Collection Method / Volume | Collection 1 | Time | Received Time |
| Blood | Venous blood | | | | | 07/22/2023 7:12 AM EDT |
| | specimen / U | nknown | | | | |
| Narrative | | | | | | |
| Ivaliative | | | | | | |
| t d 11 Budden | D 1: T | | D. H. C. I | | | |
| Authorizing Provider R Akaraz-Avedissian MD | Result Type LAB BLOOD | | Result Status Final Result | | | |
| K AKdidz-Aveuissiaii ivid | ORDERABLES | خ | rillai Kesuit | | | |
| | | | | | | |
| Performing Organization | | ·" Deed | City/State/ZIP Code | Phone Num | | |
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five M | ile Koau | Livonia, MI 48154 | 734-655-48 | 300 | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| MAGNESIUM - Final resu | ult (07/22/20 | 23 7:05 A | M EDT) | | | |
| | , , , , | Ref | ., | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Magnesium | 2.1 | 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 07/22/2023 7:49 AM | TRINITY HEALTH | |
| | | mg/aL | WILTHOU | EDT | LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATORY (SMLI) | |
| | | | | | (3 | |
| Consideran (Course) | Anatomical Lo | ocation / | Collection Method / | Callection : | T: | Density of Times |
| Specimen (Source) Blood | Laterality Venous blood | 4 | Volume Venipuncture / Unknown | Collection 1 n 07/22/2023 | | Received Time 07/22/2023 7:12 AM EDT |
| Diood | specimen / U | | veriipunetare / Ontro | 1 01/22/2020 |) 1.03 / ((v) LD. | 01/22/2025 1.12 / 1.11 25 . |
| A1 | | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB BLOOD ORDERABLES | • | Final Result | | | |
| | OUDTIVUDEES | | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| LIVONIA HOSPITAL LABORATORY (SMLI) | | | | | | |
| <u> </u> | | | | | | |

| POCT GLUCOSE BLOOD | (| Ref | | Analysis | , | |
|---|--|--|---|--|--|--------------------------------------|
| Component | Value | Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 87 | 70 - 110 mg/dL | | 07/22/2023 6:15 AM EDT | | Taurioregiot originates o |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Unl | | | 07/22/202 | 3 6:14 AM EDT | 07/22/2023 6:16 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF TEST DOCKED UNSOLICITED F | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | | Livonia, MI 48154 | 734-655-4 | 800 | |
| (ABNORMAL) POCT G | LUCOSE BLOO | D (POCT | GLUCOSE BLOOD) | . Final result | (07/21/2023 | 0.01 DM EDT) |
| Component | Value | Ref Range | Test Method | Analysis Time | | Pathologist Signature |
| Component Glucose POCT | Value 174 (H) | Ref | - | Analysis | Performed At | |
| | | Ref Range 70 - 110 mg/dL | - | Analysis Time 07/21/2023 9:04 PM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |
| Glucose POCT Specimen (Source) | Anatomical Loc Laterality | Ref Range 70 - 110 mg/dL | Test Method | Analysis Time 07/21/2023 9:04 PM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Glucose POCT | 174 (H) Anatomical Loc | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/21/2023 9:04 PM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature |
| Glucose POCT Specimen (Source) | Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/21/2023 9:04 PM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Specimen (Source) Blood Narrative | Anatomical Loc Laterality Capillary blood specimen / Unl | Ref Range 70 - 110 mg/dL | Test Method Collection Method / Volume | Analysis Time 07/21/2023 9:04 PM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Specimen (Source) Blood | Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/21/2023 9:04 PM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Specimen (Source) Blood Narrative Authorizing Provider R Akaraz-Avedissian MD | Anatomical Loc Laterality Capillary blood specimen / University Result Type LAB POINT OF TEST DOCKED UNSOLICITED I | Ref Range 70 - 110 mg/dL | Collection Method / Volume Result Status Final Result | Analysis Time 07/21/2023 9:04 PM EDT Collection 07/21/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 9:01 PM EDT | Pathologist Signature Received Time |
| Specimen (Source) Blood Narrative Authorizing Provider | Anatomical Loc Laterality Capillary blood specimen / University Result Type LAB POINT OF TEST DOCKED UNSOLICITED I | Ref Range 70 - 110 mg/dL cation / known | Test Method Collection Method / Volume Result Status | Analysis Time 07/21/2023 9:04 PM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 9:01 PM EDT | Pathologist Signature Received Time |

| | | Ref | | Analysis | | |
|---|--|---|---|--|---|--------------------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 102 | 70 - 110 mg/dL | | 07/21/2023 5:22 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Unl | | | 07/21/202 | 3 5:21 PM EDT | 07/21/2023 5:23 PM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF TEST DOCKED UNSOLICITED I | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| (4001000141) 0000 | | | | | | |
| (ABNORMAL) POCT G Component Glucose POCT | Value 133 (H) | Ref Range 70 - 110 mg/dL | Test Method | Analysis Time 07/21/2023 12:59 PM EDT | Performed At TRINITY HEALTH LIVONIA | Pathologist Signature |
| Component | Value 133 (H) | Ref Range 70 - 110 mg/dL | Test Method | Analysis Time 07/21/2023 12:59 PM | Performed At TRINITY HEALTH | |
| Component | Value | Ref Range 70 - 110 mg/dL | | Analysis Time 07/21/2023 12:59 PM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Component Glucose POCT | Value 133 (H) Anatomical Loc | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/21/2023 12:59 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature |
| Component Glucose POCT Specimen (Source) | Value 133 (H) Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/21/2023 12:59 PM EDT Collection 07/21/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood | Value 133 (H) Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/21/2023 12:59 PM EDT Collection 07/21/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood | Anatomical Loc Laterality Capillary blood specimen / Uni | Ref Range 70 - 110 mg/dL | Test Method Collection Method / Volume Result Status | Analysis Time 07/21/2023 12:59 PM EDT Collection 07/21/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative | Value 133 (H) Anatomical Loc Laterality Capillary blood specimen / Unl | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume | Analysis Time 07/21/2023 12:59 PM EDT Collection 07/21/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider | Anatomical Loc Laterality Capillary blood specimen / Uni Result Type LAB POINT OF TEST DOCKED UNSOLICITED I | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume Result Status | Analysis Time 07/21/2023 12:59 PM EDT Collection 07/21/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 12:58 PM | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider R Akaraz-Avedissian MD | Anatomical Loc Laterality Capillary blood specimen / Uni Result Type LAB POINT OF TEST DOCKED UNSOLICITED I | Ref Range 70 - 110 mg/dL cation / | Collection Method / Volume Result Status Final Result | Analysis Time 07/21/2023 12:59 PM EDT Collection 07/21/202 EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 12:58 PM | Pathologist Signature Received Time |

| Commont | Value | Ref | To at Mathe a d | Analysis | Danta massal At | Dath ala sist Cisusatuus |
|---|---|---------------------------|-------------------------------|--------------------------------|---|-------------------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 74 | 70 - 110 mg/dL | | 07/21/2023 6:29 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | , , | Received Time |
| Blood | Capillary blood specimen / Unl | | | 07/21/202 | 3 6:29 AM EDT | 07/21/2023 6:30 AM EDT |
| _Narrative | | | | | | |
| A .1 | D 1. T | | D. J. C. | | | |
| Authorizing Provider | Result Type | CARE | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF TEST DOCKED UNSOLICITED F | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| (ABNORMAL) POCT G Component Glucose POCT | Value 124 (H) | Ref Range 70 - 110 | GLUCOSE, BLOOD) - Test Method | Analysis Time 07/20/2023 | Performed At TRINITY | 8:40 PM EDT) Pathologist Signature |
| | | mg/dL | | 8:43 PM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | |
| Blood | Laterality Capillary blood specimen / Unknown | | | | | Received Time |
| | specimen / Unl | | | 07/20/202 | 3 8:40 PM EDT | 07/20/2023 8:44 PM EDT |
| <u>Narrative</u> | specimen / Unl | | | 07/20/202 | 3 8:40 PM EDT | |
| | | | Result Status | 07/20/202 | 3 8:40 PM EDT | |
| Narrative Authorizing Provider R Akaraz-Avedissian MD | Result Type LAB POINT OF TEST DOCKED UNSOLICITED F | CARE DEVICE | Result Status Final Result | 07/20/202 | 3 8:40 PM EDT | |
| Authorizing Provider R Akaraz-Avedissian MD | Result Type LAB POINT OF TEST DOCKED UNSOLICITED I | CARE DEVICE | Final Result | | | |
| Authorizing Provider | Result Type LAB POINT OF TEST DOCKED UNSOLICITED I | CARE DEVICE RESULTS | | Phone Nur 734-655-4 | mber | |

| | | Ref | | Analysis | | |
|---|-----------------------------------|-----------------------------------|-------------------------------|---|--|---|
| Component Glucose POCT | Value 94 | Range 70 - 110 mg/dL | Test Method | Time 07/20/2023 4:55 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | Pathologist Signature |
| Sanainan (Sanan) | Anatomical Loc | cation / | Collection Method / | Callantina | (SMLI) | Described Time |
| Specimen (Source) Blood | Laterality Capillary blood | <u> </u> | Volume | 07/20/202 | | Received Time 07/20/2023 4:56 PM EDT |
| | specimen / Unk | known | | | | |
| Narrative | | | | | | |
| Authorizina Drovidor | Dogult Turo | | Dogult Status | | | |
| Authorizing Provider R Akaraz-Avedissian MD | Result Type LAB POINT OF | CARE | Result Status Final Result | | | |
| | TEST DOCKED I UNSOLICITED F | | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| Component Glucose POCT | Value 107 | Ref Range 70 - 110 mg/dL | Test Method | Analysis Time 07/20/2023 12:21 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | Pathologist Signature |
| | A | | Callagai an Markagal / | | (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | .ation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Unk | | | 07/20/2023 EDT | 3 12:21 PM | 07/20/2023 12:22 PM EDT |
| Narrative | | | | | | |
| Aught and the Don't h | Describe T | | Decode Co. | | | |
| Authorizing Provider R Akaraz-Avedissian MD | Result Type LAB POINT OF | CARF | Result Status Final Result | | | |
| IV ARGINZ-AVEUISSIGII IVID | TEST DOCKED I | DEVICE | i mai nesuit | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| | | | | | | |

| | | Ref | | Analysis | | |
|---|--|--------------------------|-------------------------------|-----------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 89 | 70 - 110 mg/dL | | 07/20/2023 6:55 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Un | | | 07/20/202 | 3 6:54 AM EDT | 07/20/2023 6:56 AM EDT |
| Narrative | | | | | | |
| A .I | D 1. T | | D 11 Ct 1 | | | |
| Authorizing Provider | Result Type | CADE | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nui | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-4 | | |
| POCT GLUCOSE BLOOD Component | (POCT GLUCC | SE, BLOO Ref Range | D) - Final result (07/1 | 9/2023 8:52 F Analysis Time | | Pathologist Signature |
| Glucose POCT | 94 | 70 - 110 mg/dL | | 07/19/2023 8:53 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Un | | | | | 07/19/2023 8:54 PM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF | CARE | Final Result | | | |
| waraz / warasian MD | TEST DOCKED UNSOLICITED | DEVICE | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nui | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| | | | | | | |

(ABNORMAL) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/19/2023 4:38 PM EDT)

| | | Ref | | Analysis | | |
|---|----------------------------------|-------------------|---------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 112 (H) | 70 - 110 mg/dL | | 07/19/2023 4:39 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Un | | | 07/19/202 | 3 4:38 PM EDT | 07/19/2023 4:40 PM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF | CARE | Final Result | | | |
| 1.7.11.d.122 7.100d.155.d.11 1.112 | TEST DOCKED UNSOLICITED | DEVICE | . mai result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| ECG 12-LEAD - Final res | ult (07/19/202 | 3 12:15 PN Ref | M EDT) | Analysis | Performed | |
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| Ventricular Rate ECG | 85 | BPM | | | GEMUSE | |
| Atrial Rate | 85 | BPM | | | GEMUSE | |
| P-R Interval | 152 | ms | | | GEMUSE | |
| QRS Duration | 96 | ms | | | GEMUSE | |
| Q-T Interval | 406 | ms | | | GEMUSE | |
| QTc | 483 | ms | | | GEMUSE | |

GEMUSE

GEMUSE

GEMUSE

degrees degrees

degrees

-40

61

73

P Wave Axis

R Axis

T Axis

| | | Ref | | Analysis | Performed | |
|---------------------------------|--|---------------------------|---------------------|-------------------------|---|--|
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| ECG Interpretation | Unusual P axis, possible ectopic atrial rhythm Low voltage QRS Prolonged QT Abnormal ECG When compared with ECG of 16-JUL-2023 12:09, No significant change was found Confirmed by REDDY, MD, SHILPA (16837) on 7/19/2023 | | | | GEMUSE | |
| | 4:55:58 PM Anatomical Loc | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection 7 | | Received Time |
| | | | | 07/19/2023 EDT | 3 12:15 PM | 07/19/2023 4:55 PM EDT |
| Narrative This result has an at | ttachment tha | t is not | available. | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | | LES | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| GEMUSE | | | | | | |
| (ABNORMAL) POCT GI | LUCOSE BLOO Value | DD (POCT Ref Range | GLUCOSE, BLOOD) | Analysis | | S 11:20 AM EDT) Pathologist Signature |
| Glucose POCT | 138 (H) | 70 - 110 | TOST IVICATION | | | Tutilologist signature |
| | , | mg/dL | | 11:21 AM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Consider the (Conses) | Anatomical Loc | cation / | Collection Method / | Callagtion | * | D. seiter d Times |
| Specimen (Source) Blood | Laterality Capillary blood | ۲ | Volume | Collection 7 07/19/2023 | | Received Time 07/19/2023 11:23 AM |
| Біооц | specimen / Unk | | | EDT | 3 II.ZU Aivi | EDT |
| Narrative | | | | | | |
| | | | | | | |
| | | | | | | |

| Authorizing Provider | Result Type | Result Status | |
|---|--|---------------------|--------------|
| R Akaraz-Avedissian MD | LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | Final Result | |
| Performing Organization | Address | City/State/ZIP Code | Phone Number |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 |

(ABNORMAL) CBC W/ AUTO DIFFERENTIAL (CBC WITH AUTO DIFFERENTIAL) - Final result (07/19/2023 6:55 AM EDT)

| AIVI EDI) | | Ref | | Analysis | | |
|------------|----------|--------------------------|--------------------------|------------------------------|---|-----------------------|
| Component | Value | Ret Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| WBC | 9.2 | | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | | |
| RBC | 3.76 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hemoglobin | 11.1 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hematocrit | 35.1 (L) | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCV | 93.4 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCHC | 31.6 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 14.7 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 389 | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|-----------------------------------|----------|--------------------------|--------------------------|------------------------------|--|--|
| Neutrophils Relative | 55.7 | 43.3 - 80.0 % | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 2 a. a. a. a. g. sa a |
| Immature Granulocytes Relative | 0.4 | 0.0 - 3.0 % | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Relative | 24.5 | 15.0 - 45.0 % | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Relative | 13.3 (H) | 4.6 - 12.4 % | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Relative | 5.6 (H) | 0.0 - 5.0 % | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Relative | 0.5 | 0.0 - 2.0 % | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Absolute | 5.09 | 1.90 - 7.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Absolute | 0.04 | 0.00 - 0.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Absolute | 2.24 | 0.80 - 3.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Absolute | 1.22 (H) | 0.20 - 0.80 K/ mcL | LAB HEMETOLOGY METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|--|-----------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | | Time | Performed At | Pathologist Signature |
| Eosinophils Absolute | 0.51 (H) | 0.00 - 0.50 K/ mcL | METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Basophils Absolute | 0.05 | 0.00 - 0.20 K/ mcL | METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| NRBC | 0.0 | 0.0 - 0.2 % | METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | METHOD | 07/19/2023 7:33 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection 7 | Time | Received Time |
| Blood | Venous blood specimen / Ur | | Venipuncture / Unknown | | | 07/19/2023 7:23 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| AMMONIA - Final result | t (07/19/2023 | 6:55 AM | EDT) | | | |
| C | M-1 | Ref | | Analysis | Df a d A+ | District Cinneture |
| Component Ammonia | Value 46 | Range 16 - 53 mcmol/L | LAB CHEMISTRY METHOD | 7:52 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature |
| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection 1 | Time | Received Time |
| Blood | Venous blood specimen / Ur | | | | | 07/19/2023 7:08 AM EDT |
| _Narrative | | | | | | |
| Authorizing Provider | Posult Type | | Result Status | | | |
| R Akaraz-Avedissian MD | Result Type LAB BLOOD ORDERABLES | , | Final Result | | | |
| | | | | | | |

| TENUTY (15 ATT) | | | city/State/Zii code | 704 655 46 | 1001 | |
|--|--|---|---|--|--|---------------------------------|
| TRINITY HEALTH | 36475 Five M | lile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| LIVONIA HOSPITAL | | | | | | |
| Laboratory (SMLI) | | | | | | |
| | | | | | | |
| (ADMODRAN) VALDDO | NC ACID TOT | AL CALB | DOLG AGID LEVEL TOT | all Final | It (07/40) | (2022 C.FF ANA FDT) |
| (ABNORMAL) VALPRO | IC ACID TO | | ROIC ACID LEVEL, TOT | | esuit (07/19/ | 2023 6:55 AMI EDI) |
| | \ | Ref | T . M . I | Analysis | D (IA. | D. I. J |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Valproic Acid Level | 49.8 (L) | 50.0 - | LAB CHEMISTRY | 07/19/2023 | | |
| | | 100.0 | METHOD | 8:15 AM EDT | HEALTH | |
| | | mcg/mL | | בטו | LIVONIA HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | | | | | , | |
| | Anatomical L | ocation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection ⁻ | Гіте | Received Time |
| Blood | Venous blood | d | Venipuncture / Unknow | n 07/19/2023 | 6:55 AM EDT | 07/19/2023 7:23 AM EDT |
| | specimen / U | nknown | ' | | | |
| | | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | | | Final Result | | | |
| | ORDERABLES | · | | | | |
| | | | | | | |
| | Address | | City/State/ZIP Code | Phone Nun | nber | |
| Performing Organization | | | * | | | |
| TRINITY HEALTH | 36475 Five M | lile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| TRINITY HEALTH LIVONIA HOSPITAL | | lile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| TRINITY HEALTH | | lile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| TRINITY HEALTH LIVONIA HOSPITAL | | lile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | | | | | \ |
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five M | ETABOLI | | (07/19/2023 | | Т) |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR | 36475 Five M | I ETABOLI (| C PANEL - Final result (| (07/19/2023 Analysis | 6:55 AM ED | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component | 36475 Five M EHENSIVE M Value | ETABOLIO Ref Range | C PANEL - Final result (Test Method | (07/19/2023 Analysis Time | 6:55 AM ED Performed At | T) Pathologist Signature |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR | 36475 Five M | Ref Range 135 - | C PANEL - Final result (Test Method LAB CHEMISTRY | (07/19/2023 Analysis Time 07/19/2023 | 6:55 AM ED Performed At TRINITY | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component | 36475 Five M EHENSIVE M Value | Ref Range 135 - 144 | C PANEL - Final result (Test Method | (07/19/2023 Analysis Time 07/19/2023 8:15 AM | Performed At TRINITY HEALTH | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component | 36475 Five M EHENSIVE M Value | Ref Range 135 - | C PANEL - Final result (Test Method LAB CHEMISTRY | (07/19/2023 Analysis Time 07/19/2023 | Performed At TRINITY HEALTH LIVONIA | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component | 36475 Five M EHENSIVE M Value | Ref Range 135 - 144 | C PANEL - Final result (Test Method LAB CHEMISTRY | (07/19/2023 Analysis Time 07/19/2023 8:15 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component | 36475 Five M EHENSIVE M Value | Ref Range 135 - 144 | C PANEL - Final result (Test Method LAB CHEMISTRY | (07/19/2023 Analysis Time 07/19/2023 8:15 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium | 36475 Five M EHENSIVE M Value 137 | Ref Range 135 - 144 mmol/L | C PANEL - Final result (Test Method LAB CHEMISTRY METHOD | (07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component | 36475 Five M EHENSIVE M Value | Ref Range 135 - 144 mmol/L | C PANEL - Final result (Test Method LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium | 36475 Five M EHENSIVE M Value 137 | Ref Range 135 - 144 mmol/L | C PANEL - Final result (Test Method LAB CHEMISTRY METHOD | (07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium | 36475 Five M EHENSIVE M Value 137 | Ref Range 135 - 144 mmol/L | C PANEL - Final result (Test Method LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium | 36475 Five M EHENSIVE M Value 137 | Ref Range 135 - 144 mmol/L | C PANEL - Final result (Test Method LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium Potassium | 36475 Five M EHENSIVE M Value 137 | Ref Range 135 - 144 mmol/L | Test Method LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) CARRONIA CARRONI | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium | 36475 Five M EHENSIVE M Value 137 | Ref Range 135 - 144 mmol/L 3.5 - 5.3 mmol/L | Test Method LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY TEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium Potassium | 36475 Five M EHENSIVE M Value 137 | Ref Range 135 - 144 mmol/L 3.5 - 5.3 mmol/L | Test Method LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium Potassium | 36475 Five M EHENSIVE M Value 137 | Ref Range 135 - 144 mmol/L 3.5 - 5.3 mmol/L | Test Method LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium Potassium | 36475 Five M EHENSIVE M Value 137 | Ref Range 135 - 144 mmol/L 3.5 - 5.3 mmol/L | Test Method LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium Potassium | 36475 Five M EHENSIVE M Value 137 | Ref Range 135 - 144 mmol/L 3.5 - 5.3 mmol/L | Test Method LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium Potassium Chloride | 36475 Five M Value 137 3.6 | Ref Range 135 - 144 mmol/L 3.5 - 5.3 mmol/L | Test Method LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium Potassium | 36475 Five M EHENSIVE M Value 137 | Ref Range 135 - 144 mmol/L 3.5 - 5.3 mmol/L 98 - 107 mmol/L | Test Method LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT 07/19/2023 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY TRINITY | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium Potassium Chloride | 36475 Five M Value 137 3.6 | Ref Range 135 - 144 mmol/L 3.5 - 5.3 mmol/L | Test Method LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium Potassium Chloride | 36475 Five M Value 137 3.6 | Ref Range 135 - 144 mmol/L 3.5 - 5.3 mmol/L 98 - 107 mmol/L | Test Method LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT 07/19/2023 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium Potassium Chloride | 36475 Five M Value 137 3.6 | Ref Range 135 - 144 mmol/L 3.5 - 5.3 mmol/L 98 - 107 mmol/L | Test Method LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) COMPR Component Sodium Potassium Chloride | 36475 Five M Value 137 3.6 | Ref Range 135 - 144 mmol/L 3.5 - 5.3 mmol/L 98 - 107 mmol/L | Test Method LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD LAB CHEMISTRY METHOD | 07/19/2023 Analysis Time 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM EDT 07/19/2023 8:15 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA | |

City/State/ZIP Code

Phone Number

Performing Organization Address

| | | Ref | | Analysis | | |
|--|----------|---------------------------|---------------------------|------------------------------|---|-----------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Anion Gap | 6 | 3 - 11 | LAB CHEMISTRY METHOD | 07/19/2023 8:15 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 99 | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/19/2023 8:15 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 17 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/19/2023 8:15 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.46 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/19/2023 8:15 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 118 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/19/2023 8:15 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Oc equation refit without ac | | | based on the Chronic Kidr | ney Disease Ep | idemiology Col | laboration (CKD-EPI) |
| BUN/Creatinine Ratio | 37.0 | >=0.0 | LAB CHEMISTRY METHOD | 07/19/2023 8:15 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.2 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 07/19/2023 8:15 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| AST (SGOT) | 22 | 13 - 39 unit/L | LAB CHEMISTRY METHOD | 07/19/2023 8:15 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| ALT (SGPT) | 10 | 7 - 52 unit/L | LAB CHEMISTRY METHOD | 07/19/2023 8:15 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Alkaline Phosphatase | 71 | 27 - 120 unit/L | LAB CHEMISTRY METHOD | 07/19/2023 8:15 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| Total Protein | | | Ref | | Analysis | | |
|--|---------------------------|---------------------------------------|-----------|--------------------------|-----------------------|--|------------------------|
| Total Protein | Component | Value | | Test Method | | Performed At | Pathologist Signature |
| Total Bilirubin D.5 D.3 - 1.0 LAB CHEMISTRY METHOD BID LABORATORY (SML) | | | 6.1 - 7.9 | LAB CHEMISTRY | 07/19/2023 8:15 AM | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |
| METHOD BISTS AM HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Specimen (Source) Anatomical Location / Laterality Volume Collection Method / Volume Collection Time Received Time Received Time Portification of Specimen / Unknown Narrative Authorizing Provider R Akaraz-Avedissian MD LAB BLOOD ORDERABLES Performing Organization LAG975 Five Mile Road LIVONIA HOSPITAL LABORATORY (SMLI) Ref Component Value Ref Range Glucose POCT 101 70 - 110 mg/dL Ref Component Componen | | | | | 8:15 AM | HEALTH LIVONIA HOSPITAL LABORATORY | , |
| Specimen (Source) Laterality Volume Collection Time Received Time | Total Bilirubin | | mg/dL | METHOD | 8:15 AM | HEALTH LIVONIA HOSPITAL LABORATORY | , |
| Blood Specimen / Unknown Venipuncture / Unknown 07/19/2023 6:55 AM EDT 07/19/2023 7:23 AM Norrative Authorizing Provider Result Type Result Status R Akaraz-Avedissian MD LAB BLOOD ORDERABLES Performing Organization Address City/State/ZIP Code Phone Number TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/19/2023 6:26 AM EDT) Ref Analysis Component Value Range Test Method Time Performed At Pathologist Signature Glucose POCT 101 70 - 110 mg/dL 6:26 AM HEALTH EDT LABORATORY (SMLI) Specimen (Source) Laterality Volume Capillary blood specimen / Unknown Narrative Anatomical Location / Collection Method / Volume Result Type Result Status Final Result Collection Time Received Time Result Status Final Result | Specimen (Source) | | ocation / | | Collection | Time | Pocaived Time |
| Authorizing Provider Result Type Result Status R Akaraz-Avedissian MD LAB BLOOD ORDERABLES Performing Organization Address City/State/ZIP Code Phone Number TRINITY HEALTH LABORATORY (SMLI) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/19/2023 6:26 AM EDT) Ref Component Value Range Test Method Time Performed At Pathologist Signature Glucose POCT 101 70 - 110 07/19/2023 TRINITY 6:26 AM HEALTH EDT LABORATORY (SMLI) Specimen (Source) Anatomical Location / Laterality Volume Collection Method / Volume Received Time Blood Capillary blood specimen / Unknown Narrative Authorizing Provider Result Type Result Status Final Result Final Result Final Result Total Result Status Final Result Final Result Total Result Total Result Status Final Result Test Method O7/19/2023 6:26 AM EDT 07/19/2023 6:28 AM EDT 07/19/2023 6:2 | | Venous blood | | | | | |
| Authorizing Provider Result Type Result Status R Akaraz-Avedissian MD ORDERABLES Performing Organization Address City/State/ZIP Code Phone Number TRINITY HEALTH LADSPITAL LABORATORY (SMLI) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/19/2023 6:26 AM EDT) Component Value Range Test Method Time Performed At Pathologist Signature Glucose POCT 101 70 - 110 mg/dL EDT LIVONIA HOSPITAL LABORATORY (SMLI) Specimen (Source) Anatomical Location / Collection Method / Volume Capillary blood specimen / Unknown Narrative Authorizing Provider Result Type Result Status Result Status Final Result Status Final Result City/State/ZIP Code Phone Number 734-655-4800 Phone Number 734-655-4800 City/State/ZIP Code Phone Number 734-655-4800 Component Value Range 734-65-4800 Compone | | 9 | | | | | |
| R Akaraz-Avedissian MD LAB BLOOD ORDERABLES Performing Organization Address City/State/ZIP Code Phone Number TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/19/2023 6:26 AM EDT) Analysis Test Method Time Performed At Pathologist Signature Glucose POCT 101 70 - 110 07/19/2023 TRINITY 6:26 AM HEALTH EDT LIVONIA HOSPITAL LABORATORY (SMLI) Specimen (Source) Anatomical Location / Laterality Volume Collection Time Received Time Blood Capillary blood specimen / Unknown Narrative Anatomical Pocked Pocked Performed At Pathologist Signature Collection Method / Volume Collection Time Received Time Received Time Received Time Received Time Anatomical Location / Volume 07/19/2023 6:26 AM EDT 07/19/2023 6:28 A | Narrative | | | | | | |
| R Akaraz-Avedissian MD LAB BLOOD ORDERABLES Performing Organization Address City/State/ZIP Code Phone Number TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/19/2023 6:26 AM EDT) Analysis Test Method Time Performed At Pathologist Signature Glucose POCT 101 70 - 110 07/19/2023 TRINITY 6:26 AM HEALTH EDT LIVONIA HOSPITAL LABORATORY (SMLI) Specimen (Source) Anatomical Location / Laterality Volume Collection Time Received Time Blood Capillary blood specimen / Unknown Narrative Anatomical Pocked Pocked Performed At Pathologist Signature Collection Method / Volume Collection Time Received Time Received Time Received Time Received Time Anatomical Location / Volume 07/19/2023 6:26 AM EDT 07/19/2023 6:28 A | Authorizing Provider | Pocult Type | | Possilt Status | | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/19/2023 6:26 AM EDT) Ref Component Value Range Test Method Time Performed At Pathologist Signature Glucose POCT 101 70 - 110 mg/dL 6:26 AM HEALTH EDT LIVONIA HOSPITAL LABORATORY (SMLI) Specimen (Source) Anatomical Location / Laterality Volume Capillary blood specimen / Unknown Narrative Authorizing Provider Result Type Result Status R Akaraz-Avedissian MD LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS Livonia, MI 48154 734-655-4800 Collection All 48154 734-655-4800 Tivonia, MI 48154 734-655-4800 Tolonia, MI 48154 734-655-4800 Tolonia, MI 48154 734-655-4800 Tolonia, MI 48154 734-655-4800 Tivonia, MI 48154 734-655-4800 Analysis Performed At Pathologist Signature O7/19/2023 TRINITY 6:26 AM HEALTH EDT LIVONIA HOSPITAL LABORATORY (SMLI) Collection Time Received Time O7/19/2023 6:26 AM EDT 07/19/2023 6:28 AM Final Result Final Result | | LAB BLOOD | <u> </u> | | | | |
| LIVONIA HOSPITAL LABORATORY (SMLI) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/19/2023 6:26 AM EDT) Ref Range Test Method Time Performed At Pathologist Signature Glucose POCT 101 70 - 110 07/19/2023 TRINITY 6:26 AM HEALTH EDT LIVONIA HOSPITAL LABORATORY (SMLI) Specimen (Source) Anatomical Location / Collection Method / Volume Collection Time Received Time Blood Capillary blood specimen / Unknown Narrative Authorizing Provider Result Type Result Status R Akaraz-Avedissian MD LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS Final Result | | | | City/State/ZIP Code | Phone Nur | nber | |
| Component Value Range Test Method Time Performed At Pathologist Signature Glucose POCT 101 70 - 110 mg/dL EDT LIVONIA HEALTH EDT LIVONIA HOSPITAL LABORATORY (SMLI) Specimen (Source) Laterality Collection Method / Volume Capillary blood specimen / Unknown Narrative Authorizing Provider Result Type Result Status R Akaraz-Avedissian MD LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS Ref Range Test Method Time Performed At Pathologist Signature 707/19/2023 TRINITY 6:26 AM HEALTH EDT LIVONIA HOSPITAL LABORATORY (SMLI) Collection Method / Volume Collection Time Received Time 707/19/2023 6:26 AM EDT 07/19/2023 6:28 AM EDT 07/1 | LIVONIA HOSPITAL | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| Component Value Range Test Method Time Performed At Pathologist Signature Glucose POCT 101 70 - 110 mg/dL 6:26 AM HEALTH EDT LIVONIA HOSPITAL LABORATORY (SMLI) Specimen (Source) Laterality Volume Collection Time Received Time Blood Capillary blood specimen / Unknown Narrative Authorizing Provider Result Type Result Status R Akaraz-Avedissian MD LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS Final Result | POCT GLUCOSE BLOOD | (POCT GLUC | | DD) - Final result (07/1 | | vm edt) | |
| Glucose POCT 101 70 - 110 mg/dL 8:26 AM HEALTH EDT LIVONIA HOSPITAL LABORATORY (SMLI) Specimen (Source) Anatomical Location / Laterality Collection Method / Volume Collection Time Received Time Received Time O7/19/2023 6:26 AM EDT O7/19/2023 6:28 AM Narrative Authorizing Provider Result Type Result Status R Akaraz-Avedissian MD LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS Final Result | Component | Value | | Test Method | | Performed At | Pathologist Signature |
| Specimen (Source) Laterality Volume Collection Time Received Time 07/19/2023 6:26 AM EDT 07/19/2023 6:28 AM Narrative Authorizing Provider Result Type Result Status R Akaraz-Avedissian MD LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | | 101 | 70 - 110 | | 6:26 AM | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |
| Blood Capillary blood specimen / Unknown Narrative Authorizing Provider Result Type Result Status R Akaraz-Avedissian MD LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS ROUGH Provider Result Type Result Status Final Result Final Result | Specimen (Source) | | ocation / | | Collection | Time | Received Time |
| Authorizing Provider Result Type Result Status R Akaraz-Avedissian MD LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | Blood | | | | 07/19/2023 | 3 6:26 AM EDT | 07/19/2023 6:28 AM EDT |
| R Akaraz-Avedissian MD LAB POINT OF CARE Final Result TEST DOCKED DEVICE UNSOLICITED RESULTS | Narrative | | | | | | |
| R Akaraz-Avedissian MD LAB POINT OF CARE Final Result TEST DOCKED DEVICE UNSOLICITED RESULTS | , | | | | | | |
| TEST DOCKED DEVICE UNSOLICITED RESULTS | | , , , , , , , , , , , , , , , , , , , | YE CADE | | | | |
| Performing Organization Address City/State/ZIP Code Phone Number | R Akaraz-Aveuissiaii ivid | TEST DOCKED | D DEVICE | Final Kesuit | | | |
| | | | | , | | | |
| TRINITY HEALTH 36475 Five Mile Road Livonia, MI 48154 734-655-4800 LIVONIA HOSPITAL LABORATORY (SMLI) | LIVONIA HOSPITAL | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |

| POCT GLUCOSE BLOOD | (POCT GLUCC | SE, BLOO | D) - Final result (07/ I | 0/2023 11.32 | PIM EDT) | |
|---|--|---|---|--|--|---|
| | | Ref | | Analysis | 5 () | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 103 | 70 - 110 mg/dL | | 07/18/2023 11:48 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Un | | | 07/18/202 EDT | 3 11:32 PM | 07/18/2023 11:49 PM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| | | | | | | |
| (ABNORMAL) POCT G | | Ref | | - Final result Analysis | | |
| Component | Value | Ref Range | GLUCOSE, BLOOD) Test Method | Analysis Time | Performed At | 4:44 PM EDT) Pathologist Signature |
| | | Ref | | Analysis | | |
| Component | Value | Ref Range 70 - 110 mg/dL | | Analysis Time 07/18/2023 4:45 PM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |
| Component | Value 123 (H) Anatomical Local Laterality | Ref Range 70 - 110 mg/dL | Test Method | Analysis Time 07/18/2023 4:45 PM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Component Glucose POCT | Value 123 (H) Anatomical Loc | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/18/2023 4:45 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature |
| Component Glucose POCT Specimen (Source) | Value 123 (H) Anatomical Locaterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/18/2023 4:45 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative | Value 123 (H) Anatomical Loc Laterality Capillary blood specimen / Uni | Ref Range 70 - 110 mg/dL | Test Method Collection Method / Volume | Analysis Time 07/18/2023 4:45 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider | Anatomical Loc Laterality Capillary blood specimen / University | Ref Range 70 - 110 mg/dL | Test Method Collection Method / Volume Result Status | Analysis Time 07/18/2023 4:45 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative | Value 123 (H) Anatomical Loc Laterality Capillary blood specimen / Uni | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume | Analysis Time 07/18/2023 4:45 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider | Anatomical Loc Laterality Capillary blood specimen / Uni Result Type LAB POINT OF TEST DOCKED UNSOLICITED | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume Result Status | Analysis Time 07/18/2023 4:45 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 4:44 PM EDT | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider R Akaraz-Avedissian MD | Anatomical Loc Laterality Capillary blood specimen / Uni Result Type LAB POINT OF TEST DOCKED UNSOLICITED | Ref Range 70 - 110 mg/dL cation / | Collection Method / Volume Result Status Final Result | Analysis Time 07/18/2023 4:45 PM EDT Collection 07/18/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 4:44 PM EDT | Pathologist Signature Received Time |

(ABNORMAL) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/18/2023 11:29 AM EDT)

| | | Ref | | Analysis | | |
|--|---|---------------------------|--|-------------------|---------------------|----------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 148 (H) | 70 - 110 | | 07/18/2023 | TRINITY | |
| | | mg/dL | | 11:30 AM | HEALTH | |
| | | | | EDT | LIVONIA HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | Anatomical Loc | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Unknown | | | 07/18/202. EDT | 3 11:29 AM | 07/18/2023 11:31 AM EDT |
| | specimen / On | KIIOWII | | LDI | | LUI |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF | CARF | Final Result | | | |
| TO TRAINE TWO GISSIAN IVID | TEST DOCKED | | i mai nesare | | | |
| | UNSOLICITED F | RESULTS | | | | |
| Darfarming Organization | Addross | | City/State/7ID Code | Phone Nur | | |
| Performing Organization TRINITY HEALTH | 36475 Five Mile | e Road | City/State/ZIP Code Livonia, MI 48154 | 734-655-4 | | |
| LIVONIA HOSPITAL | 30473 Tive Wille | : Noau | LIVOIIIA, IVII 40154 | 734-033-4 | 000 | |
| Laboratory (SMLI) | | | | | | |
| | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GILICO | SE BLOO | D) - Final result (07/19 | 8/2022 6:42 / | M EDT) | |
| FOCI GLOCOSE BLOOD | (FOCT GLOCO | Ref | D) - Hillar result (07, 13 | Analysis | AIVI LUI) | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 97 | 70 - 110 | | 07/18/2023 | TRINITY | |
| | | mg/dL | | 6:44 AM EDT | HEALTH LIVONIA | |
| | | | | בטו | HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | A | | Callastian Mathead / | | | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood | | VOIGITIC | | THITC | |
| | | 1 | | | 3 6:43 AM EDT | |
| | specimen / Unl | | | | 3 6:43 AM EDT | 07/18/2023 6:45 AM EDT |
| | specimen / Uni | | | | 3 6:43 AM EDT | |
| Narrative | specimen / Unl | | | | 3 6:43 AM EDT | |
| _Narrative | specimen / Unl | | | | 3 6:43 AM EDT | |
| Narrative Authorizing Provider | specimen / Unl | | Result Status | | 3 6:43 AM EDT | |
| | Result Type LAB POINT OF | Known | Result Status Final Result | | 3 6:43 AM EDT | |
| Authorizing Provider | Result Type LAB POINT OF TEST DOCKED | CARE DEVICE | | | 3 6:43 AM EDT | |
| Authorizing Provider | Result Type LAB POINT OF | CARE DEVICE | | | 3 6:43 AM EDT | |
| Authorizing Provider R Akaraz-Avedissian MD | Result Type LAB POINT OF TEST DOCKED UNSOLICITED I | CARE DEVICE | Final Result | | | |
| Authorizing Provider | Result Type LAB POINT OF TEST DOCKED UNSOLICITED I | CARE DEVICE RESULTS | | 07/18/202 | mber | |
| Authorizing Provider R Akaraz-Avedissian MD Performing Organization TRINITY HEALTH LIVONIA HOSPITAL | Result Type LAB POINT OF TEST DOCKED UNSOLICITED F | CARE DEVICE RESULTS | Final Result City/State/ZIP Code | 07/18/202 | mber | |
| Authorizing Provider R Akaraz-Avedissian MD Performing Organization TRINITY HEALTH | Result Type LAB POINT OF TEST DOCKED UNSOLICITED F | CARE DEVICE RESULTS | Final Result City/State/ZIP Code | 07/18/202 | mber | |

(ABNORMAL) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/17/2023 11:09 PM EDT)

| | | Ref | | Analysis | | |
|---|--|-------------------|---------------------|-------------------------------|---|---|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 123 (H) | 70 - 110 mg/dL | | 07/17/2023 11:11 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo | cation / | Collection Method / | | (311121) | |
| Specimen (Source) | Laterality | | Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Unknown | | | 07/17/202 EDT | 3 11:09 PM | 07/17/2023 11:12 PM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nui | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| (ABNORMAL) POCT G | | Ref | - | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 113 (H) | 70 - 110 mg/dL | | 07/17/2023 4:57 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | J | Volume | Collection | | Received Time 07/17/2023 4:58 PM EDT |
| Blood | Capillary blood specimen / Un | | | 07/17/202 | 3 4:57 PIVI EDI | 07/17/2023 4:58 PIVI EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nui | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| | | | | | | |

(ABNORMAL) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/17/2023 12:08 PM EDT)

| Component | Value | Ref | Tost Mothod | Analysis Time | Parformed At | Pathologist Signature |
|--|--------------------------|--------------------|--|-------------------------|----------------------|-------------------------|
| Component Glucose POCT | 129 (H) | Range 70 - 110 | Test Method | 07/17/2023 | | Pathologist Signature |
| Glucose FOCT | 129 (H) | 70 - 110 mg/dL | | 12:08 PM | HEALTH | |
| | | | | EDT | LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATORY | |
| | Anatomical Lo | ocation / | Collection Method / | | (SMLI) | |
| Specimen (Source) | Laterality |)Cation / | Volume | Collection ¹ | Time | Received Time |
| Blood | Capillary bloo | od | Volume | | 3 12:08 PM | 07/17/2023 12:10 PM |
| 3 .333. | specimen / Ur | | | EDT | | EDT |
| | | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF | F CARE | Final Result | | | |
| | TEST DOCKED | DEVICE | 1 11 10 10 10 10 10 10 10 10 10 10 10 10 | | | |
| | UNSOLICITED | RESULTS | | | | |
| D. C. in a Connection | 4 I I | | C'i (Ciete IZID Code | Dia Ni | | |
| Performing Organization TRINITY HEALTH | Address 36475 Five Mi | !!= Dood | City/State/ZIP Code | Phone Nun | | |
| LIVONIA HOSPITAL | 364/5 Five ivii | ile Koau | Livonia, MI 48154 | 734-655-48 | 300 | |
| LABORATORY (SMLI) | | | | | | |
| ` . | | | | | | |
| | | | | | | |
| PHOSPHORUS - Final res | sult (07/17/20 | | (M EDT) | | | |
| | | Ref | | Analysis | | |
| Component | Value | | Test Method | Time | | Pathologist Signature |
| Phosphorus | 3.9 | | LAB CHEMISTRY METHOD | 07/17/2023 8:46 AM | TRINITY HEALTH | |
| | | mg/dL | METHOD | 8:46 AIVI EDT | LIVONIA | |
| | | | | LD ! | HOSPITAL | |
| | | | | | LABORATORY | ′ |
| | | | | | (SMLI) | |
| | Anatomical Lo | +ion / | Callastian Mathod / | | | |
| Specimen (Source) | Laterality |)Cation / | Collection Method / Volume | Collection 1 | Time | Received Time |
| Blood | Venous blood | 1 | | | | 07/17/2023 8:14 AM EDT |
| biood | specimen / Ur | | veriiparietare, e.i.a.e. | VII 01, 11, 20 | 77.107 == 1 | 07, 17,2020 3.117 22 1 |
| | • | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Docult Type | | Result Status | | | |
| Authorizing Provider S Maan MD | Result Type LAB BLOOD | | Final Result | | | |
| 2 Magu MD | ORDERABLES | | Final Result | | | |
| | OND ENGINEERS | | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | nber | |
| TRINITY HEALTH | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-48 | 800 | |
| LIVONIA HOSPITAL | | | | | | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| MAGNESIUM - Final resu | ult (07/17/20: | 23 7· Δ8 ΔΝ | A FDT) | | | |
| WIAGINESIGN T.M. S. T. | are (07, 17, 202 | Ref | // LD1) | Analysis | | |
| Component | Value | | Test Method | Time | Performed At | : Pathologist Signature |
| Magnesium | 1.9 | | LAB CHEMISTRY | 07/17/2023 | | |
| 3 | | mg/dL | METHOD | 8:46 AM | HEALTH | |
| | | • | | EDT | LIVONIA | |
| | | | | | HOSPITAL | , |
| | | | | | LABORATORY (SMLI) | |
| · | | | | | (SIVILI) | |

| Specimen (Source) | Anatomical Loc Laterality | ation / | Collection Method / Volume | Collection | Time | Received Time |
|---|--------------------------------|--------------------------------|-------------------------------|----------------------------------|---|---|
| Blood | Venous blood specimen / Unk | cnown | Venipuncture / Unknowr | า 07/17/202 | 3 7:48 AM EDT | 07/17/2023 8:14 AM EDT |
| Narrative | | | | | | |
| Ivaliative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD | | Final Result | | | |
| | ORDERABLES | | | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| (APNORMAL) POST SI | LUCOSE PLOO | D (DOCT | CHICOSE BLOOD) | "mal vacult | (07/17/2022 | GAO AM EDT) |
| (ABNORMAL) POCT G | LUCUSE BLUU | Ref | GLUCUSE, BLUUD) - F | Analysis | (07/17/2023 | 6:10 AIVI EDI) |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 129 (H) | 70 - 110 mg/dL | | 07/17/2023 6:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Loc | ation / | Collection Method / | | | |
| Specimen (Source) Blood | Laterality Capillary blood | | Volume | Collection | | Received Time 07/17/2023 6:12 AM EDT |
| ыооа | specimen / Unk | | | 07/17/202 | 5 6. IU AIVI EDI | 07/17/2023 6.12 AIVI EDI |
| Narrative | | | | | | |
| Ivaliative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF I | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| (ABNORMAL) POCT GI | LUCOSE BLOO | D (POCT Ref Range | | Final result Analysis Time | | 9:18 PM EDT) Pathologist Signature |
| Glucose POCT | 132 (H) | 70 - 110 | | 07/16/2023 | TRINITY | rathologist signature |
| Glucose i Gei | 132 (11) | mg/dL | | 9:18 PM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | ation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Unk | | | | | 07/16/2023 9:19 PM EDT |
| Narrative | | | | | | |
| | | | | | | |

| Authorizing Provider | Result Type | | Result Status | | | |
|---|--|--------------------|-------------------------------|-----------------------------------|------------------|------------------------|
| R Akaraz-Avedissian MD | LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | | Livonia, MI 48154 | 734-655-4 | 800 | |
| (ABNORMAL) POCT GI | LUCOSE BLOC | DD (POCT Ref | GLUCOSE, BLOOD) | - Final result Analysis | (07/16/2023 | 5:22 PM EDT) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 114 (H) | 70 - 110 mg/dL | | 07/16/2023 5:23 PM EDT | | <u> </u> |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Un | | | | | 07/16/2023 5:24 PM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| ECG 12-LEAD - Final resu | | Ref | | Analysis | Performed | |
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| Ventricular Rate ECG | 90 | BPM | | | GEMUSE | |
| Atrial Rate | 90 | BPM | | | GEMUSE | |
| P-R Interval | 146 | ms | | | GEMUSE | |
| QRS Duration | 92 | ms | | | GEMUSE | |
| Q-T Interval | 398 | ms | | | GEMUSE | |
| QTc D Ways Avis | 486 | ms | | | GEMUSE | |
| P Wave Axis R Axis | -11 42 | degrees degrees | | | GEMUSE GEMUSE | |
| T Axis | 83 | degrees | | | GEMUSE | |
| 17003 | 05 | acgrees | | | GLIVIOSE | |

| Component | | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|--|--|--|---|--|
| ECG Interpretation | Normal | | | | GEMUSE | |
| | sinus | | | | | |
| | rhythm Possible | | | | | |
| | Inferior | | | | | |
| | infarct | | | | | |
| | (cited on | | | | | |
| | or before | | | | | |
| | 16- JUL-2023) | | | | | |
| | Abnormal | | | | | |
| | ECG | | | | | |
| | When compared | | | | | |
| | with ECG of | | | | | |
| | 12-JUL-2023 | | | | | |
| | 06:17, | | | | | |
| | Nonspecific T wave | | | | | |
| | abnormality | | | | | |
| | no longer | | | | | |
| | evident in | | | | | |
| | Anterior leads | | | | | |
| | Confirmed | | | | | |
| | by Nona, | | | | | |
| | MD, Paul | | | | | |
| | (8666) on 7/17/2023 | | | | | |
| | 4:15:42 PM | | | | | |
| | Anatomical Loca | ation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| | | | | 07/16/202 EDT | 3 12:09 PM | 07/17/2023 4:15 PM EDT |
| Narrative | | | | | | |
| This result has an at | tachment that | is not | available. | | | |
| | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| Authorizing Provider R Akaraz-Avedissian MD | | ES | Result Status Final Result | | | |
| | ECG ORDERABLE | ES | Final Result | Phone Nui | mber | |
| R Akaraz-Avedissian MD | ECG ORDERABLE | ES | | Phone Nui | mber | |
| R Akaraz-Avedissian MD Performing Organization | ECG ORDERABLE | ES | Final Result | Phone Nui | mber | |
| R Akaraz-Avedissian MD Performing Organization | ECG ORDERABLE Address | | Final Result City/State/ZIP Code | | | 11:57 AM EDT) |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GI | Address LUCOSE BLOOD |) (POCT | Final Result City/State/ZIP Code GLUCOSE, BLOOD) | - Final result Analysis | (07/16/2023 | |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GL Component | Address LUCOSE BLOOD Value | O (POCT Ref Range | Final Result City/State/ZIP Code | - Final result Analysis Time | (07/16/2023 Performed At | 11:57 AM EDT) Pathologist Signature |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GI | Address LUCOSE BLOOD Value 156 (H) | O (POCT Ref Range 70 - 110 | Final Result City/State/ZIP Code GLUCOSE, BLOOD) | - Final result Analysis Time 07/16/2023 | (07/16/2023 Performed At TRINITY | |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GL Component | Address LUCOSE BLOOD Value 156 (H) | O (POCT Ref Range | Final Result City/State/ZIP Code GLUCOSE, BLOOD) | - Final result Analysis Time | (07/16/2023 Performed At | |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GL Component | Address LUCOSE BLOOD Value 156 (H) | O (POCT Ref Range 70 - 110 | Final Result City/State/ZIP Code GLUCOSE, BLOOD) | - Final result Analysis Time 07/16/2023 11:58 AM | (07/16/2023 Performed At TRINITY HEALTH | |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GL Component | Address LUCOSE BLOOD Value 156 (H) | O (POCT Ref Range 70 - 110 | Final Result City/State/ZIP Code GLUCOSE, BLOOD) | - Final result Analysis Time 07/16/2023 11:58 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GL Component | Address LUCOSE BLOOD Value 156 (H) | O (POCT Ref Range 70 - 110 | Final Result City/State/ZIP Code GLUCOSE, BLOOD) | - Final result Analysis Time 07/16/2023 11:58 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL | |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GL Component | Address LUCOSE BLOOD Value 156 (H) | O (POCT Ref Range 70 - 110 mg/dL | Final Result City/State/ZIP Code GLUCOSE, BLOOD) - Test Method | - Final result Analysis Time 07/16/2023 11:58 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GL Component | Address LUCOSE BLOOD Value 156 (H) | O (POCT Ref Range 70 - 110 mg/dL | Final Result City/State/ZIP Code GLUCOSE, BLOOD) | - Final result Analysis Time 07/16/2023 11:58 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GL Component Glucose POCT | Address LUCOSE BLOOD Value 156 (H) Anatomical Local Laterality Capillary blood | O (POCT Ref Range 70 - 110 mg/dL | Final Result City/State/ZIP Code GLUCOSE, BLOOD) - Test Method Collection Method / | - Final result Analysis Time 07/16/2023 11:58 AM EDT Collection 07/16/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature Received Time 07/16/2023 11:59 AM |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GL Component Glucose POCT Specimen (Source) | Address LUCOSE BLOOD Value 156 (H) Anatomical Local | O (POCT Ref Range 70 - 110 mg/dL | Final Result City/State/ZIP Code GLUCOSE, BLOOD) - Test Method Collection Method / | - Final result Analysis Time 07/16/2023 11:58 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GL Component Glucose POCT Specimen (Source) Blood | Address LUCOSE BLOOD Value 156 (H) Anatomical Local Laterality Capillary blood | O (POCT Ref Range 70 - 110 mg/dL | Final Result City/State/ZIP Code GLUCOSE, BLOOD) - Test Method Collection Method / | - Final result Analysis Time 07/16/2023 11:58 AM EDT Collection 07/16/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time 07/16/2023 11:59 AM |
| R Akaraz-Avedissian MD Performing Organization GEMUSE (ABNORMAL) POCT GL Component Glucose POCT Specimen (Source) | Address LUCOSE BLOOD Value 156 (H) Anatomical Local Laterality Capillary blood | O (POCT Ref Range 70 - 110 mg/dL | Final Result City/State/ZIP Code GLUCOSE, BLOOD) - Test Method Collection Method / | - Final result Analysis Time 07/16/2023 11:58 AM EDT Collection 07/16/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time 07/16/2023 11:59 AM |

| Authorizing Provider | Result Type | Result Status | |
|---|--|---------------------|--------------|
| R Akaraz-Avedissian MD | LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | Final Result | |
| Performing Organization | Address | City/State/ZIP Code | Phone Number |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 |

(ABNORMAL) CBC W/ AUTO DIFFERENTIAL (CBC WITH AUTO DIFFERENTIAL) - Final result (07/16/2023 9:30 AM EDT)

| ANI EDI) | | Dof | | ۸ م م ای نجاز <u>-</u> | | |
|------------|----------|--------------------------|--------------------------|------------------------------|---|----------------------------|
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| WBC | 13.5 (H) | | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | . atmos giore originates o |
| RBC | 4.09 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hemoglobin | 11.9 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hematocrit | 38.0 | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCV | 92.9 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCHC | 31.3 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 14.9 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 335 | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | V/ I | Ref | T . M . I | Analysis | D. C. LAI | D. I. J |
|-----------------------------------|---------------|--------------------------|-----------------------------|------------------------------|---|-----------------------|
| Component Neutrophils Relative | Value 65.5 | Range 43.3 - | Test Method LAB HEMETOLOGY | Time 07/16/2023 | TRINITY | Pathologist Signature |
| Neutrophiis Relative | 05.5 | 80.0 % | METHOD | 9:59 AM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Relative | 0.4 | 0.0 - 3.0 % | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Relative | 15.3 | 15.0 - 45.0 % | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Relative | 15.2 (H) | 4.6 - 12.4 % | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Relative | 3.2 | 0.0 - 5.0 % | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Relative | 0.4 | 0.0 - 2.0 % | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Absolute | 8.81 (H) | 1.90 - 7.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Absolute | 0.06 | 0.00 - 0.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Absolute | 2.06 | 0.80 - 3.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Absolute | 2.05 (H) | 0.20 - 0.80 K/ mcL | LAB HEMETOLOGY METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|------------------------------|--------------------------|---------------------------------------|-------------------------------|---|------------------------|
| Component | Value | Range | | Time | Performed At | Pathologist Signature |
| Eosinophils Absolute | 0.43 | 0.00 - 0.50 K/ mcL | METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Absolute | 0.05 | 0.00 - 0.20 K/ mcL | METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| NRBC | 0.0 | 0.0 - 0.2 % | METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | METHOD | 07/16/2023 9:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection 7 | Time | Received Time |
| Blood | Venous blood | 1 | | | | 07/16/2023 9:55 AM EDT |
| 2.000 | specimen / Ui | | , , , , , , , , , , , , , , , , , , , | 2.,, | | 01, 13, 2322 3112 |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| | 1- 107 14 6 10 | | | | | |
| PHOSPHORUS - Final re | sult (0//16/20 | 023 9:30 A Ref | • | Analysis | | |
| Component | Value | Range | | Time | Performed At | Pathologist Signature |
| Phosphorus | 3.8 | 2.4 - 4.6 mg/dL | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection 7 | Tima | Received Time |
| Blood | Venous blood specimen / U | | | | | 07/16/2023 9:55 AM EDT |
| NI | Specimen / Oi | IKHOVVII | | | | |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| | | | | | | |

| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
|---|------------------------------|------------------------|-------------------------------|-------------------------------|---|--------------------------|
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| , | | | | | | |
| MAGNESIUM - Final res | ult (07/16/20) | 23 9:30 AI Ref | M EDT) | Analysis | | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Magnesium | 1.9 | 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection ⁻ | Гіте | Received Time |
| Blood | Venous blood specimen / U | | Venipuncture / Unknowr | n 07/16/2023 | 9:30 AM EDT | 07/16/2023 9:55 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ABNORMAL) COMPR | EHENSIVE M | | C PANEL - Final result (| | 9:30 AM ED | т) |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Sodium | 139 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 1 dans 10 g 12 t 2 . g 1 |
| Potassium | 4.7 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Chloride | 100 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| CO2 | 30 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | D () | |
|---|----------|---------------------------|---------------------------|-------------------------------|---|-----------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Anion Gap | 9 | 3 - 11 | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 141 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 14 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.59 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 110 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Oct equation refit without ad | | | based on the Chronic Kidr | iey Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 23.7 | >=0.0 | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.5 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| AST (SGOT) | 19 | 13 - 39 unit/L | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| ALT (SGPT) | 6 (L) | 7 - 52 unit/L | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Alkaline Phosphatase | 92 | 27 - 120 unit/L | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | • | Analysis | | |
|---|--|--------------------|-------------------------------|-------------------------------|---|-------------------------|
| Component | Value | Range | Test Method | Time | Performed At | : Pathologist Signature |
| Total Protein | 6.5 | 6.1 - 7.9 g/dL | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | | |
| Albumin | 2.8 (L) | 3.5 - 5.7 g/dL | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Total Bilirubin | 0.4 | 0.3 - 1.0 mg/dL | LAB CHEMISTRY METHOD | 07/16/2023 10:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Venous blood specimen / Ur | | Venipuncture / Unkno | wn 07/16/2023 | 3 9:30 AM EDT | 07/16/2023 9:55 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | le Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ABNORMAL) POCT GI | LUCOSE BLO | | T GLUCOSE, BLOOD) | | (07/16/2023 | 6:54 AM EDT) |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 119 (H) | 70 - 110 mg/dL | | 07/16/2023 6:59 AM | | |
| _Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Capillary bloo specimen / Ur | | | 07/16/2023 | 3 6:54 AM EDT | 07/16/2023 7:00 AM EDT |
| Narrative | | | | | | |
| _Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OI TEST DOCKED UNSOLICITED | D DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | le Road | Livonia, MI 48154 | 734-655-48 | 300 | |

| (ABNORMAL) POCT G | LUCOSE BLOO | D (POCT | GLOCOSE, BLOOD) | - Finai result | (07/15/2023 | 10:10 PM EDT) |
|---|--|---|---|--|--|---|
| _ | | Ref | | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 138 (H) | 70 - 110 mg/dL | | 07/15/2023 10:12 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Unl | | | 07/15/202 EDT | 3 10:10 PM | 07/15/2023 10:13 PM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Akaraz-Avedissian MD | LAB POINT OF TEST DOCKED UNSOLICITED I | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nui | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| | | | | | | |
| (ABNORMAL) POCT G | | Ref | | Analysis | | |
| Component | Value | Ref Range | GLUCOSE, BLOOD) Test Method | Analysis Time | Performed At | 5:00 PM EDT) Pathologist Signature |
| | | Ref | | Analysis | Performed At | |
| Component | Value | Ref Range 70 - 110 mg/dL | | Analysis Time 07/15/2023 5:00 PM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |
| Component Glucose POCT Specimen (Source) | Value 146 (H) Anatomical Local Laterality | Ref Range 70 - 110 mg/dL | Test Method | Analysis Time 07/15/2023 5:00 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT | Value 146 (H) Anatomical Loc | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/15/2023 5:00 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature |
| Component Glucose POCT Specimen (Source) | Value 146 (H) Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/15/2023 5:00 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood | Value 146 (H) Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/15/2023 5:00 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider | Anatomical Loc Laterality Capillary blood specimen / Uni | Ref Range 70 - 110 mg/dL | Test Method Collection Method / Volume Result Status | Analysis Time 07/15/2023 5:00 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative | Anatomical Loc Laterality Capillary blood specimen / Uni | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume | Analysis Time 07/15/2023 5:00 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider | Anatomical Loc Laterality Capillary blood specimen / Uni Result Type LAB POINT OF TEST DOCKED UNSOLICITED | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume Result Status | Analysis Time 07/15/2023 5:00 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 5:00 PM EDT | Pathologist Signature Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider R Akaraz-Avedissian MD | Anatomical Loc Laterality Capillary blood specimen / Uni Result Type LAB POINT OF TEST DOCKED UNSOLICITED | Ref Range 70 - 110 mg/dL cation / d known | Collection Method / Volume Result Status Final Result | Analysis Time 07/15/2023 5:00 PM EDT Collection 07/15/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 5:00 PM EDT | Pathologist Signature Received Time |

(ABNORMAL) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/15/2023 12:23 PM EDT)

| C | M. I | Ref | T + NA-AlI | Analysis | D | D. I. Janist Cinnatum |
|--|---------------------------|-------------------|---------------------|------------------------|------------------------|----------------------------|
| Component Glucose POCT | Value | Range 70 - 110 | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 147 (H) | 70 - 110 mg/dL | | 07/15/2023 12:24 PM | TRINITY HEALTH | |
| | | •••• | | EDT | LIVONIA | |
| | | | | | HOSPITAL LABORATORY | |
| | | | | | (SMLI) | |
| | Anatomical Lo | ocation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Capillary bloo | | | 07/15/202 EDT | 3 12:23 PM | 07/15/2023 12:25 PM EDT |
| | specimen / Ur | IKHOWH | | נטו | | EDI |
| Narrative | | | | | | |
| | | | | | | |
| Atharising Drawider | Docult Turo | | Result Status | | | |
| Authorizing Provider R Akaraz-Avedissian MD | Result Type LAB POINT OF | | Final Result | | | |
| K AKaraz-Aveuissiaii ivid | TEST DOCKED | | rinai kesuit | | | |
| | UNSOLICITED | | | | | |
| | | | 51 (G) (TID G) I | DI | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nur | | |
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five Mi | le Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| | | | | | | |
| (ABNORMAL) CBC W/ | AUTO DIFFE | RENTIAL (| (CBC WITH AUTO DIF | FERENTIAL) | - Final resul | t (07/15/2023 6:29 |
| AM EDT) | | D - f | | A Lucia | | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | : Pathologist Signature |
| WBC | 11.0 | | LAB HEMETOLOGY | 07/15/2023 | TRINITY | . Tuttle.og.or o.g.tate |
| | | K/mcL | METHOD | 6:53 AM | HEALTH | |
| | | | | EDT | LIVONIA | |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|------------|----------|--------------------------|--------------------------|------------------------------|---|-----------------------|
| WBC | 11.0 | 3.6 - 11.1 K/mcL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RBC | 4.16 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hemoglobin | 12.2 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hematocrit | 39.4 | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCV | 94.7 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|-----------------------------------|----------|--------------------------|--------------------------|------------------------------|---|-----------------------|
| MCHC | 31.0 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 14.7 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 324 | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Relative | 57.1 | 43.3 - 80.0 % | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Relative | 0.4 | 0.0 - 3.0 % | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Relative | 21.8 | 15.0 - 45.0 % | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Relative | 13.5 (H) | 4.6 - 12.4 % | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Relative | 6.7 (H) | 0.0 - 5.0 % | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Relative | 0.5 | 0.0 - 2.0 % | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Absolute | 6.28 | 1.90 - 7.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|------------------------------------|--------------------------|-----------------------------------|------------------------------|---|-----------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Immature Granulocytes Absolute | 0.04 | 0.00 - 0.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Absolute | 2.40 | 0.80 - 3.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Absolute | 1.49 (H) | 0.20 - 0.80 K/ mcL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Absolute | 0.74 (H) | 0.00 - 0.50 K/ mcL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Absolute | 0.05 | 0.00 - 0.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 07/15/2023 6:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical L | ocation / | Collection Method / Volume | Collection ⁻ | Timo | Received Time |
| Specimen (Source) Blood | Venous blood specimen / Unknown | | Venipuncture / Unknown 07/15/2023 | | | |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code Phone Nur | | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | | Livonia, MI 48154 | 734-655-4800 | | |
| | | | | | | |

(ABNORMAL) VALPROIC ACID FREE (VALPROIC ACID LEVEL, FREE) - Final result (07/15/2023 6:29 AM EDT)

| | | Ref | | Analysis | Performed | |
|--|----------------------------|--------------------|-------------------------------|------------------------------|---------------------|-------------------------|
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| Valproic Acid, Free | 19.2 (H) | 4.8 - 17.3 mg/L | | 07/21/2023 5:59 AM EDT | B WARDE LAB | |
| Comment: | | | | LD . | | |
| Note: Non-linear drug | | | | | | |
| the fraction of Free | • | | 3 | | | |
| total drug increases. 5% to 25% for the tot | | | | | | |
| 3% LU 23% TOT CHE CO. | .al uruy rang | e or so - | .60 IIIg/L. | | | |
| TEST PERFORMED AT: | | | | | | 1 |
| QUEST DIAGNOSTICS/NIC | | | 2220 | | | |
| 14225 NEWBROOK DRIVE PATRICK W. MASON, MD, P | | Α 20T2T-5 | .228 | | | |
| , , , | Anatomical Lo | ocation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection T | | Received Time |
| Blood | Venous blood specimen / Un | | Venipuncture / Unknown | 07/15/2023 | 6:29 AM EDT | 07/15/2023 6:32 AM EDT |
| | Specimen, e | iKI IO vvi i | | | | 1 |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD | | Final Result | | | |
| | ORDERABLES | | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | ıber | |
| WARDE LAB | 300 W. Textile | Rd | Ann Arbor, MI 48108 | 800-876-652 | 22 | |
| | | | | | | |
| ANAMAONIIA Final rocult | · '07 /4 F /2022 | C 20 ANA E | · | | | |
| AMMONIA - Final result | | 6:29 AM EI Ref | | Analysis | | |
| Component | | | | , | Performed At | : Pathologist Signature |
| Ammonia | 28 | 16 - 53 I | LAB CHEMISTRY (| 07/15/2023 | TRINITY | _ cause 25 |
| | | mcmol/L I | METHOD | 6:57 AM | HEALTH | |
| | | | 1 | | LIVONIA HOSPITAL | |
| | | | | | LABORATORY | , |
| | | | | | (SMLI) | |
| | | | | | | |
| Specimen (Source) | Anatomical Lo | cation / | Collection Method / Volume | Collection T | rima. | Received Time |
| Blood | Venous blood | | | | | 07/15/2023 6:31 AM EDT |
| bioou | specimen / Un | | veriipuncture / ommo | UI/13/2020 | 0.43 AIVI L. | 01/13/2023 0.31 / 25. |
| ** | • | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| | | | | _ | | |
| Performing Organization | | | City/State/ZIP Code | Phone Num | | |
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five Mil | ie Road | Livonia, MI 48154 | 734-655-480 | 00 | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| | | | | | | |
| PHOSPHORUS - Final res | | | | | | |

| | | Pof | | Analysis | | |
|---|------------------------------|--------------------|----------------------------------|------------------------------|---|-------------------------|
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | : Pathologist Signature |
| Phosphorus | 3.8 | 2.4 - 4.6 mg/dL | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | | |
| Specimen (Source) | Anatomical Lo | .ocation / | Collection Method / Volume | Collection ⁻ | | Received Time |
| Blood | Venous blood specimen / U | | Venipuncture / Unknown | າ 07/15/2023 | 3 6:29 AM EDT | 07/15/2023 6:32 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | 5 | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | lile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| MAGNESIUM - Final res | ult (07/15/20 | 023 6:29 AI Ref | M EDT) | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Magnesium | 1.9 | 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| , | Anatomical L | ocation / | Collection Method / | | | |
| Specimen (Source) Blood | Laterality Venous blood | 1 | Volume Voninuncturo / Unknown | Collection 7 | | Received Time |
| RIOOG | specimen / U | - | venipuncture / Oliknown | 1 0//13/2022 | 3 6:29 AIVI EDT | 07/15/2023 6:32 AM EDT |
| Narrative | | | | | | |
| | · - | | | | | |
| Authorizing Provider S Maan MD | Result Type LAB BLOOD | | Result Status Final Result | | | |
| | ORDERABLES | ; | FINAL Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nun | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | lile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ABNORMAL) COMPR | EHENSIVE N | | C PANEL - Final result (| | 3 6:29 AM ED |)Τ) |
| Component | Value | Ref | Test Method | Analysis Time | Darfarmed At | : Pathologist Signature |
| Sodium | 139 | Range 135 - | LAB CHEMISTRY | | | Patriologist signature |
| 303.3 | 133 | 144 mmol/l | METHOD | 7:06 AM | HEALTH | |

EDT

LIVONIA HOSPITAL LABORATORY (SMLI)

mmol/L

| _ | | Ref | | Analysis | | |
|---------------------------|------------------|---------------------------|---------------------------|------------------------------|---|-----------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Potassium | 5.0 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Chloride | 102 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| CO2 | 30 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 7 | 3 - 11 | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 98 | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 15 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.56 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 111 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| equation refit without ad | ljustment for ra | ice. | based on the Chronic Kidn | | | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 26.8 | >=0.0 | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.6 | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|------------------------------------|--------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| AST (SGOT) | 21 | 13 - 39 unit/L | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| ALT (SGPT) | 7 | 7 - 52 unit/L | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Alkaline Phosphatase | 97 | 27 - 120 unit/L | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Total Protein | 6.3 | 6.1 - 7.9 g/dL | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Albumin | 2.8 (L) | 3.5 - 5.7 g/dL | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Total Bilirubin | 0.3 | 0.3 - 1.0 mg/dL | LAB CHEMISTRY METHOD | 07/15/2023 7:06 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Venous blood specimen / U | | Venipuncture / Unknow | n 07/15/2023 | 3 6:29 AM EDT | 07/15/2023 6:32 AM EDT |
| Narrative | | | | | | |
| Authorisis - Descriptor | Dogude Torre | | Docult Ctatus | | | |
| Authorizing Provider S Maan MD | Result Type LAB BLOOD ORDERABLES | | Result Status Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | nher | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | | |
| POCT GLUCOSE BLOOD |) (POCT GLUC | OSE, BLO | OD) - Final result (07/15, | /2023 6:10 A | IM EDT) | |
| | | Ref | | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 95 | 70 - 110 mg/dL | | 07/15/2023 6:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL | |

HEALTH LIVONIA HOSPITAL

LABORATORY (SMLI)

| Specimen (Source) | Laterality | JCaliOII / | Volume | Collection | Time | Received Time |
|---|---------------------------------|---------------------|----------------------------|-----------------------------------|---|------------------------|
| Blood | Capillary bloo | | volulile | | | 07/15/2023 6:11 AM EDT |
| ыооч | specimen / Ur | | | 017137202 | 3 0.10 AW LD | 01/13/2023 0.11 AN ED1 |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB POINT OF | F CARE | Final Result | | | |
| | TEST DOCKED UNSOLICITED | | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nu | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| (ABNORMAL) POCT GI | LUCOSE BLO | OD (POCT Ref | GLUCOSE, BLOOD) - | - Final result Analysis | (07/14/2023 | 9:56 PM EDT) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 146 (H) | 70 - 110 mg/dL | | 07/14/2023 9:56 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| · (C | Anatomical Lo | ocation / | Collection Method / | C II - stiese | • | 5 1 17 |
| Specimen (Source) | Laterality | | Volume | Collection Time | | Received Time |
| Blood | Capillary bloo specimen / Ur | | | 07/ 14/2023 9.30 PIVI EDT | | 07/14/2023 9:57 PM EDT |
| Narrative | | | | | | |
| A. C. State of Description | D. code Tono | | D. J. Crahan | | | |
| Authorizing Provider S Maan MD | Result Type LAB POINT OF | | Result Status Final Result | | | |
| S Maan Mu | TEST DOCKED UNSOLICITED | D DEVICE | Finai Kesuit | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nu | mbe <u>r</u> | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-4 | .800 | |
| VAS US DUPLEX LOWER | . EXT VENOUS | S LEFT - Fin Ref | nal result (07/14/2023 | 7:05 PM EDT Analysis | Performed | |
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| BSA | 2.07 | m2 | | | CV PACS | |
| Anatomical Region | Laterali | itv | Modality | | | |
| Vascular, Abdomen | | <u>-7</u> | Ultrasoun | | | |
| | Anatomical Lo | ocation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | Time | Received Time |
| Narrative | | | | | | |
| 07/16/2023 5:23 PM ED |)T | | | | | |
| This result has an at | tachment that | at is not | available. | | | |
| | | | | | | |

Anatomical Location / Collection Method /

Narrative

- 1. There is evidence of acute deep vein thrombosis in the left lower extremity common femoral vein, proximal femoral vein, mid femoral vein, and distal femoral vein.
- 2. Suggest further testing if clinically indicated.

Left Lower Venous

Common femoral vein is abnormal. A(n) acute thrombus is present. Proximal femoral vein is abnormal. A(n) acute thrombus is present. Mid femoral vein is abnormal. A(n) acute thrombus is present. Distal femoral vein is abnormal. A(n) acute thrombus is present.

Popliteal vein was not visualized. Posterior tibial veins were not visualized. Peroneal veins were not visualized. Gastrocnemius vein was not visualized. Great saphenous vein is was not visualized.

Vascular Tech Details

A gray scale, color and doppler analysis ultrasound was performed. During the study longitudinal and transverse views were obtained. Pulsed wave doppler was performed. Overall the study quality was limited and technically difficult. Study was technically difficult due to: patient uncooperative, presence of lines and dressings, bedside exam and patient movement.

Preliminary Report Communication

Critical result. Preliminary report called to Tamara Ziembroski, RN/ Progress note on 7/14/2023 at 19:17 EDT.

| Result Status |
|---------------|
| Final Result |
| { |

Analysis

(ABNORMAL) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/14/2023 4:28 PM EDT)

| | | 1/61 | | Allalysis | | | |
|----------------------|--|-------|-------------------------------|------------------------------|---|------------------------|--|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature | |
| Glucose POCT | OCT 116 (H) 70 - 110 mg/dL Anatomical Location / Collection M | | | 07/14/2023 4:29 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | J | |
| Specimen (Source) | | | Collection Method / Volume | Collection Time | | Received Time | |
| Blood | Capillary blood specimen / Unknown | | | 07/14/202 | 3 4:28 PM EDT | 07/14/2023 4:30 PM EDT | |
| Narrative | | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | | |

| Authorizing Provider | Result Type | Result Status | |
|---|--|---------------------|--------------|
| S Maan MD | LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | Final Result | |
| Performing Organization | Address | City/State/ZIP Code | Phone Number |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 |

(ABNORMAL) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (07/14/2023 11:33 AM EDT)

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At Pathologist Signature |
|--------------|---------|-------------------|-------------|-------------------------------|---|
| Glucose POCT | 123 (H) | 70 - 110 mg/dL | | 07/14/2023 11:34 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|--|-------------------------------|----------------------------|----------------------------|
| Blood | Capillary blood specimen / Unknown | | 07/14/2023 11:33 AM EDT | 07/14/2023 11:35 AM EDT |
| Narrative | | | | |
| | | | | |
| Authorizing Provider | Result Type | Result Status | | |
| S Maan MD | LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | Final Result | | |
| Performing Organization | Address | City/State/ZIP Code | Phone Number | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 | |
| (ARNORMAI) CRC W/ | ' AUTO DIFFFRENTIAL | (CRC WITH AUTO DIF | FERENTIAL) - Final resu | ılt (07/14/2023 6:45 |

(ABNORMAL) CBC W/ AUTO DIFFERENTIAL (CBC WITH AUTO DIFFERENTIAL) - Final result (07/14/2023 6:45 AM EDT)

| AIVI EDI) | | 5 (| | | |
|------------|---------------|--------------------------|-------------------------------------|--------------------------------------|--|
| Camananan | Value | Ref | To at Mathe and | Analysis | Dayle was ad At Dath ale sist Circustum |
| WBC | Value 10.3 | 3.6 - 11.1 K/mcL | Test Method LAB HEMETOLOGY METHOD | Time 07/14/2023 7:30 AM EDT | Performed At Pathologist Signature TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| RBC | 4.03 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Hemoglobin | 11.8 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Hematocrit | 38.6 | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| MCV | 95.8 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| MCHC | 30.6 (L) | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| RDW | 14.6 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| | | | | | |

| Component | Value | Ref Range | Test Method | Analysis Time | Parformed At | Pathologist Signature |
|-----------------------------------|----------|--------------------------|--------------------------|------------------------------|---|-----------------------|
| Platelets | 339 | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Relative | 51.2 | 43.3 - 80.0 % | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Relative | 0.4 | 0.0 - 3.0 % | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Relative | 27.6 | 15.0 - 45.0 % | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Relative | 12.9 (H) | 4.6 - 12.4 % | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Relative | 7.4 (H) | 0.0 - 5.0 % | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Relative | 0.5 | 0.0 - 2.0 % | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Absolute | 5.28 | 1.90 - 7.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Absolute | 0.04 | 0.00 - 0.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Absolute | 2.84 | 0.80 - 3.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|--|--------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Monocytes Absolute | 1.33 (H) | 0.20 - 0.80 K/ mcL | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Absolute | 0.76 (H) | 0.00 - 0.50 K/ mcL | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Absolute | 0.05 | 0.00 - 0.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 07/14/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| _Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Venous blood specimen / U | | Venipuncture / Unknow | n 07/14/2023 | 3 6:45 AM EDT | 07/14/2023 7:11 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Posult Type | | Result Status | | | |
| Authorizing Provider S Maan MD | Result Type LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| PHOSPHORUS - Final re | sult (07/14/2 | 023 6:45 <i>F</i> Ref | AM EDT) | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Phosphorus | 3.4 | 2.4 - 4.6 mg/dL | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo | ocation / | Collection Method / | | | |
| Specimen (Source) | Laterality | 1 | Volume | Collection | | Received Time |
| Blood | Venous blood specimen / U | | venipuncture / Unknow | n U//14/2023 | 5 6:45 AM EDF | 07/14/2023 7:11 AM EDT |

| Narrative | | | | | | |
|---|-------------------------|------------------------|------------------------------|------------------------------|---|---|
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | ; | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | | |
| | | | | | | |
| MAGNESIUM - Final res | ult (07/14/20 | 23 6:45 A ¹ | M EDT) | | | |
| | | Ref | | Analysis | | |
| Component | Value | Range | Test Method | Time | | t Pathologist Signature |
| Magnesium | 1.8 | 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| ((| Anatomical Lo | ocation / | Collection Method / | C Usetian' | | n to take a |
| Specimen (Source) Blood | Laterality Venous blood | | Volume Venipuncture / Unknow | Collection 7 | | Received Time 07/14/2023 7:11 AM EDT |
| DIUUU | specimen / U | | veriipuncture / onknom | 11 UI/ 17/2020 | 10.43 AIVI LUI | 01/14/2023 1.11 MV 251 |
| | • | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | , | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Num | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| | | | | | | |
| (ARNORMAL) COMPR | EHENCIVE M | IETAROLI | C PANEL - Final result (| /07/1 <u>4/202</u> 3 | 2 6·45 AM EC |)T) |
| (ADITORIUME) | ELICITE | Ref | S FAITLE THURSDOOMS, | Analysis | U.TJ / | 11, |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Sodium | 138 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | <u>'</u> |
| Potassium | 4.2 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | | |
| | | | | | LABORATORY (SMLI) | |
| Chloride | 103 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SM I) | ′ |

(SMLI)

| | | Ref | | Analysis | | |
|--|----------|---------------------------|---------------------------|------------------------------|---|-----------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| CO2 | 30 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 5 | 3 - 11 | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 95 | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 17 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.50 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 115 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Oct _equation refit without ac | | | pased on the Chronic Kidr | ney Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 34.0 | >=0.0 | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.2 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| AST (SGOT) | 19 | 13 - 39 unit/L | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| ALT (SGPT) | 7 | 7 - 52 unit/L | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|--------------------------------|--------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Alkaline Phosphatase | 96 | 27 - 120 unit/L | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Total Protein | 6.0 (L) | 6.1 - 7.9 g/dL | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Albumin | 2.7 (L) | 3.5 - 5.7 g/dL | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Total Bilirubin | 0.3 | 0.3 - 1.0 mg/dL | LAB CHEMISTRY METHOD | 07/14/2023 7:56 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality |)Cation / | Collection Method / Volume | Collection 7 | Time | Received Time |
| Blood | Venous blood specimen / U | | Venipuncture / Unknow | /n 07/14/2023 | 3 6:45 AM EDT | 07/14/2023 7:11 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| POCT GLUCOSE BLOOD | (POCT GLUC | OSE, BLOC | OD) - Final result (07/12 | 4/2023 6:13 A Analysis | M EDT) | |
| Component | Value | Range | Test Method | | Performed At | Pathologist Signature |
| Glucose POCT | 95 | 70 - 110 mg/dL | | EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection 1 | Time | Received Time |
| Blood | Capillary bloc specimen / U | | | 07/14/2023 | 3 6:13 AM EDT | 07/14/2023 6:15 AM EDT |
| Narrative | | | | | | |
| Authorisis - Duraidos | Danielt Tona | | Decole Character | | | |
| Authorizing Provider S Maan MD | Result Type LAB POINT O | F CARE | Result Status Final Result | | | |

| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mher | |
|------------------------------------|---------------------------------------|--------------|-------------------------------|------------------|-------------------|------------------------|
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five Mile | Road | Livonia, MI 48154 | 734-655-4 | | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| POCT GLUCOSE BLOOD | | | D) - Final result (07/13 | | PM EDT) | |
| Component | | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 110 | 70 - 110 | rest method | 07/13/2023 | TRINITY | Tathologist signature |
| | | mg/dL | | 8:42 PM EDT | HEALTH LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATORY (SMLI) | |
| | Anatomical Loc | ation / | Collection Method / | | | |
| Specimen (Source) | Laterality | ation / | Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Unk | | | 07/13/202 | 3 8:41 PM EDT | 07/13/2023 8:43 PM EDT |
| | specificity office | | | | | |
| Narrative | | | | | | |
| Authorities Describes | Decode Tone | | Danill Chatura | | | |
| Authorizing Provider S Maan MD | Result Type LAB POINT OF (| CARF | Result Status Final Result | | | |
| 3 Maari MB | TEST DOCKED I | DEVICE | Tillar Nesalt | | | |
| | UNSOLICITED R | RESULIS | | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nur | | |
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five Mile | Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GLUCOS | | D) - Final result (07/13 | | PM EDT) | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 99 | 70 - 110 | 1000 11100.100 | 07/13/2023 | TRINITY | Tutilologist elgilele |
| | | mg/dL | | 4:27 PM EDT | HEALTH LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATORY (SMLI) | |
| | * * * * * * * * * * * * * * * * * * * | / | C !! \$4 4b - 1 / | | | |
| Specimen (Source) | Anatomical Loc Laterality | ation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood | | | 07/13/202 | 3 4:26 PM EDT | 07/13/2023 4:28 PM EDT |
| | specimen / Unk | nown | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | CARE | Result Status | | | |
| S Maan MD | LAB POINT OF C | DEVICE | Final Result | | | |
| | UNSOLICITED R | RESULTS | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five Mile | Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| | | | | | | |

| (ADINURIVIAL) PULT UI | LUCOSE BLOC | D (POCT | GLUCOSE, BLOOD) - | Final result | (07/13/2023 | 11:30 AM EDT) |
|---|--|-------------------------------------|----------------------------|---|--|----------------------------|
| • | | Ref | | Analysis | - | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 135 (H) | 70 - 110 mg/dL | | 07/13/2023 11:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Un | | | 07/13/2023 EDT | 3 11:30 AM | 07/13/2023 11:31 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-48 | 800 | |
| (ABNORMAL) CBC W/ AM EDT) | AUTO DIFFEI | RENTIAL : | (CBC WITH AUTO DIF | FERENTIAL) | - Final resul | r (07/12/2022 6:59 |
| | | Ref | | Analysis | | |
| Component | | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Component WBC | | Ref Range | Test Method LAB HEMETOLOGY | Analysis | Performed At | Pathologist Signature |
| | 10.3 4.37 | Ref Range 3.6 - 11.1 K/mcL | Test Method LAB HEMETOLOGY | Analysis Time 07/13/2023 7:11 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature |

Hemoglobin

Hematocrit

MCV

12.8 (L)

40.9

93.6

12.9 -

18.0 g/

37.6 -

52.0 %

82.0 -

102.0 FL METHOD

dL

LAB HEMETOLOGY

LAB HEMETOLOGY

LAB HEMETOLOGY

METHOD

METHOD

07/13/2023 TRINITY

07/13/2023 TRINITY

07/13/2023 TRINITY

HEALTH

LIVONIA HOSPITAL LABORATORY (SMLI)

HEALTH

LIVONIA HOSPITAL LABORATORY

(SMLI)

HEALTH

LIVONIA HOSPITAL LABORATORY

(SMLI)

7:11 AM

7:11 AM

7:11 AM

EDT

EDT

EDT

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|-----------------------------------|---------|--------------------------|--------------------------|------------------------------|---|-----------------------|
| MCHC | 31.3 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 14.7 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 372 | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Relative | 57.1 | 43.3 - 80.0 % | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Relative | 0.5 | 0.0 - 3.0 % | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Relative | 24.5 | 15.0 - 45.0 % | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Relative | 12.2 | 4.6 - 12.4 % | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Relative | 5.2 (H) | 0.0 - 5.0 % | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Relative | 0.5 | 0.0 - 2.0 | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Absolute | 5.88 | 1.90 - 7.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| _ | | Ref | | Analysis | | |
|---|----------------------------|--------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Immature Granulocytes Absolute | 0.05 | 0.00 - 0.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Absolute | 2.52 | 0.80 - 3.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Absolute | 1.26 (H) | 0.20 - 0.80 K/ mcL | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Absolute | 0.54 (H) | 0.00 - 0.50 K/ mcL | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Absolute | 0.05 | 0.00 - 0.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 07/13/2023 7:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical L Laterality | ocation / | Collection Method / Volume | Collection ¹ | Timo | Received Time |
| Blood | Lateranty | | | | | 07/13/2023 7:08 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | ; | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ADMODIAN) DASIS | AFTA DOLLS | | | 6 F0 ANA F1 | \ | |

(ABNORMAL) BASIC METABOLIC PANEL - Final result (07/13/2023 6:58 AM EDT)

| | | Ref | | Analysis | | |
|---------------------------|------------------|---------------------------|---------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Sodium | 142 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 07/13/2023 7:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Potassium | 4.4 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/13/2023 7:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Chloride | 104 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/13/2023 7:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| CO2 | 28 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/13/2023 7:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 10 | 3 - 11 | LAB CHEMISTRY METHOD | 07/13/2023 7:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 115 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/13/2023 7:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 15 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/13/2023 7:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.50 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/13/2023 7:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 115 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/13/2023 7:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| equation refit without ad | ljustment for ra | ace. | based on the Chronic Kidı | | | IIADUIALIUII (CND-EPI) |
| BUN/Creatinine Ratio | 30.0 | >=0.0 | LAB CHEMISTRY METHOD | 07/13/2023 7:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|--------------------------------|---------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Calcium | 8.5 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 07/13/2023 7:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | ′ |
| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Venous blood | | | | | 07/13/2023 7:08 AM EDT |
| | specimen / U | nknown | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| POCT GLUCOSE BLOOD | | OSE, BLOC | | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 95 | 70 - 110 mg/dL | | 07/13/2023 6:04 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Capillary bloc specimen / U | | | | | 07/13/2023 6:06 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB POINT O | F CARF | Final Result | | | |
| 3 Ividai i ivid | TEST DOCKED UNSOLICITED | D DEVICE | I III III NESAR | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | | |
| (ABNORMAL) POCT GI | LUCOSE BLO | OD (POCT Ref | 「GLUCOSE, BLOOD) - | Final result Analysis | (07/12/2023 | 8:38 PM EDT) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 124 (H) | 70 - 110 mg/dL | | 07/12/2023 8:39 PM EDT | | |

| Chasiman (Saurea) | Anatomical Loc | cation / | Collection Method / | Collection | T: 22 2 | Descrived Time |
|---|--|--------------------------------|--------------------------------------|------------------------------|---|---|
| Specimen (Source) Blood | Laterality Capillary blood | | Volume | | | Received Time 07/12/2023 8:40 PM EDT |
| | specimen / Unk | known | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider S Maan MD | Result Type LAB POINT OF | CADE | Result Status Final Result | | | |
| 2 Magii Min | TEST DOCKED I | DEVICE | riliai Resuit | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nur | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| POCT GLUCOSE BLOOD | (POCT GLUCO | | D) - Final result (07/12 | | PM EDT) | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 107 | 70 - 110 mg/dL | | 07/12/2023 4:46 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Loc | cation / | Collection Method / | 2 " | | |
| Specimen (Source) Blood | Laterality Capillary blood | 1 | Volume | Collection 07/12/202 | | Received Time 07/12/2023 4:47 PM EDT |
| ыооч | specimen / Unk | | | ,, i.ivi LDI | | 01/12/2023 4.71 1 W LD. |
| Narrative | | | | | | |
| | | | | | _ | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB POINT OF TEST DOCKED I UNSOLICITED F | DEVICE | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nur | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| (ABNORMAL) POCT GI | LUCOSE BLOO | D (POCT Ref Range | GLUCOSE, BLOOD) - Test Method | Final result Analysis Time | | 12:05 PM EDT) Pathologist Signature |
| Glucose POCT | 137 (H) | 70 - 110 | lest Method | 07/12/2023 | TRINITY | Patriologist Signature |
| Glacose i Se i | 137 () | mg/dL | | 12:06 PM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Timo | Received Time |
| Blood | Capillary blood specimen / Unk | | Volume | | 3 12:05 PM | 07/12/2023 12:07 PM EDT |
| | specimen / Onk | KHOWH | | EDI | | EDI |
| Narrative | | | | | | |
| | | | | | | |

| Authorizing Provider | Result Type | Result Status | |
|---|--|---------------------|--------------|
| S Maan MD | LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | Final Result | |
| Performing Organization | Address | City/State/ZIP Code | Phone Number |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 |

(ABNORMAL) CBC W/ AUTO DIFFERENTIAL (CBC WITH AUTO DIFFERENTIAL) - Final result (07/12/2023 6:46 AM EDT)

| 6 | \/ I | Ref | T | Analysis | |
|------------|----------|------------------------------|-------------------------------------|--------------------------------------|--|
| WBC | 8.7 | Range 3.6 - 11.1 K/mcL | Test Method LAB HEMETOLOGY METHOD | Time 07/12/2023 7:30 AM EDT | Performed At Pathologist Signature TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| RBC | 3.97 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Hemoglobin | 11.4 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Hematocrit | 37.2 (L) | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| MCV | 93.7 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| MCHC | 30.6 (L) | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| RDW | 14.6 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Platelets | 374 | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|-----------------------------------|----------|--------------------------|--------------------------|------------------------------|---|-----------------------|
| Neutrophils Relative | 48.9 | 43.3 - 80.0 % | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Relative | 0.2 | 0.0 - 3.0 % | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Relative | 31.7 | 15.0 - 45.0 % | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Relative | 13.7 (H) | 4.6 - 12.4 % | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Relative | 4.8 | 0.0 - 5.0 % | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Relative | 0.7 | 0.0 - 2.0 % | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Absolute | 4.26 | 1.90 - 7.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Absolute | 0.02 | 0.00 - 0.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Absolute | 2.76 | 0.80 - 3.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Absolute | 1.19 (H) | 0.20 - 0.80 K/ mcL | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|-------------------------|--------------------------|--------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Eosinophils Absolute | 0.42 | 0.00 - 0.50 K/ mcL | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Absolute | 0.06 | 0.00 - 0.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 07/12/2023 7:30 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical L | ocation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | | | Venipuncture / Unknow | n 07/12/2023 | 3 6:46 AM EDT | 07/12/2023 7:14 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ABNORMAL) BASIC M | METABOLIC P | | inal result (07/12/2023 | | OT) | |
| Composit | Value | Ref | Tost Mothad | Analysis | Dorformand | Dathologist Ciaratura |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Sodium | 142 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 07/12/2023 7:55 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Potassium | 3.9 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/12/2023 7:55 AM EDT | | |
| Chloride | 107 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/12/2023 7:55 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |

(SMLI)

| | | Ref | | Analysis | | |
|---|--|---------------------------|------------------------------|------------------------------|---|---|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| CO2 | 26 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/12/2023 7:55 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 9 | 3 - 11 | LAB CHEMISTRY METHOD | 07/12/2023 7:55 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 96 | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/12/2023 7:55 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 15 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/12/2023 7:55 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.60 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/12/2023 7:55 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 109 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/12/2023 7:55 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Oct equation refit without ad | | | pased on the Chronic Kidr | ney Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 25.0 | >=0.0 | LAB CHEMISTRY METHOD | 07/12/2023 7:55 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.2 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 07/12/2023 7:55 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| (C | Anatomical L | ocation / | Collection Method / | C = II = =t; = -= : | Γ' | Described Time |
| Specimen (Source) Blood | Venous blood specimen / U | | Volume Venipuncture / Unknow | Collection on 07/12/2023 | | Received Time 07/12/2023 7:14 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider A Cheema MD | Result Type LAB BLOOD ORDERABLES | ; | Result Status Final Result | | | |
| | | | | | | |

| Performing Organization | Address | | City/State/ZIP Code | Phone Number | | |
|------------------------------------|--|---------------------------|--|-------------------------------|---------------|------------------------|
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five Mile | : Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| ECG 12-LEAD - Final resu | ult (07/12/202 | 3 6:17 AN | 1 EDT) | | | |
| | | Ref | • | Analysis | Performed | |
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| Ventricular Rate ECG | 80 | BPM | | | GEMUSE | |
| Atrial Rate | 80 | BPM | | | GEMUSE | |
| P-R Interval | 138 | ms | | | GEMUSE | |
| QRS Duration | 100 | ms | | | GEMUSE | |
| Q-T Interval | 420 | ms | | | GEMUSE | |
| QTc | 484 | ms | | | GEMUSE | |
| P Wave Axis | -23 | degrees | | | GEMUSE | |
| R Axis | 42 | degrees | | | GEMUSE | |
| T Axis | 78 | degrees | | | GEMUSE | |
| ECG Interpretation | Normal sinus rhythm Nonspecific ST and T wave abnormality Confirmed by SALEH, | | | | GEMUSE | |
| | ASHRAF (3519) on 7/12/2023 4:25:22 PM | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection T | | Received Time |
| | | | | 07/12/2023 | 3 6:17 AM EDT | 07/12/2023 4:25 PM EDT |
| ** | | | | | | |
| Narrative This result has an at | ttachment tha | t is not | availahla | | | |
| IIIIS IESUTE mas an ac | Addiment one. | 2 15 noc | dvallanie. | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | ECG ORDERABL | _ES | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| GEMUSE | | | | | | |
| (ABNORMAL) CULTUR | .E URINE - Fina | al result (Ref | (07/12/2023 12:09 A | .M EDT) Analysis | | |
| Component | Value | Range | Test Method | | Performed At | Pathologist Signature |
| Culture, Urine | 100,000 CFU/ mL Enterobacter cloacae-CRE (A) | | MIC | 07/14/2023 10:16 PM EDT | | |
| Comment: Organism phenotype su | uggests carba | penemase | production. | | (SIFV) | |
| This is an edited res | | _ | sm was Gram negative erobacter cloacae on | | | t 1124 EDT. |

Edited result: Previously reported as Enterobacter cloacae on 7/14/2023 at 1124 EDT.

Result component has been updated to reportable to State Health.

| Urine | Urinary bladder structure / Unknown | Non-blood Collection / Unknown | 07/12/2023 12:09 AM EDT | 07/12/2023 12:21 AM EDT |
|---|--|-----------------------------------|----------------------------|----------------------------|
| Narrative | | | | |
| | | | | |
| Authorizing Provider | Result Type | Result Status | | |
| S Maan MD | LAB MICROBIOLOGY - GENERAL ORDERABLES | Final Result | | |
| Performing Organization | Address | City/State/ZIP Code | Phone Number | |
| TRINITY HEALTH ANN ARBOR HOSPITAL LABORATORY (SJAA) | 5301 McAuley Dr | Ypsilanti, MI 48197 | 734-712-3456 | |

Collection Method /

Collection Time

Received Time

Volume

Anatomical Location /

Laterality

Specimen (Source)

(ABNORMAL) CBC W/ AUTO DIFFERENTIAL (CBC WITH AUTO DIFFERENTIAL) - Final result (07/11/2023 6:30 AM EDT)

| AWI LDI) | | D (| | | | |
|------------------|---------------|--------------------------|-------------------------------------|------------------------------|---|-----------------------|
| | N/ 1 | Ref | T . NA .II . I | Analysis | D 6 1 4. | D. (1. 1. 1. C) |
| Component WBC | Value 10.1 | 3.6 - 11.1 K/mcL | Test Method LAB HEMETOLOGY METHOD | 7/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature |
| RBC | 4.02 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | | |
| Hemoglobin | 12.0 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hematocrit | 36.9 (L) | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCV | 91.8 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCHC | 32.5 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 14.5 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| Carananant | Value | Ref | Test Method | Analysis Time | Dawfarra ad At | Dath all wist Circulature |
|-----------------------------------|----------|--------------------------|--------------------------|------------------------------|---|---------------------------|
| Component Platelets | 353 | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature |
| Neutrophils Relative | 62.2 | 43.3 - 80.0 % | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Relative | 0.3 | 0.0 - 3.0 % | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Relative | 20.3 | 15.0 - 45.0 % | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Relative | 14.6 (H) | 4.6 - 12.4 % | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Relative | 2.2 | 0.0 - 5.0 % | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Relative | 0.4 | 0.0 - 2.0 % | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Absolute | 6.27 | 1.90 - 7.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Absolute | 0.03 | 0.00 - 0.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Absolute | 2.04 | 0.80 - 3.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|-----------------------------|--------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Monocytes Absolute | 1.47 (H) | 0.20 - 0.80 K/ mcL | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Absolute | 0.22 | 0.00 - 0.50 K/ mcL | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Absolute | 0.04 | 0.00 - 0.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 07/11/2023 6:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | _according | | | | | 07/11/2023 6:34 AM EDT |
| _Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | | |
| | | | | | | |
| (ABNORMAL) BASIC M | IETABOLIC P | ANEL - Fi Ref | nal result (07/11/2023 | | OT) | |
| Component | Value | Range | Test Method | Analysis Time | Performed At | Pathologist Signature |

| | | 1101 | | 7 (Traily 515 | | |
|-----------|---------|------------------------|-------------------------|------------------------------|---|-----------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Sodium | 143 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 07/11/2023 7:07 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Potassium | 3.4 (L) | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/11/2023 7:07 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|------------------------------|---------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Chloride | 108 (H) | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/11/2023 7:07 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| CO2 | 25 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/11/2023 7:07 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 10 | 3 - 11 | LAB CHEMISTRY METHOD | 07/11/2023 7:07 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 96 | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/11/2023 7:07 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 12 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/11/2023 7:07 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.60 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/11/2023 7:07 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 109 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/11/2023 7:07 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Octo equation refit without adj | | | based on the Chronic Kidne | ey Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 20.0 | >=0.0 | LAB CHEMISTRY METHOD | 07/11/2023 7:07 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.1 (L) | mg/dL | LAB CHEMISTRY METHOD | 07/11/2023 7:07 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical L Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Venous blood specimen / U | | | | | 07/11/2023 6:34 AM EDT |
| _Narrative | | | | | | |

| Authorizing Provider | Result Type | | Result Status | | | | |
|---------------------------------|--------------------------|-----------|----------------------|--------------|--------------|------------------------|--|
| A Cheema MD | LAB BLOOD | | Final Result | | | | |
| | ORDERABLES | | | | | | |
| Performing Organization | Addracc | | City/State/ZIP Code | Phone Num | nhar | | |
| TRINITY HEALTH | 36475 Five Mile | – Road | Livonia, MI 48154 | | 734-655-4800 | | |
| LIVONIA HOSPITAL | 30-73 1113 | , node | LIVOTIIA, IVII 1015. | 131 035 | 50 | | |
| LABORATORY (SMLI) | | | | | | | |
| | | | | | | | |
| ECG 12-LEAD - Final resu | ul+ (07/11/202 | 2 5·28 ΔN | / EDT) | | | | |
| ECG 12-LLAD - Fillal 1630 | JIL (07) 11/2023 | Ref | (EDI) | Analysis | Performed | | |
| Component | Value | Range | Test Method | Time | At | Pathologist Signature | |
| Ventricular Rate ECG | 101 | BPM | | | GEMUSE | | |
| Atrial Rate | 101 | BPM | | | GEMUSE | | |
| P-R Interval | 140 | ms | | | GEMUSE | | |
| QRS Duration | 96 | ms | | | GEMUSE | | |
| Q-T Interval | 388 | ms | | | GEMUSE | | |
| QTc | 503 | ms | | | GEMUSE | | |
| P Wave Axis | 44 | degrees | | | GEMUSE | | |
| R Axis | 54 | degrees | | | GEMUSE | | |
| T Axis | 67 | degrees | | | GEMUSE | | |
| ECG Interpretation | Sinus | | | | GEMUSE | | |
| | tachycardia Otherwise | | | | | | |
| | normal ECG | | | | | | |
| | When | | | | | | |
| | compared | | | | | | |
| | with ECG of | | | | | | |
| | 10-JUL-2023 06:21, | | | | | | |
| | Premature | | | | | | |
| | ventricular | | | | | | |
| | complexes | | | | | | |
| | are no | | | | | | |
| | longer | | | | | | |
| | Present Confirmed | | | | | | |
| | by SALEH, | | | | | | |
| | ASHRAF | | | | | | |
| | (3519) on | | | | | | |
| | 7/11/2023 | | | | | | |
| | 3:44:02 PM | | | | | | |
| | Anatomical Loc | cation / | Collection Method / | | | | |
| Specimen (Source) | Laterality | | Volume | Collection T | ime | Received Time | |
| | | | | 07/11/2023 | 5:28 AM EDT | 07/11/2023 3:44 PM EDT | |
| | | | | | | | |
| Narrative This result has an at | the change the | t ic not | availahla | | | | |
| This result has an at | ,тасппень снач |] 15 NOC | avarrabre. | | | | |
| | | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | | |
| A Cheema MD | ECG ORDERABI | LES | Final Result | | | | |
| Performing Organization | Addross | | City/State/ZIP Code | Phone Num | ahar | | |
| GEMUSE | Address | | City/State/Zir Code | FIIOHE INGH | Dei | | |
| GLIVIOSE | | | | | | | |
| | | | | | | | |
| EGD - Final result (07/10 |)/2023 4:51 PM | 1 EDT) | | | | | |
| Anatomical Region | Laterality | У | Modality | | | | |
| | | | Other | | | | |
| | | | | | | | |
| | | | | | | | |

| | Anatomical Lo | ocation / | Collection Method / | | | |
|--------------------------------|-----------------------------|---------------|-------------------------------|-------------------------|----------------------|------------------------|
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| | | | | 07/10/2023 4:17 PM EDT | | |
| Narrative | | | | | | |
| This result has an at | ttachment th | at is not | available. | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Putrus MD | GI~PROCEDU | RE | Final Result | | | |
| | ORDERABLES | | | | | |
| | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GLUC | | DD) - Final result (07/10 | | M EDT) | |
| Component | Value | Ref Range | Test Method | Analysis Time | Parformed At | Pathologist Signature |
| Glucose POCT | 95 | 70 - 110 | iest Metriod | | TRINITY | Tatriologist Signature |
| | | mg/dL | | 3:46 PM | HEALTH | |
| | | | | EDT | LIVONIA HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | A | | Callastian Mathead / | | | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Capillary bloo | od | | 07/10/2023 | 3:45 PM EDT | 07/10/2023 3:47 PM EDT |
| | specimen / Uı | nknown | | | | |
| Narrative | | | | | | |
| Narrative | | | | | | |
| A | D 1: T | | D. H. C. | | | |
| Authorizing Provider S Maan MD | Result Type LAB POINT O | E CADE | Result Status Final Result | | | |
| 3 IVIdali IVID | TEST DOCKED | | rillai Result | | | |
| | UNSOLICITED | RESULTS | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nhar | |
| TRINITY HEALTH | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-48 | | |
| LIVONIA HOSPITAL | | | ,, | 754 055 4000 | | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| (ABNORMAL) CBC W/ | AUTO DIFFE | RENTIAL | (CBC WITH AUTO DIF | FERENTIAL) | - Final result | t (07/10/2023 9:02 |
| AM EDT) | | | | | | |
| | V/ I | Ref | T | Analysis | D () A (| D .1 1 |
| Component WBC | Value 12.9 (H) | Range | Test Method LAB HEMETOLOGY | Time 07/10/2023 | | Pathologist Signature |
| VVDC | 12.9 (H) | K/mcL | METHOD | 9:16 AM | HEALTH | |
| | | , | | EDT | LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATORY (SMLI) | |
| RBC | 4.15 (L) | 4.30 - | LAB HEMETOLOGY | 07/10/2023 | | |
| | | 5.90 M/ | METHOD | 9:16 AM | HEALTH | |
| | | mcL | | EDT | LIVONIA HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| Hemoglobin | 12.1 (L) | 12.9 - | LAB HEMETOLOGY | 07/10/2023 | | |
| | | 18.0 g/ dL | METHOD | 9:16 AM EDT | HEALTH LIVONIA | |
| | | GL. | | LDI | HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | | |
| | | | | | (SMLI) | |

| Component | Value | Ref Range | Test Method | Analysis Time | Darfarmad At | Pathologist Signature |
|-----------------------------------|----------|-------------------------|--------------------------|------------------------------|---|-----------------------|
| Component Hematocrit | 39.0 | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCV | 94.0 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCHC | 31.0 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 14.5 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 373 | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Relative | 70.1 | 43.3 - 80.0 % | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Relative | 0.7 | 0.0 - 3.0 % | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Relative | 14.9 (L) | 15.0 - 45.0 % | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Relative | 11.5 | 4.6 - 12.4 % | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Relative | 2.6 | 0.0 - 5.0 % | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|-----------------------------------|----------------------------|--------------------------|-------------------------------|------------------------------|---|---|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Basophils Relative | 0.2 | 0.0 - 2.0 % | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Absolute | 9.07 (H) | 1.90 - 7.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Absolute | 0.09 | 0.00 - 0.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Absolute | 1.93 | 0.80 - 3.30 K/ mcL | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Absolute | 1.49 (H) | 0.20 - 0.80 K/ mcL | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Absolute | 0.33 | 0.00 - 0.50 K/ mcL | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Absolute | 0.02 | 0.00 - 0.20 K/ mcL | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 07/10/2023 9:16 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) Blood | Anatomical L Laterality | ocation / | Collection Method / Volume | Collection | Time | Received Time 07/10/2023 9:05 AM EDT |
| Narrative | | | veriipuncture / onknow | U// 10/2023 |) 5.02 AIVI LD1 | 07/10/2023 3.03 AIVI EDT |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| S Maan MD | LAB BLOOD ORDERABLES | 5 | Final Result | | | |
| | | | | | | |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|----------------------|---------------------|--------------|
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 |

(ABNORMAL) BASIC METABOLIC PANEL - Final result (07/10/2023 6:54 AM EDT)

| (ABNORMAL) BASIC METABOLIC PANEL - Final result (07/10/2023 6:54 AM EDT) | | | | | | |
|--|----------|---------------------------|-------------------------|------------------------------|--|--|
| Component | Value | Ref | Test Method | Analysis Time | Parformed At Pathologist Signature | |
| Component Sodium | 141 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 07/10/2023 7:34 AM EDT | Performed At Pathologist Signature TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Potassium | 3.3 (L) | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/10/2023 7:34 AM EDT | | |
| Chloride | 107 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/10/2023 7:34 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| CO2 | 28 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/10/2023 7:34 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 6 | 3 - 11 | LAB CHEMISTRY METHOD | 07/10/2023 7:34 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 90 | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/10/2023 7:34 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 12 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/10/2023 7:34 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.58 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/10/2023 7:34 AM EDT | | |
| eGFR | 110 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/10/2023 7:34 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) idemiology Collaboration (CKD-EPI) | |

Comment: Effective October 9, 2022, calculation based on the Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) equation refit without adjustment for race.

| | | Ref | = | Analysis | D 6 14: | Bull I de Charles |
|---|-----------------------------|-------------------|-------------------------------|------------------------------|---|--------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| BUN/Creatinine Ratio | 20.7 | >=0.0 | LAB CHEMISTRY METHOD | 07/10/2023 7:34 AM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.4 (L) | mg/dL | LAB CHEMISTRY METHOD | 07/10/2023 7:34 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Гime | Received Time |
| Blood | Venous blood | | | | | 07/10/2023 6:57 AM EDT |
| ыооч | specimen / Ur | | veriipuncture / Onknowi | 1 07/10/2023 | 0.34 AIVI EDI | 01/10/2023 0.37 AIVI EDI |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | le Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| | | | | | | |
| ECG 12-LEAD - Final res | ult (07/10/202 | 23 6:21 AN Ref | M EDT) | Analysis | Performed | |
| Component | Value | Range | Test Method | Analysis Time | At | Pathologist Signature |
| Ventricular Rate ECG | 88 | BPM | | | GEMUSE | |
| Atrial Rate | 88 | BPM | | | GEMUSE | |
| P-R Interval | 144 | ms | | | GEMUSE | |
| QRS Duration | 100 | ms | | | GEMUSE | |
| | | | | | | |

GEMUSE

GEMUSE

GEMUSE

GEMUSE

GEMUSE

434

525

60

74

71

Q-T Interval

P Wave Axis

QTc

R Axis

T Axis

ms

ms

degrees

degrees

degrees

| | Ref | | | Analysis | Performed | |
|---|---|---|--|--|--|--|
| | Range | Test Method | | Time | | Pathologist Signature |
| Sinus rhythm with occasional Premature ventricular complexes Prolonged QT Abnormal ECG When compared with ECG of 09-JUL-2023 06:05, Premature ventricular complexes are now Present Confirmed by SALEH, ASHRAF (3519) on 7/10/2023 4:03:29 PM | | | | Time | GEMUSE | Pathologist Signature |
| | Lation / | | ou / | Collection Ti | me | Received Time |
| | | | | | | 07/10/2023 4:03 PM EDT |
| | | | | | | |
| ttachment that | t is not | available. | | | | |
| | | | | | | |
| Result Type | | Result Status | | | | |
| ECG ORDERAB | LES | Final Result | | | | |
| Address | | City/State/ZIP Co | ode | Phone Numl | oer | |
| | | | | | | |
| | | Mo | | c Imaging | | |
| A contact to the | | Callant. NA 11 | l / | | | |
| | cation / | | od / | Collection Ti | me | Received Time |
| Lateranty | | Volume | | | | received fille |
| | rhythm with occasional Premature ventricular complexes Prolonged QT Abnormal ECG when compared with ECG of 09-JUL-2023 06:05, Premature ventricular complexes are now Present Confirmed by SALEH, ASHRAF (3519) on 7/10/2023 4:03:29 PM Anatomical Locaterality tachment that Result Type ECG ORDERAB Address | Sinus rhythm with occasional Premature ventricular complexes Prolonged QT Abnormal ECG When compared with ECG of 09-JUL-2023 06:05, Premature ventricular complexes are now Present Confirmed by SALEH, ASHRAF (3519) on 7/10/2023 4:03:29 PM Anatomical Location / Laterality Etachment that is not Result Type ECG ORDERABLES Address Final result (07/10/2023 Laterality | Sinus rhythm with occasional Premature ventricular complexes Prolonged QT Abnormal ECG When compared with ECG of 09-JUL-2023 06:05, Premature ventricular complexes are now Present Confirmed by SALEH, ASHRAF (3519) on 7/10/2023 4:03:29 PM Anatomical Location / Collection Method Laterality City/State/ZIP Collection Method Anatomical Location / Collection Method Collectio | Value Range Test Method Sinus rhythm with occasional Premature ventricular complexes Prolonged QT Abnormal ECG When compared with ECG of 09-JuL-2023 06:05, Premature ventricular complexes are now Present Confirmed by SALEH, ASHRAF (3519) on 7/10/2023 4:03:29 PM Anatomical Location / Laterality Collection Method / Volume Final result (07/10/2023 12:19 AM EDT) Laterality Radiographi Anatomical Location / Collection Method / | Value Range Test Method Time Sinus rhythm with occasional Premature ventricular complexes Prolonged QT Abnormal ECG When compared with ECG of 09-JuL-2023 06:05, Premature ventricular complexes are now Present Confirmed by SALEH, ASHRAF (3519) on 7/10/2023 4:03:29 PM Anatomical Location / Collection Method / Laterality Collection Method / Collection Time ECG ORDERABLES Final Result Final result (07/10/2023 12:19 AM EDT) Laterality Modality Radiographic Imaging Anatomical Location / Collection Method / Volume Collection Time Result Type Result Status Final result (07/10/2023 12:19 AM EDT) Laterality Modality Radiographic Imaging Anatomical Location / Collection Method / Volume Collection Time Result Type Result Status Final result (07/10/2023 12:19 AM EDT) Laterality Modality Radiographic Imaging Anatomical Location / Collection Method / Volume Collection Time Collection Time Result Type Result Status Final result (07/10/2023 12:19 AM EDT) Laterality Modality Radiographic Imaging Anatomical Location / Collection Method / Volume Collection Time Collection Time Complexes Collection Time Coll | Value Range Test Method Time At Sinus rhythm with occasional Premature ventricular complexes Prolonged QT Abnormal ECG When Compared with ECG of 09-JuL-2023 06:05, Premature ventricular complexes are now Present Confirmed by SALEH, ASHRAF (3519) on 7/10/2023 4:03:29 PM Anatomical Location / Collection Method / Laterality Result Status ECG ORDERABLES Final Result Address City/State/ZIP Code Phone Number Final result (07/10/2023 12:19 AM EDT) Laterality Modality Radiographic Imaging Anatomical Location / Collection Method / Volume Collection Time Final result (07/10/2023 12:19 AM EDT) Laterality Modality Radiographic Imaging Anatomical Location / Collection Method / Volume Collection Time Collection Time O7/10/2023 12:48 AM |

Impressions 07/10/2023 12:49 AM EDT Single frontal view of the abdomen obtained. Supine imaging limits evaluation for pneumoperitoneum. No gross pneumoperitoneum. Moderate fecal loading within the ascending colon and rectum. No dilated bowel loops. A PEG tube is not visualized. No suspicious calcifications. No acute osseous abnormalities.

Reviewed and electronically signed by: Ursula Sylvia Knoepp, MD 7/10/2023 12:49 AM

----- FINAL REPORT -----Dictated By: Knoepp, Ursula Sylvia
Dictated Date: 07/10/2023 00:48

Assigned Physician: Knoepp, Ursula Sylvia

Reviewed and Electronically Signed By: Knoepp, Ursula Sylvia

Signed Date: 07/10/2023 00:49 Workstation ID: AARRPRW1036 Transcribed By: Self Edit

Transcribed Date: 07/10/2023 00:48

Patients: If you have questions regarding some of the verbiage in your report, please visit RadiologyExplained.com for a definition. If you have any other please visit RadiologyExplained.com for a definition. If you have any other questions please contact your physician.

Physicians: If your patient was seen at Trinity Health St. Mary Mercy Livonia or Trinity Health Medical Center Schoolcraft and you have questions 24/7 regarding this report,

please call: 734-655-2421.

Narrative

07/10/2023 12:49 AM EDT

XR ABDOMEN 1 VIEW

COMPLETED DATE: 7/9/2023 11:47 PM

REASON FOR EXAM: PEG tube

ADDITIONAL HISTORY PROVIDED BY CLINICAL TEAM: None Provided

ADDITIONAL HISTORY REVIEWED: pt pulled PEG tube

VIEWS: 1 IMAGES: 1
COMPARISON: None

Procedure Note

U Knoepp, MD - 07/10/2023

Procedure Note

Formatting of this note might be different from the original.

XR ABDOMEN 1 VIEW

COMPLETED DATE: 7/9/2023 11:47 PM

REASON FOR EXAM: PEG tube

ADDITIONAL HISTORY PROVIDED BY CLINICAL TEAM: None Provided

ADDITIONAL HISTORY REVIEWED: pt pulled PEG tube

VIEWS: 1 IMAGES: 1

COMPARISON: None

IMPRESSION:

Single frontal view of the abdomen obtained. Supine imaging limits evaluation for pneumoperitoneum. No gross pneumoperitoneum. Moderate fecal loading within the ascending colon and rectum. No dilated bowel loops. A PEG tube is not visualized. No suspicious calcifications. No acute osseous abnormalities.

Reviewed and electronically signed by: Ursula Sylvia Knoepp, MD 7/10/2023 12:49 AM

------ FINAL REPORT ------Dictated By: Knoepp, Ursula Sylvia Dictated Date: 07/10/2023 00:48

Assigned Physician: Knoepp, Ursula Sylvia

Reviewed and Electronically Signed By: Knoepp, Ursula Sylvia

Signed Date: 07/10/2023 00:49 Workstation ID: AARRPRW1036

Transcribed By: Self Edit

Transcribed Date: 07/10/2023 00:48

Patients: If you have questions regarding some of the verbiage in your report, please visit RadiologyExplained.com for a definition. If you have any other please visit RadiologyExplained.com for a definition. If you have any other questions please contact your physician.

Physicians: If your patient was seen at Trinity Health St. Mary Mercy Livonia or Trinity Health Medical Center Schoolcraft and you have questions 24/7 regarding this report,

please call: 734-655-2421.

| Authorizing Provider | Result Type | Result Status |
|----------------------|-------------------|---------------|
| S Maan MD | IMG XR PROCEDURES | Final Result |

ECG 12-LEAD - Final result (07/09/2023 6:05 AM EDT)

| | | Ref | | Analysis | Performed | |
|----------------------|-------|---------|-------------|----------|-----------|-----------------------|
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| Ventricular Rate ECG | 83 | BPM | | | GEMUSE | |
| Atrial Rate | 83 | BPM | | | GEMUSE | |
| P-R Interval | 136 | ms | | | GEMUSE | |
| QRS Duration | 98 | ms | | | GEMUSE | |
| Q-T Interval | 436 | ms | | | GEMUSE | |
| QTc | 512 | ms | | | GEMUSE | |
| P Wave Axis | -9 | degrees | | | GEMUSE | |
| R Axis | 80 | degrees | | | GEMUSE | |
| T Axis | 56 | degrees | | | GEMUSE | |

| | | Ref | | Analysis | Performed | |
|--------------------------------|--|--------------------------|-------------------------------|----------------------------------|---|----------------------------|
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| ECG Interpretation | Normal sinus rhythm with sinus arrhythmia Prolonged QT Abnormal ECG When compared with ECG of 06-JUL-2023 06:20, QT has lengthened Confirmed by SALEH, ASHRAF (3519) on 7/9/2023 11:12:34 AM | | | | GEMUSE | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Narrative This result has an a | · | at is not | | | | 07/09/2023 11:12 AM EDT |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | ECG ORDERAE | BLES | Final Result | | | |
| Performing Organization GEMUSE | Address | | City/State/ZIP Code | Phone Nun | nber | |
| (ABNORMAL) BASIC N | METABOLIC PA | ANEL - F i Ref | inal result (07/09/202 | 23 5:35 AM EI Analysis | DT) | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Sodium | 142 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 07/09/2023 6:28 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Potassium | 3.8 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/09/2023 6:28 AM | TRINITY HEALTH | |

EDT

6:28 AM

EDT

Chloride

107

98 - 107 LAB CHEMISTRY

mmol/L METHOD

LIVONIA HOSPITAL LABORATORY

(SMLI)

HEALTH

LIVONIA HOSPITAL LABORATORY

(SMLI)

07/09/2023 TRINITY

| | | Ref | | Analysis | | |
|---|------------------------------------|---------------------------|------------------------------|------------------------------|---|---|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| CO2 | 25 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/09/2023 6:28 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 10 | 3 - 11 | LAB CHEMISTRY METHOD | 07/09/2023 6:28 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 108 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/09/2023 6:28 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 12 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/09/2023 6:28 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.57 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/09/2023 6:28 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 111 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/09/2023 6:28 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Oct equation refit without ac | | | pased on the Chronic Kidr | ney Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 21.1 | >=0.0 | LAB CHEMISTRY METHOD | 07/09/2023 6:28 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.5 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 07/09/2023 6:28 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| (C i (C) | Anatomical L | ocation / | Collection Method / | C - IIt' ' | T' | Denoise d'Time |
| Specimen (Source) Blood | Venous blood specimen / U | | Volume Venipuncture / Unknow | Collection on 07/09/2023 | | Received Time 07/09/2023 5:48 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider A Cheema MD | Result Type LAB BLOOD ORDERABLES | ; | Result Status Final Result | | | |
| | | | | | | |

| Performing Organization | Address | | City/State/ZiP Code | Phone Nun | nber | |
|---|-----------------------------|--------------------|-------------------------------|-------------------------------|---|-----------------------|
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five N | Aile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ARNIODMAL) MACALE | CIIIM E: | l rocult (0 | 7/08/2023 9:09 AM ED | IT) | | |
| (ABNORWAL) WAGNE | SIUIVI - FIIIa | Ref | 1/00/2023 9:09 AIVI ED | Analysis | | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Magnesium | 1.5 (L) | 1.7 - 2.5 mg/dL | | 07/08/2023 10:11 AM EDT | | |
| Specimen (Source) | Anatomical I Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Гime | Received Time |
| Blood | Venous bloo specimen / l | | Venipuncture / Unknow | n 07/08/2023 | 3 9:09 AM EDT | 07/08/2023 9:22 AM E |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | LAB BLOOD ORDERABLE | S | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five N | Aile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| PHOSPHORUS - Final re | esult (07/08/2 | 2023 9:09 A Ref | AM EDT) | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Phosphorus | 2.4 | 2.4 - 4.6 mg/dL | LAB CHEMISTRY METHOD | 07/08/2023 10:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical I Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Venous bloo specimen / l | | Venipuncture / Unknow | n 07/08/2023 | 3 9:09 AM EDT | 07/08/2023 9:22 AM E |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | LAB BLOOD ORDERABLE | S | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five N | Mile Road | Livonia, MI 48154 | 734-655-48 | | |
| | METABOLIC I | PANEL - F | inal result (07/08/2023 | 8 9:09 AM EI | OT) | |

Performing Organization Address City/State/ZIP Code Phone Number

| | | Ref | | Analysis | | |
|---------------------------|------------------|---------------------------|--------------------------|-------------------------------|---|-----------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Sodium | 142 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 07/08/2023 10:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Potassium | 3.6 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/08/2023 10:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Chloride | 108 (H) | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/08/2023 10:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| CO2 | 25 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/08/2023 10:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 9 | 3 - 11 | LAB CHEMISTRY METHOD | 07/08/2023 10:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 115 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/08/2023 10:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 12 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/08/2023 10:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.57 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/08/2023 10:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 111 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/08/2023 10:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| equation refit without ad | ljustment for ra | ace. | based on the Chronic Kid | | | liaporation (CKD-EPI) |
| BUN/Creatinine Ratio | 21.1 | >=0.0 | LAB CHEMISTRY METHOD | 07/08/2023 10:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| _ | | Ref | | Analysis | ~ | |
|---|------------------------------|--------------------------|-------------------------------|-------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Calcium | 8.2 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 07/08/2023 10:11 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection 1 | | Received Time |
| Blood | Venous blood specimen / U | | | | | 07/08/2023 9:22 AM EDT |
| <u>Narrative</u> | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | LAB BLOOD ORDERABLES | ; | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | ;00 | |
| (ABNORMAL) BASIC N | 1ETABOLIC P | PANEL - Fi Ref | inal result (07/07/2023 | 3:25 PM ED Analysis |)T) | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Sodium | 142 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 07/07/2023 4:01 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Potassium | 4.1 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/07/2023 4:01 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Chloride | 110 (H) | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/07/2023 4:01 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| CO2 | 26 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/07/2023 4:01 PM EDT | | , |
| Anion Gap | 6 | 3 - 11 | LAB CHEMISTRY METHOD | 07/07/2023 4:01 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Glucose | 109 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/07/2023 4:01 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL | |

LABORATORY (SMLI)

| | | Ref | | Analysis | | |
|---|------------------------------|---------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| BUN | 13 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/07/2023 4:01 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.65 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/07/2023 4:01 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 107 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/07/2023 4:01 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Octo equation refit without adj | | | pased on the Chronic Kidne | ey Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 20.0 | >=0.0 | LAB CHEMISTRY METHOD | 07/07/2023 4:01 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.1 (L) | mg/dL | LAB CHEMISTRY METHOD | 07/07/2023 4:01 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Venous blood specimen / U | | | | | 07/07/2023 3:29 PM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| EGD - Final result (07/07 | 7/2023 2:33 P | m edt) | | | | |
| Anatomical Region | Lateral | ity | Modality Other | | | |
| | | | Other | | | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection | | Received Time |
| | | | | 07/07/2025 | 3 1:52 PM EDT | |
| Narrative This result has an at | ttachment th | at is not | available. | | | |
| | | | | | | |

| VAS LIS DI IDI EY LIDDE | :D EXT VENI∪I | IS I FFT - Fir | nal result (07/07/2023 9:4 | 12 AM EDT) | | |
|-------------------------|--------------------------|----------------|-------------------------------|------------|-----------|-----------------------|
| VAS OS DOFELA OFFE | K LAT VLIVOC | Ref | ar result (07/07/2023 3.5 | Analysis | Performed | |
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| BSA | 2.11 | m2 | | | CV PACS | |
| Anatomical Region | Late | rality | Modality | | | |
| Vascular, Abdomen | | | Ultrasound | | | |
| Specimen (Source) | Anatomical Laterality | Location / | Collection Method / Volume | Collection | Time | Received Time |

Result Status

Final Result

Narrative

07/07/2023 12:52 PM EDT

Authorizing Provider

A Putrus MD

This result has an attachment that is not available.

Result Type

GI~PROCEDURE

ORDERABLES

- 1. There is evidence of acute superficial vein thrombosis in the left upper extremity cephalic vein of the upper arm.
- 2. There is no evidence of acute deep vein thrombosis in the left upper extremity in images obtained.
- 3. Suggest further testing if clinically indicated.

Left Upper Venous Axillary vein was not visualized. Radial vein not visualized. Ulnar vein was not visualized. Basilic vein was not visualized.

Cephalic vein, in the upper arm, is abnormal. A(n) acute thrombus is present. Cephalic vein, in the forearm, was not visualized.

No evidence of deep vein thrombosis in the internal jugular, subclavian and mid brachial veins of the left arm. The vessels showed compressibility with normal Doppler flow.

Vascular Tech Details

A gray scale, color and doppler analysis ultrasound was performed. During the study longitudinal and transverse views were obtained. Pulsed wave doppler was performed. Overall the study quality was limited and technically difficult. Study was technically difficult due to: bedside exam. Patient is combative. Nurse Renee helping to hold arm.

Preliminary Report Communication

Critical result. Preliminary report called to Nurse Renee and progress note on 7/7/2023 at 09:48 EDT.

| Authorizing Provider | Result Type | Result Status |
|----------------------|---------------------------|---------------|
| A Cheema MD | CV VASCULAR PROCEDURES | Final Result |

ECG 12-LEAD - Final result (07/07/2023 5:54 AM EDT)

| | | Ref | | Analysis | Performed | |
|----------------------|-------|---------|-------------|----------|-----------|-----------------------|
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| Ventricular Rate ECG | 78 | BPM | | | GEMUSE | |
| Atrial Rate | 78 | BPM | | | GEMUSE | |
| P-R Interval | 146 | ms | | | GEMUSE | |
| QRS Duration | 96 | ms | | | GEMUSE | |
| Q-T Interval | 416 | ms | | | GEMUSE | |
| QTc | 474 | ms | | | GEMUSE | |
| R Axis | 44 | degrees | | | GEMUSE | |
| T Axis | 63 | degrees | | | GEMUSE | |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|-------------------------|------------------------------|--------------|-------------------------------|-----------------------|-------------------|---------------------------|
| ECG Interpretation | Normal | Nurige | rest iviculou | THILE | GEMUSE | r attrologist signature |
| eco interpretation | sinus | | | | GEIVIUSE | |
| | rhythm | | | | | |
| | Normal ECG | | | | | |
| | When | | | | | |
| | compared | | | | | |
| | with ECG of 06-JUL-2023 | | | | | |
| | 06:20, | | | | | |
| | NO | | | | | |
| | significant | | | | | |
| | change was | | | | | |
| | found Confirmed | | | | | |
| | by SALEH, | | | | | |
| | ASHRAF | | | | | |
| | (3519) on | | | | | |
| | 7/10/2023 | | | | | |
| | 4:03:33 PM | | | | | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Timo | Received Time |
| specimen (source) | Lateranty | | voiume | | | 07/10/2023 4:03 PM EDT |
| | | | | 01/01/202 | 3 3.34 AIVI LUI | 07/10/2023 4.03 1 101 ED1 |
| Narrative | | | | | | |
| This result has an at | ttachment tha | t is not | available. | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | ECG ORDERAB | I FS | Final Result | | | |
| 7 Circoma Wib | 200 011010 | | That Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| GEMUSE | | | | | | |
| | | | | | | |
| (ADMODMAL) PROTUE | ONADINI TINA | VA/ITI I IN | D First | .c./2022 2.45 | DIA EDT) | |
| (ABNORMAL) PROTHE | COMBIN TIME | Ref | K - Final result (07/0 | | PIVI EDI) | |
| Component | Value | Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Protime | 14.7 (H) | 9.4 - 12.5 | iest ivietilou | 07/06/2023 | TRINITY | Tatriologist Signature |
| Trounce | 14.7 (11) | sec | | 3:41 PM | HEALTH | |
| | | | | EDT | LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATORY | |
| INID | 1.2 | . 4 5 | | 07/06/2022 | (SMLI) | |
| INR | 1.2 | <4.5 | | 07/06/2023 3:41 PM | TRINITY HEALTH | |
| | | | | EDT | LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | Anatomical Lo | cation / | Collection Mathed / | | | |
| Specimen (Source) | Laterality | LatiOH / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Venous blood | | | | | 07/06/2023 3:22 PM EDT |
| 51000 | specimen / Un | known | Tempericiale / Officion | 01/00/202 | 5.17 T WI LDT | 5.,00,2025 5.22 TWILDT |
| | • | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Putrus MD | LAB BLOOD | | Final Result | | | |
| A FULLUS IVID | ORDERABLES | | ı ınaı Nesull | | | |
| | | | | | | |
| | | | | | | |

| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | nber | |
|---|--|-------------------|-------------------------------|------------------------------|---|------------------------|
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| | | | | | | |
| ECG 12-LEAD - Final res | ult (07/06/202 | 3 6:20 AN Ref | I EDT) | Analysis | Performed | |
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| Ventricular Rate ECG | 93 | BPM | | | GEMUSE | |
| Atrial Rate | 93 | BPM | | | GEMUSE | |
| P-R Interval | 150 | ms | | | GEMUSE | |
| QRS Duration | 94 | ms | | | GEMUSE | |
| Q-T Interval | 390 | ms | | | GEMUSE | |
| QTc | 484 | ms | | | GEMUSE | |
| P Wave Axis | 48 | degrees | | | GEMUSE | |
| R Axis | 59 | degrees | | | GEMUSE | |
| T Axis | 76 | degrees | | | GEMUSE | |
| | rhythm Normal ECG When compared with ECG of 04-JUL-2023 06:09, No significant change was found Confirmed by Nona, MD, Paul (8666) on 7/6/2023 2:49:36 PM | | | | | |
| _Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| | | | | 07/06/202 | 3 6:20 AM EDT | 07/06/2023 2:49 PM EDT |
| | | | | | | |
| Narrative This result has an a | ++ | t ic mot | ovedleble | | | |
| inis result has an a | ctachment tha | t is not | available. | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | ECG ORDERAB | LES | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| GEMUSE | | | | | | |
| | | | | | | |
| (ABNORMAL) POCT G | LUCOSE BLOO | | GLUCOSE, BLOOD) | | (07/04/2023 | 6:11 AM EDT) |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed A+ | Pathologist Signature |
| Glucose POCT | 113 (H) | 70 - 110 mg/dL | rest Method | 07/04/2023 6:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | | | | | | |

Performing Organization Address City/State/ZIP Code Phone Number

| | Anatomical Loc | ation / | Collection Method / | | | |
|---|--|---------|---------------------|--------------|-------------|------------------------|
| Specimen (Source) | Laterality | | Volume | Collection T | ime | Received Time |
| Blood | Capillary blood specimen / Unk | | | 07/04/2023 | 6:11 AM EDT | 07/04/2023 6:13 AM EDT |
| Narrative | | | | | | |
| _Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | LAB POINT OF (TEST DOCKED I UNSOLICITED R | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | iber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | Road | Livonia, MI 48154 | 734-655-48 | 00 | |
| ECG 12-LEAD - Final res | | Ref | | Analysis | Performed | D. H. Janist Cinnatura |
| Component | | Range | Test Method | Time | At | Pathologist Signature |
| Ventricular Rate ECG | | BPM | | | GEMUSE | |
| Atrial Rate | | BPM | | | GEMUSE | |
| P-R Interval | 146 | ms | | | GEMUSE | |
| QRS Duration | 104 | ms | | | GEMUSE | |
| Q-T Interval | 400 | ms | | | GEMUSE | |

GEMUSE

GEMUSE

GEMUSE

GEMUSE

QTc

R Axis

T Axis

P Wave Axis

478

-23

69

60

ms

degrees degrees

degrees

| | | Ref | | Analysis | Performed | |
|--------------------------------|--|-------------------|-------------------------------|-------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| ECG Interpretation | Normal sinus rhythm Possible Inferior infarct (cited on or before 30-JUN-2023) Abnormal ECG When compared with ECG of 30-JUN-2023 11:23, Premature ventricular complexes are no longer Present Nonspecific T wave abnormality no longer evident in Lateral leads Confirmed by REDDY, MD, SHILPA (16837) on 7/4/2023 3:31:07 PM | | | Time | GEMUSE | Pathologist Signature |
| Specimen (Source) | Anatomical Lo Laterality | Cation / | Collection Method / Volume | Collection | Time | Received Time |
| | | | | 07/04/202 | 3 6:09 AM EDT | 07/04/2023 3:31 PM EDT |
| | | | | | | |
| Narrative This result has an a | ttachment tha | t is not | availahla | | | |
| inis resurt has an a | ccaciment cna | 13 1100 | avarrabre. | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | ECG ORDERAB | SLES | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nui | mber | |
| GEMUSE | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GLUCC | OSE, BLOC Ref | | Analysis | PM EDT) | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 93 | 70 - 110 mg/dL | | 07/03/2023 10:51 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | Anatomical Loc | cation / | Collection Method / | | | |
|---|-----------------------------------|--------------------------------|-------------------------------|---|---|-------------------------------------|
| Specimen (Source) | Laterality | , | Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Unl | | | 07/03/202 EDT | 3 10:50 PM | 07/03/2023 10:51 PM EDT |
| Narrative | | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type LAB POINT OF CARE | | Result Status | | | |
| A Cheema MD | TEST DOCKED UNSOLICITED I | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| POCT GLUCOSE BLOOD | (POCT GLUCO | SE, BLOO | D) - Final result (07/0 | 3/2023 4:50 F | PM EDT) | |
| | | Ref | | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 94 | 70 - 110 mg/dL | | 07/03/2023 4:51 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Loc | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | ı | Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Unl | | | 07/03/202 | 3 4:50 PM EDI | 07/03/2023 4:52 PM EDT |
| Narrative | | | | | | |
| Narrative | | | | | | |
| A .1 | D 1: F | | D 1: C: : | | | |
| Authorizing Provider A Cheema MD | Result Type LAB POINT OF | CADE | Result Status Final Result | | | |
| A Cheema MD | TEST DOCKED UNSOLICITED I | DEVICE | Tillal Nesult | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| (ABNORMAL) POCT GI | LUCOSE BLOO | D (POCT Ref Range | GLUCOSE, BLOOD) - Test Method | · Final result Analysis Time | | 11:37 AM EDT) Pathologist Signature |
| Glucose POCT | 138 (H) | 70 - 110 | iest Method | 07/03/2023 | TRINITY | i attiologist signature |
| SIGCOSC I OCI | 155 (11) | mg/dL | | 11:38 AM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Loc | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | 1 | Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Unl | | | 07/03/202 EDT | 3 11:37 AM | 07/03/2023 11:39 AM EDT |
| Narrative | | | | | | |
| Ivaliative | | | | | | |
| | | | | | | |

| Authorizing Provider | Result Type | | Result Status | | | |
|---|--|-----------------------|----------------------------|------------------------------|---------------|-------------------------|
| A Cheema MD | LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Number | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | | Livonia, MI 48154 | 734-655-4 | | |
| (ABNORMAL) POCT GI | LUCOSE BLOO | D (POCT Ref | GLUCOSE, BLOOD) - | | (07/03/2023 | 6:39 AM EDT) |
| Component | Value | Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 111 (H) | 70 - 110 mg/dL | | 07/03/2023 6:39 AM EDT | | |
| | Anatomical Loc | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Unl | | | 07/03/202 | 3 6:39 AM EDT | 07/03/2023 6:40 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | LAB POINT OF TEST DOCKED UNSOLICITED I | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | | |
| POCT GLUCOSE BLOOD | (POCT GLUCO | | D) - Final result (07/02 | | PM EDT) | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 101 | 70 - 110 mg/dL | | 07/02/2023 9:55 PM EDT | | - attrongiot orginature |
| | Anatomical Loc | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Unl | | | 07/02/202 | 3 9:41 PM EDT | 07/02/2023 9:56 PM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Docult Type | | Pocult Ctatus | | | |
| Authorizing Provider A Cheema MD | Result Type LAB POINT OF | CARF | Result Status Final Result | | | |
| A Cheema MD | TEST DOCKED UNSOLICITED I | DEVICE | rinai Resuit | | | |
| | | | | | | |

| Performing Organization | Address | | City/State/ZIP Code | Phone Number | | | |
|---|---|-------------------|-------------------------------|------------------------------|-----------------|---|--|
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-48 | 300 | | |
| LABORATORY (SWILI) | | | | | | | |
| ECG 12-LEAD - Final resu | ult (07/02/202 | | I EDT) | A sa a la sai a | Doutoussad | | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature | |
| Ventricular Rate ECG | 99 | BPM | | | GEMUSE | | |
| Atrial Rate | 99 | BPM | | | GEMUSE | | |
| P-R Interval | 134 | ms | | | GEMUSE | | |
| QRS Duration | 94 | ms | | | GEMUSE | | |
| Q-T Interval | 404 | ms | | | GEMUSE | | |
| QTc | 518 | ms | | | GEMUSE | | |
| P Wave Axis | -9 | degrees | | | GEMUSE | | |
| R Axis | 71 | degrees | | | GEMUSE | | |
| T Axis | 42 | degrees | | | GEMUSE | | |
| ECG Interpretation | Normal sinus rhythm Normal ECG When compared with ECG of 30-JUN-2023 11:23, Premature ventricular complexes are no longer Present Confirmed by RAHEJA, SURAJ (102) on 7/5/2023 2:35:33 PM | deg | | | GEMUSE | | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection 1 07/02/2023 | | Received Time 07/05/2023 2:35 PM EDT | |
| | | | | ÷-,-, | , 2 | 01,13,23 | |
| Narrative | | | | | | | |
| This result has an at | | t 1s not | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | | |
| A Cheema MD | ECG ORDERABI | LES | Final Result | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | | |
| GEMUSE | | | | | | | |
| <u></u> | | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GLUCO | SE, BLOO Ref | DD) - Final result (07/0) | 2/2023 5:19 Pl Analysis | M EDT) | | |
| Component | Value | Range | Test Method | , | Performed At | Pathologist Signature | |
| Glucose POCT | 95 | 70 - 110 mg/dL | icst Wethod | 07/02/2023 5:20 PM EDT | | | |
| | | | | | | | |

| | Anatomical Lo | cation / | Collection Method / | | | |
|---|---|--------------------------|-------------------------------|-------------------------------|---|----------------------------|
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Capillary bloo specimen / Ur | | | 07/02/2023 | 3 5:19 PM EDT | 07/02/2023 5:21 PM EDT |
| Narrative | | | | | | |
| randive | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | le Road | Livonia, MI 48154 | 734-655-48 | | |
| | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GLUCO | OSE, BLOC Ref | DD) - Final result (07/0 |)2/2023 11:24 Analysis | AM EDT) | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 78 | 70 - 110 mg/dL | | 07/02/2023 11:26 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary bloo specimen / Ur | | | | 3 11:24 AM | 07/02/2023 11:27 AM EDT |
| Narrative | | | | | | |
| Authorizio a Duovidos | Dogult Turo | | Result Status | | | |
| Authorizing Provider A Cheema MD | Result Type LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | le Road | Livonia, MI 48154 | 734-655-48 | | |
| (ABNORMAL) COMPLE | ETE BLOOD C | OUNT - F | inal result (07/02/20 |)23 6:44 AM I | EDT) | |
| Component | Value | Ref | Test Method | Analysis Time | Darformad A+ | Pathologist Signature |
| Component WBC | 10.8 | Range 3.6 - 11.1 | LAB HEMETOLOGY | 07/02/2023 | | Pathologist Signature |
| | | K/mcL | METHOD | 7:10 AM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RBC | 4.21 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 07/02/2023 7:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|----------------------------------|--|-------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Hemoglobin | 12.1 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 07/02/2023 7:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hematocrit | 39.4 | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 07/02/2023 7:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCV | 93.6 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 07/02/2023 7:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCHC | 30.7 (L) | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 07/02/2023 7:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 13.3 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 07/02/2023 7:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 531 (H) | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 07/02/2023 7:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 07/02/2023 7:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 07/02/2023 7:10 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical L Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Venous bloo specimen / L | | | | | 07/02/2023 7:04 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider M Calice MD | Result Type LAB BLOOD ORDERABLES | 5 | Result Status Final Result | | | |
| | | | | | | |

| LIVONIA HOSPITAL LABORATORY (SMLI) | | | | 70.000 | | |
|--|---------------------------------------|------------------------|-----------------------------------|------------------------------|---|------------------------|
| LABORATORT (SIVILI) | | | | | | |
| (ABNORMAL) MAGNES | SIUM - Final | result (0° | 7/02/2023 6·44 AM FD ⁻ | Γ) | | |
| (ADITORINAL) MAGNES | , , , , , , , , , , , , , , , , , , , | Ref | 7,02,2023 0.44 AM ED | Analysis | | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Magnesium | 1.2 (L) | 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 07/02/2023 7:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo | ocation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Venous blood specimen / Ur | | Venipuncture / Unknowr | 1 07/02/202: | 3 6:44 AM EDI | 07/02/2023 7:04 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| Li (Sivilli) | | | | | | |
| (A. D. J. G. D. J. G. G. J. J. J. J. G. G. J. J. J | | | | | | |
| (ABNORMAL) BASIC M | IETABOLIC P | | nal result (07/02/2023 | | DT) | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Sodium | 141 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 07/02/2023 7:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Potassium | 3.7 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/02/2023 7:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Chloride | 103 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/02/2023 7:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| CO2 | 25 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/02/2023 7:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

City/State/ZIP Code Phone Number

734-655-4800

Livonia, MI 48154

Performing Organization Address

36475 Five Mile Road

TRINITY HEALTH

| | | Ref | | Analysis | | |
|---|------------------------------|---------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Anion Gap | 13 (H) | 3 - 11 | LAB CHEMISTRY METHOD | 07/02/2023 7:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 82 | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/02/2023 7:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 14 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/02/2023 7:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.62 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/02/2023 7:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 108 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/02/2023 7:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Octo equation refit without ad | | | pased on the Chronic Kidne | ey Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 22.6 | >=0.0 | LAB CHEMISTRY METHOD | 07/02/2023 7:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.1 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 07/02/2023 7:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical L | ocation / | Collection Method / Volume | Collection ¹ | Timo | Received Time |
| Blood | Venous blood specimen / U | | | | | 07/02/2023 7:04 AM EDT |
| Narrative | | | | | | |
| Authorizina Day | Decide T | | Dogula Chatra | | | |
| Authorizing Provider M Calice MD | Result Type LAB BLOOD | | Result Status Final Result | | | |
| | ORDERABLES | • | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| | | | | | | |

| | | Ref | | Analysis | | |
|---|--|---|---|--|--|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 85 | 70 - 110 mg/dL | | 07/02/2023 6:35 AM | TRINITY HEALTH | |
| | | mg/aL | | EDT | LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATORY (SMLI) | |
| | Anatomical Loc | cation / | Collection Method / | | (SIVILI) | |
| Specimen (Source) | Laterality | | Volume | Collection | Time | Received Time |
| Blood | Capillary blood | | | 07/02/202 | 3 6:34 AM EDT | 07/02/2023 6:36 AM EDT |
| | specimen / Unl | KNOWN | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | LAB POINT OF | | Final Result | | | |
| | TEST DOCKED I | | | | | |
| | 0.1302.0.125 | | | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nur | | |
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GLUCO | SE BLOO | 1D) - Final result (07/0 | 1/2023 8.21 🛭 | M EDT) | |
| POCT GLUCOSE BLOOD | (POCT GLUCO | SE, BLOO Ref | DD) - Final result (07/0 | | PM EDT) | |
| Component | Value | Ref Range | DD) - Final result (07/0) Test Method | 1/2023 8:21 P Analysis Time | | Pathologist Signature |
| | | Ref Range 70 - 110 | | Analysis Time 07/01/2023 | Performed At | Pathologist Signature |
| Component | Value | Ref Range | | Analysis Time | Performed At | Pathologist Signature |
| Component | Value | Ref Range 70 - 110 | | Analysis Time 07/01/2023 8:23 PM | Performed At TRINITY HEALTH LIVONIA HOSPITAL | Pathologist Signature |
| Component | Value | Ref Range 70 - 110 | | Analysis Time 07/01/2023 8:23 PM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | Pathologist Signature |
| Component | Value | Ref Range 70 - 110 | | Analysis Time 07/01/2023 8:23 PM | Performed At TRINITY HEALTH LIVONIA HOSPITAL | Pathologist Signature |
| Component Glucose POCT | Value 88 Anatomical Loc | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/01/2023 8:23 PM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Component Glucose POCT Specimen (Source) | Value 88 Anatomical Loc Laterality | Ref Range 70 - 110 mg/dL | Test Method | Analysis Time 07/01/2023 8:23 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time |
| Component Glucose POCT | Value 88 Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/01/2023 8:23 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Component Glucose POCT Specimen (Source) Blood | Value 88 Anatomical Loc Laterality | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/01/2023 8:23 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time |
| Component Glucose POCT Specimen (Source) | Value 88 Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/01/2023 8:23 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time |
| Component Glucose POCT Specimen (Source) Blood | Value 88 Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 07/01/2023 8:23 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider | Value 88 Anatomical Loc Laterality Capillary blood specimen / Unk | Ref Range 70 - 110 mg/dL | Test Method Collection Method / Volume Result Status | Analysis Time 07/01/2023 8:23 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative | Anatomical Loc Laterality Capillary blood specimen / Unk Result Type LAB POINT OF | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume | Analysis Time 07/01/2023 8:23 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider | Anatomical Loc Laterality Capillary blood specimen / University Result Type LAB POINT OF TEST DOCKED | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume Result Status | Analysis Time 07/01/2023 8:23 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider A Cheema MD | Anatomical Loc Laterality Capillary blood specimen / University Result Type LAB POINT OF TEST DOCKED UNSOLICITED F | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume Result Status | Analysis Time 07/01/2023 8:23 PM EDT Collection | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider A Cheema MD Performing Organization | Anatomical Loc Laterality Capillary blood specimen / University Result Type LAB POINT OF TEST DOCKED UNSOLICITED F | Ref Range 70 - 110 mg/dL cation / | Collection Method / Volume Result Status Final Result City/State/ZIP Code | Analysis Time 07/01/2023 8:23 PM EDT Collection 07/01/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 8:21 PM EDT | Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider A Cheema MD Performing Organization TRINITY HEALTH | Anatomical Loc Laterality Capillary blood specimen / University Result Type LAB POINT OF TEST DOCKED UNSOLICITED F | Ref Range 70 - 110 mg/dL cation / | Collection Method / Volume Result Status Final Result | Analysis Time 07/01/2023 8:23 PM EDT Collection 07/01/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 8:21 PM EDT | Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider A Cheema MD Performing Organization | Anatomical Loc Laterality Capillary blood specimen / University Result Type LAB POINT OF TEST DOCKED UNSOLICITED F | Ref Range 70 - 110 mg/dL cation / | Collection Method / Volume Result Status Final Result City/State/ZIP Code | Analysis Time 07/01/2023 8:23 PM EDT Collection 07/01/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 8:21 PM EDT | Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider A Cheema MD Performing Organization TRINITY HEALTH LIVONIA HOSPITAL | Anatomical Loc Laterality Capillary blood specimen / University Result Type LAB POINT OF TEST DOCKED UNSOLICITED F | Ref Range 70 - 110 mg/dL cation / | Collection Method / Volume Result Status Final Result City/State/ZIP Code | Analysis Time 07/01/2023 8:23 PM EDT Collection 07/01/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 8:21 PM EDT | Received Time |
| Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider A Cheema MD Performing Organization TRINITY HEALTH LIVONIA HOSPITAL | Anatomical Loc Laterality Capillary blood specimen / University Result Type LAB POINT OF TEST DOCKED UNSOLICITED FOR Address 36475 Five Miles | Ref Range 70 - 110 mg/dL cation / d known | Collection Method / Volume Result Status Final Result City/State/ZIP Code Livonia, MI 48154 | Analysis Time 07/01/2023 8:23 PM EDT Collection 07/01/202 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 3 8:21 PM EDT | Received Time |

| | | Ref | | Analysis | | |
|---|-------------------------------|----------|-------------------------------|--------------|---------------------|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 101 | 70 - 110 | | 07/01/2023 | TRINITY | |
| | | mg/dL | | 4:32 PM | HEALTH | |
| | | | | EDT | LIVONIA HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | Anatomical Lo | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Un | | | 07/01/202 | 3 4:32 PM EDI | 07/01/2023 4:33 PM EDT |
| | specimen / on | KIIOWII | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | LAB POINT OF | CARE | Final Result | | | |
| | TEST DOCKED | DEVICE | | | | |
| | UNSOLICITED | RESULTS | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-4 | | |
| LIVONIA HOSPITAL | | | | | | |
| Laboratory (SMLI) | | | | | | |
| | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GILICO | SE BLOO | ID) - Final result (07/0 | 1/2023 11:27 | AM EDT) | |
| 1 0 0 1 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 | (100102000 | Ref | <i>b)</i> Tilial resalt (07/0 | Analysis | 7 (14) [201) | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 86 | 70 - 110 | | 07/01/2023 | | |
| | | mg/dL | | 11:27 AM | HEALTH | |
| | | | | EDT | LIVONIA HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | | | | | | |
| Specimen (Source) | Anatomical Lo Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood | | voidine | | 3 11:27 AM | 07/01/2023 11:28 AM |
| | specimen / Un | | | EDT | | EDT |
| Na matica | | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| A Cheema MD | LAB POINT OF | | Final Result | | | |
| | TEST DOCKED UNSOLICITED | | | | | |
| | ONSOLICITED | VESOFIS | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| LIVONIA HOSPITAL | | | | | | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |

(ABNORMAL) COMPLETE BLOOD COUNT - Final result (07/01/2023 8:53 AM EDT)

| | | Ref | | Analysis | | |
|-------------------|-----------------------------|--------------------------|--------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| WBC | 10.3 | 3.6 - 11.1 K/mcL | LAB HEMETOLOGY METHOD | 07/01/2023 9:17 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RBC | 4.22 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 07/01/2023 9:17 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hemoglobin | 12.4 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 07/01/2023 9:17 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hematocrit | 38.7 | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 07/01/2023 9:17 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCV | 91.7 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 07/01/2023 9:17 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCHC | 32.0 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 07/01/2023 9:17 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 13.4 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 07/01/2023 9:17 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 500 (H) | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 07/01/2023 9:17 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 07/01/2023 9:17 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 07/01/2023 9:17 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| 6 | Anatomical L | ocation / | Collection Method / | 6 11 11 | - : | D : 1 =: |
| Specimen (Source) | Laterality | ۸ ا | Volume | Collection | | Received Time |
| Blood | Venous bloo specimen / L | | veriipuricture / Unknow | ni 07/01/202: | O.JS AIVI EUI | 07/01/2023 9:11 AM EDT |

| Narrative | | | | | | | | |
|---|------------------------------|-----------------------------|----------------------------------|--|---|------------------------|--|--|
| | | | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | | | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | | Livonia, MI 48154 | 734-655-48 | 300 | | | |
| (ABNORMAL) MAGNE | SIUM - Final | | 7/01/2023 8:53 AM EC | IT) | | | | |
| Component | Value | Ref | Test Method | Analysis Time | Darfarmad A+ | Dath alogist Cignoture | | |
| _Component Magnesium | 1.2 (L) | Range 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 07/01/2023 9:46 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature | | |
| | Anatomical Lo | ocation / | Collection Method / | | | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time | | |
| Blood | Venous blood specimen / U | | Venipuncture / Unknow | Venipuncture / Unknown 07/01/2023 8:53 AM EDT 07/01/2023 9:11 AN | | | | |
| Narrative | | | | | | | | |
| | | | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | | | |
| M Calice MD | LAB BLOOD ORDERABLES | , | Final Result | | | | | |
| Performing Organization | Address | | City/State/ZIP Code Phone Number | | nber | | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-4800 | | | | |
| | | | | | | | | |
| (ABNORMAL) BASIC N | IETABOLIC P | PANEL - Fi Ref | inal result (07/01/2023 | |)T) | | | |
| Component | Value | Range | Test Method | Analysis Time | Performed At | Pathologist Signature | | |
| Sodium | 140 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 07/01/2023 9:46 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | | |
| Potassium | 3.6 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 07/01/2023 9:46 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | | |
| Chloride | 104 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 07/01/2023 9:46 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | | |

| | | Ref | | Analysis | | |
|---|------------------------------------|---------------------------|-------------------------------|------------------------------|---|---|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| CO2 | 27 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 07/01/2023 9:46 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 9 | 3 - 11 | LAB CHEMISTRY METHOD | 07/01/2023 9:46 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 92 | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 07/01/2023 9:46 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 13 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 07/01/2023 9:46 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.60 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 07/01/2023 9:46 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 109 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 07/01/2023 9:46 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Oct equation refit without ad | | | pased on the Chronic Kidr | ney Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 21.7 | >=0.0 | LAB CHEMISTRY METHOD | 07/01/2023 9:46 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 7.9 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 07/01/2023 9:46 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| 6 . (6) | Anatomical L | ocation / | Collection Method / | C II .: . | | 5 . 1.7 |
| Specimen (Source) Blood | Venous blood specimen / U | | Volume Venipuncture / Unknow | Collection on 07/01/2023 | | Received Time 07/01/2023 9:11 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider M Calice MD | Result Type LAB BLOOD ORDERABLES | <u> </u> | Result Status Final Result | | | |
| | ONDLINABLES | • | | | | |

| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
|---|--|-------------------|--|----------------------------------|---|----------------------------|
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GLUCO | SE, BLOO Ref | D) - Final result (07/0 | 1/2023 6:41 <i>A</i> Analysis | AM EDT) | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 94 | 70 - 110 mg/dL | | 07/01/2023 6:41 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Unl | | Totalia in the second of the s | | | 07/01/2023 6:42 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT OF TEST DOCKED UNSOLICITED F | DEVICE | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| POCT GLUCOSE BLOOD | (POCT GLUCC |)SE, BLOC | DD) - Final result (06/3 | 0/2023 10:46 | PM EDT) | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 107 | 70 - 110 mg/dL | TOST IVICTION | 06/30/2023 10:47 PM EDT | | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Unl | | | | 3 10:46 PM | 06/30/2023 10:48 PM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT OF TEST DOCKED UNSOLICITED I | DEVICE | Final Result | | | |
| | | (E)OLIO | | | | |
| Performing Organization TRINITY HEALTH | Address 36475 Five Mile | - Pood | City/State/ZIP Code Livonia, MI 48154 | Phone Nur 734-655-4 | | |
| LIVONIA HOSPITAL LABORATORY (SMLI) | 304/3 FIVE WING | 3 KUau | LIVOIIId, IVII 40134 | / 34-033-4 | 800 | |
| POCT GLUCOSE BLOOD | (POCT GLUCC |)SE, BLOC | DD) - Final result (06/3 | 0/2023 5:35 F | PM EDT) | |

| | | _ | | | | |
|---|--|---|---|---|--|------------------------|
| Campanana | Malina | Ref | Total Mothod | Analysis | Dantaum ad A+ | D-th-d-rist Cianatura |
| Component Glucose POCT | Value 96 | Range 70 - 110 mg/dL | Test Method | Time 06/30/2023 5:35 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | Pathologist Signature |
| Specimen (Source) | Anatomical Lo Laterality | cation / | Collection Method / Volume | Collection ⁻ | (SMLI) | Received Time |
| Blood | Capillary blood specimen / Un | | Volume | | | 06/30/2023 5:36 PM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-48 | | |
| | | | | | | |
| (ABNORMAL) COMPLE | | Ref | - | Analysis | - | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| | Value 10.6 | Ref Range 3.6 - 11.1 | - | Analysis | Performed At | |
| Component | Value 10.6 3.85 (L) | Ref Range 3.6 - 11.1 K/mcL 4.30 - | Test Method LAB HEMETOLOGY | Analysis Time 06/30/2023 12:55 PM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Component | Value 10.6 3.85 (L) 11.3 (L) | Ref Range 3.6 - 11.1 K/mcL 4.30 - 5.90 M/ mcL | Test Method LAB HEMETOLOGY METHOD LAB HEMETOLOGY | Analysis Time 06/30/2023 12:55 PM EDT 06/30/2023 12:55 PM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

EDT

12:55 PM

EDT

82.0 - LAB HEMETOLOGY

102.0 FL METHOD

 MCV

92.7

LIVONIA HOSPITAL LABORATORY

(SMLI)

HEALTH

LIVONIA HOSPITAL LABORATORY (SMLI)

06/30/2023 TRINITY

| | | Ref | | Analysis | | |
|---|------------------------------|-------------------------|-------------------------------|-------------------------------|---|----------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| MCHC | 31.7 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 06/30/2023 12:55 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 13.5 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 06/30/2023 12:55 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 497 (H) | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 06/30/2023 12:55 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 06/30/2023 12:55 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 06/30/2023 12:55 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ² | Time | Received Time |
| Blood | Venous blood specimen / U | | Venipuncture / Unknow | | | 06/30/2023 12:47 PM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | | |
| (ABNORMAL) MAGNE | SIUM - Final | result (0 | 6/30/2023 12:39 PM E | DT) Analysis | | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Magnesium | 1.4 (L) | 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 06/30/2023 1:22 PM EDT | TRINITY HEALTH LIVONIA | <i>y y</i> |
| | | | | | HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo | ocation / | Collection Method / | | LABORATORY | |

Venipuncture / Unknown 06/30/2023 12:39 PM EDT

Venous blood

specimen / Unknown

Blood

06/30/2023 12:47 PM

EDT

| Narrative | | | |
|-----------|--|--|--|
| | | | |

| Authorizing Provider | Result Type | Result Status | |
|---|-------------------------|---------------------|--------------|
| M Calice MD | LAB BLOOD ORDERABLES | Final Result | |
| Performing Organization | Address | City/State/ZIP Code | Phone Number |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 |

(ABNORMAL) BASIC METABOLIC PANEL - Final result (06/30/2023 12:39 PM EDT)

| (715110111111111111111111111111111111111 | | Ref | iiai resuit (00/30/2023 | Analysis | , |
|--|----------|--------------------------|-------------------------|------------------------------|---|
| Component | Value | Range | Test Method | Time | Performed At Pathologist Signature |
| Sodium | 138 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 06/30/2023 1:22 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Potassium | 3.6 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 06/30/2023 1:22 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Chloride | 104 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 06/30/2023 1:22 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| CO2 | 26 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 06/30/2023 1:22 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Anion Gap | 8 | 3 - 11 | LAB CHEMISTRY METHOD | 06/30/2023 1:22 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Glucose | 90 | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 06/30/2023 1:22 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| BUN | 14 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 06/30/2023 1:22 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Creatinine | 0.69 (L) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 06/30/2023 1:22 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |

| | | Ref | | Analysis | | |
|--|-------------------------------|---------------------|--|-------------------------|------------------------|----------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| eGFR | | >=60 mL/min/ | LAB CHEMISTRY METHOD | 06/30/2023 1:22 PM | TRINITY HEALTH | |
| | | 1.73m2 | | EDT | LIVONIA | |
| | | | | | HOSPITAL LABORATORY | |
| | | | | | (SMLI) | |
| equation refit without ad | justment for rac | e. | pased on the Chronic Kidn | | | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 20.3 | >=0.0 | LAB CHEMISTRY METHOD | 06/30/2023 1:22 PM | TRINITY HEALTH | |
| | | | | EDT | LIVONIA | |
| | | | | | HOSPITAL LABORATORY | |
| | | | | | (SMLI) | |
| Calcium | | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 06/30/2023 1:22 PM | TRINITY HEALTH | |
| | | ···g, | | EDT | LIVONIA | |
| | | | | | HOSPITAL LABORATORY | |
| | A 4 | | Calland Add I | | (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Venous blood | | Venipuncture / Unknow | | 3 12:39 PM | 06/30/2023 12:47 PM |
| | specimen / Un | known | | EDT | | EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| | | | C'. (C. 1 /7ID C. 1 | DI NI | 1 | |
| Performing Organization TRINITY HEALTH | 36475 Five Mile | e Road | City/State/ZIP Code Livonia, MI 48154 | Phone Nur 734-655-48 | | |
| LIVONIA HOSPITAL | 30173114614111 | c rioda | Livorna, ivii 10151 | 751 055 10 | 300 | |
| LABORATORY (SMLI) | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GILICO | SE BLO | DD) - Final result (06/30. | /2022 12:00 | DM EDT) | |
| TOCT GLOCOSE BLOOD | (FOCT GLOCC | Ref |) - Tillal Tesult (00/30/ | Analysis | r IVI LDI) | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 86 | 70 - 110 mg/dL | | 06/30/2023 12:01 PM | TRINITY HEALTH | |
| | | J. | | EDT | LIVONIA | |
| | | | | | HOSPITAL LABORATORY | |
| | | | | | (SMLI) | |
| | Anatomical Lo | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Un | | | 06/30/2023 EDT | 3 12:00 PM | 06/30/2023 12:02 PM EDT |
| | ' | | | | | |
| Narrative | | | | | | |
| Authorizina Dravidor | Dogult Turo | | Dogult Status | | | |
| Authorizing Provider M Kang MD | Result Type LAB POINT OF | CARE | Result Status Final Result | | | |
| , | TEST DOCKED | DEVICE | | | | |
| | UNSOLICITED | KESULTS | | | | |
| | | | | | | |

| Performing Organization | Address | | City/State/ZIP Code | Phone Num | ıber | |
|---------------------------------|---|--------------|----------------------------|----------------------------|-----------------|---|
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-48 | 00 | |
| LABORATORY (SMLI) | | | | | | |
| ECG 12-LEAD - Final res | ult (06/30/202 | 3 11:23 A | M EDT) | | | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Ventricular Rate ECG | 102 | BPM | lest Mictiloa | TITIC | GEMUSE | Tatilologist signature |
| Atrial Rate | 102 | BPM | | | GEMUSE | |
| P-R Interval | 144 | ms | | | GEMUSE | |
| QRS Duration | 92 | ms | | | GEMUSE | |
| Q-T Interval | 364 | ms | | | GEMUSE | |
| QTc | 474 | ms | | | GEMUSE | |
| P Wave Axis | 78 | degrees | | | GEMUSE | |
| R Axis | 42 | degrees | | | GEMUSE | |
| T Axis | 87 | degrees | | | GEMUSE | |
| ECG Interpretation | sinus tachycardia with Premature ventricular complexes Possible Inferior infarct (cited on or before 28- JUN-2023) Nonspecific ST abnormality Abnormal ECG Confirmed by MISIRLIYAN, MD, ROY (874) on 6/30/2023 4:05:26 PM | | | | GEMUSE | |
| Supering and (Supering) | Anatomical Loc | cation / | Collection Method / | Callestion | E' | December of Times |
| Specimen (Source) | Laterality | | Volume | Collection T 06/30/2023 | | Received Time 06/30/2023 4:05 PM EDT |
| | | | | EDT | 11.25 Alvi | 00/30/2023 4.03 FIVI EDI |
| Narrative | | | | | | |
| This result has an at | ttachment that | t is not | available. | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | ECG ORDERABI | LES | Final Result | | | |
| Performing Organization GEMUSE | Address | | City/State/ZIP Code | Phone Num | ber | |
| POCT GLUCOSE BLOOD | (POCT GLUCC |)SE, BLOC |)D) - Final result (06/30, | /2023 7:17 A | M EDT) | |

| | | Ref | | Analysis | - 6 | |
|---|---|--------------------------|---|----------------------------------|---|--------------------------------------|
| Change POCT | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 90 | 70 - 110 mg/dL | | 06/30/2023 7:17 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | • | Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Un | | | 06/30/202 | 3 7:17 AM EDI | 06/30/2023 7:19 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| POCT GLUCOSE BLOOD Component | (POCT GLUCC | SE, BLOO Ref Range | D) - Final result (06/30 Test Method | 0/2023 12:34 Analysis Time | | Pathologist Signature |
| Glucose POCT | 84 | 70 - 110 mg/dL | | 06/30/2023 12:34 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Consider and (Conses) | Anatomical Loc | cation / | Collection Method / | Callantina | T: | Deceived Time |
| Specimen (Source) Blood | Laterality Capillary blood | l | Volume | Collection | 3 12:34 AM | Received Time 06/30/2023 12:35 AM |
| Бюос | specimen / Un | | | EDT | J 12.54 AIVI | EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | Result Type LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Result Status Final Result | | | |
| | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | | Phone Nur | mber | |

(ABNORMAL) VALPROIC ACID TOTAL (VALPROIC ACID LEVEL, TOTAL) - Final result (06/29/2023 9:15 PM EDT)

| | | Ref | | Analysis | | |
|---|---|---------------------------|-------------------------------|-------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Valproic Acid Level | 33.9 (L) | 50.0 - 100.0 mcg/mL | LAB CHEMISTRY METHOD | 06/29/2023 9:48 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Specimen (Source) | Anatomical L Laterality | ocation / | Collection Method / Volume | Collection | | Received Time |
| Blood | Venous blood specimen / U | | | | | 06/29/2023 9:20 PM EDT |
| Narrative | • | | | | | |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB BLOOD ORDERABLES | 5 | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nur | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | lile Road | Livonia, MI 48154 | 734-655-48 | 800 | |
| (ABNORMAL) POCT GI | | Ref | | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 114 (H) | 70 - 110 mg/dL | | 06/29/2023 5:03 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Colores (Colores) | Anatomical L | .ocation / | Collection Method / Volume | Collection | | Received Time |
| Specimen (Source) Blood | Laterality Capillary blocspecimen / U | | Volume | | | 06/29/2023 5:04 PM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT O TEST DOCKEI UNSOLICITEI | D DEVICE | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nur | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | lile Road | Livonia, MI 48154 | 734-655-48 | 800 | |
| POCT GLUCOSE BLOOD | (POCT GLUC | | DD) - Final result (06/2 | | AM EDT) | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 99 | 70 - 110 mg/dL | | 06/29/2023 11:54 AM EDT | | |

| Blood | Capillary blood specimen / Unknown | | 06/29/2023 11:53 AM EDT | 06/29/2023 11:55 AM EDT |
|---|--|---------------------|----------------------------|----------------------------|
| Narrative | | | | |
| Authorizing Provider | Result Type | Result Status | | |
| M Kang MD | LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | Final Result | | |
| Performing Organization | Address | City/State/ZIP Code | Phone Number | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 | |

Collection Method /

Collection Time

Analysis

Received Time

Volume

(ABNORMAL) COMPLETE BLOOD COUNT - Final result (06/29/2023 7:22 AM EDT)

Ref

Anatomical Location /

Laterality

Specimen (Source)

| Component | Value | Range | Test Method | Time | Performed At Pathologist Signature |
|------------|----------|--------------------------|--------------------------|------------------------------|---|
| WBC | 10.0 | | LAB HEMETOLOGY METHOD | 06/29/2023 8:00 AM EDT | |
| RBC | 4.00 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 06/29/2023 8:00 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Hemoglobin | 11.6 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 06/29/2023 8:00 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Hematocrit | 37.6 | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 06/29/2023 8:00 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| MCV | 94.0 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 06/29/2023 8:00 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| MCHC | 30.9 (L) | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 06/29/2023 8:00 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| RDW | 13.6 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 06/29/2023 8:00 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |

| | V/ I | Ref | T . M . I . I | Analysis | D () A (| D. (1. 1 | |
|--|-----------------------------|--------------------|--|-------------------------|------------------------|------------------------|--|
| Component Platelets | Value | Range 140 - | Test Method LAB HEMETOLOGY | Time | | Pathologist Signature | |
| Platelets | 548 (H) | 140 - 440 K/ | METHOD | 06/29/2023 8:00 AM | HEALTH | | |
| | | mcL | | EDT | LIVONIA | | |
| | | | | | HOSPITAL LABORATORY | , | |
| | | | | | (SMLI) | | |
| NRBC | 0.0 | 0.0 - 0.2 | LAB HEMETOLOGY | 06/29/2023 | | | |
| | | % | METHOD | 8:00 AM EDT | HEALTH LIVONIA | | |
| | | | | LDI | HOSPITAL | | |
| | | | | | LABORATORY | | |
| NRBC Absolute | 0.00 | <0.01 K/ | LAB HEMETOLOGY | 06/29/2023 | (SMLI) TRINITY | | |
| TANDE / ADDIGLE | 0.00 | mcL | METHOD | 8:00 AM | HEALTH | | |
| | | | | EDT | LIVONIA HOSPITAL | | |
| | | | | | LABORATORY | , | |
| | | | | | (SMLI) | | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection 1 | Time | Received Time | |
| Blood | Venous blood | d | | | | 06/29/2023 7:44 AM EDT | |
| | specimen / U | nknown | • | | | | |
| Narrative | | | | | | | |
| Namadive | | | | | | | |
| Authorizina Drovidor | Describ Tuno | | Result Status | | | | |
| Authorizing Provider M Calice MD | Result Type LAB BLOOD | | Final Result | | | | |
| IVI Cance IVID | ORDERABLES | ; | Tillal Nesalt | | | | |
| Deufermine Organization | م ما ما ما م | | City/Ctata/7ID Code | Disease Nur | L | | |
| Performing Organization TRINITY HEALTH | 36475 Five M | Mile Road | City/State/ZIP Code Livonia, MI 48154 | Phone Num 734-655-48 | | | |
| LIVONIA HOSPITAL | JU-77 J 110 S | IIC NOGG | Livorna, ivii 1015. | | | | |
| LABORATORY (SMLI) | | | | | | | |
| | | | | | | | |
| MAGNESIUM - Final res | ult (06/29/20 | | M EDT) | | | | |
| Companant | Malua | Ref | Took Mashad | Analysis Time | Danfarmad At | Dath alogist Cignoturo | |
| Component Magnesium | Value 2.1 | Range 1.7 - 2.5 | Test Method LAB CHEMISTRY | 06/29/2023 | | Pathologist Signature | |
| Magnesium | ۷. ۱ | mg/dL | METHOD | 8:25 AM | HEALTH | | |
| | | - | | EDT | LIVONIA | | |
| | | | | | HOSPITAL LABORATORY | , | |
| | | | | | (SMLI) | | |
| | Anatomical Lo | ocation / | Collection Method / | | | | |
| Specimen (Source) | Laterality | JCation / | Volume | Collection 7 | Time | Received Time | |
| Blood | Venous blood | | Venipuncture / Unknow | n 06/29/2023 | 3 7:22 AM EDT | 06/29/2023 7:44 AM EDT | |
| | specimen / U | nknown | | | | | |
| Narrative | | | | | | | |
| | | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | | |
| M Calice MD | LAB BLOOD | | Final Result | | | | |
| | ORDERABLES | <i>3</i> | | | | | |
| Performing Organization | Δddress | | City/State/ZIP Code | Phone Num | nhar | | |
| TRINITY HEALTH | 36475 Five M | 1ile Road | Livonia, MI 48154 | 734-655-48 | | | |
| LIVONIA HOSPITAL | | | | • • • • • | ,00 | | |
| Laboratory (SMLI) | | | | | | | |

| (ABNORMAL) BASIC | IVIETADULIC | Ref | iiai resuit (00/23/2 | Analysis | <i>5</i> 1) |
|---|-------------|---------------------------|-------------------------|------------------------------|---|
| Component | Value | Range | Test Method | Time | Performed At Pathologist Signature |
| Sodium | 141 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 06/29/2023 8:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Potassium | 4.2 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 06/29/2023 8:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Chloride | 107 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 06/29/2023 8:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| CO2 | 27 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 06/29/2023 8:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Anion Gap | 7 | 3 - 11 | LAB CHEMISTRY METHOD | 06/29/2023 8:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Glucose | 96 | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 06/29/2023 8:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| BUN | 20 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 06/29/2023 8:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Creatinine | 1.12 | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 06/29/2023 8:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| eGFR | 74 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 06/29/2023 8:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Comment: Effective C equation refit without a | | | oased on the Chronic k | Kidney Disease Ep | idemiology Collaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 17.9 | >=0.0 | LAB CHEMISTRY METHOD | 06/29/2023 8:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAI |

HOSPITAL LABORATORY

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | : Pathologist Signature |
|---|--|-------------------|--|------------------------------|---|---|
| Calcium | 8.5 (L) | | LAB CHEMISTRY METHOD | 06/29/2023 8:25 AM EDT | | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection | | Received Time |
| Blood Narrative | Venous blood specimen / U | | | | | 06/29/2023 7:44 AM EDT |
| INGITATIVE | | | | | | |
| Authorizing Provider M Calice MD | Result Type LAB BLOOD ORDERABLES | | Result Status Final Result | | | |
| Performing Organization TRINITY HEALTH LIVONIA HOSPITAL | Address 36475 Five Mi | lile Road | City/State/ZIP Code Livonia, MI 48154 | Phone Nur 734-655-48 | | |
| LABORATORY (SMLI) | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GLUC | COSE, BLOC Ref | DD) - Final result (06/29 | 9/2023 6:24 A Analysis | AM EDT) | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 90 | 70 - 110 mg/dL | | 06/29/2023 6:25 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| C (Saura) | Anatomical Lo | ocation / | Collection Method / | C-U-stion | | n to the |
| Specimen (Source) Blood | Laterality Capillary bloc specimen / Ui | | Volume | Collection 06/29/2023 | | Received Time 06/29/2023 6:26 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT OF TEST DOCKED UNSOLICITED | D DEVICE | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nur | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ABNORMAL) POCT GI | LUCOSE BLO | OOD (POCT | Γ GLUCOSE, BLOOD) - | Final result Analysis | (06/28/2023 | 8:44 PM EDT) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 122 (H) | 70 - 110 mg/dL | | 8:45 PM | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |

| | A | / | Callastian Mathead / | | | |
|---|-------------------------------------|-------------------|--|------------------------|-----------------|-------------------------|
| Specimen (Source) | Anatomical Location / Laterality | | Collection Method / Volume | | | Received Time |
| Blood | Capillary blood | | voidifie | 06/28/2023 8:44 PM EDT | | |
| biood | specimen / Un | | | 00, 20, 202 | .5 0.1111111251 | 00,20,2023 0.101111251 |
| | · | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT OF | CARE | Final Result | | | |
| 3 | TEST DOCKED | DEVICE | | | | |
| | UNSOLICITED | RESULTS | | | | |
| Darfarmina Organization | A ddross | | City/Ctata/7ID Code | Dhana Nu | no lo o v | |
| Performing Organization TRINITY HEALTH | 36475 Five Mil | o Dood | City/State/ZIP Code Livonia, MI 48154 | Phone Number | | |
| LIVONIA HOSPITAL | 304/3 FIVE IVIII | e Roau | LIVOIIIa, IVII 40134 | 734-655-4800 | | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| | | | | | | |
| (ABNORMAL) POCT G | LUCOSE BLOO | = | GLUCOSE, BLOOD) | | (06/28/2023 | 4:49 PM EDT) |
| Component | Value | Ref | Test Method | Analysis Time | Darfarmad At | Dath alogist Cignoture |
| Component Glucose POCT | 128 (H) | Range 70 - 110 | iest ivietnod | 06/28/2023 | | Pathologist Signature |
| Glucose POCT | 120 (H) | 70 - 110 mg/dL | | 4:49 PM | HEALTH | |
| | | mg/ az | | EDT | LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATORY | |
| | | | | | (SMLI) | |
| | Anatomical Lo | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | cation | Volume | Collection | Time | Received Time |
| Blood | Capillary blood | | | 06/28/2023 4:49 PM EDT | | 06/28/2023 4:51 PM EDT |
| | specimen / Un | known | | | | |
| Namatina | | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT OF | | Final Result | | | |
| | TEST DOCKED | | | | | |
| | UNSOLICITED | RESULTS | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nu | mber | |
| TRINITY HEALTH | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-4 | | |
| LIVONIA HOSPITAL | 30 3 | - 1.0uu | | .51 055 7 | | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| FCC 12 FAD Fizzzl 1 1 1 1 1 1 1 1 1 | l+ (OC (20 (202 | 2 11.55 4 | M FDT) | | | |
| ECG 12-LEAD - Final res | uit (06/28/202 | 3 11:55 A Ref | IVI EUI) | A = al. :=:= | Performed | |
| Component | Value | Ret Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Ventricular Rate ECG | 96 | BPM | | | GEMUSE | . s.a.o.og.ocolgilatare |
| Atrial Rate | 97 | BPM | | | GEMUSE | |
| P-R Interval | 150 | ms | | | GEMUSE | |
| QRS Duration | 96 | ms | | | GEMUSE | |
| Q-T Interval | 458 | ms | | | GEMUSE | |
| QTc | 578 | ms | | | GEMUSE | |
| P Wave Axis | 46 | degrees | | | GEMUSE | |
| D 4 : | 22 | | | | CEN ALICE | |

GEMUSE

GEMUSE

degrees

degrees

33

64

R Axis

T Axis

| | | Ref | | Analysis | Performed | |
|--------------------------------|--|-------------------|-------------------------------|-------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| ECG Interpretation | Sinus rhythm with PVCs Possible Inferior infarct, age undetermined Abnormal ECG When compared with ECG of 24-JUN-2023 17:08, Borderline criteria for Inferior infarct are now Present ST no longer elevated in Inferior leads Nonspecific T wave abnormality no longer evident in Lateral leads QT has lengthened Confirmed by REDDY, MD, SHILPA (16837) on 6/28/2023 5:04:07 PM | | TEST INIETHOU | Time | GEMUSE | Patriologist Signature |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| | | | | 06/28/202 EDT | 3 11:55 AM | 06/28/2023 5:04 PM EDT |
| Narrative This result has an a | ttachment tha | t is not | available. | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | ECG ORDERAB | LES | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| GEMUSE | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GLUCO | SE, BLOO Ref | D) - Final result (06/2 | 28/2023 11:03 Analysis | AM EDT) | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 96 | 70 - 110 mg/dL | | 06/28/2023 11:04 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection T | Time | Received Time |
|---|--|--------------------------|-------------------------------|------------------------------|---|----------------------------|
| Blood | Capillary bloo specimen / Ur | | | 06/28/2023 EDT | | 06/28/2023 11:05 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | le Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ABNORMAL) COMPLE | | Ref | | Analysis | - | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| WBC | 10.9 | | LAB HEMETOLOGY METHOD | 8:43 AM | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| RBC | 4.05 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 06/28/2023 8:43 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Hemoglobin | 11.6 (L) | 12.9 - 18.0 g/ | LAB HEMETOLOGY METHOD | 06/28/2023 8:43 AM | TRINITY HEALTH | |

EDT

8:43 AM

8:43 AM EDT

8:43 AM

8:43 AM

EDT

EDT

EDT

LIVONIA HOSPITAL LABORATORY

(SMLI)

HEALTH

LIVONIA HOSPITAL LABORATORY

(SMLI)

HEALTH

LIVONIA HOSPITAL LABORATORY

(SMLI)

HEALTH

LIVONIA HOSPITAL LABORATORY

(SMLI)

HEALTH

LIVONIA HOSPITAL LABORATORY

(SMLI)

06/28/2023 TRINITY

06/28/2023 TRINITY

06/28/2023 TRINITY

06/28/2023 TRINITY

dL

37.6 -

52.0 %

82.0 -

31.0 -

36.0 g/

12.0 -

16.0 %

dL

102.0 FL METHOD

LAB HEMETOLOGY

LAB HEMETOLOGY

LAB HEMETOLOGY

LAB HEMETOLOGY

METHOD

METHOD

METHOD

38.0

93.8

30.5 (L)

13.6

Hematocrit

MCV

MCHC

RDW

| | V/ I | Ref | T | Analysis | D () 1.4. | |
|---|-------------------------------|------------------------|-------------------------------|------------------------------|---|---|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Platelets | 530 (H) | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 06/28/2023 8:43 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 06/28/2023 8:43 AM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| NRBC Absolute | 0.00 | mcL | LAB HEMETOLOGY METHOD | 06/28/2023 8:43 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Specimen (Source) | Anatomical Lo Laterality | | Collection Method / Volume | Collection 7 | Time | Received Time |
| Blood | Venous blood specimen / Ur | | Venipuncture / Unknow | n 06/28/2023 | 3 8:21 AM EDT | 06/28/2023 8:31 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-48 | | |
| MAGNESIUM - Final resi | ult (06/28/20/ | 23 8:21 AN Ref | M EDT) | Analysis | | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | : Pathologist Signature |
| Magnesium | 2.1 | 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 06/28/2023 9:05 AM EDT | | |
| | Anatomical Lo | ocation / | Collection Method / | | | |
| Specimen (Source) Blood | Venous blood specimen / Ur | | Volume Venipuncture / Unknow | Collection 7 vn 06/28/2023 | | Received Time 06/28/2023 8:31 AM EDT |
| Narrative | | | | | | |
| i i i Baaddan | - P. E | | | | | |
| Authorizing Provider M Calice MD | Result Type LAB BLOOD | | Result Status Final Result | | | |
| | ORDERABLES | | | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Num | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | lle Road | Livonia, MI 48154 | 734-655-48 | 300 | |

| (ABNORMAL) BASIC | IADOLIC | Ref | 105410 (00/20/20 | Analysis | , |
|---|----------|---------------------------|-------------------------|------------------------------|---|
| Component | Value | Range | Test Method | Time | Performed At Pathologist Signature |
| Sodium | 138 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 06/28/2023 9:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Potassium | 4.5 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 06/28/2023 9:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Chloride | 104 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 06/28/2023 9:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| CO2 | 24 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 06/28/2023 9:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Anion Gap | 10 | 3 - 11 | LAB CHEMISTRY METHOD | 06/28/2023 9:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Glucose | 91 | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 06/28/2023 9:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| BUN | 20 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 06/28/2023 9:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Creatinine | 1.39 (H) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 06/28/2023 9:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| eGFR | 57 (L) | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 06/28/2023 9:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Comment: Effective O equation refit without a | | | based on the Chronic K | idney Disease Ep | idemiology Collaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 14.4 | >=0.0 | LAB CHEMISTRY METHOD | 06/28/2023 9:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL |

HOSPITAL LABORATORY

(SMLI)

| Component | Value | Ref | Tost Mothod | Analysis | Doutoum ad At | Dath alogist Cignoture |
|---|--------------------------------|-------------------|-------------------------------|------------------------------|---|------------------------|
| Calcium | Value | Range | Test Method | Time 06/28/2023 | | Pathologist Signature |
| Calcium | 8.3 (L) | mg/dL | LAB CHEMISTRY METHOD | 06/28/2023 9:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ¹ | Time | Received Time |
| Blood | Venous blood specimen / U | | | | | 06/28/2023 8:31 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | ; | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nur | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| POCT GLUCOSE BLOOD | (POCT GLUC | COSE, BLOC Ref | DD) - Final result (06/2 | 28/2023 6:21 A Analysis | AM EDT) | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 89 | 70 - 110 mg/dL | | 06/28/2023 6:22 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary bloc specimen / U | | | 06/28/2023 | 3 6:21 AM EDT | 06/28/2023 6:23 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT O | NF CARF | Final Result | | | |
| IVI Kang Miz | TEST DOCKED UNSOLICITED | D DEVICE | I IIIai Nesaic | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nur | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| POCT GLUCOSE BLOOD | (POCT GLUC | COSE, BLOC Ref | DD) - Final result (06/2 | 27/2023 8:28 P Analysis | 'M EDT) | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 106 | 70 - 110 mg/dL | | 06/27/2023 8:29 PM EDT | HEALTH LIVONIA HOSPITAL LABORATORY | |
| | | | | | (SMLI) | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|--|-------------------------------|-----------------|------------------------|
| Blood | Capillary blood specimen / Unknown | volume | | 06/27/2023 8:30 PM EDT |
| Narrative | | | | |
| Authorizing Provider | Result Type | Result Status | | |
| M Kang MD | LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | Final Result | | |
| Performing Organization | Address | City/State/ZIP Code | Phone Number | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 | |
| | | | | |

(ABNORMAL) CULTURE URINE - Final result (06/27/2023 1:19 PM EDT)

| | | Ref | | Analysis | |
|----------------|--------------|-------|-------------|------------|------------------------------------|
| Component | Value | Range | Test Method | Time | Performed At Pathologist Signature |
| Culture, Urine | 70,000 CFU/ | | | 07/02/2023 | TRINITY |
| | mL | | | 1:49 PM | HEALTH ANN |
| | Enterobacter | | | EDT | ARBOR |
| | cloacae-CRE | | | | HOSPITAL |
| | (A) | | | | LABORATORY |
| | | | | | (SJAA) |

Comment:

Organism phenotype suggests carbapenemase production.

Modified Carbapenem Inactivation Method (mCIM): Negative

Note: (Modified Carbapenem Inactivation Method(mCIM)

screen negative.) Not all carbapenemase-producing isolates of
Enterobacterales and Pseudomonas aeruginosa are mCIM positive.

This is an edited result. Previous organism was Gram negative bacilli on 6/28/2023 at 2121 EDT. Edited result: Previously reported as Enterobacter cloacae on 6/29/2023 at 1234 EDT. Result component has been updated to reportable to State Health.

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|--------------------------------|---|-----------------------------------|------------------------|------------------------|
| Urine | Urine specimen from urinary conduit / Unknown | Non-blood Collection / Unknown | 06/27/2023 1:19 PM EDT | 06/27/2023 1:24 PM EDT |
| Narrative | | | | |
| Authorizing Provider M Kang MD | Result Type LAB MICROBIOLOGY - | Result Status Final Result | | |

Authorizing Provider Result Type Result Status M Kang MD LAB MICROBIOLOGY - GENERAL ORDERABLES Performing Organization Address City/State/ZIP Code Phone Number TRINITY HEALTH ANN ARBOR HOSPITAL LABORATORY (SJAA) TRINITY HEALTH ANN ARBOR HOSPITAL LABORATORY (SJAA)

(ABNORMAL) POCT GLUCOSE BLOOD (POCT GLUCOSE, BLOOD) - Final result (06/27/2023 6:48 AM EDT)

| | V/ I | Ref | | Analysis | D 6 14 | |
|---|--|---|--|-------------------------------|---|--------------------------|
| Chases POCT | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 112 (H) | 70 - 110 mg/dL | | 06/27/2023 6:49 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Loc | cation / | Collection Method / | Callaction | Timo | Received Time |
| Specimen (Source) Blood | Laterality Capillary blood | | Volume | Collection | | 06/27/2023 6:50 AM EDT |
| 5,000 | specimen / Unl | | | 00/21/2025 | 5 0. 10 7 HVI ED I | 00,27,2023 0.30 7111 251 |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT OF TEST DOCKED UNSOLICITED I | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| ZINC - Final result (06/2 Component | 7/2023 5:26 AN | M EDT) Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Zinc | 93 | 60 - 130 ug/dL | rest metriod | 07/06/2023 10:10 AM EDT | | Tathologist signature |
| Comment: Elevated results may non-certified trace o | | | ected in a | EDI | | |
| This test was develop characteristics determined to the characteristics determined to the characteristics determined to the companies of the characteristics as investigational or control of the characteristics as investigational or control of the characteristics. | rmined by ward red or approve gulated under ity testing. Toses. It shou r for research | de Medica ed by the CLIA as This test ld not be 1. | al Laboratory. PERAL Qualified to Sis used for PERAL P | | | |
| Test performed at Wai 300 W. Textile Rd, Ai Kajal V. Sitwala, MD | nn Arbor, MI | 48108 | 800-876-6522 | | | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection ¹ | Time | Received Time |
| Blood | Venous blood specimen / Unl | known | | | | 06/27/2023 5:42 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | nber | |
| WARDE LAB | 300 W. Textile F | ₹d | Ann Arbor, MI 48108 | 800-876-65 | | |
| | | | | | | |

| (ABNORMAL) COMPLETE BLOOD COUNT - Final result (06/27/2023 5:26 AM EDT) | | | | | | | |
|---|----------|--------------------------|--------------------------|------------------------------|--|--------------------------|--|
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature | |
| WBC | 9.6 | | LAB HEMETOLOGY METHOD | 06/27/2023 5:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | - utilologist olgitutule | |
| RBC | 3.89 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 06/27/2023 5:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | |
| Hemoglobin | 11.3 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 06/27/2023 5:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | |
| Hematocrit | 35.5 (L) | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 06/27/2023 5:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | |
| MCV | 91.3 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 06/27/2023 5:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | |
| MCHC | 31.8 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 06/27/2023 5:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | |
| RDW | 13.4 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 06/27/2023 5:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | |
| Platelets | 560 (H) | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 06/27/2023 5:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 06/27/2023 5:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 06/27/2023 5:47 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | |

| Chaciman (Causas) | Anatomical L | ₋ocation / | Collection Method / Volume | Collection 7 | Timo | Received Time |
|---|-----------------------------|------------------------|-------------------------------|------------------------------|---|--------------------------|
| Specimen (Source) Blood | Laterality Venous bloo | | | | | 06/27/2023 5:42 AM EDT |
| DIUUU | specimen / L | | venipuncture / Unknown | 1 00/21/2023 | , 3.20 AIVI EUI | UO/21/2U23 3:42 AIVI EUI |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD | | Final Result | | | |
| M Calice MD | ORDERABLES | S | Filial Result | | | |
| | | | | | | |
| Performing Organization | | *** B . J | City/State/ZIP Code | Phone Num | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | file Koad | Livonia, MI 48154 | 734-655-48 | 300 | |
| | | | | | | |
| MAGNESIUM - Final res | ult (06/27/20 |)23 5:26 A | M EDT) | | | |
| | - | Ref | • | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Magnesium | 2.1 | 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 06/27/2023 6:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| | Anatomical L | ocation / | Collection Method / | | | |
| Specimen (Source) | Laterality | , | Volume | Collection 7 | Time | Received Time |
| Blood | Venous bloo specimen / L | | Venipuncture / Unknown | 1 06/27/2023 | 5:26 AM EDT | 06/27/2023 5:42 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | S | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five N | file Road | Livonia, MI 48154 | 734-655-48 | | |
| (ABNORMAL) BASIC N | METABOLIC I | PANEL - F | inal result (06/27/2023 | 5:26 AM EI | DT) | |
| | | Ref | | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Sodium | 132 (L) | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 06/27/2023 6:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Potassium | 3.4 (L) | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 06/27/2023 6:05 AM EDT | | |

(SMLI)

Collection Method /

Anatomical Location /

| | | Ref | | Analysis | | |
|---|------------------------------|---------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Chloride | 100 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 06/27/2023 6:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| CO2 | 22 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 06/27/2023 6:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 10 | 3 - 11 | LAB CHEMISTRY METHOD | 06/27/2023 6:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 104 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 06/27/2023 6:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 22 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 06/27/2023 6:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 1.35 (H) | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 06/27/2023 6:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 59 (L) | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 06/27/2023 6:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Oct equation refit without ad | | | pased on the Chronic Kidne | ey Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 16.3 | >=0.0 | LAB CHEMISTRY METHOD | 06/27/2023 6:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.3 (L) | mg/dL | LAB CHEMISTRY METHOD | 06/27/2023 6:05 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Гime | Received Time |
| Blood | Venous blood specimen / U | | | | | 06/27/2023 5:42 AM EDT |
| Narrative | | | | | | |

| Authorizing Provider | Result Type | | Result Status | | | |
|------------------------------------|------------------------------|-------------------|--------------------------------------|-------------------------|------------------------|-------------------------|
| M Calice MD | LAB BLOOD | | Final Result | | | |
| | ORDERABLES | | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-48 | | |
| LIVONIA HOSPITAL | | | | | | |
| Laboratory (SMLI) | | | | | | |
| | | | | | | |
| (ABNORMAL) POCT G | LUCOSE BLOO | D (POCT | GLUCOSE, BLOOD) - | Final result | (06/26/2023 | 8:39 PM EDT) |
| | V/ I | Ref | T () A () | Analysis | D (| D. I. 1. 1. C. |
| Component Glucose POCT | Value 111 (H) | Range 70 - 110 | Test Method | Time 06/26/2023 | TRINITY | Pathologist Signature |
| Glucose POCT | III (H) | 70 - 110 mg/dL | | | HEALTH | |
| | | J. | | EDT | LIVONIA | |
| | | | | | HOSPITAL LABORATORY | |
| | | | | | (SMLI) | |
| | | | | | | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection ⁻ | Гіте | Received Time |
| Blood | Capillary blood | | volutile | | | 06/26/2023 8:40 PM EDT |
| | specimen / Un | | | , -, | · | . , |
| Narrative | | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT OF TEST DOCKED | | Final Result | | | |
| | UNSOLICITED | | | | | |
| | | | | | | |
| Performing Organization | | o Dood | City/State/ZIP Code | Phone Nun | | |
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five Mil | е коаа | Livonia, MI 48154 | 734-655-4800 | | |
| Laboratory (SMLI) | | | | | | |
| | | | | | | |
| (ABNORMAL) URINAL | YSIS WITH MI | CROSCO | PIC - Final result (06/ | 26/2023 5:4 | 9 PM EDT) | |
| | | Ref | ric rinarresait (00) | Analysis | J 25 . , | |
| Component | Value | Range | Test Method | Time | | t Pathologist Signature |
| Color, Urine | Yellow | Yellow | LAB URINALYSIS - AUTOMATED METHOD | 06/27/2023 12:36 AM | RINITY HEALTH | |
| | | | AUTOMATED METHOD | EDT | LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATOR (SMLI) | Y |
| Clarity, Urine | Cloudy (A) | Clear | LAB URINALYSIS - | 06/27/2023 | | |
| | | | AUTOMATED METHOD | 12:36 AM | HEALTH | |
| | | | | EDT | LIVONIA HOSPITAL | |
| | | | | | LABORATOR | Υ |
| | | | | | (SMLI) | |
| Specific Gravity Urine | 1.016 | 1.005 - 1.030 | LAB URINALYSIS - AUTOMATED METHOD | 06/27/2023 12:36 AM | RINITY HEALTH | |
| | | 1.030 | AUTOMATED METHOD | EDT | LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATOR (SMLI) | Y |
| pH, Urine | 6.0 | 4.8 - 8.0 | LAB URINALYSIS - | 06/27/2023 | | |
| , , , | | рН | AUTOMATED METHOD | 12:36 AM | HEALTH | |
| | | | | EDT | LIVONIA HOSPITAL | |
| | | | | | LABORATOR | Υ |
| | | | | | (SMLI) | |
| | | | | | | |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---------------------|---------------------------------|---------------------------|--------------------------------------|-------------------------------|---|----------------------------|
| Leukocytes, Urine | Positive (A) | | LAB URINALYSIS - AUTOMATED METHOD | 06/27/2023 12:36 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Nitrite, Urine | Negative | Negative | LAB URINALYSIS - AUTOMATED METHOD | 06/27/2023 12:36 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Protein, Urine | 2+ (A) | Negative mg/dL | LAB URINALYSIS - AUTOMATED METHOD | 06/27/2023 12:36 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Glucose, Urine | Negative | Negative mg/dL | LAB URINALYSIS - AUTOMATED METHOD | 06/27/2023 12:36 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Ketones, Urine | 1+ (A) | Negative mg/dL | LAB URINALYSIS - AUTOMATED METHOD | 06/27/2023 12:36 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Urobilinogen, Urine | Normal | Normal (<2.0) mg/dL | LAB URINALYSIS - AUTOMATED METHOD | 06/27/2023 12:36 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Bilirubin, Urine | Negative | Negative | LAB URINALYSIS - AUTOMATED METHOD | 06/27/2023 12:36 AM EDT | | , |
| Blood, Urine | 3+ (A) | Negative eryth/ mcL | LAB URINALYSIS - AUTOMATED METHOD | 06/27/2023 12:36 AM EDT | | |
| RBC, Urine | >50 (A) | 0 - 2 / HPF | LAB URINALYSIS - AUTOMATED METHOD | 06/27/2023 12:36 AM EDT | | , |
| WBC, Urine | >50 (A) | 0 - 2 / HPF | LAB URINALYSIS - AUTOMATED METHOD | 06/27/2023 12:36 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Specimen (Source) | Anatomical Lo Laterality | cation / | Collection Method / Volume | Collection T | | Received Time |
| Urine | Indwelling uring catheter / Unk | | Non-blood Collection / Unknown | 06/26/2023 | | 06/26/2023 10:51 PM EDT |

| Narrative | | | | | | |
|---|--|-------------------|---------------------|-----------------------------------|---|------------------------|
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB URINE OR | DFRABI FS | | | | |
| m rang mb | 27.15 67.11.12 67.1 | 52.0 (5225 | That Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| (ABNORMAL) POCT G | LUCOSE BLOO | D (POCT | GLUCOSE, BLOOD) | - Final result Analysis | (06/26/2023 | 4:31 PM EDT) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 206 (H) | 70 - 110 mg/dL | | 06/26/2023 4:32 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Un | | | 06/26/2023 4:31 PM EDT | | 06/26/2023 4:34 PM EDT |
| _Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-4 | | |
| (ABNORMAL) POCT G | | Ref | - | Analysis | | |
| Chuses POCT | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 136 (H) | 70 - 110 mg/dL | | 06/26/2023 2:32 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Un | | | 06/26/2023 12:20 PM EDT | | 06/26/2023 2:33 PM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT OF TEST DOCKED | | Final Result | | | |
| | UNSOLICITED | | | | | |

| | Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|-------------------------|----------------------|---------------------|--------------|
| ı | TRINITY HEALTH | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 |
| ı | LIVONIA HOSPITAL | | | |
| ı | LABORATORY (SMLI) | | | |
| | | | | |

(ABNORMAL) COMPLETE BLOOD COUNT - Final result (06/26/2023 8:32 AM EDT)

| , | | Ref | iliai result (00/20/202 | Analysis | |
|---|----------|--------------------------|--------------------------|------------------------------|---|
| Component | Value | Range | Test Method | Time | Performed At Pathologist Signature |
| WBC | 11.8 (H) | 3.6 - 11.1 K/mcL | LAB HEMETOLOGY METHOD | 06/26/2023 8:45 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| RBC | 4.26 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 06/26/2023 8:45 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Hemoglobin | 12.3 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 06/26/2023 8:45 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Hematocrit | 39.3 | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 06/26/2023 8:45 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| MCV | 92.3 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 06/26/2023 8:45 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| MCHC | 31.3 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 06/26/2023 8:45 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| RDW | 13.5 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 06/26/2023 8:45 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Platelets | 610 (H) | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 06/26/2023 8:45 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 06/26/2023 8:45 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |

| | | Ref | | Analysis | | |
|---|---------------------------------------|------------------------------------|--|--|----------------------------------|-------------------------|
| Component | Value | Range | Test Method | Time | Performed At | t Pathologist Signature |
| NRBC Absolute | 0.00 | | LAB HEMETOLOGY METHOD | 06/26/2023 8:45 AM EDT | | J J |
| Specimen (Source) | Anatomical Lo Laterality | | Collection Method / Volume | Collection 7 | · | Received Time |
| Blood | Venous blood specimen / Ui | | Venipuncture / Unknown | 1 06/26/2023 | 3 8:32 AM EDT | 06/26/2023 8:35 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | ; | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | | |
| MAGNESIUM - Final resu Component Magnesium | Value 1.9 | Ref Range 1.7 - 2.5 mg/dL | M EDT) Test Method LAB CHEMISTRY METHOD | Analysis Time 06/26/2023 9:09 AM EDT | | t Pathologist Signature |
| | · · · · · · · · · · · · · · · · · · · | i'aa / | C. U. v. n. Mashaod / | | HOSPITAL LABORATORY (SMLI) | , |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Venous blood specimen / U | | | | | 06/26/2023 8:35 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | ; | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-48 | | |
| (ABNORMAL) BASIC N | ЛЕТАВОLIC Р | PANEL - Fi Ref | inal result (06/26/2023 | | DT) | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | t Pathologist Signature |
| Sodium | 135 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 06/26/2023 9:09 AM EDT | | |

HOSPITAL LABORATORY (SMLI)

| | | Ref | | Analysis | | |
|---------------------------|--------------|---------------------------|------------------------------------|--------------------------------------|---|-----------------------|
| Potassium | Value 3.8 | 3.5 - 5.3 mmol/L | Test Method LAB CHEMISTRY METHOD | Time 06/26/2023 9:09 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Pathologist Signature |
| Chloride | 98 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 06/26/2023 9:09 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| CO2 | 25 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 06/26/2023 9:09 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 12 (H) | 3 - 11 | LAB CHEMISTRY METHOD | 06/26/2023 9:09 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 114 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 06/26/2023 9:09 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 18 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 06/26/2023 9:09 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.95 | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 06/26/2023 9:09 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 90 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 06/26/2023 9:09 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| equation refit without ac | | | based on the Chronic Kidr | ney Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 18.9 | >=0.0 | LAB CHEMISTRY METHOD | 06/26/2023 9:09 AM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.5 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 06/26/2023 9:09 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| Specimen (Source) Blood | Anatomical Location / Laterality Venous blood specimen / Unknown | | Collection Method / Volume Venipuncture / Unknown | Collection n 06/26/202 | | Received Time 06/26/2023 8:35 AM EDT |
|---|---|-----------------------|---|------------------------------|---|---|
| Narrative | | | | | | |
| Authorizing Provider M Calice MD | Result Type LAB BLOOD ORDERABLES | | Result Status Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| (ABNORMAL) POCT GL | LUCOSE BLOO | D (POCT Ref | | Final result Analysis | (06/26/2023 | 7:27 AM EDT) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 123 (H) | 70 - 110 mg/dL | | 06/26/2023 7:29 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Unk | | | | | 06/26/2023 7:30 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider M Kang MD | Result Type LAB POINT OF | CADE | Result Status Final Result | | | |
| W Kang WD | TEST DOCKED UNSOLICITED F | DEVICE | Tillal Nesult | | | |
| Performing Organization TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Address 36475 Five Mile | e Road | City/State/ZIP Code Livonia, MI 48154 | Phone Nur 734-655-4 | | |
| POCT GLUCOSE BLOOD | (POCT GLUCO | | | | PM EDT) | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 110 | 70 - 110 mg/dL | | 06/25/2023 9:26 PM EDT | | , autologist signature |
| | Anatomical Loc | cation / | Collection Method / | | | |
| Specimen (Source) Blood | Capillary blood specimen / Unk | | Volume | Collection 06/25/202 | | Received Time 06/25/2023 9:27 PM EDT |
| Narrative | | | | | | |
| | | | | | | |

| Authorizing Provider | Result Type | | Result Status | | | |
|---|---|--------------------------|-------------------------------|------------------------------|---|-----------------------|
| M Kang MD | LAB POINT O TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ABNORMAL) POCT GI | LUCOSE BLO | OD (POCT | GLUCOSE, BLOOD) - | • Final result (Analysis | (06/25/2023 | 12:03 PM EDT) |
| Component | Value | Range | Test Method | | Performed At | Pathologist Signature |
| Glucose POCT | 119 (H) | 70 - 110 mg/dL | | EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Capillary bloc | | VOIGITIO | 06/25/2023 | | 06/25/2023 12:06 PM |
| | specimen / U | | | EDT | | EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Kang MD | LAB POINT O TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-4800 | | |
| (ABNORMAL) COMPLE | | Ref | • | Analysis | - | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| WBC | 10.7 | 3.6 - 11.1 K/mcL | LAB HEMETOLOGY METHOD | 06/25/2023 8:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RBC | 4.14 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 06/25/2023 8:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hemoglobin | 12.2 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 06/25/2023 8:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|------------------------------|-------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Hematocrit | 36.9 (L) | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 06/25/2023 8:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCV | 89.1 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 06/25/2023 8:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCHC | 33.1 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 06/25/2023 8:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 13.5 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 06/25/2023 8:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 564 (H) | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 06/25/2023 8:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 06/25/2023 8:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 06/25/2023 8:32 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Venous blood specimen / U | | | | | 06/25/2023 8:20 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider M Calice MD | Result Type LAB BLOOD | | Result Status Final Result | | | |
| IVI CALICE IVID | ORDERABLES | | FIIIdI NESUIL | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| MACNICULINA Final man | | 22 0.17 41 | A EDT) | | | |

MAGNESIUM - Final result (06/25/2023 8:17 AM EDT)

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|------------------------------------|------------------------|-------------------------------|--------------------------------|---|------------------------|
| Magnesium | 1.7 | 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 06/25/2023 8:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Laterality | ocation / | Collection Method / Volume | Collection ⁻ | | Received Time |
| Blood Narrative | Venous blood specimen / Unknown | | Venipuncture / Unknow | n 06/25/2023 | 3 8:17 AM EDT | 06/25/2023 8:20 AM EDT |
| Narrauve | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | ; • | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ABNORMAL) BASIC N | ЛЕТАВОLIC F | PANEL - Fi | inal result (06/25/2023 | 8 8:17 AM E Analysis | DT) | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Sodium | 136 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 06/25/2023 8:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Potassium | 3.8 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 06/25/2023 8:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Chloride | 100 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 06/25/2023 8:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| CO2 | 27 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 06/25/2023 8:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 9 | 3 - 11 | LAB CHEMISTRY METHOD | 06/25/2023 8:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 117 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 06/25/2023 8:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| Component | Value | Ref Range | Test Method | Analysis Time | Darfarmed At | Pathologist Signature |
|---|-------------------------------|---------------------------|-------------------------------|------------------------------|---|------------------------|
| BUN | 13 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 06/25/2023 8:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.79 | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 06/25/2023 8:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 100 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 06/25/2023 8:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Octoequation refit without ad | | | pased on the Chronic Kidne | ey Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 16.5 | >=0.0 | LAB CHEMISTRY METHOD | 06/25/2023 8:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.3 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 06/25/2023 8:53 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Venous blood specimen / Ur | | Venipuncture / Unknown | | | 06/25/2023 8:20 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| POCT GLUCOSE BLOOD | (POCT GLUC | OSE, BLOC | DD) - Final result (06/25/ | ′2023 6:23 A | .M EDT) | |
| | , = = = === | Ref | | Analysis | | |
| Component | Value | Range | Test Method | Time | Performed A+ | Pathologist Signature |

| Component | Value | Range | Test Method | Time | Performed At Pathologist Signature |
|--------------|-------|-------------------|-------------|------------------------------|------------------------------------|
| Glucose POCT | 105 | 70 - 110 mg/dL | | 06/25/2023 6:25 AM EDT | |
| | | | | | LABORATORY (SMLI) |

| | Anatomical Loc | ration / | Collection Method / | | | |
|---|--|------------------|-------------------------------|------------------------|-----------|---|
| Specimen (Source) | Laterality | ,acion , | Volume | Collection Ti | me | Received Time |
| Blood | Capillary blood specimen / Unk | | | 06/25/2023 6:23 AM EDT | | 06/25/2023 6:27 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Jose MD | LAB POINT OF TEST DOCKED I UNSOLICITED F | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Numl | ber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | ∍ Road | Livonia, MI 48154 | 734-655-4800 | | |
| | | | | | | |
| ECG 12-LEAD - Final res | ult (06/24/2023 | 3 5:08 PM Ref | I EDT) | Analysis | Performed | |
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| Ventricular Rate ECG | 90 | BPM | | | GEMUSE | |
| Atrial Rate | 90 | BPM | | | GEMUSE | |
| P-R Interval | 148 | ms | | | GEMUSE | |
| QRS Duration | 88 | ms | | | GEMUSE | |
| Q-T Interval | 418 | ms | | | GEMUSE | |
| QTc | 511 | ms | | | GEMUSE | |
| P Wave Axis | 63 | degrees | | | GEMUSE | |
| R Axis | 62 | degrees | | | GEMUSE | |
| T Axis | 59 | degrees | | | GEMUSE | |
| ECG Interpretation | Normal sinus rhythm Nonspecific ST and T wave abnormality Abnormal ECG when compared with ECG of 21-JUN-2023 19:48, ST no longer depressed in Lateral leads Confirmed by Valle, MD, Javier (401) on 6/26/2023 4:07:29 PM | | | | GEMUSE | |
| _Specimen (Source) | Anatomical Loc Laterality | ation / | Collection Method / Volume | Collection Ti | | Received Time 06/26/2023 4:07 PM EDT |
| | | | | | | |
| Narrative This result has an at | ++2chmon+ +k- | t ic not | availahla | | | |
| inis result has an at | ttachment that | i is not | available. | | | |

| Authorizing Provider | Result Type | | Result Status | | | |
|---|---------------------------------|------------------------------|--------------------------|------------------------------|---|------------------------|
| R Jose MD | ECG ORDERAI | BLES | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| GEMUSE | | | | | | |
| | | | | | | |
| (ABNORMAL) POCT GL | LUCOSE BLO | - | r GLUCOSE, BLOOD) - | | (06/24/2023 | 5:00 PM EDT) |
| Component | Value | Ref | Test Method | Analysis Time | Parformed At | Pathologist Cignoture |
| Component Glucose POCT | 116 (H) | Range 70 - 110 | | 06/24/2023 | | Pathologist Signature |
| Glucose POC1 | 110 (n <i>)</i> | 70 - 110 mg/dL | | 06/24/2023 5:00 PM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| (0 | Anatomical Lo | ocation / | Collection Method / | C III - tian' | | |
| Specimen (Source) | Laterality | 1 | Volume | Collection | | Received Time |
| Blood | Capillary bloo specimen / Ur | | | 06/24/2023 | 3 5:00 PM EDI | 06/24/2023 5:01 PM EDT |
| Narrative | | | | | | |
| 130 | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Jose MD | LAB POINT OF | F CARE | Final Result | | | |
| N JOSC WID | TEST DOCKED UNSOLICITED | DEVICE | THICH NESSEE | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | le Road | Livonia, MI 48154 | 734-655-48 | 800 | |
| (ABNORMAL) COMPLE | TE BLOOD C | | inal result (06/24/202 | | EDT) | |
| Companent | Value | Ref | Test Method | Analysis Time | Darfarmad A+ | Dathalasist Cianatura |
| Component WBC | 13.1 (H) | Range 3.6 - 11.1 K/mcL | LAB HEMETOLOGY METHOD | 06/24/2023 2:20 PM EDT | | Pathologist Signature |
| RBC | 4.12 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 06/24/2023 2:20 PM EDT | | |
| Hemoglobin | 12.2 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 06/24/2023 2:20 PM EDT | | |
| Hematocrit | 38.2 | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 06/24/2023 2:20 PM EDT | | |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|-------------------------------|-------------------------|-------------------------------|------------------------------|---|------------------------|
| MCV | 92.7 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 06/24/2023 2:20 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCHC | 31.9 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 06/24/2023 2:20 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 13.3 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 06/24/2023 2:20 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 625 (H) | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 06/24/2023 2:20 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 06/24/2023 2:20 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 06/24/2023 2:20 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Гіте | Received Time |
| Blood | Venous blood specimen / Ur | | Venipuncture / Unknowr | n 06/24/2023 | 3 2:14 PM EDT | 06/24/2023 2:17 PM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| MAGNESIUM - Final res | ult (06/24/202 | 23 2:14 PN | И EDT) | | | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |

ComponentValueRangeTest MethodTimePerformed AtPathologist SignatureMagnesium1.91.7 - 2.5LAB CHEMISTRY
mg/dL06/24/2023TRINITYEDTLIVONIA
HOSPITAL
LABORATORY

(SMLI)

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|-------------------------------------|-------------------------------|------------------------|------------------------|
| Blood | Venous blood specimen / Unknown | Venipuncture / Unknown | 06/24/2023 2:14 PM EDT | 06/24/2023 2:17 PM EDT |
| Narrative | | | | |
| | | | | |
| Authorizing Provider | Result Type | Result Status | | |
| M Calice MD | LAB BLOOD ORDERABLES | Final Result | | |
| Performing Organization | Address | City/State/ZIP Code | Phone Number | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 | |
| (ABNORMAL) BASIC N | ЛЕТАВОLIC PANEL - Fi | nal result (06/24/2023 2 | 2:14 PM EDT) | |
| | Ref | | Analysis | |

| Component | Value | Range | Test Method | Time | Performed At Pathologist Signature |
|-----------|---------|------------------------|-------------------------|------------------------------|---|
| Sodium | 136 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 06/24/2023 2:52 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Potassium | 3.5 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 06/24/2023 2:52 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Chloride | 101 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 06/24/2023 2:52 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| CO2 | 26 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 06/24/2023 2:52 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Anion Gap | 9 | 3 - 11 | LAB CHEMISTRY METHOD | 06/24/2023 2:52 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Glucose | 134 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 06/24/2023 2:52 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| BUN | 11 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 06/24/2023 2:52 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |

| | | Ref | | Analysis | | |
|---|-------------------------------|---------------------------|-------------------------------|------------------------------|---|--------------------------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Creatinine | 0.75 | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 06/24/2023 2:52 PM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 102 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 06/24/2023 2:52 PM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Octo equation refit without adj | | | based on the Chronic Kidn | ıey Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 14.7 | >=0.0 | LAB CHEMISTRY METHOD | 06/24/2023 2:52 PM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.3 (L) | mg/dL | LAB CHEMISTRY METHOD | 06/24/2023 2:52 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | Time | Received Time |
| Blood | Venous blood specimen / Ur | | | | | 06/24/2023 2:17 PM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ABNORMAL) POCT GI | LUCOSE BLO | OD (POCT | Γ GLUCOSE, BLOOD) - | Final result | (06/24/2023 | 11:51 AM EDT) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 135 (H) | 70 - 110 mg/dL | | 11:52 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| (6) | Anatomical Lo | ocation / | Collection Method / | 6 II 4:: | man f | |
| Specimen (Source) Blood | Laterality Capillary bloo | | Volume | Collection 06/24/2023 | | Received Time 06/24/2023 11:53 AM |
| 21000 | specimen / Ur | | | EDT | 7 11.51 7.101 | EDT |

Narrative

| Authorizing Provider | Result Type | | Result Status | | | |
|---|--|-------------------|-------------------------------|-----------------------------------|--|------------------------|
| R Jose MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | _ | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | le Road | Livonia, MI 48154 | 734-655-4 | | |
| (ABNORMAL) POCT GI | LUCOSE BLOG | OD (POCT Ref | GLUCOSE, BLOOD) - | - Final result Analysis | (06/24/2023 | 6:41 AM EDT) |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 122 (H) | 70 - 110 mg/dL | | 06/24/2023 6:42 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Un | | Volume | | | 06/24/2023 6:43 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Jose MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mil | le Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| POCT GLUCOSE BLOOD |) (POCT GLUC(| OSE, BLOO Ref | DD) - Final result (06/2 | 3/2023 9:34 F Analysis | PM EDT) | |
| Component | Value | Ret Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 100 | 70 - 110 mg/dL | | 06/23/2023 9:35 PM EDT | | <u> </u> |
| Specimen (Source) | Anatomical Lo Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blood specimen / Un | | | | | 06/23/2023 9:36 PM EDT |
| _Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Jose MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| | | | | | | |

| Performing Organization | Address | | City/State/ZIP Code | Phone Nui | mber | |
|---|--|-------------------|--|-------------------------------|---|---|
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five N | 1ile Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| | | | | | | |
| (ABNORMAL) POCT GI | LUCOSE BLO | OD (POCT | GLUCOSE, BLOOD) | - Final result Analysis | (06/23/2023 | 4:34 PM EDT) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 115 (H) | 70 - 110 mg/dL | | 06/23/2023 4:34 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | J |
| Superina and (Sayunaa) | Anatomical L | ocation / | Collection Method / | Callagtian | T: | Descived Time |
| Specimen (Source) Blood | Capillary bloospecimen / U | | Volume | Collection 06/23/202 | | Received Time 06/23/2023 4:35 PM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Jose MD | LAB POINT C TEST DOCKE UNSOLICITED | D DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nui | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | 1ile Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| (ABNORMAL) POCT GI | LUCOSE BLO | OD (POCT | GLUCOSE, BLOOD) | - Final result Analysis | (06/23/2023 | 11:27 AM EDT) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 144 (H) | 70 - 110 mg/dL | | 06/23/2023 11:27 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | J |
| Specimen (Source) | Anatomical L Laterality | ocation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary bloospecimen / U | | volume | | 3 11:27 AM | 06/23/2023 11:28 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Jose MD | LAB POINT C TEST DOCKE UNSOLICITED | D DEVICE | Final Result | | | |
| Performing Organization TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Address 36475 Five M | 1ile Road | City/State/ZIP Code Livonia, MI 48154 | Phone Nui 734-655-4 | | |
| POCT GLUCOSE BLOOD | (POCT GLUC | COSE, BLOC | D) - Final result (06/2 | 23/2023 6:18 <i>F</i> | AM EDT) | |

| | | חיל | | A la | | |
|------------------------------------|----------------------------------|--|--|--|--|------------------------|
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 110 | 70 - 110 | ICSC IVICEITOG | 06/23/2023 | | Tatriologist signature |
| | 1.0 | mg/dL | | 6:18 AM | HEALTH | |
| | | _ | | EDT | LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATORY (SMLI) | |
| | Anatomical Lo | ocation / | Collection Method / | | (SIVILI) | |
| Specimen (Source) | Laterality | | Volume | Collection ¹ | Time | Received Time |
| Blood | Capillary bloo specimen / Ur | | | 06/23/2023 | 3 6:18 AM EDT | 06/23/2023 6:19 AM EDT |
| | speciment or | IKHOWH | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Jose MD | LAB POINT OI | FCΔRF | Final Result | | | |
| K 1036 MD | TEST DOCKED | | I IIIai Nesuit | | | |
| | UNSOLICITED | | | | | |
| | | | | | | |
| Performing Organization | | 1 | City/State/ZIP Code | Phone Nur | | |
| TRINITY HEALTH LIVONIA HOSPITAL | 36475 Five Mi | le Road | Livonia, MI 48154 | 734-655-48 | 800 | |
| LABORATORY (SMLI) | | | | | | |
| • | | | | | | |
| (ABNORMAL) COMPLE | TE BLOOD C | | inal result (06/23/202 | | EDT) | |
| (ABNORMAL) COMPLE | ETE BLOOD C | Ref | inal result (06/23/202 Test Method | 23 5:10 AM I Analysis Time | | Pathologist Signature |
| | | Ref Range | - | Analysis | Performed At | Pathologist Signature |
| Component | Value | Ref Range 3.6 - 11.1 | Test Method | Analysis Time 06/23/2023 5:38 AM | Performed At TRINITY HEALTH | Pathologist Signature |
| Component | Value | Ref Range 3.6 - 11.1 | Test Method LAB HEMETOLOGY | Analysis Time 06/23/2023 | Performed At TRINITY HEALTH LIVONIA | Pathologist Signature |
| Component | Value | Ref Range 3.6 - 11.1 | Test Method LAB HEMETOLOGY | Analysis Time 06/23/2023 5:38 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL | |
| Component | Value | Ref Range 3.6 - 11.1 | Test Method LAB HEMETOLOGY | Analysis Time 06/23/2023 5:38 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | |
| Component | Value | Ref Range 3.6 - 11.1 | Test Method LAB HEMETOLOGY | Analysis Time 06/23/2023 5:38 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Component WBC | Value 11.2 (H) | Ref Range 3.6 - 11.1 K/mcL 4.30 - 5.90 M/ | Test Method LAB HEMETOLOGY METHOD | Analysis Time 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH | |
| Component WBC | Value 11.2 (H) | Ref Range 3.6 - 11.1 K/mcL 4.30 - | Test Method LAB HEMETOLOGY METHOD LAB HEMETOLOGY | Analysis Time 06/23/2023 5:38 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA | |
| Component WBC | Value 11.2 (H) | Ref Range 3.6 - 11.1 K/mcL 4.30 - 5.90 M/ | Test Method LAB HEMETOLOGY METHOD LAB HEMETOLOGY | Analysis Time 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL | , |
| Component WBC | Value 11.2 (H) | Ref Range 3.6 - 11.1 K/mcL 4.30 - 5.90 M/ | Test Method LAB HEMETOLOGY METHOD LAB HEMETOLOGY | Analysis Time 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | , |
| Component WBC | Value 11.2 (H) | Ref Range 3.6 - 11.1 K/mcL 4.30 - 5.90 M/ mcL | Test Method LAB HEMETOLOGY METHOD LAB HEMETOLOGY | Analysis Time 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | , |
| Component WBC | Value 11.2 (H) 3.92 (L) | Ref Range 3.6 - 11.1 K/mcL 4.30 - 5.90 M/ mcL 12.9 - 18.0 g/ | Test Method LAB HEMETOLOGY METHOD LAB HEMETOLOGY METHOD | Analysis Time 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH | , |
| Component WBC | Value 11.2 (H) 3.92 (L) | Ref Range 3.6 - 11.1 K/mcL 4.30 - 5.90 M/ mcL | Test Method LAB HEMETOLOGY METHOD LAB HEMETOLOGY METHOD | Analysis Time 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA | , |
| Component WBC | Value 11.2 (H) 3.92 (L) | Ref Range 3.6 - 11.1 K/mcL 4.30 - 5.90 M/ mcL 12.9 - 18.0 g/ | Test Method LAB HEMETOLOGY METHOD LAB HEMETOLOGY METHOD | Analysis Time 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL | |
| Component WBC | Value 11.2 (H) 3.92 (L) | Ref Range 3.6 - 11.1 K/mcL 4.30 - 5.90 M/ mcL 12.9 - 18.0 g/ | Test Method LAB HEMETOLOGY METHOD LAB HEMETOLOGY METHOD | Analysis Time 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY LIVONIA HOSPITAL LABORATORY | |
| Component WBC | Value 11.2 (H) 3.92 (L) 11.2 (L) | Ref Range 3.6 - 11.1 K/mcL 4.30 - 5.90 M/ mcL 12.9 - 18.0 g/ dL | Test Method LAB HEMETOLOGY METHOD LAB HEMETOLOGY METHOD | Analysis Time 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) LABORATORY (SMLI) CONTROL C | |
| Component WBC RBC Hemoglobin | Value 11.2 (H) 3.92 (L) | Ref Range 3.6 - 11.1 K/mcL 4.30 - 5.90 M/ mcL 12.9 - 18.0 g/ dL | Test Method LAB HEMETOLOGY METHOD LAB HEMETOLOGY METHOD LAB HEMETOLOGY METHOD | Analysis Time 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM EDT 06/23/2023 5:38 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) LABORATORY (SMLI) CONTROL C | |

93.1

82.0 -

102.0 FL METHOD

LAB HEMETOLOGY

 MCV

HOSPITAL LABORATORY

(SMLI)

HEALTH

LIVONIA HOSPITAL LABORATORY (SMLI)

06/23/2023 TRINITY

5:38 AM

EDT

| | | Ref | | Analysis | | |
|---|------------------------------------|-------------------------|-------------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| MCHC | 30.7 (L) | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 06/23/2023 5:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 13.5 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 06/23/2023 5:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 579 (H) | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 06/23/2023 5:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 06/23/2023 5:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 06/23/2023 5:38 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Cracinan (Causa) | Anatomical Lo | ocation / | Collection Method / Volume | Collection ⁷ | Τ: | Received Time |
| Specimen (Source) Blood | Venous blood specimen / U | | | | | 06/23/2023 5:33 AM EDT |
| Narrative | | | | | | |
| Authorizina Dravidar | Dogult Turo | | Docult Status | | | |
| Authorizing Provider M Calice MD | Result Type LAB BLOOD ORDERABLES | | Result Status Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| MAGNESIUM - Final res | ult (06/23/20 | 23 5:10 AI Ref | M EDT) | Analysis | | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Magnesium | 1.7 | 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 06/23/2023 5:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical L | ocation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Venous blood specimen / U | | venipuncture / Unknow | n U6/23/2023 | S 5: IU AM EDT | 06/23/2023 5:33 AM EDT |

| Authorizing Provider | Result Type | Result Status | |
|---|-------------------------|---------------------|--------------|
| M Calice MD | LAB BLOOD ORDERABLES | Final Result | |
| Performing Organization | Address | City/State/ZIP Code | Phone Number |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 |

(ABNORMAL) BASIC METABOLIC PANEL - Final result (06/23/2023 5:10 AM EDT)

| (ADITORIVIAL) DASIC II | IL IADOLIC P | Ref | nai result (06/23/2023 | Analysis | , | |
|------------------------|--------------|--------------------------|-------------------------|------------------------------|---|-----------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Sodium | 134 (L) | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 06/23/2023 5:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Potassium | 3.5 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 06/23/2023 5:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Chloride | 101 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 06/23/2023 5:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| CO2 | 26 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 06/23/2023 5:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 7 | 3 - 11 | LAB CHEMISTRY METHOD | 06/23/2023 5:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 106 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 06/23/2023 5:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 13 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 06/23/2023 5:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.71 | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 06/23/2023 5:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|---|--|---------------------------|-------------------------------|------------------------------|---|---|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| eGFR | 104 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 06/23/2023 5:59 AM EDT | TRINITY HEALTH LIVONIA | |
| | | | | | HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Octo equation refit without adj | | | based on the Chronic Kidn | ney Disease Ep | idemiology Co | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 18.3 | >=0.0 | LAB CHEMISTRY METHOD | 06/23/2023 5:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.0 (L) | mg/dL | LAB CHEMISTRY METHOD | 06/23/2023 5:59 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality |)Cation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Venous blood specimen / Ur | | Venipuncture / Unknow | n 06/23/2023 | 3 5:10 AM EDT | 06/23/2023 5:33 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Nur | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | le Road | Livonia, MI 48154 | 734-655-48 | 800 | |
| (ABNORMAL) POCT GI | LUCOSE BLOG | OD (POCT | T GLUCOSE, BLOOD) - | Final result Analysis | (06/22/2023 | 8:21 PM EDT) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 122 (H) | 70 - 110 mg/dL | | 06/22/2023 8:22 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Consider and (Consequence) | Anatomical Lo | ocation / | Collection Method / | Callegation | - ' | D. serious d. Times |
| Specimen (Source) Blood | Laterality Capillary bloo specimen / Ur | | Volume | Collection 06/22/2023 | | Received Time 06/22/2023 8:23 PM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | E CADE | Result Status | | | |
| R Jose MD | LAB POINT OF TEST DOCKED UNSOLICITED | DEVICE | Final Result | | | |
| | | | | | | |

| Performing Organization | Address | | City/State/ZIP Code | Phone Nui | mber | |
|---|------------------------------------|-------------------|--|-------------------------------|---|----------------------------|
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five N | Mile Road | Livonia, MI 48154 | 734-655-4 | | |
| (- , | | | | | | |
| (ABNORMAL) POCT G | LUCOSE BLC | OOD (POCT | GLUCOSE, BLOOD) | - Final result Analysis | (06/22/2023 | 5:43 PM EDT) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Glucose POCT | 145 (H) | 70 - 110 mg/dL | | 06/22/2023 5:44 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | . autroregise signature |
| Specimen (Source) | Anatomical I Laterality | ocation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blo specimen / l | | volume | | | 06/22/2023 5:45 PM ED |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Jose MD | LAB POINT OF TEST DOCKE UNSOLICITE | D DEVICE | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nui | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five N | Aile Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| (ABNORMAL) POCT G | LUCOSE BLC | OOD (POCT Ref | GLUCOSE, BLOOD) | | (06/22/2023 | 11:27 AM EDT) |
| Component | Value | Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Glucose POCT | 130 (H) | 70 - 110 mg/dL | | 06/22/2023 11:29 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Ü |
| Specimen (Source) | Anatomical I Laterality | ocation / | Collection Method / Volume | Collection | Time | Received Time |
| Blood | Capillary blo specimen / L | | | 06/22/202 EDT | 3 11:27 AM | 06/22/2023 11:30 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Jose MD | LAB POINT OF TEST DOCKE UNSOLICITE | D DEVICE | Final Result | | | |
| Performing Organization TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Address 36475 Five N | /lile Road | City/State/ZIP Code Livonia, MI 48154 | Phone Nui 734-655-4 | | |
| MAGNESIUM - Final res | ult (06/22/20 |)23 8:44 AM | 1 EDT) | | | |

| | | Ref | | Analysis | | |
|---|-------------------------------------|-------------------------|---|------------------------------|---|-------------------------|
| Component | Value | Range | | Time | Performed At | t Pathologist Signature |
| Magnesium | 2.0 | 1.7 - 2.5 mg/dL | LAB CHEMISTRY METHOD | 06/22/2023 9:22 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | J |
| Specimen (Source) | Anatomical Location / Laterality | | Collection Method / Volume | Collection 1 | | Received Time |
| Blood | Venous blood specimen / U | - | Venipuncture / Unknown | 06/22/2023 | 3 8:44 AM EDT | 06/22/2023 8:57 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Daniel Tupo | | Describ Chahres | | | |
| Authorizing Provider M Calice MD | Result Type LAB BLOOD | | Result Status Final Result | | | |
| м Сансе мр | ORDERABLES | ; • | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | | |
| PHOSPHORUS - Final re Component | Value | Ref Range | Test Method | Analysis Time | | t Pathologist Signature |
| Phosphorus | 3.6 | 2.4 - 4.6 mg/dL | METHOD | 06/22/2023 9:22 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Stratiman (Source) | Anatomical L | ocation / | Collection Method / Volume | Collection 1 | Ti | Received Time |
| Specimen (Source) Blood | Venous blood | - | | | | 06/22/2023 8:57 AM EDT |
| | specimen / U | nknown | | | | |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD | | Final Result | | | |
| | ORDERABLES | 5 | | | | |
| Performing Organization | | 5 | City/State/7IP Code | Phone Num | phor | |
| Performing Organization TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | | City/State/ZIP Code Livonia, MI 48154 | Phone Num 734-655-48 | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Address 36475 Five M | 1ile Road PANEL - Fi | Livonia, MI 48154 inal result (06/22/2023 | 734-655-48 8:44 AM EE | 800 | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Address 36475 Five M | file Road | Livonia, MI 48154 inal result (06/22/2023 | 734-655-48 | B00 DT) | t Pathologist Signature |

HOSPITAL LABORATORY

(SMLI)

| | | Ref | | Analysis | | | |
|--|---------|---------------------------|-------------------------|------------------------------|---|-----------------------|--|
| Component | Value | Range | Test Method | Time | | Pathologist Signature | |
| Potassium | 3.7 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 06/22/2023 9:22 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | |
| Chloride | 101 | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 06/22/2023 9:22 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | |
| CO2 | 25 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 06/22/2023 9:22 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | |
| Anion Gap | 11 | 3 - 11 | LAB CHEMISTRY METHOD | 06/22/2023 9:22 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | |
| Glucose | 128 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 06/22/2023 9:22 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | |
| BUN | 14 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 06/22/2023 9:22 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | |
| Creatinine | 0.73 | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 06/22/2023 9:22 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | |
| eGFR | 103 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 06/22/2023 9:22 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | |
| Comment: Effective October 9, 2022, calculation based on the Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) equation refit without adjustment for race. | | | | | | | |
| BUN/Creatinine Ratio | 19.2 | >=0.0 | LAB CHEMISTRY METHOD | 06/22/2023 9:22 AM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | |
| Calcium | 8.2 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 06/22/2023 9:22 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | |

| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection | Time | Received Time |
|---|--------------------------------|-------------------------|--|------------------------------|-----------------------------------|----------------------------------|
| Blood | Venous blood | | | | | 06/22/2023 8:57 AM EDT |
| | specimen / Unk | known | ' | | | |
| Narrative | | | | | | |
| - Ivarrative | | | | | | |
| Authorisia a Duovidor | December Trans | | Decult Ctatus | | | |
| Authorizing Provider M Calice MD | Result Type LAB BLOOD | | Result Status Final Result | | | |
| W Cance WD | ORDERABLES | | Timar Nesant | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | | Livonia, MI 48154 | 734-655-4 | 800 | |
| , | | | | | | |
| FOLATE - Final result (00 | 6/22/2023 8· 4 3 | AM EDT) | | | | |
| TOLATE TITIATTESAIT (OF | 0/22/2023 0.43 | Ref | | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Folate | 7.7 | >=5.9 | | 06/22/2023 3:02 PM | TRINITY HEALTH ANN | |
| | | ng/ml | | EDT | ARBOR | |
| | | | | | HOSPITAL | |
| | | | | | LABORATORY (SJAA) | |
| | | | | | (3)/ (17) | |
| (C) | Anatomical Loc | cation / | Collection Method / | C = II = =t; = := | T: | Denoise d'Time |
| Specimen (Source) Blood | Laterality Venous blood | | Volume Collection Time Venipuncture / Unknown 06/22/2023 8:43 AM EDT | | | Received Time |
| biood | specimen / Unk | known | veriipunetare / Onknowi | 1 00/22/202 | 3 0.43 7 NVI EDT | 00, 22, 2023 0.37 7(1) 251 |
| Narrative | | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider M Calice MD | Result Type LAB BLOOD | | Result Status Final Result | | | |
| IVI Calice IVID | ORDERABLES | | rinai Resuit | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH ANN ARBOR HOSPITAL LABORATORY (SJAA) | 5301 McAuley | Dr | Ypsilanti, MI 48197 | 734-712-3 | 456 | |
| | | | | | | |
| VITAMIN B12 - Final res | ult (06/22/2023 | 3 8:43 AM | EDT) | | | |
| | (00, 22, 2020 | Ref | | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Vitamin B-12 | 608 | 180 - 914 pcg/ mL | | 06/22/2023 3:03 PM EDT | TRINITY HEALTH ANN ARBOR HOSPITAL | |
| | | | | | LABORATORY (SJAA) | |
| | | | | | , , | |
| Specimen (Source) | Anatomical Loc | cation / | Collection Method / Volume | Collection | Timo | Received Time |
| Specimen (Source) | Laterality | | | | | 06/22/2023 8:57 AM EDT |
| _ | Venous blood | | venibulicinie / unknowi | | | |
| Blood | Venous blood specimen / Unk | known | venipuncture / Onknowi | 1 00,22,202 | | 00, 22, 2023 0.37 7 1111 23 1 |
| Blood | | known | veriipuncture / Onknowi | . 00, 22, 202 | | 0.57 7.11.11 2.51 |
| _ | | known | veriipuncture / Onknowi | . 66, 22, 262 | | 0.57 2.17 2.52 5.57 7 11.17 2.57 |

Anatomical Location / Collection Method /

| Authorizing Provider | Result Type | | Result Status | | | |
|---|-----------------------------|--------------------------|-------------------------------|------------------------------|---|-------------------------|
| M Calice MD | LAB BLOOD | | Final Result | | | |
| | ORDERABLES | | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH ANN | 5301 McAuley | y Dr | Ypsilanti, MI 48197 | 734-712-34 | | |
| ARBOR HOSPITAL | | | · | | | |
| LABORATORY (SJAA) | | | | | | |
| | | | | | | |
| AMMONIA - Final result | (06/22/2023 | | | | | |
| Campanant | Malica | Ref | | Analysis | Dantamand A+ | Dath als sist Cignoture |
| Component Ammonia | Value 30 | Range 16 - 53 | | Time 06/22/2023 | | Pathologist Signature |
| Ammonia | 30 | | METHOD | 9:38 AM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection 1 | Time | Received Time |
| Blood | Venous blood | 1 | | | | 06/22/2023 8:57 AM EDT |
| Dioca | specimen / Ur | | Vemparicule, C | 00, ==, ==== | 0.137 | 00,22,2025 0.5 22 . |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Performing Organization | Δddress | | City/State/ZIP Code | Phone Num | nher | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mi | le Road | Livonia, MI 48154 | 734-655-48 | | |
| LADOIMION (SINE) | | | | | | |
| CONTRACT COMPLE | 51 00D C | | | | | |
| (ABNORMAL) COMPLE | TE BLOOD C | OUNT - F Ref | Final result (06/22/2023 | | :DT) | |
| Component | Value | Ref Range | | Analysis Time | Performed At | Pathologist Signature |
| WBC | 8.9 | | LAB HEMETOLOGY METHOD | 06/22/2023 9:19 AM EDT | | |
| RBC | 3.85 (L) | 4.30 - 5.90 M/ mcL | METHOD | 06/22/2023 9:19 AM EDT | | , |
| Hemoglobin | 11.3 (L) | 12.9 - 18.0 g/ dL | METHOD | 06/22/2023 9:19 AM EDT | | , |
| Hematocrit | 34.6 (L) | 37.6 - 52.0 % | METHOD | 06/22/2023 9:19 AM EDT | | , |

| | | Ref | | Analysis | D () | |
|---|------------------------------|-------------------------|----------------------------|------------------------------|---|------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| MCV | 89.9 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 06/22/2023 9:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCHC | 32.7 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 06/22/2023 9:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 13.4 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 06/22/2023 9:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 539 (H) | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 06/22/2023 9:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC | 0.0 | 0.0 - 0.2 | LAB HEMETOLOGY METHOD | 06/22/2023 9:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 06/22/2023 9:19 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo | ocation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Venous blood specimen / U | | venipuncture / Unknowr | 1 06/22/2023 | 3 8:43 AM EDI | 06/22/2023 8:58 AM EDT |
| Narrative | | | | | | |
| Authorisis - Du II | Decide T | | Deput Chatra | | | |
| Authorizing Provider M Calice MD | Result Type LAB BLOOD | | Result Status Final Result | | | |
| IVI Calice IVID | ORDERABLES | | i iiiai nesuit | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nun | nber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| (ABNORMAL) HEMOG | LOBIN A1C - | Final res | ult (06/22/2023 8:43 A | M EDT) | | |

Ref Analysis

| Component | Value | Range | Test Method | Time | Performed At Pathologist Signature |
|----------------|---------|----------------|-------------|------------------------------|---|
| Hemoglobin A1C | 7.5 (H) | 4.0 - 5.7 % | | 06/22/2023 6:13 PM EDT | TRINITY HEALTH ANN ARBOR HOSPITAL LABORATORY (SJAA) |

| Component | Value | Ref | Test Method | Analysis Time | Darformed A+ | Pathologist Signature |
|--------------------------------|--------------------------------|-------------------|---------------------------|-----------------------|------------------------|------------------------|
| Component Mean Bld Glu Estim. | 169 | Range mg/dL | iest Method | 06/22/2023 | TRINITY | Pathologist Signature |
| Mean blu Glu Estilli. | 109 | mg/uL | | 6:13 PM | HEALTH ANN | |
| | | | | EDT | ARBOR | |
| | | | | | HOSPITAL LABORATORY | |
| | | | | | (SJAA) | |
| | Anatomical Loc | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | | Volume | Collection | | Received Time |
| Blood | Venous blood specimen / Unl | cnown | Venipuncture / Unknow | n 06/22/202 | 3 8:43 AM EDI | 06/22/2023 8:58 AM EDT |
| | specimen, on | (IIOWII | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD | | Final Result | | | |
| | ORDERABLES | | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH ANN | 5301 McAuley | Dr | Ypsilanti, MI 48197 | 734-712-3 | | |
| ARBOR HOSPITAL | | | 1 | 0 | - | |
| Laboratory (SJAA) | | | | | | |
| | | | | | | |
| POCT GLUCOSE BLOOD | (POCT GLUCO | SE, BLOO | D) - Final result (06/22) | /2023 6:41 <i>A</i> | AM EDT) | |
| | | Ref | | Analysis | | |
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Glucose POCT | 101 | 70 - 110 mg/dL | | 06/22/2023 6:41 AM | TRINITY HEALTH | |
| | | mg/uL | | EDT | LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATORY (SMLI) | |
| | | | | | (SIVILI) | |
| | Anatomical Loc | cation / | Collection Method / | | | |
| Specimen (Source) | Laterality | 1 | Volume | Collection | | Received Time |
| Blood | Capillary blood specimen / Unl | | | 06/22/202 | 3 6:41 AM EDI | 06/22/2023 6:42 AM EDT |
| | specimen, om | | | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Jose MD | LAB POINT OF | | Final Result | | | |
| | TEST DOCKED | | | | | |
| | UNSOLICITED F | KESULIS | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Nur | mber | |
| TRINITY HEALTH | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-4 | 800 | |
| LIVONIA HOSPITAL | | | | | | |
| LABORATORY (SMLI) | | | | | | |
| | | | | | | |
| (ABNORMAL) CULTUR | E URINE - Fina | | (06/22/2023 6:31 AM | | | |
| Commonweat | Value | Ref | Took Matter | Analysis | Danfa I A: | Dethe de nist Cisus |
| Component Culture, Urine | Value 100,000 CFU/ | Range | Test Method | Time 07/02/2023 | Performed At TRINITY | Pathologist Signature |
| Cuiture, Offile | mL | | | 1:47 PM | HEALTH ANN | |
| | Enterobacter | | | EDT | ARBOR | |
| | cloacae-CRE | | | | HOSPITAL LABORATORY | |
| | (A) | | | | (SJAA) | |
| | | | | | \ <i>'</i> / | |

| | | Ref | | Analysis | | |
|---|---|-------------------------------------|--|------------------------------|--|-------------------------|
| Component | Value | Range | Test Method | , | Performed At | Pathologist Signature |
| Comment: Organism phenotype su Modified Carbapenem I Note: (Modified Carba screen negative.) Not Enterobacterales and | Inactivation apenem Inacti all carbape | Method (n vation Me nemase-pr | nCIM): Negative ethod(mCIM) roducing isolates of | | | |
| This is an edited res Edited result: Previo Result component has | ously reporte | d as Ente | robacter cloacae on | 6/25/2023 a | | : 1054 EDT. |
| Culture, Urine | 100,000 CFU/ mL Escherichia coli (A) | | | EDT . | TRINITY HEALTH ANN ARBOR HOSPITAL LABORATORY (SJAA) | |
| Comment: | | | | | | |
| The organism value for preliminary verified | report. | | · | sults have b | een appended | I to the previously |
| Specimen (Source) | Anatomical Loc Laterality | cation / | Collection Method / Volume | Collection T | ime | Received Time |
| Urine (Source) | Urine specimer obtained by cle procedure / Ur | ean catch | Non-blood Collection / Unknown | | | 06/22/2023 6:48 AM EDT |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| R Jose MD | LAB MICROBIC GENERAL ORD | | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH ANN ARBOR HOSPITAL LABORATORY (SJAA) | 5301 McAuley | Dr | Ypsilanti, MI 48197 | 734-712-34 | 56 | |
| (ABNORMAL) URINAL | YSIS WITH MI | | PIC - Final result (06/ | | 35 AM EDT) | |
| Component | Value | Ref Range | Test Method | Analysis Time | Parformed A | t Pathologist Signature |
| Color, Urine | Dark Yellow | Yellow | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 | | |
| Clarity, Urine | Cloudy (A) | Clear | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | | Υ |
| Specific Gravity Urine | 1.012 | 1.005 - 1.030 | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | | Y |
| | | | | | | |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At Pathologist Signature |
|---------------------|--------------|---------------------------|--------------------------------------|------------------------------|---|
| pH, Urine | 6.0 | 4.8 - 8.0 pH | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | |
| Leukocytes, Urine | Positive (A) | Negative | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Nitrite, Urine | Positive (A) | Negative | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Protein, Urine | 1+ (A) | Negative mg/dL | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Glucose, Urine | Negative | Negative mg/dL | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Ketones, Urine | Negative | Negative mg/dL | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Urobilinogen, Urine | Normal | Normal (<2.0) mg/dL | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Bilirubin, Urine | Negative | Negative | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| Blood, Urine | 2+ (A) | Negative eryth/ mcL | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |
| RBC, Urine | 21-50 (A) | 0 - 2 / HPF | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) |

| | | Ref | | Analysis | | |
|---|---|-----------------|--------------------------------------|------------------------------|---|----------------------------|
| Component | Value | Range | Test Method | Time | Performed A | at Pathologist Signature |
| WBC, Urine | >50 (A) | 0 - 2 / HPF | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) | Υ |
| Bacteria, Urine | 1+ (A) | None / HPF | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) | ιΥ |
| Squamous Epithelial, Urine | 1-5 (A) | None / HPF | LAB URINALYSIS - AUTOMATED METHOD | 06/22/2023 1:12 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATOR (SMLI) | ΥΥ |
| Specimen (Source) | Anatomical Loc Laterality | | Collection Method / Volume | Collection T | | Received Time |
| Urine | Urine specimer urinary condui Unknown | | Non-blood Collection / Unknown | 06/22/2023 EDT | 12:35 AM | 06/22/2023 12:45 AM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB URINE OR | .DERABLES | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Num | ber | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile | e Road | Livonia, MI 48154 | 734-655-480 | 00 | |
| DRUG SCREEN COMPRE | EHENSIVE URII | NE (DRUG Ref | ABUSE SCREEN, URINE) |) - Final resul Analysis | lt (06/22/202 | 23 12:35 AM EDT) |
| Component | Value | Range | Test Method | Time | Performed A | t Pathologist Signature |
| Amphetamine Screen, Ur | Negative | J | LAB CHEMISTRY METHOD | 06/22/2023 1:23 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATOR' (SMLI) | Y |
| Barbiturate Screen, Ur | Negative | Negative | LAB CHEMISTRY METHOD | 06/22/2023 1:23 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATOR' (SMLI) | Y |
| Cocaine Screen, Ur | Negative | Negative | LAB CHEMISTRY METHOD | 06/22/2023 1:23 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATOR' (SMLI) | Υ |
| Opiate Screen, Ur | Negative | Negative | LAB CHEMISTRY METHOD | 06/22/2023 1:23 AM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATOR' (SMLI) | Y |

| | | Def | | A I | | |
|---|--|---|---|---|--|--------------------------------------|
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
| Cannabinoid (THC) | Negative | | LAB CHEMISTRY | 06/22/2023 | | ratifologist signature |
| Screen, Ur | Negative | negative | METHOD | 1:23 AM | HEALTH | |
| Sercent, Gr | | | | EDT | LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATOR\ | (|
| Danzadiazanina Caraan | Negative | Negativo | LAD CLIENICTDY | 06/22/2022 | (SMLI) | |
| Benzodiazepine Screen, Ur | Negative | negative | LAB CHEMISTRY METHOD | 06/22/2023 1:23 AM | HEALTH | |
| . | | | | EDT | LIVONIA | |
| | | | | | HOSPITAL | |
| | | | | | LABORATOR' (SMLI) | (|
| | Anatomical Lo | cation / | Collection Method / | | (SIVILI) | |
| Specimen (Source) | Laterality | caciony | Volume | Collection 7 | Гime | Received Time |
| Urine | Urine specime | | Non-blood Collection / | | 12:35 AM | 06/22/2023 12:45 AM |
| | obtained by cle | | Unknown | EDT | | EDT |
| | procedure / Ur | nknown | | | | |
| Narrative | | | | | | |
| | | | | | | |
| | | | | | | |
| Authorizing Provider | Result Type | D = D + D + E C | Result Status | | | |
| M Calice MD | LAB URINE OR | DERABLES | Final Result | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | |
| TRINITY HEALTH | 36475 Five Mil | e Road | Livonia, MI 48154 | 734-655-48 | | |
| LIVONIA HOSPITAL | | | | | | |
| $I \land D \cap D \land T \cap D \lor (C \land A \mid I)$ | | | | | | |
| LABORATORY (SMLI) | | | | | | |
| LABORATORY (SIVILI) | | | | | | |
| |) (POCT GLUCC | SE BLOO | D) - Final result (06/22) | /2023 12:24 | AM FDT) | |
| POCT GLUCOSE BLOOD | (POCT GLUCC | | D) - Final result (06/22/ | | AM EDT) | |
| | (POCT GLUCC | OSE, BLOO Ref Range | D) - Final result (06/22/ | Analysis | | Pathologist Signature |
| POCT GLUCOSE BLOOD | | Ref Range 70 - 110 | | Analysis Time 06/22/2023 | Performed At | Pathologist Signature |
| POCT GLUCOSE BLOOD Component | Value | Ref Range | | Analysis Time 06/22/2023 12:24 AM | Performed At TRINITY HEALTH | Pathologist Signature |
| POCT GLUCOSE BLOOD Component | Value | Ref Range 70 - 110 | | Analysis Time 06/22/2023 12:24 AM EDT | Performed At TRINITY HEALTH LIVONIA | Pathologist Signature |
| POCT GLUCOSE BLOOD Component | Value | Ref Range 70 - 110 | | Analysis Time 06/22/2023 12:24 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL | Pathologist Signature |
| POCT GLUCOSE BLOOD Component | Value | Ref Range 70 - 110 | | Analysis Time 06/22/2023 12:24 AM EDT | Performed At TRINITY HEALTH LIVONIA | Pathologist Signature |
| POCT GLUCOSE BLOOD Component | Value 109 | Ref Range 70 - 110 mg/dL | Test Method | Analysis Time 06/22/2023 12:24 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY | Pathologist Signature |
| POCT GLUCOSE BLOOD Component Glucose POCT | Value 109 Anatomical Loc | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 06/22/2023 12:24 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | J |
| POCT GLUCOSE BLOOD Component Glucose POCT Specimen (Source) | Value 109 Anatomical Loc Laterality | Ref Range 70 - 110 mg/dL | Test Method | Analysis Time 06/22/2023 12:24 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time |
| POCT GLUCOSE BLOOD Component Glucose POCT | Value 109 Anatomical Loc | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 06/22/2023 12:24 AM EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | J |
| POCT GLUCOSE BLOOD Component Glucose POCT Specimen (Source) Blood | Value 109 Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 06/22/2023 12:24 AM EDT Collection 7 06/22/2023 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time 06/22/2023 12:26 AM |
| POCT GLUCOSE BLOOD Component Glucose POCT Specimen (Source) | Value 109 Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 06/22/2023 12:24 AM EDT Collection 7 06/22/2023 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time 06/22/2023 12:26 AM |
| POCT GLUCOSE BLOOD Component Glucose POCT Specimen (Source) Blood | Value 109 Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 06/22/2023 12:24 AM EDT Collection 7 06/22/2023 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time 06/22/2023 12:26 AM |
| POCT GLUCOSE BLOOD Component Glucose POCT Specimen (Source) Blood | Value 109 Anatomical Loc Laterality Capillary blood | Ref Range 70 - 110 mg/dL | Test Method Collection Method / | Analysis Time 06/22/2023 12:24 AM EDT Collection 7 06/22/2023 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time 06/22/2023 12:26 AM |
| POCT GLUCOSE BLOOD Component Glucose POCT Specimen (Source) Blood Narrative | Anatomical Loc Laterality Capillary blood specimen / Un Result Type LAB POINT OF | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume | Analysis Time 06/22/2023 12:24 AM EDT Collection 7 06/22/2023 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time 06/22/2023 12:26 AM |
| POCT GLUCOSE BLOOD Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider | Anatomical Loc Laterality Capillary blood specimen / Un Result Type LAB POINT OF TEST DOCKED | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume Result Status | Analysis Time 06/22/2023 12:24 AM EDT Collection 7 06/22/2023 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time 06/22/2023 12:26 AM |
| POCT GLUCOSE BLOOD Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider | Anatomical Loc Laterality Capillary blood specimen / Un Result Type LAB POINT OF | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume Result Status | Analysis Time 06/22/2023 12:24 AM EDT Collection 7 06/22/2023 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | Received Time 06/22/2023 12:26 AM |
| POCT GLUCOSE BLOOD Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider R Jose MD | Anatomical Loc Laterality Capillary blood specimen / Un Result Type LAB POINT OF TEST DOCKED UNSOLICITED | Ref Range 70 - 110 mg/dL cation / | Collection Method / Volume Result Status Final Result | Analysis Time 06/22/2023 12:24 AM EDT Collection 7 06/22/2023 | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 12:24 AM | Received Time 06/22/2023 12:26 AM |
| POCT GLUCOSE BLOOD Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider | Anatomical Loc Laterality Capillary blood specimen / Un Result Type LAB POINT OF TEST DOCKED UNSOLICITED | Ref Range 70 - 110 mg/dL cation / | Test Method Collection Method / Volume Result Status | Analysis Time 06/22/2023 12:24 AM EDT Collection 7 06/22/2023 EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 12:24 AM | Received Time 06/22/2023 12:26 AM |
| POCT GLUCOSE BLOOD Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider R Jose MD Performing Organization TRINITY HEALTH LIVONIA HOSPITAL | Anatomical Loc Laterality Capillary blood specimen / Un Result Type LAB POINT OF TEST DOCKED UNSOLICITED Address | Ref Range 70 - 110 mg/dL cation / | Collection Method / Volume Result Status Final Result City/State/ZIP Code | Analysis Time 06/22/2023 12:24 AM EDT Collection 7 06/22/2023 EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 12:24 AM | Received Time 06/22/2023 12:26 AM |
| POCT GLUCOSE BLOOD Component Glucose POCT Specimen (Source) Blood Narrative Authorizing Provider R Jose MD Performing Organization TRINITY HEALTH | Anatomical Loc Laterality Capillary blood specimen / Un Result Type LAB POINT OF TEST DOCKED UNSOLICITED Address | Ref Range 70 - 110 mg/dL cation / | Collection Method / Volume Result Status Final Result City/State/ZIP Code | Analysis Time 06/22/2023 12:24 AM EDT Collection 7 06/22/2023 EDT | Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time 12:24 AM | Received Time 06/22/2023 12:26 AM |

(ABNORMAL) THYROXINE FREE - Final result (06/21/2023 9:59 PM EDT)

| | | Ref | | Analysis | | |
|---|------------------------------|---------------------------|-------------------------------|-------------------------------|---|----------------------------|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| Free T4 | 1.31 (H) | 0.61 - 1.24 ng/ | LAB CHEMISTRY METHOD | 06/22/2023 12:31 AM | HEALTH | |
| | | dL | | EDT | LIVONIA HOSPITAL LABORATORY | , |
| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection 1 | (SMLI) Time | Received Time |
| Blood | Venous blood specimen / U | | Venipuncture / Unknowr | 1 06/21/2023 | 3 9:59 PM EDT | 06/21/2023 10:03 PM EDT |
| Narrative | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| M Calice MD | LAB BLOOD ORDERABLES | ; | Final Result | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Num | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| THYROID STIMULATING | ; HORMONE ' | WITH REFI | LEX TO FREE T4 AND FRE | EE T3 - Final Analysis | result (06/21 | /2023 9:59 PM EDT) |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| TSH | 4.55 | 0.45 - 5.33 mcIU/mL | LAB CHEMISTRY METHOD | | | |
| Specimen (Source) | Anatomical Lo | ocation / | Collection Method / Volume | Collection 1 | Time | Received Time |
| Blood | Venous blood specimen / U | | Venipuncture / Unknown | | | |
| Narrative | | | | | | |
| | | | | | | |
| Authorizing Provider M Calice MD | Result Type LAB BLOOD | | Result Status Final Result | | | |
| M Calice MD | ORDERABLES | i | Final Kesuit | | | |
| Performing Organization | | | City/State/ZIP Code | Phone Num | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five M | ile Road | Livonia, MI 48154 | 734-655-48 | 300 | |
| ETHANOL LEVEL (ETHAN | NOL) - Final re | | 21/2023 9:59 PM EDT) | | | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | : Pathologist Signature |
| Ethanol Level | <10 | | LAB CHEMISTRY METHOD | 06/21/2023 10:49 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | J |

| ыооч | specimen / Unknown | | venipuncture / Onkno | veriipuncture / Onknown 00/21/2023 3.39 FW EDT | | | |
|---|------------------------------|------------------------|-------------------------------|--|---|----------------------------|--|
| Narrative | | | | | | | |
| | | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | | |
| Performing Organization | Address 36475 Five Mile Road | | City/State/ZIP Code | • | | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | | Livonia, MI 48154 | 734-655-48 | 300 | | |
| (ABNORMAL) MAGNE | SIUM - Fina | | 6/21/2023 9:59 PM E | | | | |
| Component | Value | Ref Range | Test Method | Analysis Time | Darfarmed At | Pathologist Signature | |
| Magnesium | 1.6 (L) | 1.7 - 2.5 | LAB CHEMISTRY | 06/21/2023 | TRINITY | Patriologist signature | |
| | | mg/dL | METHOD | 10:38 PM EDT | HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | |
| Specimen (Source) | Anatomical Laterality | Location / | Collection Method / Volume | Collection 7 | Time | Received Time | |
| Blood | Venous bloc specimen / I | | | • | | 06/21/2023 10:03 PM EDT | |
| Narrative | | | | | | | |
| Authorizing Provider | Result Type | | Result Status | | | | |
| M Calice MD | LAB BLOOD ORDERABLE | | Final Result | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Phone Num | nber | | |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five N | √lile Road | Livonia, MI 48154 | 734-655-48 | 300 | | |
| (ABNORMAL) COMPRI | EHENSIVE P | METABOLI (| C PANEL - Final result | (06/21/2023 Analysis | 8 9:59 PM ED | Т) | |
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature | |
| Sodium | 135 | 135 - 144 mmol/L | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | |
| Potassium | 4.3 | 3.5 - 5.3 mmol/L | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | | |
| | | | | | | | |

Collection Method / Volume

Collection Time

Venipuncture / Unknown 06/21/2023 9:59 PM EDT 06/21/2023 10:03 PM

Received Time

Anatomical Location /

Laterality

Venous blood

Specimen (Source)

Blood

| | | Ref | | Analysis | | |
|---|---------|---------------------------|---------------------------|-------------------------------|---|-----------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| Chloride | 97 (L) | 98 - 107 mmol/L | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| CO2 | 28 | 21 - 31 mmol/L | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Anion Gap | 10 | 3 - 11 | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Glucose | 114 (H) | 70 - 99 mg/dL | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| BUN | 17 | 7 - 25 mg/dL | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Creatinine | 0.75 | 0.70 - 1.30 mg/ dL | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| eGFR | 102 | >=60 mL/min/ 1.73m2 | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Comment: Effective Oct equation refit without ad | | | based on the Chronic Kidn | iey Disease Ep | idemiology Col | llaboration (CKD-EPI) |
| BUN/Creatinine Ratio | 22.7 | >=0.0 | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Calcium | 8.4 (L) | 8.6 - 10.3 mg/dL | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| AST (SGOT) | 35 | 13 - 39 unit/L | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| | | Ref | | Analysis | | |
|--|--|---|---|---|---|---|
| Component | Value | Range | Test Method | Time | | Pathologist Signature |
| ALT (SGPT) | 39 | 7 - 52 unit/L | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Alkaline Phosphatase | 104 | 27 - 120 unit/L | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Total Protein | 6.6 | 6.1 - 7.9 g/dL | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Albumin | 2.9 (L) | 3.5 - 5.7 g/dL | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Total Bilirubin | 0.6 | 0.3 - 1.0 mg/dL | LAB CHEMISTRY METHOD | 06/21/2023 10:38 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| | Anatomical Lo | ocation / | Collection Method / | | | |
| Chasiman (Saurca) | | 000000117 | | Callaction - | Time. | Passived Time |
| Specimen (Source) Blood | Venous blood specimen / U | ł | Volume Venipuncture / Unknow | Collection of 21/2023 | | Received Time 06/21/2023 10:03 PM EDT |
| | Laterality Venous blood | ł | Volume | | | 06/21/2023 10:03 PM |
| Blood Narrative | Venous blood specimen / U | ł | Volume Venipuncture / Unknow | | | 06/21/2023 10:03 PM |
| Blood | Laterality Venous blood | l nknown | Volume | | | 06/21/2023 10:03 PM |
| Blood Narrative Authorizing Provider | Result Type LAB BLOOD ORDERABLES | l nknown | Volume Venipuncture / Unknow Result Status | | 3 9:59 PM EDT | 06/21/2023 10:03 PM |
| Blood Narrative Authorizing Provider M Calice MD | Result Type LAB BLOOD ORDERABLES | l nknown | Volume Venipuncture / Unknow Result Status Final Result | vn 06/21/2023 | 3 9:59 PM EDT | 06/21/2023 10:03 PM |
| Blood Narrative Authorizing Provider M Calice MD Performing Organization TRINITY HEALTH LIVONIA HOSPITAL | Result Type LAB BLOOD ORDERABLES Address 36475 Five M | l nknown ile Road | Venipuncture / Unknow Result Status Final Result City/State/ZIP Code Livonia, MI 48154 F GLUCOSE, BLOOD) - | Phone Nun 734-655-48 Final result Analysis | nber 800 | 06/21/2023 10:03 PM EDT |
| Authorizing Provider M Calice MD Performing Organization TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) POCT GI | Result Type LAB BLOOD ORDERABLES Address 36475 Five M | ile Road OD (POCT Ref Range | Venipuncture / Unknow Result Status Final Result City/State/ZIP Code Livonia, MI 48154 F GLUCOSE, BLOOD) - Test Method | Phone Nun 734-655-48 Final result Analysis Time | nber 800 (06/21/2023 Performed At | 06/21/2023 10:03 PM EDT |
| Authorizing Provider M Calice MD Performing Organization TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) POCT GI | Result Type LAB BLOOD ORDERABLES Address 36475 Five M | ile Road OD (POCT | Venipuncture / Unknow Result Status Final Result City/State/ZIP Code Livonia, MI 48154 F GLUCOSE, BLOOD) - Test Method | Phone Nun 734-655-48 Final result Analysis Time 06/21/2023 8:14 PM EDT | mber 800 (06/21/2023 | 06/21/2023 10:03 PM EDT 8:13 PM EDT) |
| Authorizing Provider M Calice MD Performing Organization TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) POCT GI Component Glucose POCT | Result Type LAB BLOOD ORDERABLES Address 36475 Five M LUCOSE BLOO Value 129 (H) | ile Road OD (POCT Ref Range 70 - 110 mg/dL | Venipuncture / Unknow Result Status Final Result City/State/ZIP Code Livonia, MI 48154 F GLUCOSE, BLOOD) - Test Method Collection Method / | Phone Nun 734-655-48 Final result Analysis Time 06/21/2023 8:14 PM EDT | mber 800 (06/21/2023 Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 8:13 PM EDT) Pathologist Signature |
| Authorizing Provider M Calice MD Performing Organization TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) (ABNORMAL) POCT GI | Result Type LAB BLOOD ORDERABLES Address 36475 Five M | ile Road OD (POCT Ref Range 70 - 110 mg/dL | Venipuncture / Unknow Result Status Final Result City/State/ZIP Code Livonia, MI 48154 F GLUCOSE, BLOOD) - Test Method | Phone Num 734-655-48 Final result Analysis Time 06/21/2023 8:14 PM EDT Collection | nber 800 (06/21/2023 Performed At TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) Time | 06/21/2023 10:03 PM EDT 8:13 PM EDT) |

| Narrative | | | |
|---|--|---------------------|--|
| Authorizing Provider | Result Type | Result Status | |
| M Calice MD | LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS | Final Result | |
| Performing Organization | Address | City/State/ZIP Code | Phone Number |
| TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | 36475 Five Mile Road | Livonia, MI 48154 | 734-655-4800 |
| (ABNORMAL) CBC W/ | AUTO DIFFERENTIAL | (CBC WITH AUTO DIF | FERENTIAL) - Final result (06/21/2023 8:10 |

PM EDT)

| | | Ref | | Analysis | | |
|------------|----------|--------------------------|--------------------------|------------------------------|---|-----------------------|
| Component | Value | Range | Test Method | Time | Performed At | Pathologist Signature |
| WBC | 11.9 (H) | 3.6 - 11.1 K/mcL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RBC | 3.88 (L) | 4.30 - 5.90 M/ mcL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hemoglobin | 11.3 (L) | 12.9 - 18.0 g/ dL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Hematocrit | 34.4 (L) | 37.6 - 52.0 % | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCV | 88.7 | 82.0 - 102.0 FL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| MCHC | 32.8 | 31.0 - 36.0 g/ dL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| RDW | 13.4 | 12.0 - 16.0 % | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Platelets | 553 (H) | 140 - 440 K/ mcL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|-----------------------------------|----------|--------------------------|--------------------------|------------------------------|---|-----------------------|
| Neutrophils Relative | 67.9 | 43.3 - 80.0 % | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Relative | 0.7 | 0.0 - 3.0 % | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Relative | 18.2 | 15.0 - 45.0 % | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Relative | 10.5 | 4.6 - 12.4 % | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Relative | 2.3 | 0.0 - 5.0 % | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Relative | 0.4 | 0.0 - 2.0 % | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Neutrophils Absolute | 8.05 (H) | 1.90 - 7.20 K/ mcL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Immature Granulocytes Absolute | 0.08 | 0.00 - 0.30 K/ mcL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Lymphocytes Absolute | 2.16 | 0.80 - 3.30 K/ mcL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Monocytes Absolute | 1.24 (H) | 0.20 - 0.80 K/ mcL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |

| Component Ventricular Rate ECG | Value 118 | Range BPM | Test Method | Time | At GEMUSE | Pathologist Signature |
|--|-------------------------------|--------------------------|--|------------------------------|---|------------------------|
| ECG 12-LEAD - Final resu | | Ref | | Analysis | Performed | Dethodo viet C' |
| LIVONIA HOSPITAL LABORATORY (SMLI) | | | | | | |
| Performing Organization TRINITY HEALTH | Address 36475 Five Mi | le Road | City/State/ZIP Code Livonia, MI 48154 | Phone Nun 734-655-48 | | |
| M Calice MD | LAB BLOOD ORDERABLES | | Final Result | | | |
| Authorizing Provider | Result Type | | Result Status | | | |
| Narrative | | | | | | |
| Blood | Venous blood specimen / Ur | | Venipuncture / Unknowr | n 06/21/2023 | 8 8:10 PM EDT | 06/21/2023 8:13 PM EDT |
| Specimen (Source) | Anatomical Lo Laterality | ocation / | Collection Method / Volume | Collection ⁻ | | Received Time |
| NRBC Absolute | 0.00 | <0.01 K/ mcL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | | |
| NRBC | 0.0 | 0.0 - 0.2 % | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Basophils Absolute | 0.05 | 0.00 - 0.20 K/ mcL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Eosinophils Absolute | 0.27 | 0.00 - 0.50 K/ mcL | LAB HEMETOLOGY METHOD | 06/21/2023 8:23 PM EDT | TRINITY HEALTH LIVONIA HOSPITAL LABORATORY (SMLI) | |
| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |

| | | Ref | | Analysis | Performed | |
|----------------------|-------|---------|-------------|----------|-----------|-----------------------|
| Component | Value | Range | Test Method | Time | At | Pathologist Signature |
| Ventricular Rate ECG | 118 | BPM | | | GEMUSE | |
| Atrial Rate | 118 | BPM | | | GEMUSE | |
| P-R Interval | 136 | ms | | | GEMUSE | |
| QRS Duration | 98 | ms | | | GEMUSE | |
| Q-T Interval | 356 | ms | | | GEMUSE | |
| QTc | 498 | ms | | | GEMUSE | |
| P Wave Axis | 72 | degrees | | | GEMUSE | |
| R Axis | 94 | degrees | | | GEMUSE | |
| T Axis | 91 | degrees | | | GEMUSE | |

| | | Ref | | An | alysis | Performed | |
|---|---|-------------|---------------------|--------|-------------|---------------|------------------------|
| Component | Value | Range | Test Method | Tin | | At | Pathologist Signature |
| ECG Interpretation | Sinus tachycardia Rightward axis Nonspecific ST and T wave abnormality Abnormal ECG No previous ECGs available Confirmed by Valle, MD, Javier (401) on 6/22/2023 2:28:27 PM | | | | | GEMUSE | |
| a i (a) | Anatomical Lo | cation / | Collection Method / | | | | |
| Specimen (Source) | Laterality | | Volume | | llection Ti | | Received Time |
| Narrative | | | | | /21/2023 | 7.46 PIVI EDI | 06/22/2023 2:28 PM EDT |
| Authorizing Provider | Result Type | | Result Status | | | | |
| M Calice MD | ECG ORDERAB | LES | Final Result | | | | |
| Performing Organization | Address | | City/State/ZIP Code | Pho | one Numb | per | |
| GEMUSE | | | | | | | |
| Visit Diagnoses - d Diagnosis Aggressive behavior - Prin Aggressive behavior Chronic deep vein thromb Anoxic brain injury (CMS/H Full incontinence of feces | nary osis (DVT) of otl | | | CMS/HC | C) | | |
| Admitting Diagno | Ses - docume | nted in thi | s encounter | | | | |

Aggressive behavior

Administered Medications - documented in this encounter Inactive Administered Medications - up to 3 most recent administrations Medication Order MAR Action Action Date Dose Rate Site acetaminophen (TYLENOL) tablet 650 mg Given 07/12/2023 650 mg 650 mg, g-tube, Every 4 hours PRN, mild pain, 8:46 PM EDT Starting on Wed 7/12/23 at 0854 amiodarone (PACERONE) tablet 200 mg Given 07/11/2023 200 mg 200 mg, oral, Daily, First dose on Thu 6/22/23 at 9:48 AM EDT 0900 07/09/2023 Given 200 mg 10:02 AM EDT Given 07/08/2023 200 mg 8:40 AM EDT amiodarone (PACERONE) tablet 200 mg Given 07/26/2023 200 mg 200 mg, g-tube, Daily, First dose (after last 9:22 AM EDT modification) on Wed 7/12/23 at 0915 Given 07/25/2023 200 mg 8:51 AM EDT Given 07/24/2023 200 mg 9:05 AM EDT apixaban (ELIQUIS) tablet 5 mg Given 07/08/2023 5 mg 5 mg, oral, 2 times daily, First dose on Thu 10:33 AM EDT 6/22/23 at 0900, Indication: Atrial Fibrillation Given 06/22/2023 5 mg 10:03 PM EDT Given 06/22/2023 5 mg 9:15 AM EDT apixaban (ELIQUIS) tablet 5 mg Given 07/26/2023 5 mg 5 mg, oral, 2 times daily, First dose (after last 9:22 AM EDT modification) on Sat 7/15/23 at 0900, Indication: Given 07/25/2023 5 mg Atrial Fibrillation 10:26 PM EDT Given 07/25/2023 5 mg 8:51 AM EDT ascorbic acid (VITAMIN C) tablet 250 mg 07/07/2023 Given 250 mg 250 mg, oral, Daily, First dose on Mon 6/26/23 at 9:42 AM EDT 1015 Given 07/03/2023 250 mg 8:51 AM EDT Given 07/02/2023 250 mg 11:10 AM EDT ascorbic acid (VITAMIN C) tablet 250 mg Given 07/11/2023 250 mg 250 mg, oral, Daily, First dose on Tue 7/11/23 at 1:11 PM EDT 1315 ascorbic acid (VITAMIN C) tablet 250 mg Given 07/26/2023 250 mg 250 mg, g-tube, Daily, First dose (after last 9:21 AM EDT modification) on Wed 7/12/23 at 0915 Given 07/25/2023 250 mg 8:52 AM EDT Given 07/24/2023 250 mg 9:05 AM EDT atorvastatin (LIPITOR) tablet 40 mg Given 07/11/2023 40 mg 40 mg, oral, Nightly, First dose on Thu 6/22/23 at 8:39 PM EDT 0003 Given 07/08/2023 40 mg 8:51 PM EDT Given 07/07/2023 40 mg 8:37 PM EDT atorvastatin (LIPITOR) tablet 40 mg Given 07/25/2023 40 mg 40 mg, g-tube, Nightly, First dose (after last 10:26 PM EDT

modification) on Wed 7/12/23 at 2100

| Medication Order | MAR Action | Action Date | Dose | Rate | Site |
|---|------------|----------------------------|-------|-----------|---------------------|
| | Given | 07/24/2023 8:25 PM EDT | 40 mg | | |
| | Given | 07/23/2023 9:02 PM EDT | 40 mg | | |
| bisacodyL (DULCOLAX) suppository 10 mg 10 mg, rectal, Daily PRN, constipation, constipation for greater than 72 hours., Starting on Fri 6/23/23 at 1733 | Given | 07/25/2023 5:09 PM EDT | 10 mg | | |
| ceFAZolin (ANCEF) 2 gram/20 mL IV syringe 2 g 2 g, intravenous, Administer over 3 Minutes, Once, On Fri 7/7/23 at 1100, For 1 dose, To be sent to Endo and given 1 hr before EGD/PEG placement , Indication: Prophylaxis-Surgical | Given | 07/10/2023 4:31 PM EDT | 2 g | | |
| cefepime (MAXIPIME) IV syringe 1 g 1 g, intravenous, Administer over 5 Minutes, Every 12 hours, First dose on Sat 6/24/23 at 1100, For 5 days, Indication: Urinary Tract/Genitourinary | Given | 06/24/2023 11:24 AM EDT | 1 g | | |
| cefepime (MAXIPIME) IV syringe 2 g 2 g, intravenous, at 240 mL/hr, Administer over 5 | Given | 06/28/2023 11:00 PM EDT | 2 g | 240 mL/hr | |
| Minutes, Every 12 hours, First dose (after last modification) on Sat 6/24/23 at 2300, For 9 doses, Indication: Urinary Tract/Genitourinary | Given | 06/28/2023 12:49 PM EDT | 2 g | 240 mL/hr | |
| mateution. Ormally macy defined interfer | Given | 06/28/2023 12:14 AM EDT | 2 g | 240 mL/hr | |
| cefTRIAXone (ROCEPHIN) IV syringe 1 g 1 g, intravenous, Administer over 3 Minutes, Every 24 hours, First dose on Thu 6/22/23 at 0637, For 5 days, Do not administer simultaneously with any calcium containing solutions via a Y-site in any patient., Indication: Urinary Tract/Genitourinary | Given | 06/22/2023 6:48 AM EDT | 1 g | | Left Antecubital |
| clopidogreL (PLAVIX) tablet 75 mg 75 mg, oral, Daily, First dose on Thu 6/22/23 at | Given | 07/08/2023 10:33 AM EDT | 75 mg | | |
| 0900, For 25 days | Given | 07/02/2023 11:11 AM EDT | | | |
| | Given | 07/01/2023 10:46 AM EDT | 75 mg | | |
| clopidogreL (PLAVIX) tablet 75 mg 75 mg, oral, Daily, First dose (after last | Given | 07/17/2023 8:47 AM EDT | 75 mg | | |
| modification) on Sat 7/15/23 at 0900, For 3 doses | Given | 07/16/2023 9:57 AM EDT | 75 mg | | |
| | Given | 07/15/2023 10:00 AM EDT | 75 mg | | |
| clopidogreL (PLAVIX) tablet 75 mg 75 mg, oral, Daily, First dose (after last reorder) on | Given | 07/26/2023 9:21 AM EDT | 75 mg | | |
| Mon 7/17/23 at 1100 | Given | 07/25/2023 8:51 AM EDT | 75 mg | | |
| | Given | 07/24/2023 9:05 AM EDT | 75 mg | | |
| dextrose (D50W) 50% injection 12.5 g 12.5 g, intravenous, Every 15 min PRN, low blood sugar, moderate hypoglycemia *Patient is Unconscious, NPO, unable to swallow: BG GREATER than OR equal to 54 mg/dL*, Starting on Thu 6/22/23 at 0015 | | | | | |

| ı | Medication Order | MAR Action | Action Date | Dose | Rate | Site |
|---|---|------------|---|----------|------|--------------------------|
| | dextrose (D50W) 50% injection 25 g 25 g, intravenous, Every 15 min PRN, low blood sugar, severe hypoglycemia *Patient is Unconscious, NPO, unable to swallow: BG LESS than 54 mg/dL*, Starting on Thu 6/22/23 at 0015 | | | | | |
| | dextrose 15 gram/59 mL oral solution 15 g 15 g, oral, Every 15 min PRN, low blood sugar, hypoglycemia *Patient conscious AND able to drink and swallow safely*, Starting on Thu 6/22/23 at 0015 | | | | | |
| | dextrose 15 gram/59 mL oral solution 30 g 30 g, oral, Every 15 min PRN, low blood sugar, hypoglycemia *Patient conscious AND able to drink and swallow safely*, Starting on Thu 6/22/23 at 0015 | | | | | |
| ı | docusate (COLACE) liquid 100 mg | Given | 07/11/2023 | 100 mg | | |
| ı | 100 mg, oral, 2 times daily, First dose on Sun 7/9/23 at 0115 | Given | 8:55 PM EDT 07/11/2023 | 100 mg | | |
| | | Given | 9:52 AM EDT 07/09/2023 10:00 AM EDT | 100 mg | | |
| ı | docusate (COLACE) liquid 100 mg | Given | 07/25/2023 | 100 mg | | |
| ı | 100 mg, g-tube, 2 times daily, First dose (after last modification) on Wed 7/12/23 at 0915 | Given | 8:51 AM EDT 07/24/2023 | 100 mg | | |
| ı | | Given | 8:25 PM EDT 07/24/2023 | 100 mg | | |
| ı | | | 9:20 AM EDT | - | | |
| | docusate sodium (COLACE) capsule 100 mg 100 mg, oral, 2 times daily, First dose on Fri | Given | 07/02/2023 11:11 AM EDT | 100 mg | | |
| ı | 6/23/23 at 2100 | Given | 07/01/2023 8:23 PM EDT | 100 mg | | |
| | | Given | 06/29/2023 11:54 PM EDT | 100 mg | | |
| | enoxaparin (LOVENOX) injection 40 mg 40 mg, subcutaneous, Daily, First dose on Fri | Given | 07/03/2023 8:57 AM EDT | 40 mg | | Left Upper |
| | 6/23/23 at 0930, Indication: VTE/PE Prophylaxis, On hold since Thu 7/6/2023 at 1558 until manually | Given | 07/02/2023 | 40 mg | | Arm (Back) Left Lower |
| | unheld | Given | 11:11 AM EDT 07/01/2023 | 40 mg | | Abdomen Right Outer |
| ı | | | 10:46 AM EDT | | | Thigh |
| | glucagon injection 1 mg 1 mg, intramuscular, Once as needed, low blood sugar, severe hypoglycemia, Starting on Thu 6/22/23 at 0015, For 1 dose | | | | | |
| | haloperidol lactate (HALDOL) injection 5 mg 5 mg, intramuscular, Once, On Wed 6/21/23 at 1825, For 1 dose, May be ordered via either intramuscular or intravenous route. If ordered IV, maximum of 5 mg/minute. | Given | 06/21/2023 6:47 PM EDT | 5 mg | | Right Deltoid |
| | HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet 1 tablet 1 tablet, g-tube, 4 times daily, First dose on Thu 7/13/23 at 0900 | Given | 07/13/2023 10:00 AM EDT | 1 tablet | | |
| | HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet 1 tablet | Given | 07/26/2023 1:23 PM EDT | 1 tablet | | |
| | | | | | | |

| Medication Order | MAR Action | Action Date | Dose | Rate | Site |
|--|------------|----------------------------|-------------|-------------|-----------------------|
| 1 tablet, g-tube, 3 times daily, First dose (after last | Given | 07/26/2023 | 1 tablet | | |
| modification) on Thu 7/13/23 at 1400 | Given | 9:21 AM EDT 07/25/2023 | 1 tablet | | |
| | | 10:26 PM EDT | | | |
| LIVEROcadona acataminanhan (NORCO) 5-225 | | | | | |
| HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet 1 tablet | | | | | |
| 1 tablet, oral, Every 8 hours PRN, moderate pain, In between scheduled doses if needed for pain, | | | | | |
| hold for somnolence., Starting on Fri 7/21/23 at | | | | | |
| 1544 | | | | | |
| insulin lispro (HumaLOG) injection 1-6 Units | Given | 07/26/2023 | 1 Units | | Left Lower |
| 1-6 Units, subcutaneous, 4 times daily with meals and nightly, First dose on Thu 6/22/23 at 0017, | C : | 12:25 PM EDT | | | Abdomen |
| Indication: Total Daily Dose (TDD) less than 40 units | Given | 07/23/2023 12:00 PM EDT | 1 Units | | Left Lower Abdomen |
| Correction Scale: Low Dose Administer with meal and/or mealtime dose of insulin to correct high | Given | 07/21/2023 | 1 Units | | Right Lower |
| blood glucose If mealtime insulin dose not given | | 9:03 PM EDT | | | Abdomen |
| (e.g. patient NPO or not eating), still administer correction factor for high blood glucose | | | | | |
| contest actor for mg 2.000 g. accor | | | | | |
| lactated Ringer's bolus 1,000 mL 1,000 mL, intravenous, at 1,000 mL/hr, Administer | New Bag | 06/27/2023 10:50 AM EDT | 1,000 mL | 1000 mL/hr | |
| over 1 Hours, Once, On Tue 6/27/23 at 0915, For 1 | | 10.30 AIVI LDT | | | |
| dose | | | | | |
| lactated Ringer's infusion | New Bag | 07/01/2023 | 75 mL/hr | 75 mL/hr | |
| 75 mL/hr, intravenous, Continuous, Starting on Tue 6/27/23 at 0915 | Naw Bass | 6:37 AM EDT | 75 mal /lam | 75 mal /law | |
| 100 3/21/23 00 03 13 | New Bag | 06/30/2023 4:18 PM EDT | 75 mL/hr | 75 mL/hr | |
| | New Bag | 06/29/2023 | 75 mL/hr | 75 mL/hr | |
| | | 11:56 PM EDT | | | |
| lidocaine 2 % mucosal jelly | Given | 06/22/2023 | 10 mL | | |
| urethral, Once, On Wed 6/21/23 at 2353, For 1 dose | | 12:06 AM EDT | | | |
| | | | | | |
| lidocaine PF (XYLOCAINE) 1 % injection As needed, Starting on Mon 7/10/23 at 1634, | Given | 07/10/2023 4:39 PM EDT | 5 mL | | Abdominal Tissue |
| Intraprocedure | | | | | 113340 |
| lidocaine PF (XYLOCAINE) 2 % injection | Given | 07/07/2023 | 80 mg | | |
| injection, As needed, Starting on Fri 7/7/23 at | diven | 2:12 PM EDT | oo mg | | |
| 1412, Anesthesia Intraprocedure | | | | | |
| LORazepam (ATIVAN) injection 0.5 mg | Given | 07/16/2023 | 0.5 mg | | |
| 0.5 mg, intravenous, Nightly PRN, anxiety, Starting on Tue 7/11/23 at 1432, Prior to IV use, Iorazepam | Given | 6:46 PM EDT 07/15/2023 | 0.5 mg | | |
| injection should be DILUTED with an equal volume | Given | 6:44 PM EDT | 0.5 mg | | |
| of compatible solution; Rate of administration should NOT exceed 2 mg/min. | Given | 07/14/2023 9:21 PM EDT | 0.5 mg | | |
| j. | | 9.21 FIVI EDI | | | |
| LORazepam (ATIVAN) injection 1 mg | Given | 06/21/2023 | 1 mg | | |
| 1 mg, intravenous, Once, On Wed 6/21/23 at 2010, For 1 dose, Prior to IV use, lorazepam | | 8:54 PM EDT | | | |
| injection should be DILUTED with an equal volume | | | | | |
| of compatible solution; Rate of administration should NOT exceed 2 mg/min. | | | | | |
| 100 | | | | | |
| LORazepam (ATIVAN) injection 1 mg | Given | 06/22/2023 10:29 AM EDT | 1 mg | | |
| | | | | | |

| Medication Order MAI | R Action A | Action Date | Dose | Rate | Site |
|--|------------|----------------------------|------|------|-------------------------|
| 1 mg, intravenous, Every 4 hours PRN, anxiety, Agitation, aggressive behavior, Starting on Thu 6/22/23 at 0627, For 17 hours, Prior to IV use, lorazepam injection should be DILUTED with an equal volume of compatible solution; Rate of administration should NOT exceed 2 mg/min. | | | | | |
| 1 mg, intramuscular, Every 8 hours PRN, For | | 07/03/2023 10:40 AM EDT | 1 mg | | Left Deltoid |
| risk of harm to self or others and has refused PO | | 06/28/2023 6:19 PM EDT | 1 mg | | Left Anterior Thigh |
| medication., Starting on Thu 6/22/23 at 1555, Prior to IV use, lorazepam injection should be DILUTED with an equal volume of compatible solution; Rate of administration should NOT exceed 2 mg/min. | | 06/28/2023 10:28 AM EDT | 1 mg | | Left Anterior Thigh |
| LORazepam (ATIVAN) injection 1 mg 1 mg, intravenous, Once, On Sun 7/9/23 at 1400, For 1 dose, Prior to IV use, lorazepam injection should be DILUTED with an equal volume of compatible solution; Rate of administration should NOT exceed 2 mg/min. | | 07/09/2023 1:41 PM EDT | 1 mg | | |
| LORazepam (ATIVAN) injection 1 mg Giv 1 mg, intravenous, Every 6 hours PRN, anxiety, | | 07/24/2023 3:09 PM EDT | 1 mg | | |
| | ven | 07/24/2023 3:41 AM EDT | 1 mg | | |
| and halve at a monthly and the party of | ven | 07/22/2023 2:52 AM EDT | 1 mg | | |
| LORazepam (ATIVAN) injection 2 mg 2 mg, intramuscular, Once, On Wed 6/21/23 at 1825, For 1 dose, Prior to IV use, lorazepam injection should be DILUTED with an equal volume of compatible solution; Rate of administration should NOT exceed 2 mg/min. | | 06/21/2023 6:47 PM EDT | 2 mg | | Right Deltoid |
| LORazepam (ATIVAN) injection 2 mg 2 mg, intramuscular, Once, On Sat 7/1/23 at 1545, For 1 dose, Prior to IV use, lorazepam injection should be DILUTED with an equal volume of compatible solution; Rate of administration should NOT exceed 2 mg/min. | | 07/01/2023 3:34 PM EDT | 2 mg | | Left Anterior Thigh |
| LORazepam (ATIVAN) injection 2 mg 2 mg, intramuscular, Every 12 hours PRN, For severe agitation such that patient poses imminent risk of harm to self or others and has refused PO medication., Starting on Mon 7/3/23 at 1619, Prior to IV use, lorazepam injection should be DILUTED with an equal volume of compatible solution; Rate of administration should NOT exceed 2 mg/min. | | 07/05/2023 9:11 AM EDT | 2 mg | | Right Anterior Thigh |
| 2 mg, intramuscular, Every 8 hours PRN, anxiety, | | 07/11/2023 4:52 AM EDT | 2 mg | | Right Deltoid |
| agitation, Starting on Sun 7/9/23 at 2121, DO NOT Giv | | 07/10/2023 1:55 PM EDT | 2 mg | | Left Anterior Thigh |
| lorazepam injection should be DILUTED with an equal volume of compatible solution; Rate of administration should NOT exceed 2 mg/min. | | 07/09/2023 9:34 PM EDT | 2 mg | | Right Deltoid |
| LORazepam (ATIVAN) tablet 1 mg 1 mg, oral, Every 8 hours PRN, Agitation, Starting | | 06/30/2023 9:58 PM EDT | 1 mg | | |
| | ven | 06/26/2023 11:16 PM EDT | 1 mg | | |

| Medication Order | MAR Action | Action Date | Dose | Rate | Site |
|--|---------------|---|----------|----------|-------------------------|
| | Given | 06/24/2023 8:36 PM EDT | 1 mg | | |
| magnesium sulfate 2 gram/50 mL (4 %) IVPB 2 g 2 g, intravenous, at 25 mL/hr, Administer over 2 Hours, Once, On Wed 6/21/23 at 2343, For 1 dose | New Bag | 06/22/2023 12:11 AM EDT | 2 g | 25 mL/hr | |
| magnesium sulfate 2 gram/50 mL (4 %) IVPB 2 g 2 g, intravenous, at 25 mL/hr, Administer over 2 Hours, Once, On Fri 6/23/23 at 0845, For 1 dose | New Bag | 06/23/2023 8:58 AM EDT | 2 g | 25 mL/hr | |
| magnesium sulfate 2 gram/50 mL (4 %) IVPB 2 g 2 g, intravenous, at 25 mL/hr, Administer over 2 Hours, Once, On Sun 6/25/23 at 1030, For 1 dose | New Bag | 06/25/2023 11:01 AM EDT | 2 g | 25 mL/hr | |
| metoprolol tartrate (LOPRESSOR) tablet 100 mg 100 mg, oral, 2 times daily, First dose on Thu | Given | 07/11/2023 8:39 PM EDT | 100 mg | | |
| 6/22/23 at 0900 | Given | 07/11/2023 9:47 AM EDT | 100 mg | | |
| | Given | 9:47 AM EDT 07/09/2023 10:01 AM EDT | 100 mg | | |
| metoprolol tartrate (LOPRESSOR) tablet 25 mg 25 mg, g-tube, 2 times daily, First dose (after last | Given | 07/26/2023 9:37 AM EDT | 25 mg | | |
| modification) on Wed 7/12/23 at 2100, Hold if SBP <100 | Given | 9.37 AW EDT 07/25/2023 10:26 PM EDT | 25 mg | | |
| | Given | 07/25/2023 8:52 AM EDT | 25 mg | | |
| morphine 2 mg/mL injection 1 mg 1 mg, intravenous, Once, On Mon 7/10/23 at 2330, For 1 dose | Given | 07/11/2023 8:45 PM EDT | 1 mg | | |
| multivitamin minerals-iron (THERA-M) 1 tablet 1 tablet (1 each), oral, Daily, First dose on Mon | Given | 07/02/2023 11:10 AM EDT | 1 tablet | | |
| 6/26/23 at 1015 | Given | 07/01/2023 10:47 AM EDT | 1 tablet | | |
| | Given | 06/29/2023 9:56 AM EDT | 1 tablet | | |
| nicotine (NICODERM CQ) 14 mg/24 hr patch 1 patch | Patch Applied | 07/26/2023 9:25 AM EDT | 1 patch | | Left Arm |
| 1 patch, transdermal, Administer over 24 Hours, Daily, First dose on Thu 7/13/23 at 0915 | Patch Applied | | 1 patch | | Right Arm |
| | Patch Applied | | 1 patch | | Left Arm |
| nicotine (NICODERM CQ) 21 mg/24 hr patch 1 patch | Patch Applied | 07/12/2023 10:33 AM EDT | 1 patch | | Left Arm |
| 1 patch, transdermal, Administer over 24 Hours, Daily, First dose on Sat 6/24/23 at 0900 | Patch Applied | | 1 patch | | Left Arm |
| , . | Patch Applied | | 1 patch | | Right Arm |
| nicotine polacrilex (NICORETTE) gum 2 mg 2 mg, buccal, Every 2 hours PRN, smoking cessation, Starting on Thu 6/22/23 at 0931 | Given | 06/22/2023 9:49 AM EDT | 2 mg | | |
| OLANZapine (ZyPREXA) injection 2.5 mg | Given | 07/01/2023 9:31 AM EDT | 2.5 mg | | Right Anterior Thigh |
| | Given | 06/27/2023 1:17 PM EDT | 2.5 mg | | Right Anterior Thigh |

| 2.5 mg, intramuscular, Daily PRN, For severe agistation such that patient poses imminent risk of harm to self or others and has refused PO medication. Only to be given if attions is not efective, Starting on Tue (927/23 at 0826, Reconstitute 10 mg vail with 21 mt. SWFL Resulting solution is ~5 mg/mL. OLANZapine (ZyPREXA) injection 2.5 mg 2.5 mg with 2.1 mt. SWFL Resulting solution is ~6 mg/mL. OLANZapine (ZyPREXA) injection 5 mg 5 mg, intramuscular As needed, agitation. Starting on Mon 7/3/23 at 1518. If unable to take PO Max 3 doses of Zyproxa in 2.4 hours 8 mg/mL. OLANZapine (ZyPREXA) tablet 10 mg 10 | Medication Order | MAR Action | Action Date | Dose | Rate | Site |
|--|---|------------|----------------------------|--------|------|---------------|
| 2.5 mg, intramuscular, Every 6 hours PRN agitation, Not to exceed 3 doses in one day, Starting on Sun 7/2/23 at 1611, For 1 dose, Reconstitute 10 mg vial with 2.1 mL SWFL Resulting solution is ~5 mg/mL. OLANZapine (2yPREXA) injection 5 mg 5 mg, intramuscular, As needed, agitation, Starting on Mon 7/3/23 at 1618, If unable to take PO Max 3 doses of zyprexa in 24 hours Reconstitute 10 mg vial with 2.1 mL SWFL Resulting solution is ~5 mg/mL. OLANZapine (2yPREXA) tablet 10 mg 10 mg, g-tube, 2 times daily, First dose (after last modification) on Tue 7/18/23 at 2100 OLANZapine (2yPREXA) tablet 5 mg 5 mg, oral, 2 times daily, First dose on Mon 7/3/23 at 2100 OLANZapine (2yPREXA) tablet 5 mg 5 mg, oral, 2 times daily, First dose on Mon 7/3/23 at 2100 OLANZapine (2yPREXA) tablet 5 mg 5 mg, oral, 2 times daily, First dose after last modification) on Wed 7/12/23 at 0915 OLANZapine (2yPREXA) tablet 5 mg 5 mg, g-tube, 2 times daily, First dose dafter last modification) on Sun 7/16/23 at 2100 OLANZapine (2yPREXA) tablet 5 mg 5 mg, g-tube, 2 times daily, First dose (after last modification) on Sun 7/16/23 at 2100 OLANZapine (2yPREXA) tablet 7.5 mg 7.5 mg, g-tube, 2 times daily, First dose (after last modification) on Sun 7/16/23 at 2100 OLANZapine (2yPREXA) tablet 7.5 mg 7.5 mg, g-tube, 2 times daily, First dose (after last modification) on Sun 7/16/23 at 2100 OLANZapine (2yPREXA) tablet 7.5 mg 7.5 mg 9.75 mg 9.77 mg 9. | agitation such that patient poses imminent risk of harm to self or others and has refused PO medication. Only to be given if ativan is not efective, Starting on Tue 6/27/23 at 0826, Reconstitute 10 mg vial with 2.1 mL SWFI. Resulting | | | | | |
| S. mg, intramuscular, As needed, agitation, Starting on Mon 7/3/23 at 1618, If unable to take PO Max 3 doses of zyprexa in 24 hours Reconstitute 10 mg vial with 2.1 mL SWFL Resulting Solution is -5 mg/mL. OLANZapine (ZyPREXA) tablet 10 mg 10 mg, g-tube, 2 times daily, First dose (after last modification) on Tue 7/18/23 at 2100 OLANZapine (ZyPREXA) tablet 5 mg 5 mg, oral, 2 times daily, First dose on Mon 7/3/23 at 2100 OLANZapine (ZyPREXA) tablet 5 mg 5 mg, oral, 2 times daily, First dose on Mon 7/3/23 at 2100 OLANZapine (ZyPREXA) tablet 5 mg 5 mg, oral, 2 times daily, First dose on Mon 7/3/23 at 2100 OLANZapine (ZyPREXA) tablet 5 mg 5 mg, oral, 2 times daily, First dose (after last modification) on Wed 7/12/23 at 0915 OLANZapine (ZyPREXA) tablet 5 mg 5 mg, oral, 2 times daily, First dose (after last modification) on Wed 7/12/23 at 0915 OLANZapine (ZyPREXA) tablet 5 mg 5 mg, or-tube, 2 times daily, First dose (after last modification) on Sun 7/16/23 at 2100 OLANZapine (ZyPREXA) tablet 7.5 mg 7.5 mg, or-tube, 2 times daily, First dose (after last modification) on Sun 7/16/23 at 2100 OLANZapine (ZyPREXA) tablet 7.5 mg 7.5 mg, or-tube, 2 times daily, First dose (after last modification) on Sun 7/16/23 at 2100 OLANZapine (ZyPREXA) tablet 7.5 mg 7.5 mg, or-tube, 2 times daily, First dose (after last modification) on Sun 7/16/23 at 2100 OLANZapine (ZyPREXA) tablet 7.5 mg 7.5 mg 9.35 AM EDT | 2.5 mg, intramuscular, Every 6 hours PRN, agitation, Not to exceed 3 doses in one day, Starting on Sun 7/2/23 at 1611, For 1 dose, Reconstitute 10 mg vial with 2.1 mL SWFI. Resulting | | | 2.5 mg | | Right Deltoid |
| PO Max 3 doses of zyprexa in 24 hours | 5 mg, intramuscular, As needed, agitation, Starting on Mon 7/3/23 at 1618, If unable to take | | 2:46 PM EDT | 3 | | Thigh |
| 10 mg, g-tube, 2 times daily, First dose (after last modification) on Tue 7/18/23 at 2100 | Reconstitute 10 mg vial with 2.1 mL SWFI. Resulting | Given | 11:48 PM EDT 07/04/2023 | J | | • |
| Given 10:26 PM EDT 10 mg 8:52 AM EDT 10 mg 8:58 PM EDT 7/3/23 at 2100 5 mg 8:58 PM EDT 6iven 07/11/2023 5 mg 9:47 AM EDT 5 mg 10:21 AM EDT 6iven 07/15/2023 5 mg 10:21 AM EDT 6iven 07/15/2023 5 mg 10:00 AM EDT 6iven 07/15/2023 5 mg 10:00 PM EDT 6iven 07/15/2023 5 mg 10:00 PM EDT 6iven 07/15/2023 5 mg 10:00 PM EDT 6iven 07/15/2023 7.5 mg 7.5 mg 10:00 PM EDT 6iven 07/17/2023 7.5 mg 10:50 PM EDT 6iven 07/17/2023 7.5 mg 17 g | 10 mg, g-tube, 2 times daily, First dose (after last | | 9:21 AM EDT | J | | |
| OLANZapine (ZyPREXA) tablet 5 mg 5 mg, oral, 2 times daily, First dose on Mon 7/3/23 at 2100 Given 07/11/2023 5 mg 9.47 AM EDT Given 07/10/2023 5 mg 10/21 AM EDT 5 mg 9.47 AM EDT 07/09/2023 5 mg 10/21 AM EDT OLANZapine (ZyPREXA) tablet 5 mg 5 mg, g-tube, 2 times daily, First dose (after last modification) on Wed 7/12/23 at 0915 Given 07/16/2023 5 mg 10/00 AM EDT Given 07/15/2023 9:35 AM EDT 5 mg 9.35 AM EDT OLANZapine (ZyPREXA) tablet 7.5 mg 7.5 mg, g-tube, 2 times daily, First dose (after last modification) on Sun 7/16/23 at 2100 Given 07/18/2023 7.5 mg 8:19 AM EDT Given 07/17/2023 7.5 mg 10/50 PM EDT Given 07/17/2023 7.5 mg OLANZapine (ZyPREXA) tablet 7.5 mg 7.5 mg, g-tube, 2 times daily, First dose (after last modification) on Sun 7/16/23 at 2100 Given 07/18/2023 7.5 mg 10/50 PM EDT Given 07/17/2023 7.5 mg Figure 10 mg/striple (Silven 07/17/2023 10/50 PM EDT Given 07/17/2023 17 g 10/50 PM EDT Given 07/2023 17 g 10/50 AM EDT Given 07/26/2023 17 g 17 g, g-tube, Daily, First dose (after last modification) on Wed 7/12/23 at 0915 Given 07/26/2023 17 g 8:52 AM EDT Given 07/24/2023 17 g | modification) on fue 7/16/23 at 2100 | | 10:26 PM EDT 07/25/2023 | J | | |
| Simple | | | 8.52 AM EDI | | | |
| Siven Sive | 5 mg, oral, 2 times daily, First dose on Mon | Given | | 5 mg | | |
| 10:21 AM EDT 10:21 AM EDT 10:21 AM EDT 10:21 AM EDT 10:00 AM EDT 10:0 | 7/3/23 at 2100 | | 9:47 AM EDT | J | | |
| S mg, g-tube, 2 times daily, First dose (after last modification) on Wed 7/12/23 at 0915 | | Given | | | | |
| 10:06 PM EDT | 5 mg, g-tube, 2 times daily, First dose (after last | Given | 10:00 AM EDT | | | |
| OLANZapine (ZyPREXA) tablet 7.5 mg 7.5 mg, g-tube, 2 times daily, First dose (after last modification) on Sun 7/16/23 at 2100 Given O7/17/2023 O7/17/202 | modification) on Wed 7/12/23 at 0915 | | 10:06 PM EDT | J | | |
| 7.5 mg, g-tube, 2 times daily, First dose (after last modification) on Sun 7/16/23 at 2100 Given 7.5 mg 10:50 PM EDT Given 7.5 mg 8:46 AM EDT Given 7.5 mg 8:46 AM EDT Given 7.5 mg 8:46 AM EDT Given 7.5 mg 8:46 AM EDT Given 7.5 mg 8:46 AM EDT Given 7.5 mg 8:46 AM EDT Given 7.5 mg 8:46 AM EDT Given 7.5 mg 8:46 AM EDT Given 7.5 mg 8:46 AM EDT Given 7.5 mg 8:47 AM EDT Given 7.5 mg 8:48 AM EDT Given 7.5 mg 8:44 AM EDT Given 7.5 mg 8:44 AM EDT Given 7.5 mg 8:46 AM EDT Given 7.7 mg 9:47 AM EDT Given 7.5 mg 8:48 AM EDT Given 7.5 mg 8:48 AM EDT Given 7.5 mg 8:44 AM EDT Given 7.7 mg 9:47 AM EDT Given 7.7 mg 9:47 AM EDT Given 7.7 mg 9:47 AM EDT Given 7.5 mg 17 g 9:47 AM EDT Given 7.5 mg 17 g 9:47 AM EDT Given 7.7 mg 9:47 AM EDT Given 7.5 mg 17 g 9:47 AM EDT Given 7.5 mg 17 g 9:47 AM EDT Given 7.7 mg 9:47 AM EDT Given 7.5 mg 17 g 9:47 AM EDT Given 7.5 mg 17 g 9:47 AM EDT Given 7.5 mg 17 g 9:47 AM EDT Given 7.7 mg 17 g 18 mg 1 | | Given | | 5 mg | | |
| Dolyethylene glycol (MIRALAX) packet 17 g 10:50 PM EDT 10:50 | 7.5 mg, g-tube, 2 times daily, First dose (after last | | 8:19 AM EDT | 7.5 mg | | |
| 8:46 AM EDT | modification) on Sun 7/16/23 at 2100 | | 10:50 PM EDT | J | | |
| 17 g, oral, Daily, First dose on Fri 6/23/23 at 1800 9:47 AM EDT Given 07/09/2023 17 g 10:00 AM EDT Given 07/08/2023 17 g 8:41 AM EDT Following the polyethylene glycol (MIRALAX) packet 17 g 17 g, g-tube, Daily, First dose (after last modification) on Wed 7/12/23 at 0915 Given 9:47 AM EDT Given 07/09/2023 17 g 8:41 AM EDT Given 07/26/2023 17 g 9:26 AM EDT Given 07/25/2023 17 g 8:52 AM EDT Given 07/24/2023 17 g | | Given | | 7.5 mg | | |
| 10:00 AM EDT Given 07/08/2023 17 g 8:41 AM EDT | | | 9:47 AM EDT | J | | |
| ## Polyethylene glycol (MIRALAX) packet 17 g 17 g, g-tube, Daily, First dose (after last modification) on Wed 7/12/23 at 0915 ### Given ### O7/26/2023 17 g 8:41 AM EDT ### Given ### O7/26/2023 17 g 8:52 AM EDT ### Given ### Given ### O7/24/2023 17 g | | | 10:00 AM EDT | J | | |
| 17 g, g-tube, Daily, First dose (after last 9:26 AM EDT modification) on Wed 7/12/23 at 0915 Given 07/25/2023 17 g 8:52 AM EDT Given 07/24/2023 17 g | | Given | | 17 g | | |
| 8:52 AM EDT Given 07/24/2023 17 g | 17 g, g-tube, Daily, First dose (after last | Given | | 17 g | | |
| , · · · · · · · · · · · · · · · · · · · | modification) on Wed 7/12/23 at 0915 | Given | | 17 g | | |
| | | Given | | 17 g | | |

| Medication Order | MAR Action | Action Date | Dose | Rate | Site |
|---|---------------------------|---|----------------------------|-------------------------------------|------|
| potassium chloride (KLOR-CON) packet 40 mEq 40 mEq, g-tube, Once, On Tue 7/11/23 at 0815, For 1 dose, Dissolve each packet in 4 ounces of water = 5 mEq per 1 oz fluid. | Given | 07/11/2023 9:47 AM EDT | 40 mEq | | |
| potassium chloride 10 mEq/100 mL IVPB 10 mEq 10 mEq, intravenous, at 100 mL/hr, Administer over 1 Hours, Every 1 hour, First dose on Tue 6/27/23 at 0845, For 4 doses | New Bag New Bag New Bag | 06/27/2023 4:29 PM EDT 06/27/2023 3:14 PM EDT 06/27/2023 | 10 mEq 10 mEq 10 mEq | 100 mL/hr 100 mL/hr 100 mL/hr | |
| prochlorperazine (COMPAZINE) injection 10 mg 10 mg, intravenous, Every 6 hours PRN, nausea, vomiting, Starting on Wed 7/12/23 at 0855, 1st Line Option: -ONLY give IV if patient is unable to take orallyGive IM if patient does not have IV Access -If inadequate response within 30 minutes, proceed to next-line agent or contact provider if no | | 2:10 PM EDT | | | |
| further options ordered. prochlorperazine (COMPAZINE) suppository 25 mg 25 mg, rectal, Every 12 hours PRN, nausea, vomiting, Starting on Wed 7/12/23 at 0855, 1st Line Option: -ONLY give PR if patient is unable to take orally and cannot receive IV/IMIf inadequate response within 30 minutes, proceed to next-line agent or contact provider if no further options ordered. | | | | | |
| prochlorperazine (COMPAZINE) tablet 10 mg 10 mg, g-tube, Every 6 hours PRN, nausea, vomiting, Starting on Wed 7/12/23 at 0855, 1st Line Option: -Give IV or IM if patient is unable to take orallyIf inadequate response within 30 minutes, proceed to next-line agent or contact provider if no further options ordered. | | | | | |
| propofoL (DIPRIVAN) injection intravenous, As needed, Starting on Fri 7/7/23 at 1412, Anesthesia Intraprocedure | Given | 07/07/2023 2:12 PM EDT | 200 mg | | |
| propofoL (DIPRIVAN) injection intravenous, As needed, Starting on Mon 7/10/23 at 1630, Anesthesia Intraprocedure | Given | 07/10/2023 4:30 PM EDT | 200 mg | | |
| QUEtiapine (SEROquel) tablet 25 mg 25 mg, g-tube, 2 times daily, First dose on Fri 7/14/23 at 1345 | Given Given | 07/16/2023 9:57 AM EDT 07/15/2023 8:51 PM EDT 07/15/2023 9:34 AM EDT | 25 mg 25 mg 25 mg | | |
| sodium chloride 0.9 % flush 10 mL 10 mL, intravenous, 2 times daily, First dose on Thu 6/22/23 at 0003 | Given Given | 06/30/2023 9:59 PM EDT 06/29/2023 11:55 PM EDT 06/29/2023 10:06 AM EDT | 10 mL | | |
| sodium chloride 0.9 % flush 10 mL 10 mL, intravenous, As needed, line care, Starting on Fri 7/7/23 at 1400, For 1 dose, Preprocedure | Given | 07/23/2023 9:02 PM EDT | 10 mL | | |

| Medication Order | MAR Action | Action Date | Dose | Rate | Site |
|--|----------------|---|------------------|-----------|------|
| sodium chloride 0.9 % flush 10 mL 10 mL, intravenous, As needed, line care, Starting on Fri 7/7/23 at 1400, Preprocedure | Given Given | 07/24/2023 8:25 PM EDT 07/07/2023 8:40 PM EDT | 10 mL | | |
| sodium chloride 0.9 % infusion - ADS Override Pull Starting on Sun 6/25/23 at 1057, For 1 dose, Created by cabinet override | New Bag | 06/25/2023 11:13 AM EDT | | 10 mL/hr | |
| sodium chloride 0.9 % infusion - ADS Override Pull Starting on Mon 7/10/23 at 1855, For 1 dose, Created by cabinet override | New Bag | 07/10/2023 7:28 PM EDT | | 10 mL/hr | |
| sodium chloride 0.9 % infusion 20 mL/hr, intravenous, Continuous, Starting on Fri 7/7/23 at 1430, Preprocedure | New Bag | 07/07/2023 2:07 PM EDT | | | |
| sterile water injection - ADS Override Pull Starting on Thu 6/29/23 at 1119, For 1 dose, Created by cabinet override | Given | 06/29/2023 11:25 AM EDT | 10 mL | | |
| sterile water injection - ADS Override Pull Starting on Sat 7/1/23 at 0922, For 1 dose, Created by cabinet override | Given | 07/01/2023 9:32 AM EDT | 0.5 mL | | |
| sterile water injection - ADS Override Pull Starting on Tue 7/4/23 at 1754, For 1 dose, Created by cabinet override | Given | 07/04/2023 5:56 PM EDT | 2 mL | | |
| sterile water injection - ADS Override Pull Starting on Thu 7/6/23 at 1440, For 1 dose, Created by cabinet override | Given | 07/06/2023 2:49 PM EDT | 10 mL | | |
| sterile water irrigation solution - ADS Override Pull Starting on Fri 7/14/23 at 0929, For 1 dose, Created by cabinet override | Given | 07/14/2023 9:47 AM EDT | 1,000 mL | | |
| tamsulosin (FLOMAX) 24 hr capsule 0.4 mg 0.4 mg, oral, Daily, First dose on Thu 6/22/23 at 0900, For oral administration: capsules should be swallowed whole (Do not crush, chew, or open). For | Given Given | 07/11/2023 9:48 AM EDT 07/09/2023 10:02 AM EDT | 0.4 mg 0.4 mg | | |
| tube administration: open capsule and administer with water (granules should NOT be crushed). | Given | 07/08/2023 8:40 AM EDT | 0.4 mg | | |
| tamsulosin (FLOMAX) 24 hr capsule 0.4 mg 0.4 mg, g-tube, Daily, First dose (after last modification) on Wed 7/12/23 at 0915, For oral administration: capsules should be swallowed | Given Given | 07/26/2023 9:21 AM EDT 07/25/2023 8:52 AM EDT | 0.4 mg 0.4 mg | | |
| whole (Do not crush, chew, or open). For tube administration: open capsule and administer with water (granules should NOT be crushed). | Given | 07/24/2023 9:05 AM EDT | 0.4 mg | | |
| valproate (DEPACON) 250 mg in sodium chloride 0.9 % 100 mL IVPB | New Bag | 06/26/2023 9:48 PM EDT | 250 mg | 100 mL/hr | |

| Medication Order | MAR Action | Action Date | Dose | Rate | Site |
|---|------------|--|----------|-----------|------|
| 250 mg, intravenous, at 100 mL/hr, Administer over 60 Minutes, Every 12 hours, First dose on Mon 6/26/23 at 2145, HAZARDOUS Drug Precautions - Low Risk (Category A/NIOSH Group 3) Reproductive Risk Only: - Double pair of ASTM standard D6978 certified chemotherapy gloves - Eye protection (goggles or face shield) required only with a potential for facial contact (i.e. concern for spitting or vomiting of the dose during or after administration) - Staff at reproductive risk (actively trying to conceive, pregnant or may be become pregnant, and breastfeeding): Chemotherapy gown | | | | | |
| valproate (DEPACON) 500 mg in sodium chloride 0.9 % 100 mL IVPB | New Bag | 06/29/2023 11:55 PM EDT | 500 mg | 100 mL/hr | |
| 500 mg, intravenous, at 100 mL/hr, Administer over 60 Minutes, Every 12 hours, First dose (after | New Bag | 06/29/2023 9:54 AM EDT | 500 mg | 100 mL/hr | |
| last modification) on Tue 6/27/23 at 0945, HAZARDOUS Drug Precautions - Low Risk (Category A/NIOSH Group 3) Reproductive Risk Only: - Double pair of ASTM standard D6978 certified chemotherapy gloves - Eye protection (goggles or face shield) required only with a potential for facial contact (i.e. concern for spitting or vomiting of the dose during or after administration) - Staff at reproductive risk (actively trying to conceive, pregnant or may be become pregnant, and breastfeeding): Chemotherapy gown | New Bag | 9:30 PM EDT | 500 mg | 100 mL/hr | |
| valproate (DEPACON) 750 mg in sodium chloride 0.9 % 100 mL IVPB | New Bag | 06/30/2023 10:38 PM EDT | 750 mg | 100 mL/hr | |
| 750 mg, intravenous, at 100 mL/hr, Administer over 60 Minutes, Every 12 hours, First dose (after last modification) on Fri 6/30/23 at 0900, HAZARDOUS Drug Precautions - Low Risk (Category A/NIOSH Group 3) Reproductive Risk Only: - Double pair of ASTM standard D6978 certified chemotherapy gloves - Eye protection (goggles or face shield) required only with a potential for facial contact (i.e. concern for spitting or vomiting of the dose during or after administration) - Staff at reproductive risk (actively trying to conceive, pregnant or may be become pregnant, and breastfeeding): Chemotherapy gown | New Bag | 10:38 PM EDT 06/30/2023 10:30 AM EDT | 750 mg | 100 mL/hr | |
| valproate (DEPACON) 750 mg in sodium chloride 0.9 % 100 mL IVPB | New Bag | 07/11/2023 5:34 AM EDT | 750 mg | 100 mL/hr | |
| 750 mg, intravenous, at 100 mL/hr, Administer over 60 Minutes, Every 12 hours, First dose on Mon 7/10/23 at 0900, HAZARDOUS Drug Precautions - Low Risk (Category A/NIOSH Group 3) Reproductive Risk Only: - Double pair of ASTM standard D6978 certified chemotherapy gloves - Eye protection (goggles or face shield) required only with a potential for facial contact (i.e. concern for spitting or vomiting of the dose during or after administration) - Staff at reproductive risk (actively trying to conceive, pregnant or may be become pregnant, and breastfeeding): Chemotherapy gown | New Bag | 07/10/2023 6:57 PM EDT | 750 mg | 100 mL/hr | |
| valproate (DEPAKENE) 50 mg/mL syrup 1,000 mg | Given | 07/24/2023 9:05 AM EDT | 1,000 mg | | |
| | | 3.03 / NVI LD1 | | | |

| Medication Order | MAR Action | Action Date | Dose | Rate | Site |
|--|------------|----------------------------|----------|------|------|
| 1,000 mg, g-tube, Every 12 hours scheduled, First dose (after last modification) on Wed 7/19/23 at | Given | 07/23/2023 9:02 PM EDT | 1,000 mg | | |
| 2100, HAZARDOUS Drug Precautions - Medium Risk (Category B/NIOSH Group 2) Non-antineoplastic and Reproductive Risk: - Single pair of ASTM standard D6978 certified chemotherapy gloves - Eye protection (goggles or face shield) required only with a potential for facial contact (i.e. concern for spitting or vomiting of the dose during or after administration) - Staff at reproductive risk (actively trying to conceive, pregnant or may be become pregnant, and breastfeeding): chemotherapy gown | Given | 07/23/2023 10:21 AM EDT | 1,000 mg | | |
| valproate (DEPAKENE) 50 mg/mL syrup 1,000 mg 1,000 mg, g-tube, 2 times daily, First dose (after | Given | 07/26/2023 9:26 AM EDT | 1,000 mg | | |
| last modification) on Mon 7/24/23 at 2100, For dose at 1400, reduce to 500 mg HAZARDOUS Drug | Given | 07/25/2023 10:32 PM EDT | 1,000 mg | | |
| Precautions - Medium Risk (Category B/NIOSH Group 2) Non-antineoplastic and Reproductive Risk: - Single pair of ASTM standard D6978 certified chemotherapy gloves - Eye protection (goggles or face shield) required only with a potential for facial contact (i.e. concern for spitting or vomiting of the dose during or after administration) - Staff at reproductive risk (actively trying to conceive, pregnant or may be become pregnant, and breastfeeding): chemotherapy gown | Given | 07/25/2023 8:51 AM EDT | 1,000 mg | | |
| valproate (DEPAKENE) 50 mg/mL syrup 250 mg 250 mg, oral, Every 12 hours scheduled, First dose | Given | 06/25/2023 9:23 PM EDT | 250 mg | | |
| on Sat 6/24/23 at 0900, HAZARDOUS Drug Precautions - Medium Risk (Category B/NIOSH | Given | 06/25/2023 10:15 AM EDT | 250 mg | | |
| Group 2) Non-antineoplastic and Reproductive Risk: - Single pair of ASTM standard D6978 certified chemotherapy gloves - Eye protection (goggles or face shield) required only with a potential for facial contact (i.e. concern for spitting or vomiting of the dose during or after administration) - Staff at reproductive risk (actively trying to conceive, pregnant or may be become pregnant, and breastfeeding): chemotherapy gown, On hold since Mon 6/26/2023 at 2118 until manually unheld | Given | 06/24/2023 8:37 PM EDT | 250 mg | | |
| valproate (DEPAKENE) 50 mg/mL syrup 500 mg 500 mg, g-tube, Daily, First dose on Tue 7/25/23 | Given | 07/26/2023 1:23 PM EDT | 500 mg | | |
| at 1400, HAZARDOUS Drug Precautions - Medium Risk (Category B/NIOSH Group 2) Nonantineoplastic and Reproductive Risk: - Single pair of ASTM standard D6978 certified chemotherapy gloves - Eye protection (goggles or face shield) required only with a potential for facial contact (i.e. concern for spitting or vomiting of the dose during or after administration) - Staff at reproductive risk (actively trying to conceive, pregnant or may be become pregnant, and breastfeeding): chemotherapy gown | Given | 07/25/2023 5:01 PM EDT | 500 mg | | |
| valproate (DEPAKENE) 50 mg/mL syrup 750 mg | Given | 07/11/2023 8:40 PM EDT | 750 mg | | |
| | Given | 07/09/2023 9:59 AM EDT | 750 mg | | |
| | Given | 07/08/2023 8:51 PM EDT | 750 mg | | |

| Medication Order | | MAR Action | Action Date | Dose | Rate | Site |
|---|---|-------------------------|---|---|-----------------|----------|
| 750 mg, oral, Every 12 hours son Sun 7/2/23 at 0900, HAZARE Precautions - Medium Risk (Cate Group 2) Non-antineoplastic an Risk: - Single pair of ASTM stancertified chemotherapy gloves - (goggles or face shield) required potential for facial contact (i.e. cor vomiting of the dose during administration) - Staff at reprod trying to conceive, pregnant or pregnant, and breastfeeding): cl | egory B/NIOSH and Reproductive dard D6978 Eye protection d only with a concern for spitting or after luctive risk (actively may be become | | | | | |
| valproate (DEPAKENE) 50 mg/mL syrup 750 mg 750 mg, g-tube, Every 12 hours scheduled, First dose (after last modification) on Wed 7/12/23 at 0915, HAZARDOUS Drug Precautions - Medium Risk (Category B/NIOSH Group 2) Nonantineoplastic and Reproductive Risk: - Single pair of ASTM standard D6978 certified chemotherapy gloves - Eye protection (goggles or face shield) required only with a potential for facial contact (i.e. concern for spitting or vomiting of the dose during or after administration) - Staff at reproductive risk (actively trying to conceive, pregnant or may be become pregnant, and breastfeeding): chemotherapy gown | | Given Given Given | 07/19/2023 10:08 AM EDT 07/18/2023 11:04 PM EDT 07/18/2023 8:20 AM EDT | 750 mg 750 mg 750 mg | | |
| Insurance - documented as | of this encounter | | | | | |
| Guarantor: Suiugan, Ioan |) Of this encounter | | | | | |
| | to Patient Date of | Birth | Phone | Billing A | ddress | |
| Personal/Family Self | 02/27/1 | | 248-759-0294 (Home) | 23920 NAPIER RD SOUTH LYON, MI 48178 | | |
| MEDICAID - MI | | | | | | |
| WEDICALD IVII | | | | Plan / Pa | yer (Effective | |
| Member | Subscri | ber | | | 023-10/23/2023) | |
| Name: Suiugan, Ioan Member ID: 1284902967 Relation to Subscriber: Self | Name: Suiugan, Ioan Subscriber ID: 1284902967 | | 02967 | Payer ID: 3512 Group ID: Not on file Type: Not on file Address: PO Box 30043 LANSING, MI 48909 | | |
| Care Teams - documented | l as of this encounter | | | | | |
| Team Member | Relationship | | Specialty | | Start Date | End Date |
| M Amlog, MD NPI: 1215196225 2755 Carpenter Rd Ste 1S Ann Arbor, MI 48108-1171 734-975-5000 (Work) 734-975-0376 (Fax) | PCP - General | | Family Medicine | | 6/21/23 | |
| Patient Contacts | | | | | | |
| C N | Contact Address | | Communication Relationship to Patier | | | Datiana |
| Contact Name | Contact Address | | | | Relationship to | Patient |

248-759-0294 (Mobile)

248-778-7799 (Mobile)

Ioana Abdic

Vicki Boboc

Unknown

Unknown

Daughter, Guardian

Sister, Personal Relationship

Document Information Primary Care Provider Other Service Providers **Document Coverage Dates** Jun. 21, 2023 - Jul. 26, 2023 **M Amlog, MD** (Jun. 21, 2023 - Present) NPI: 1215196225 734-975-5000 (Work) 734-975-0376 (Fax) 2755 Carpenter Rd Ste 1S Ann Arbor, MI 48108-1171 Family Medicine VPA PC Custodian Organization **Trinity Health Service Area** 20555 Victor Parkway Livonia, MI 48152-7031 **Encounter Providers Encounter Date** Jun. 21, 2023 - Jul. 26, 2023 M Calice, MD (Attending) R Jose, MD (Attending, Admitting) M Kang, MD (Attending) NPI: 1669797494 NPI: 1598904690 NPI: 1518993617 734-995-3764 (Work) 877-336-6307 (Work) 248-354-4709 (Work) 734-995-2913 (Fax) 734-887-8978 (Fax) 248-354-4807 (Fax) 2000 GREEN RD 5301 McAuley Dr 28411 Nwern Hwy STE 1050 **STE 300 Suite 2199** Southfield, MI 48034 ANN ARBOR, MI 48105 YPSILANTI, MI 48197 **Emergency Medicine** Internal Medicine Internal Medicine A Cheema, MD (Attending) S Maan, MD (Attending) NPI: 1356617393

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Legal Authenticator Him D